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Patient as an object. Patient as a subject.

A person draws his/her power from three sources of energy: spirituality, freedom, and responsibility. According to Victor Frankl, everything has meaning, also suffering and death. Foucault has claimed that death has its own rules and laws. Therefore, spirituality is essential for patient-caregiver communication. However, caregivers often view the senior as an object composed of organs that may be sick and require help, rather than a whole entity with illness. Nevertheless, the senior is not a collection of anatomic parts, he/she is human – body and soul.

Siłą życiowa człowieka pochodzi z trzech źródeł: duchowości, wolności i odpowiedzialności. Zgodnie z koncepcją Victora Frankla, wszelkie zdarzenia życiowe mają dla człowieka znaczenie- także cierpienie i śmierć. Foucault twierdził, że smierć kieruje się swoimi własnymi prawami. Powoduje to, że duchowość jest dla pacjentów ważna, szczególnie w relacji z opiekunami. Często niestety, opiekunowie postrzegają pacjentów seniorów jako ciało złożone z organów, a nie jako osobę z jej podmiotowością. Pacjenci seniorzy pozostają jednak ludźmi i zachowanie podmiotowości jest bardzo ważne.

Keywords: meaning in life, communication between the patient and the caregiver, death, illness, holistic approach.

Viktor Frankl in his book *Man's Search for Meaning* (2006)[1] concludes that the existence of a person draws its power from three sources of energy: spirituality,

[1] Frankl, V. (2006). *Man's search for meaning. (whith a new foreword by Harold S.Kushner)*. (I. Lasch, Trans.) Boston, Massachusetts, United Stares of America: Beacon Press. p. 65.

freedom, and responsibility. Spirituality is not only a human trait that differentiates the person from other living creatures but also enables every person to be unique in his own right, regardless of what he does. In other words, spirituality is a human quality that characterizes the individual and makes him special. It directs the individual in his decisions, desires, and attitudes towards different events he experiences in his life. Even in the most difficult events, with suffering and pain, the person's awareness is free. In other words, the mental and physical stress that the person feels cannot stifle the independence and freedom of the human awareness. Moreover, the person's responsibility is closely related to the meaning he seeks in his life.

At the basis of the book of Viktor Frankl, there is the perception according to which a person always is searching for meaning. In his opinion, the human ability to give meaning to emotional experiences has considerable survival value. Frankl reached this conclusion in the concentration camp where his relatives were killed. In his book he writes that even in the concentration camp the person had the final freedom to choose his attitude, to find meaning in what happens to him. The person succeeds in surviving the inferno because of a goal he sets for himself. However, when a person loses meaning to his life, he does not survive. Hence, according to Frankl, the meaning of life is the initial power that motivates the person. In his opinion, the power of a person is found in his ability to find an inner source of power to raise himself above the unfortunate circumstances in life. Furthermore, Frankl maintained that each person is born with a mission in life to fulfill which makes it impossible to replace him. Moreover, life cannot be repeated a second time. In his book, Viktor Frankl refers to physical survival and beyond. He saw the ability to find meaning as the achievement of spiritual survival, despite all the vicissitudes of life. Frankl claims that it is entirely natural to feel negative emotions, such as frustration during the path of searching for the personal meaning of life. When a person finds meaning, he finds explanations for his suffering, his choices, and his attitudes.[2]

Further, according to Frankl, every person has a role and a destiny in life. All events in life are a challenge one must cope with. Throughout life one searches for

[2] Frankl, V. (2006). p. 77-78.

meaning, and in this search, the person takes upon himself responsibility for his choices and his path. According to this theory, the logotherapy of Frankl emerged for the purpose of the inculcation of the awareness of this responsibility so that the person will define for himself the tasks in life. The meaning that the person finds for his existence increases his ability to effectively cope with difficulties and emotional burdens that he encounters through life. Frankl believed that people who do not find meaning and live without any suitable goal are found in a state that is called an existential void. This situation is widespread in contemporary modern society. Consequently, people do not find mental ease and move from one place to another place. In other words, a person without meaning in life shifts from one workplace to another, and changes partners and friends in his private life without understanding that the finding of meaning is a profound internal and ongoing engagement that may lead to desired changes in the person's life.[3]

