

PHILOSOPHICAL VIEW OF HUMAN CARE IN THE WOMAN IN THE CLIMACTERIC STAGE

VISIÓN FILOSÓFICA DEL CUIDADO HUMANO EN LA MUJER EN LA ETAPA DEL CLIMATERIO

VISÃO FILOSÓFICA DA ATENÇÃO HUMANOS DAS MULHERES NO CLIMATÉRIO

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SUMMARY:

Middle-aged women, although they may have concluded with the biological reproductive cycle, maintain an important social role that is expressed through their active participation in community life, without abandoning the responsibilities assumed in the home and family, which it contributes to the exacerbation of climacteric symptoms in intensity and frequency, in correspondence with social determinants because of their sex. On the other hand, the living conditions of women have undergone significant changes in the last decades: the progressive increase of opportunities for labor insertion, birth control, reduction of fertility, improvement in the effectiveness of preventive measures, increase in life expectancy, reduction of gender barriers, changes in social roles, all of which must be considered in their health care. Therefore it is necessary to focus the care from a philosophical perceptible that allows us to perform it in an integral way, without setting aside emotional, spiritual and psychosocial aspects. The primary care service is essential to provide a source of care that has continuity, coordination, and that covers in a global way the health needs of people. Whatever the type of transition, it implies from the nursing staff the need to know the beliefs and practices in each one of the transitional situations of the person in order to offer a culturally congruent care. This implies knowing how humans adapt to the transition, and how the environment affects that adaptation. This importance derives from the fact that nursing seeks to maximize the strengths and potentials of people

Keywords: Human Care, Climaterio, Woman, Philosophy

RESUMEN

Las mujeres de edad mediana, si bien pueden haber concluido con el ciclo reproductivo biológico, mantienen un importante rol social que se expresa a través de su activa participación en la vida comunitaria, sin abandonar las responsabilidades asumidas en el hogar y la familia, lo que contribuye a que los síntomas climatéricos se exacerben en intensidad y frecuencia, en correspondencia con determinantes sociales que recaen sobre la mujer en razón de su sexo. Por otra parte las condiciones de vida de las mujeres han experimentado cambios significativos en las últimas décadas, entre ellos el aumento progresivo de las oportunidades de inserción laboral, control de la natalidad, reducción de la fecundidad, mejoramiento en la eficacia de medidas preventivas, aumento en la expectativa de vida, reducción de barreras de género, cambios de roles sociales, todos los cuales han de ser considerados en su atención de salud. De manera que es necesario enfocar el cuidado desde una perceptiva filosófica del cuidado humano que nos permite cuidar de manera integral sin dejar de lado la parte emocional, espiritual y psicosocial. El servicio de atención primaria es esencial para proporcionar una fuente de atención que tenga continuidad, coordinación, y que en forma global cubra las necesidades de salud de las personas. Cualquiera que sea el tipo de transición implica la necesidad, por parte del personal de enfermería, de conocer las creencias y prácticas en cada una de las situaciones transicionales de las personas para ofrecer un cuidado culturalmente congruente. Ello implica conocer cómo los seres humanos se adaptan a la transición, y cómo el ambiente afecta esa adaptación. Esa importancia se deriva del hecho de que enfermería busca maximizar las fortalezas y los potenciales de las personas

Palabras Clave: Cuidado Humano, Climaterio, Mujer, Filosofía

RESUMO:

As mulheres de meia-idade, embora possam ter concluído com o ciclo reproductivo biológico, mantêm um importante papel social que se expressa através de sua participação ativa na vida comunitária, sem abandonar as responsabilidades assumidas no lar e na família, que contribui para a exacerbação dos sintomas climatéricos em intensidade e frequência, em correspondência com os determinantes sociais que recaem sobre as mulheres por causa de seu sexo. Por outro lado, as condições de vida das mulheres sofreram mudanças significativas nas últimas décadas, entre elas: o aumento progressivo de oportunidades de inserção laboral, controle de natalidade, redução da fecundidade, melhoria na efetividade das medidas preventivas, aumento na expectativa de vida, redução das barreiras de gênero, mudanças nos papéis sociais, todos os quais devem ser considerados em seus cuidados de saúde. Por isso, é necessário focalizar o cuidado a partir de uma percepção filosófica do cuidado humano que nos permita cuidar de forma integral sem deixar de lado a parte emocional espiritual e psicossocial. O serviço de atenção primária é essencial para fornecer uma fonte de cuidado que tenha continuidade, coordenação e, de maneira global, cubra as necessidades de saúde das pessoas. Qualquer que seja o tipo de transição, implica a necessidade, por parte da equipe de enfermagem, de conhecer as crenças e práticas em cada uma das situações de transição das pessoas para oferecer um cuidado culturalmente congruente. Isso implica saber como os seres humanos se adaptam à transição e como o ambiente afeta essa adaptação. Essa

importância deriva do fato de que a enfermagem busca maximizar os pontos fortes e potenciais das pessoas.

