



The Nursing “How are You?”

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How Are You?

The supermarket doors automatically whirl open and two friends find themselves facing each another. Linda, with empty hands, just entering the store, warmly greets Patty. “How are you, it’s been so long!” Patty, pushing a loaded grocery cart with one hand, dragging a two-year-old through the door with the other hand, and trying to keep a newborn in a Snuggli balanced on her chest, responds, “Just fine, thank you and how are you?” Linda looks at the baby and moves on into the store. Patty continues to carefully navigate her way through the door.

Ida has severe arthritic pain. It’s time to consult her physician because the old prescriptions and the usual home remedies have not given any relief. Moving with difficulty, she enters her doctor’s office using two canes. She grimaces as she lowers herself to the chair in the examination room and props her canes up beside her.

Her doctor comes into the room. They have great affection for each other. These bad bouts have been frequent. He nods hello to her as he enters the room, turns his back, and washes his hands. His muffled voice, coming from somewhere out of the back of his head, asks, “Well Ida, how are you today?” Ida replies, “Fine, thank you and how are you?”

Elaine recovering from a bout of pneumonia responds to her hairdresser’s “How are you?” with a “Not too fantastic.” Her hairdresser, without listening or thinking, replies, “That’s good,” and starts to wash Elaine’s hair. In a twinkling, she realizes what has happened and says, “Oh I’m sorry, I thought you were saying, ‘not too bad,’” and she continues to wash Elaine’s hair.

Clearly all these people are socially correct in recognizing the other with “How are you?” Undoubtedly each individual not only greets the other but also wishes the individual well. But at the same time imagine not helping an overburdened mother through a door when you can clearly see she needs help. Why tell the doctor you are fine when you are most unwell? Even when the hairdresser realizes her mistake she doesn’t pursue the response.

“How are you?” is an odd linguistic predicament. On the one hand it is a question, and yet on the other it is a greeting alone. It is perfectly correct and appropriate to ask “How are you?” when you meet another individual, and it is also perfectly correct to respond with “Fine” as a response. As a matter of fact if the other responds with anything other than “fine” and begins to tell the individual exactly how they are, our social milieu sees that response as not quite orthodox behavior.

But to focus on the words, “How are you?—fine” is to ask a question. Why ask “How are you?” when you obviously want to hear and see “Fine?” Why answer “Fine” when it is obvious that you are not? Do these words serve any purpose in everyday life other than a greeting, or do these words actually encompass more than we see in a social situation? Is there any impact of other meanings at a deeper level? When we use this statement within the walls of care, specifically within a nurse-patient interaction, do they carry the same prescribed behavior as in everyday life?

A Verbal Handshake

Could the phrase “How are you—fine” compare to a handshake, a sort of verbal handshake? A handshake begins and sometimes simultaneously ends an interaction. Hands clasp together, eyes meet, flesh presses against flesh, and a nod of acknowledgment occurs. The tangible touch pulls us out of ourselves. It commands our attention. For a moment the world falls away (van Manen, 1986, p. 22). There is an instant where the opportunity to truly meet the other exists.

Each handshake is unique. The initial willingness to extend the hand, the amount of pressure applied, whether or not palm is pressed against palm, and the mutual breaking off of the handshake communicates to us something about the affective response of the other (Van den Berg, 1959). Where the interaction will go from here is up to us.

A verbal handshake often begins and ends an interchange. The words “How are you?” roll off the tongue without a moment’s hesitation. The response comes back just as quickly, “Fine.” Other responses such as “Not too bad,” “Okay,” “Great,” are really the same as “Fine.” The carefully scripted verbal text rarely commands our full attention. Often the words are out before we realize that we are greeting someone.

It’s more difficult to access that moment when the world falls away. Both the question and the response lie within such carefully programmed limits. It is difficult to know when to push for further communication because we are not always certain about the other’s willingness to delve deeper or if we have adequately assessed the affective response of the other. The world still interferes.

I walk down the street. I see Lottie coming towards me. I haven't seen her for a long time. As I walk toward her I feel a warm glow rising in my chest, I want to wish her well. I say "Hello, how are you?" She immediately answers, "Fine, thank you, how are you?" I respond, "Fine, thanks." We pass each other and continue walking. My warm feeling dissipates, slowly fades away. My chest feels hollow now, bereft somehow, as if something special was denied its birth.

A self brushes against another self but neither seems compelled to share. There is no room for sharing, for two unique selves to meet. Each interaction begins and ends in the same way. With a handshake, there is a moment, a poignant moment, when two people are free to meet each other if they so desire. The "How are you?—fine" most often remains as a polite requirement and nothing more.