Furthermore, Frankl addresses in his book *Man's Search for Meaning* the notion of suffering. When a person faces a situation without escape that cannot be changed (incurable disease, for instance), he has the right and the rare and final opportunity to fulfill the supreme value "the meaning of suffering." Frankl believed that everything has meaning, even suffering, and death. The meaning is individual and cannot be transferred or held in common.[4] Frankl illustrates this issue. One of the physicians turned to him for advice following the depression he suffered from since he could not overcome his wife's death two years beforehand. According to the physician, he loved her more than anything."… How would I help him? What would I tell him? Indeed, I did not say anything to him, but I asked him a question, "what would happen, doctor, if you had died first and your wife needed to live after you?" "Oh", he said, "This would be a terrible blow for her. She would suffer so much." I answered, "Look, doctor, this suffering was prevented, you prevented this suffering: but now you have to pay for this in that you will continue to live and to grieve for her." He did not say a word but shook my hand and left my office quietly. The suffering stopped somehow being suffering the moment he found a meaning for it, such as the meaning of sacrifice ".[5]

[3] Frankl, V. (2006). p. 99 – 100.
[4] Frankl, V. (2006). p. 66.
[5] Frankl, V. (2006). p. 113.

Michel Foucault (1994) in his book *The Birth of Clinic*[6] puts particular emphasis on death, although from a rather different perspective than Frankl. According to Foucault, death has its own rules and laws. He describes the benefit identified in medicine, during the dissection of bodies, which led to progress in medicine. Death enables medicine to look into the reason for the illness, to analyze, and reach conclusions regarding the profound implications of the disease. According to Focault (1994), the actual implications of the illness are associated with the physiology, anatomy, and pathology of the body.[7]

Frankl (2006) maintained that the caregiver must play an active role in the patient's search for meaning in his life, according to the outlook of the patient and the members of his family. Thus, the patient will reach his happiness, not only through assistance in the survival of the disease but through the finding of meaning in the suffering the sick person experiences over time, until his recovery, if this is possible at all. This role of the caregiver is complicated to realize also because the caregiver himself searches for meaning in his life. He searches for meaning in his occupation as a caregiver. Only those who find the meaning necessary to the existence of the person may find their tranquility and be able to accompany another person (the patient and his family) in his search for meaning.[8]

Foucault in his book *The Birth of Clinic* (1994) indicates a dramatic change in the meaning of the clinical encounter between the caregiver and the patient that occurred between the 18th and 19th centuries. According to Foucault, the perception of illness by the caregiver underwent an essential change. If before the 18th century an illness was presented as an entire entity and the patient was seen as a sick person and not as a separate illness, then already towards the end of the 19th century the illness was perceived as a single moment that needs to be healed, lacking the spiritual roots and meaning. The illness, every illness, and its severity bring with it implications on the patient's life. Along with the change in the perception of the illness, the communication between the patient and the caregiver changed. There was no longer the need to go in-depth into the descriptions and explanation. Instead, it was easier for

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[6] Foucault, M. (1994). *The Birth of the Clinic. An Archaeology of medical Perception.* (A. Smith, Trans.) New York: Pantheon Books. p. 64-65.

[7] Foucault, M. (1994*)*. p. 83-85.
[8] Frankl, V. (2006). p. 108 – 109.

the caregiver to focus on the patient's an object or body filled with organs when each one of the organs is sick and needs help. The caregiver restricts his observation of the patient to the in-depth understanding of physiological details and today sees the sick person in front of him as a collection of anatomic items some of which require some correction.[9]

Similar to Frankl, Michel Foucault sees the high spirituality of the caregiver in the care to have spiritual importance. In his work *The Birth of Clinic* he emphasizes that a contemporary caregiver does not combine spirituality in his work and hides behind a collection of dry, clinical items, devoid of identity, which link him to a particular patient. According to Foucault (1994), this clinical approach caused the caregiver to ignore the complexity of the actual reality and to neglect the patient's personal and social aspects.[10] In addition, the approach according to which the disease is placed at the center of the treatment as opposed to the person who is sick with the illness eliminates the holistic approach, according to which it is necessary to treat the person and his needs as something whole and not only a dysfunctional organ.[11]

Michel Foucault was confident that we are witnessing the appearance of a new social phenomenon. He identified and presented in his book *Knowledge/Power* that many experts reduce themselves, narrow areas of specialization, sectorial. Michel Foucault identifies these experts as physician, the nurse, the psychiatrist, the scientist, or the laboratory technician. For Foucault, the theoretical and philosophical discourse has become an effective practice limited to a defined field of a specific specialization. Such an expert provides for us the background for the creation of a mechanism of power. The theories divide our work into different and diverse areas. These areas become types of power and thus dictate to people in society the view of the world that is correct in their opinion. Subsequently, the psychiatrist defines for us who is mentally ill and who is not. The criminologist creates a standard for criminal behavior and its reasons. The physicians determine the boundaries of the illness and the prognosis of patients for the future. Thus, regimes of truth are created, which determine in modern societies what is correct and what is not, what constitutes truth