Palavras-chave: Cuidado Humano, menopausa, as mulheres, Filosofia

INTRODUCTION

Personal satisfaction in middle-aged women can acquire a particular expression at the mid-point of life. At this moment the meaning of life is reconsidered, their values and those of significant persons are reviewed; frequently they question what have they achieved in the different aspects of personal fulfillment and evaluate their successes and errors according to their level of aspirations. This is a process of revalorization of one's own life, which the texts of psychology describe as the second identity crisis (1).

Middle aged women may have ended their biological reproductive cycle but still maintain an important social role expressed through their active participation in the community life, without abandoning the responsibilities assumed in the home and the family, which contributes to the exacerbation of the climacteric symptoms in intensity and frequency, in correspondence with social determinants because of their sex (2).

The climacteric is a physiological period that characterizes the transition from reproductive to non-reproductive life of women, comprising two to eight years before and after menopause. The changes that occur during the climacteric are essentially neuroendocrine, and enhance the biological sensitivity to the impact of the environment in this stage (3). It coincides with a complex period in their life due to the biological, psychological and social changes that occur.

The living conditions of women have undergone significant changes in recent decades, including the progressive increase in opportunities for employment, birth control, reduction in fertility, improvement in the effectiveness of preventive measures, increase in life expectancy, reduction of gender barriers, changes in social roles, all of which must be considered in their health care. The primary care service is essential to provide a source of care that has continuity, coordination, and in a global way covers the health needs of all people.

The cultural context influences the meanings that women attribute to how they live each stage of their lives. Many factors can influence the way women perceive and position themselves in different situations defined by their family context, beliefs, values and individual care practices. The climacteric is a very important event in the life of women who achieve longevity (5).

This period invites the woman to rediscover her own body, the meaning of life, what was lived and what is to come. In order to live the climacteric period with quality, adequate attention is necessary. However, some nurses have little knowledge about that period, the manifestations that occur and the behaviors that must be adopted (6). The nurse needs to

be attentive to the way in which the woman lives that phase, identifying her special needs for care, creating a bond, listening and promoting her role in caring for her body and in the changes that begin to occur.

Nursing is committed to the process and experience of helping human beings during their transitions. The concept of transition is related to adaptation, self-care and development. The nursing mission could be redefined in terms of facilitating or relating to people who are going through a transition. The term transition has been defined as "a passage from one phase of life, condition or state, to another" (7). Transition refers to both the process and the outcome of complex person-environment interactions. A transition is a link in the chain of health status, in relationships, expectations and abilities, requiring the person to incorporate a new knowledge, to adapt its behavior and to change the definition of itself in the social context.

Whatever the type of transition, it implies the need on the part of the nursing staff to understand the beliefs and practices in each situation in order to offer a culturally congruent type of care. This implies knowing how the person adapts to the transition, and how the environment affects that adaptation. Nursing seeks to maximize the strengths and potentials of people to contribute to their restoration, optimize their health levels, their functionality, comfort and self-fulfillment (8).

The "Theory of diversity and universality of care" focuses on a comparative study and analysis of different cultures in relation to care behaviors, nursing care, values regarding health and disease, beliefs and behavior patterns (9, 10). It states that care is essential for the growth and development of human beings.

It is important to note that the changes that this process generates in women modifies their social roles, responsibilities and relationships, and demand a specific type of care that contributes to maintain their health and well-being; women are used to caring rather than to take care of themselves. The symptomatic changes in this stage go unnoticed even for themselves, and even more for those around them, since the act of caring has been attributed to them almost exclusively, and they have accepted it as a natural part of their life; however, it has not been incorporated as a reflexive fact directed also for themselves.

DISCUSSION: Philosophy of Care

Care, usually part of the female role, is a central aspect at home: every day women are responsible for educating, feeding, grooming, dressing, protecting and teaching their children to establish relationships and to live in community, requiring a huge amount of their time and energy, neglecting their own care (11, 12). In this process, so complex for women, it is the responsibility of the nursing professional to provide them with a theoretically based care, to awaken their conscience and to promote the practice of their own care as part of their daily life.

Boff proposes: "Caring is more than an act, it is an attitude; therefore, it covers more than a moment of attention, of zeal and concern, it represents an attitude of occupation, responsibility and affective commitment with the other." "Without care we stop being human; care must be present in everything, care is part of the nature and constitution of the human being" (13). Caring is what makes people human, because it is inherent to their nature. According to Boff the human being is unique, free, creative and capable.