Gildas and Ludens are two friends who haven't seen each other in a long while. Both are overburdened and very much need to talk to each other. They have been severely affected by the illness of their mutual friend Marcus. Ludens has accompanied Marcus to a psychiatric rest home and Gildas has come to visit. Ludens greets Gildas.

"How are you, Gildas, how are things? You wouldn't tell me last time."

"You didn't ask last time, Ludens. You aren't asking now."

Ludens shouts, "God! What counts as asking?"

(Murdoch, 1989, p. 321)

What does count as asking? What does block an answer? What happens when these empty words initiate an interaction in which it is truly necessary to know the particular state of that individual? Does the interaction remain empty? Is the "How are you" always the same as the street interaction, or can it be authenticated by an individual?

In the Hospital

Nancy, in her sixth month of pregnancy, is on complete bed rest. "Why my child, must you be so eager for birth? It's too soon, too soon, too dangerous for you to live out here just yet." Nancy sighs deeply and yearns to jump ahead in time so that her child's safety could be assured. Each passing day marks yet another gain of safety for herself and her unborn child. She alternately sighs with relief and then panic as a deep pervasive fear stirs.

An alarm rings. It's the intravenous (IV) pump. A nurse enters Nancy's room and directs the bright beam of a flashlight at the pump. She adjusts the flow and the shrill alarm ceases. The edge of the flashlight's glow shines in Nancy's eyes. She blinks and attempts to shade her eyes. The nurse notices Nancy is awake and says, "Hi Nancy, how are you doing?"

Nancy doesn't answer immediately. She wonders, "Should I say 'fine, thank you?' Is that what the nurse wants? Is it okay to tell her that I'm scared, the contractions are painful, I'm monitoring the heartbeat along with the machine, I'm all sweaty and the sheets are wet, and I could use the bedpan?"

Nancy tries to read the nurse but it's difficult to see the nurse's face in this dark. She is still involved with the IV pump. Nancy continues to evaluate herself in response to the question. The panic is still in her throat, her chest and threatens to choke her. "Help," she cries out silently, "I'm not 'Fine' at all ... I'm drowning, sinking, please save my baby ... grab my hand ... HELP!"

The nurse, obviously picking up something says, "Don't worry Nancy, these monitors will let us know if something is wrong." Nancy would like to say, "I don't want a machine, I want a living, caring human being right now." But she cannot give voice to these thoughts within her. Before she can formulate an appropriate response, the moment passes, the nurse departs, and Nancy is left in a worse state than before. It takes a long time for Nancy to gather herself and achieve a somewhat calmer state.

Nancy's situation crystalizes both the ambiguity and the power of the "How are you?" in the nursing situation versus the situation of everyday life. To answer truthfully in the street is to be discourteous. The "How are you?—fine" is too deeply embedded in one's socially competent behavior.

Nancy is vulnerable and touched by the emotional and physical message of the other. But at some point she must choose not to hide or apologize for her needs. The nurse, on the other hand, must choose to authenticate her "How are you?" with both her sincerity and her willingness to accept whatever comes back.

What does Nancy say now? After two months of bed rest she delivers a healthy baby girl. She recalls and describes her nursing "How are you's." Some nurses ask "How are you?" while diverting their eyes to the next patient. Some rapidly run through the ward, quickly wave, and call out in a high pitched voice "How are you-ou-ou?" their echo lingering still after they have already disappeared. Others stand imposingly over you, their name tags displaying formal titles, their collars advertising their commitments, such as baby's feet for pro-life. Rarely does one wait for you to respond. Nancy feels that she let the nurses "off the hook" when she answered "Fine."

Nancy says that what she wanted most was the presence of another person, information about her condition, and competent physical care. The nurses' greetings varied, but almost all of them prevented her from

experiencing what she thought she needed most. All were detrimental to her well-being. Her experience may lead us to wonder why nurses use the “How are you?” greeting. Does the nurse perhaps register the spoken and unspoken communication but is unable or unwilling to address the full situation at that particular moment? Could other duties, such as a more seriously ill patient or a need for more information, prevent her from acting? Or does the nurse feel that she is respecting the patient’s unspoken wish not to be too personal just yet? And finally, could it be that the nurse is not yet ready to become involved with this patient?

A Verbal Trick?

Ken, a successful sculptor and instructor at an art college, was in a car accident and is now paralyzed from the neck down. The video *Whose Life is it Anyway?* tells the story of his fight with the hospital system to allow him to die.