[9] Foucault, M. (1994). p. 95 -96.
[10] Foucault, M. (1994). p. 100 -101.
[11] Holmes, S. M. (2012). The clinical gaze in the practice of migrant healt: Mexican migrants in the United States. *Social Science & Medicine, 74*, 873-881.

and what appears to be a lie. The experts with power enjoy the status to determine truths teach people in society the techniques to achieve these truths. According to Michel Foucault, in Western societies, the truth revolves around scientific discourse and scientific institutions and is supported by different social institutions. Thus, Foucault concludes that the prisoner, the mentally ill person, the simple worker, or the person supported by society are not a part in the determination of the regime of truth and the dictate of a shared social vision. In other words, the truth is not universal. The truth is perceived as such that it is political. Foucault feels the special attitude that existed between the knowledge and the power and the close relationship between the two. The forms of knowledge created in this or another society are the fruit of the conversation of the power struggles that occur in society. The knowledge is not a neutral or indifferent factor but an inseparable and significant part of the struggles or social power relations. In other words, the process that is created is cyclical: the systems of knowledge create the power relations and the power relations, in turn, establish the knowledge systems.[12]

The power is implemented by all. Each holds power in different places, in different situations. The everyday actions of the individual (for instance, as a consumer) is a part of the social systems that create the power. People exist simultaneously in a variety of social networks of power that exist simultaneously and autonomously. A person can be both consumer and manufacturer. Therefore, the individual is managed and manages. Thus, in the opinion of Foucault, there is no one group with power in its hands while other group lack power completely. The power that is divided into various focuses creates a reality in society. According to Foucault, individuals' function in a constellation of regular rituals that reflect the same truth that in turn reflects the power struggles. The multiplicity and diversity of the power relations shape these truths, and according to them, people behave. The behavioral sciences are a product of knowledge shaped by the power relations.[13]

Foucault claims that the goal of power is to increase the economic output from the person while minimizing the potential for the political risk inherent for the state. Thus, an emphasis is placed on technologies of power when the common denominator

[12] Foucault, M. (1980). *Power/ Knowledge. Selected Interviews & Other Writings 1972 - 1977.* (L. M. Colin Gordon, Trans.) New York: Colin Gordon. p. 176 – 178.
[13] Foucault, M. (1980). p. 179 - 180.

is the aspiration to place the person always under a rigid framework and supervision. These technologies of power are expressed in the way in which factories were managed, students were educated in the schools, and prisons were built. If in the past there was a technology of supervision over the individual that was based on his ranking according to social status, then in the present era in modern society the examination constitutes supervision technology. For instance, in schools, hospitals, and any other place the examination received virtual power as a device for the accumulation of knowledge and in essence functioned as a technology of supervision and control over the examined. The examination also classifies the person concerning effectiveness and contribution to the organization and society. Foucault describes a process in which a large number of tactics for control influence one another and form into a general method of control over the individual in society as a stronger constellation of power/knowledge expressed in hospitals, factories, schools, prisons. The method itself has become a type of knowledge. The knowledge of people in society in the behavior sciences enables to control society and to shape behavior. Therefore, Michel Foucault rejects the existence of a valid corpus of knowledge, which is objective and reliable with a system of truths that is determined by political strengths. The corpus of knowledge is adjusted and limited to a particular field, and the name in this field determines the powers, for example, in medicine.[14]

Unlike Foucault, Rogers (1961)[15] did not discuss the system of knowledge – power and other phenomena in modern society. He emphasized the personal facet of the social and environmental aspects. Like Frankl, Rogers maintained that a primary motive is found in the individual's level and not in the social level. The primary human motive is the aspiration to reach self-fulfillment. In Roger's opinion, the root of mental problems is the lack of fit between the ideal self and the real self. Hence, the gap between the actual self and the desired self in the individual's life constitutes a source of harm to the mental wellbeing. Throughout his entire life, the individual searches for a sensitive attitude towards himself from his environment; however, he never achieves this at all or does not achieve this to the level he wants. If all the

[14] Foucault, M. (1980). p. 166 – 167.
[15] Rogers, C. (1961). *On Becoming a Person. A therapist's view of psychotherapy.* Boston: Houghton Mifflin Company. p. 63 – 65.

people in society learned to accept in an unconditional manner the constellation of the other person's feelings, the individual's range of emotions would be perceived as legitimate by all of society.