Therefore caring is an attitude of dealing responsibly, of bonding emotionally with the persons around us (13). Caring implies enthusiasm for friendly relations, interest in well-being, vigilance for making the environment more pleasant and diligence to develop skills for of taking care of oneself, of others, to have an interest in its meaning.

According to Boff care has two basic meanings, intimately linked to each other: the first one is an attitude of solicitude and attention to the other; the second one, of concern, because the person who is being cared for feels attached to the caregiver. Boff states that the chaos in our current society and the grim situation in the planet are the result of lack of care, of lack of love.

Therefore care is seen as something deeper than the mere fact of performing an action aimed at relieving an inconvenience or ailment; it is the way of relating of human beings: it is a form of expression, of relationship, a way of living fully. Boff points out that "care is more than an individual act or a virtue alongside others"; care is a "way of being", is the way in which the person is structured and performed in the world with others (14).

Heidegger, an existentialist philosopher, refers to human care as an act, an ontological and existential dimension which acts in a process of relationship, reciprocity, trust and affective involvement by another human being; from his ontology he conceives the person as a being existing in the world, the Dasein: "be-there". According to Heidegger, to "ex-ist" is to be in the world, to have a world. "The ex-istance is not guaranteed for the human being, he has to take care of it, otherwise he is endangering his own being" (15). From this perspective, the "ex-istence" of individuals is subject to care.

Heidegger pointed out that fundamental realities such as will and desire are rooted in essential care (16). Only from the dimension of care do they emerge as human embodiments. Care is an ontological constitution, always underlying everything that people undertake; care provides the foundation on which all interpretation of the human being is based on. "Care can not be derived from them, since they themselves are based on it".

According to him, "the care is the essence of being, as an entity thrown into the world; a care that determines the meaning of the being and the Dasein, which expresses itself in a temporality. The care comes before any position and factual behavior, it is always there"(13). Care is found in the fundamentals of the human being, before he does anything else; everything he does will always be accompanied and impregnated with care. Care is

not a simple impulse to live, a particular experience. It refers to a man being turned towards his own possibilities, projecting himself: "the existential condition" of the possibility of "concerns of life" and of "dedication" must be conceived as care in an original sense, that is, ontological (17).

He uses the terms *sorge*, as "cure, care", *besorgen*, "try to take care of", and *fürsorge*, "concern", to the extent that *Dasein* is "being with another". Healing/care is a key member of this inseparable triad. Occupation and concern constitute a cure in an emphatic sense; in this occupation-concern as a cure, it is the self that cares (18). Self-care that allows constituting the being, that through the understanding of language and silence, through art, reveals the essence of its ex-istence, not that of a subject facing a foreign world, but rather that of one being-in-the-world (19). When referring to being-with-another, Heidegger means that "in the understanding of being, also inherent in being-there ", the understanding of other human beings is implicit" (20).

Foucault conceives self-care based on the Socratic *Epiméleia* proposal: "Self-care comprises knowledge and strategies that allow people to perform, by their own means or with help, a number of operations on their own bodies and souls; taking care of oneself means caring for one's soul. The soul is the subject of the action. It is necessary to take care of the soul and not only of the body. Self-knowledge finds its perfection in access to truth; caring for oneself implies a knowledge of oneself, of one's own existence ". Care refers to the soul as a transcendent and singular unit, and the self understood as the soul, subject of bodily, instrumental or linguistic actions; caring for oneself is then about preparing the individual in the best possible way for an adult life, facing the mistakes, bad habits and harmful customs that creep throughout life (21).

Self-care must be provided by oneself: "belonging to oneself, being me", through a relationship with truth and knowledge which will teach what to accept or reject, what one wants to change, but it also implies a relationship with others because, according to Foucault, in order to take good care of oneself it is necessary to listen to a teacher, a guide, a counselor (22). Self-care is not about a truth or exhortation to selfishness, but to reflect on the fact that in order to offer a significant presence to the other it is necessary to have an interest, to be aware of one's own potentialities and fragilities, to take reality itself in one's hands. In order to show interest to the other, you must have an interest in yourself. The awakening for the self-knowledge of taking care of oneself is the consequence of the process of learning to care (23).

The reflection of the conceptions of care by the nursing professional, who frequently must adopt the role of teacher-guidance-counselor, will allow him to understand that in the exercise of caring it is essential to consider the body-soul dimension as a duality always present in the human being and its development and practice, in the perspective pointed out by Foucault: "In other words, there is a strong link between knowledge and action, either as a regulating principle of the action, as an objective to be achieved through action, or as a process through which it appears" (21). When people obtain the

knowledge of their own care, and think about it as something genuine, they will incorporate it into their life as a daily practice.