Several professionals enter his room and all ask a form of “How are you?” or “How are you feeling?” or “How is the day today?” Ken, a brilliant man, answers in various ways. At times he says as required, “Fine, thank you.” But other times he replies in other ways depending on the situation. When his physician, a very paternalistic man, visits him and asks “How are you today?” Ken answers, “As you can see, running all over the place.” This response is not acknowledged. Another time he jokes as a student nurse meets him for the first time. She asks, “How are you?” as she assists the nurse in charge to turn him over for back care. Ken answers, “I’m so sorry I can’t shake your hand, you’ll have to shake my backside instead.” The student nurse genuinely laughs and a delightful moment is shared.

A poignant scene associated with the “How are you?—fine” exchange occurs when a social worker enters the room, ostensibly to help Ken plan his future life and methods of coping. Ken feels contrary because the social worker has mistakenly assumed that he wants to learn to cope with all the paraphernalia necessary for his condition. So he makes a few awkward statements. Each time, the social worker responds with a deflecting statement. For example, she said, “My, they’ve painted this room, it used to be so dreary.” Ken replies, “Oh they should have painted me, I ruin the decor.” The social worker keeps talking about the decor and the weather and how Ken can learn to use certain tools with his mouth. Ken finally blows up. He yells:

What’s wrong with you professionals? When I say something awkward, you pretend I haven’t said anything. You have verbal tricks to prevent you from treating patients like human beings. When I say an offensive statement, your professional side comes up. You’re not treating me as a human being and that exercise of you professionals makes me want to die. You think you have to remain detached to help. Well you can cut on the

dotted line that part that separates the woman from the social worker and mail yourself off to another patient!

If only all our patients had the courage to tell us as Ken did when we patronize them or when we don't acknowledge them as autonomous human beings. Gadow (1980) describes how certain so-called professional behaviors serve to distance patients and nurses from each other. She states:

Regarding the patient as a "whole" would seem to require nothing less than the nurse acting as a "whole" person. Therefore, the nurse who withholds parts of the self is unlikely to allow the patient to emerge as a whole, or to comprehend that wholeness if it does emerge. (p. 87)

The end of the scene in the video shows both Ken and the social worker in deep emotional trauma ... Ken shouting, the social worker fleeing to the safety of her office and its new decor, and the cunning charge nurse sending the student nurse to calm Ken. Ken sees the student nurse and not wanting to alarm her he instantly calms down and says "Clever clever Sister [charge nurse]." Later he informs his attending resident doctor that he does not want to see that social worker again.

In this patient situation, Ken is extremely vulnerable. He is entirely dependent on the staff for his living and his dying. He lacks hope of ever getting any better. The staff seem to choose his future for him without consulting him. For Ken, trying to regain control over his life, is like climbing Mount Everest. Professional facades, hospital routines, expected patient behaviors, and overt paternalism try to fit him into a certain mode. The "verbal tricks" to which he alludes serve to depersonalize his unique personality and work against his fight to become self-determining.

Too Vulnerable to Respond?

Tony is a brilliant and successful professional person. He has a warm personality, an analytical mind, a desire to help others, and a depth to him that comes with many years of suffering. Tony is a hemophiliac and he has 40 years of hospitalizations behind him. He describes how his life changes in an instant. He leaves his office, drives himself to the hospital, and requests treatment. Once the identiband is on his wrist, he says, he becomes a number. From then on he is careful to read the emotional overtones (or undertones) of everyone who speaks to him. When he is asked "How are you?" he responds very carefully.

He dares not to offend anyone because he doesn't want to jeopardize his chances of receiving correct treatment. At this point in his illness trajectory Tony knows exactly what treatment he needs. Often the doctors on duty are unaware of current treatment of hemophilia; they want to review Tony's case from the time he was a baby, and conduct exclusive tests before starting treatment. Tony explains that the sooner

the treatment is started the better. Less internal damage, less swelling, and less pain occurs.

Tony patiently waits and tries to discern whether it's safe to try to get the doctor to prescribe what he already knows he needs. Tony says, "You learn a process of acting dumb, and falsely representing yourself in order to assure that you will get the correct treatment or attention when you need it." Tony believes he is very vulnerable; he is dependent on these doctors and nurses.

Being vulnerable is difficult to manage. It makes it difficult to ever disclose your true state of being. Tony says that he often brings pictures, radios, private belongings to the hospital. On the one hand the belongings comfort him, but even more importantly they show to the nurses that this patient has a life outside the hospital. He believes that he has a better chance of having his needs met if the nurse can see he is a person, not an ailment.

Maggie also feels vulnerable. She is very careful not to offend the nurses. She is in the terminal stages of cancer and suffers excruciating pain if she does not have her morphine regularly. Today she is hungry. She wants more food to eat. She asks her roommate how to get more food. Her roommate explains that all she has to do is tell the nurse and more food will be ordered. Maggie replies, "Oh no, I can't bother the nurses with that!" When pressed to say why she can't bother them, Maggie explains, "If I bother them and give them more work to do they may not be able to bring me my pain shot when I need it." When the next nurse comes into the room and asks "How are you today?" Maggie responds, "Fine, thank you?"