However, the reality brings to the individual's life many limitations, including emotional limitations. Thus, the individual develops a feeling of repression. According to Rogers, the person is good by nature. He is a master of his fate and actively directs and promotes himself in his life for the purpose of the achievement of self-fulfillment. The individual behaves according to his outlook. Therefore, the subjective experience that the individual feels in his life explains his behavior. When the individual's behavior deviates from the normative, this is a response to fear and defense against different pressures and threats from his environment in society. Rogers perceives the individual in society as a complete creature and not as a system of components of behavior and personality. The attempt to interpret and understand the person from the outside only harms the possibility of developing and growing naturally and being a more complete person. The situation is especially critical when the individual is found in the health arena. The clinical caregiver is not supposed to constitute a figure of authority or advice for the patient. The caregiver must provide support, warmth, empathy, acceptance, and full emotional inclusion of the patient. The caregiver's role is to accompany the patient on the way to his fulfillment in his life according to his perception. According to Rogers, the individual naturally aspires to be healthy and therefore the caregiver's role is to be there for the purpose of the creation of a comfortable basis for the patient's self-fulfillment, without limitations that cause the creation of repression that later can lead to health risk. The patient becomes an expert instead of the caregiver as the sole expert of himself. Only the individual can experience and describe the unique complexity of his experience and of his being himself. The caregiver becomes the tool/means of the achievement of the patient's goals. The caregiver's role is completely different, as Rogers sees it. The caregiver is supposed to be an attentive and empathetic other, to provide the patient with an environment of full acceptance and positive and unconditional attitude, devoid of judgment. When the caregiver succeeds in creating an environment without conditions, the patient gradually develops a positive attitude which is an attitude of self-attention and full acceptance. Thus, the patient adjusts conditions and an environment perfect for living and personal development. Only in this way, through

his profound attention to himself the individual is revealed, to himself and to the caregiver. The existence of the caregiver's self-discovery enables not only full healing of the patient but also his growth towards self-fulfillment in the care and beyond it. According to Rogers, the success of the treatment depends on the patient's position at the center. Therefore, the caregiver needs to come to the care without personal interpretation or prejudices, without judgment, without requirements or any action plan. Only the caregiver will succeed in maintaining these conditions, the creation of ideal conditions for the creation of a subjective positive experience of the patient in the care.[16] In general, the absence of communicational tools on a high level in the clinical field is interpreted often as general lack of professionalism of the caregiver and is perceived as harmful. Thus, in the health arena the caregiver has decisive impact on life and on death. Thus, the caregiver's humanity as a treatment basis and as a main tool is essential to the effective care suited to patients.[17]

Erving Goffman (1961)[18] in his work on large institutions maintained that to understand the nature of the experience that occurs in the institution it is necessary to map three precious components: the institution itself, the inmates, and the caregiver/staff. In his opinion, a whole picture can be obtained only when they succeed in understanding how there is an interaction between the three factors: institution, patient, and caregiver.

Goffman describes institutions as structures where there is some activity that characterizes the institution's role and goal. For instance, according to the way in which the physicians look at the patients the hospital becomes a treatment institution. However, the focus on the nature of the institution does not allow the understanding of the nature of the interaction in the treatment arena. However, hospitals, like all large institutions, demand a large part of the time of its members, set rules and laws of their own, sometimes without considering the interests and goals of those staying in the institution. In addition, hospitals, like other social institutions, tend to be domineering to some extent, dependent on additional characteristics (such as, for

[16] Rogers, C. (1961). p. 74 – 76.
[17] Holmes, S. M. (2012). p. 876 – 880.
[18] Goffman, E. (1961). *Asylums. Essays on the social situation of mental patients and other inmates.* New York: Anchor Books. Doubleday & Company, Inc. p. 5 – 7.

example, the psychiatric hospital, which is interpreted by Goffman as a very domineering institution). Erving Goffman divides comprehensive institutions into some types when the treatment institutions (hospitals) divide into different types, and the type of the institution also determines its nature. For instance, there are institutions (such as old age homes) that were established for people who are considered in society to be helpless and harmless, such as the blind, the elderly. Then some institutions provide care for people who cannot help themselves and do not constitute a threat to society, such as hospitals for the mentally ill. Despite a specific difference between the treatment institutions, there are shared traits of all comprehensive institutions. First, all the living areas in the institution are run in the same place and are subject to the same authority. Second, every stage in activity during the day is run together with a large group of other inmates, when each one in the group receives a similar attitude. In addition, activities during the day are one continuum that repeats itself daily in a regular manner. The activities that exist throughout the day are intended for the achievement of the goals of the institution, and this purpose are planned as a logical continuum for the purpose of the preservation of the official interests of this institution.[19]