Self-knowledge and knowing how to care for oneself positively influence care, considering that interpersonal relationships recognize the strengths, openness and potential of the inner world. By experiencing self-care, self-reflection and emotions are nourished, experiences translated into knowledge are absorbed and self-perception as subjects, whose subjectivity and sensitivity are put into action (24). Any philosophy of care requires that we seek wisdom in caring for ourselves and the other, where knowledge is linked to the values we choose in our daily lives, creating ways of living well, based on what we are and what we know (25).

The concept of "self-care" is built on social relationships, interactions and practices, because these condition the social representations that a subject has on the care of his health, and take place thanks to the communicative and intersubjective processes between the members of the social group of which it is part (26). Taking care of oneself includes, among other aspects, health care, thoughts, attitudes, behaviors, emotions, values, bio-social needs, including anything that generates well-being, without harming the well-being of others; it can be considered as the set of activities that persons usually perform to meet their own needs.

It is a basic attitude of the human being, essential to remain in this world. Taking care of oneself responds to the particular, concrete, physical, spiritual, intellectual, psychic and emotional needs of oneself and others. Caring for oneself requires "the cultivation of our integral being: body, psyche, mind and spirit, because we are an indissoluble unit". Such dimensions structure a dynamic and influential interaction with each other (27). According to Foucault it is essential to learn to take care of oneself in order to be able to care for others.

After quoting these philosophers, it can be said that the objective of nursing is to promote health, the production of changes to establish well-being, using as a nursing philosophy, a systemic approach that includes human beings, environment, health, nurse and nursing; this philosophical vision is essential for the care of the climacteric woman since it must be approached from an integral dimension without leaving aside her human or subjective aspect.

Human care is not a simple emotion, a concern or a kind desire: caring is the moral ideal of nursing, whose purpose is to protect, increase and preserve of human dignity; it implies values, desires and commitment to care, knowledge and care actions; it is an individual act that one gives to oneself when it acquires autonomy and in the same way is an act of reciprocity that tends to be given to anyone who requires help to assume their vital needs; that is why this philosophical approach is taken as the basis for the care of the climacteric woman.

The nursing staff must have a clear vision of the biological, psychological, social and spiritual needs of women in the climacteric stage so that they can provide care that promotes well-being; you should not leave out the family group, friends, spouse or any other significant person that could influence your well-being in some way. Care should be oriented towards health promotion, information about physical, biological and psychological changes so they can be dealt with in an informed manner and with strategies to face them.

Nursing should provide quality care to the climacteric woman so that she stays healthy in all the aspects that are part of her being; you must know about their culture, customs and concerns to guide them in an appropriate way so that they can solve and satisfy their needs.

FINAL CONSIDERATIONS

The concept of caring is currently the core concept in the theoretical propositions of the Nursing discipline. Scholars of this profession have been given the mandate of formulating conceptual proposals, considering that their disciplinary approach should start from a theoretical-philosophical foundation to meet the professional concerns of the nurse and the needs of individuals as an alternative to traditional methods of attention based almost always on positivist paradigms, which predominantly look for the biological aspect of individuals, neglecting others.

Boff, Heidegger and Foucault, recognized the concept of care allowing to contemplate people from another perspective. Their conceptual proposals lead the nursing professional to reflect on their own existence, as an individual and as a care professional.

The positivist vision with which climacteric women are ordinarily taken care of makes it necessary for the nurse to expand that paradigm, to reconsider the professional approach as a result of the changes of this age that affect them in their physical, emotional and spiritual dimensions. The reflection and understanding of care from the Heideggerian-Foucaultian perspective allows the nurse to a more authentic and humanized expression of care towards women in this stage.

The concept of "self-care" not only refers to the care that the individual can provide, but also involves seeking help for one's own care and contemplates "operations on bodies and souls"; that is, the care seen from the perspective of the *heatou epiméleia* which allows the nursing professional to explain women what is happening in their body, their emotions, their spirituality, to reflect and recognize their own care needs (23). It means to take care of this triad, and to consider nursing professional help as an always present support resource.

Likewise, the concept of "self-care" allows the nursing professional to more broadly visualize the concept of "care", and from that perspective to understand that there are other possibilities in the ways of caring, to implement nursing care in a more sensitive and human to climacteric women considering what Heidegger affirms, "the proper state

of man to be turned towards his very possibilities; in this lies the proper meaning of care, the projecting of oneself and the power of being of man "(20). The understanding of their concepts helps the nurse to understand the nature, context and stage of life of women who are in the climacteric process.

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