According to Erving Goffman, these traits of the institution enable the construction of an effective organization managed by a small group of people (staff), which supervises the inmates throughout the entire period of their stay in the institution. However, there is a significant gap between the two groups found in the institution, the group of the staff and the group of the inmates. Every group creates a system of stereotypes towards the other group and develops prejudices that cause the distance between them to increase even further. On the one hand, the staff group, which is a small group in numerical terms, tends to see itself as a superior group and in control of the institution, as determining rules and laws regarding the inmates' stay in the institution. On the other hand, inmates in the institution see themselves as inferior, as lacking rights and power. Social mobility between the two groups is limited or is non-existent. In addition, all the primary needs of the inmates are provided by the institution according to the formal goals of the institution itself. Sometimes, especially for an extended period of stay, the inmates undergo

[19] Goffman, E. (1961). p. 17 – 19.

humiliation, the limitation of space and freedom and harm to the privacy. Thus, the demoralization that exists in the comprehensive institutions, even if it does not constitute a formal goal, will accompany a process that is of the inmate as a part of the routine in the institution.[20]

The patient, even the one who comes to the institution from his free will or his own need, undergoes a standard process of the blurring of the personality and harm to his identity. This begins with the surrender of his equipment, the exchange of the clothing he knows for clothing that characterizes inmates in the institution and continues through the determination of a routine that is maintained throughout the stay in the institution. In addition, the freedom to arrange the daily activities - the patient decides upon the agenda of the institution without consideration of the inmate's practices of priorities on the topic. In the entry into the institution, the independence is curtailed and even eliminated, methodically, by the attachment of the inmate to a large group of other inmates, similar equipment to what others have, and so on. Even if these limitations of the institution are not a part of the official goal of the institution, there are official explanations of this harm to the inmates. For instance, in the hospital for the mentally ill the reduction of the freedom of the patients in the institution is necessary to increase the patient's safety from himself and other patients. According to Erving Goffman, this explanation of the patients' safety is only a rationalization. The true reason derives from the institution's need to maintain the everyday activity, laws, and rules that it created for a large group of people in a limited space.[21]

According to Goffman (1961)[22], the entry into the institution of a new inmate also entails a process of adjustment that is especially felt when it is expected to be long term. The inmate undergoes situational regression. He denies himself open attention from the individuals in his environment who are not directly related to him. In addition, sometimes the inmate objects to the cooperation with the staff in the institution and rebels against it to achieve personal goals. For the most part, the resident of the institution undergoes colonization. In other words, he builds for himself a comfortable existence, in which he is relatively satisfied with his stay.

[20] Goffman, E. (1961). p. 43 – 48.
[21] Goffman, E. (1961). p. 28 – 30.
[22] Goffman, E. (1961). p. 35 – 38.

Throughout his stay in the institution, the inmate undergoes a process of conversion. In other words, he adopts for himself fully the outlook of the institution staff and begins to identify with the manner of thinking, even if when he entered the institution, he objected to this.

To obtain a complete picture according to Goffman's opinion, a look into the world of the caregivers (staff) is necessary. The work of the caregivers in the hospital is related to the care of people. The staff in these institutions is committed to humanistic standards. A humane attitude towards the inmates in the institution is the fundamental responsibility of the caregiver in the medical institution. The staff is found under the supervision of direct superiors and the family members of the inmates for the purpose of the assurance of humane attitude towards the patients who stay in the institution. However, distance is kept between the staff and the institution residents, from the enrooting of a system of negative stereotypes that develops and is preserved in every group towards the other one.[23]

To preserve ordinary conduct in the institution, like any comprehensive institution, the hospital too develops a system of procedures, through which the interaction between the two groups in the institution is arranged. In addition, one of the universal examples of ritualism in comprehensive institutions is a journal of the institution. The journal is found under the supervision of faculty members who are loyal to the other group of the faculty and also hold positive opinions towards the institution residents. Another example of ritualism in comprehensive institutions is parties, where sometimes the staff and inmates mingle, although this may not exist in every comprehensive institution. Hospitals are the only comprehensive institutions in which almost all the time the doors are kept open for visitors, whether the family members of the inmates or the public at large. According to Erving Goffman, this enables the preservation of higher humane standards. The openness towards the visitor of any type also causes the creation of warmer relationships. However, often this is only for appearance, for the purpose of the presentation of the positive parts of the establishment. [24]

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[23] Goffman, E. (1961). p. 43 – 48.
[24] Goffman, E. (1961). p. 53 – 60.

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