Tony understood Maggie's thinking completely.

If that painkiller is the most important thing to her in her illness, then she must watch herself. One wrong move can label you for your whole hospital stay, and that label is then communicated to all staff caring for you. If you are not courteous or if you have too many requests, no matter how legitimate, you can end up worse than when you came in. You see, you have to learn what is a legitimate request and what isn't.

Tony also says that nurses need to have something to chart and often that is why nurses ask patients how they are. He explains,

The nurse's primary reason is not to find out how I am, so that they can give me some nursing care. That's an honest reason to ask. But nurses usually have a dishonest reason, a secondary purpose for asking and that's to get some data to chart.

Tony tells how he learned to play a game when he was younger. He would tell them that he had a poor night or that his knees were painful or that he was feeling very low. Although he would not receive treat-

ment for any of those complaints, later his doctor or mother or wife would ask him about them.

Maggie believes that nurses work hard, and so she carefully plans her times to ask for help. "If I only ask for my pain medication when it is due and otherwise answer 'Fine,' the nurses look so relieved. It means they can go do something else. They are so busy." Maggie, in the final stages of cancer, has a keen sensitivity to the sincerity of individuals. In fact, most patients, because of their vulnerable state, have an increased sensitivity to all stimuli. Van Kaam (1959) explains that "patients in their intensified sensitivity distinguish sharply between genuine and pretended interest, care, and trust" (p. 1710).

Tony adds a last dimension. Ordinarily he responds with a standard answer to "How are you?" He replies, "Wonderful, perfect, tremendous, great." But when he is in pain and in dire need of attention, and the nurse asks "How are you?" he first feels angry and then sinks into despair. Being asked how he is and simultaneously perceiving that the nurse does not really want to know is too unbearable at that level of pain. Tony says that the question serves to remind him of his pain and uncomfortable state rather than giving him any relief. He explains that, "the question is useless unless the nurse has the desire, the ability, the guts, the sincere desire to relieve the patient of his or her burden."

A Transformed Question

I ask Tony what it takes to turn "How are you" into a sincere and effective nursing question. He answers instantly. When a nurse asks "How are you?" then she needs to have desire, perception, insight, sincerity, feeling, caring, understanding, concern, as well as competence, a feeling of responsibility, and power. She needs to have all this.

Tony illustrates his claim. Recently he had a bad night. The pain level was excruciating; there was no possible way to get into a comfortable position. He was bleeding again, his joints were swelling. The precious blood factors infusing intravenously had not yet helped his body to take hold. He couldn't sleep. As the quantity and frequency of the painkillers increased, as the blood factors began to hasten the clotting, he gradually drifted off ... but not before the sun was up and not before the nurses arrived for morning report.

The nurse entered the room, and stood looking at Tony. He was all scrunched down in the bed, the bedclothes were in great disarray about him, and his face was covered with perspiration in response to the pain. The nurse wet a face cloth, washed his face, gently lifted his head and turned his pillows over. She quietly left the room, put a sign on the door not to disturb him, left a message at the nursing station that he needed

some sleep, and carried on with her work while constantly guarding his door like a prowling tiger.

Later Tony feels much better with the sleep. He speaks with wonder and respect in his voice.

Most nurses would have bathed me and gotten me up no matter what because the baths have to be done at daybreak. You know, when a nurse hears a need expressed by the patient and helps him, that nurse has sold herself. But when a nurse knows what to do without a patient asking, that nurse becomes an angel.

A Morning on a Medical Ward

Gulino (1982) tries to get at the difficulties experienced by both patients and nurses in the health care system today. She states that “the complexity of technology, the multitude of demands, and the reduction of experience to mere statistical order obscure the needs of human beings when they are most vulnerable” (p. 356). The engulfing nature of the hospital organism dictating certain protocols, certain time limits, and certain pressures to conform immobilize the nurse and influence how she plans her work. Patients with unique needs get in the way of the regimented schedules that nurses are often forced to follow.

Irene, an experienced medical nurse, talks about how much of her shift is just getting through the work.

By the time you go down one side (of the ward), toilet everyone, change incontinent diapers, pads, beds ... wash everyone ... set them up for supper or feed them ... pass out meds ... handle emergencies ... toilet, wash, position again ... and on and on, there is really little time to do anything extra. Those little things that mean so much to patients, tidying their bedside table while showing interest in their stories, combing and washing hair, making phone calls for them, just simply listening ... just doesn't happen. Just one emergency admission, or someone falling or choking can put you so behind that you have to decide, “OK what has to be done and what can wait.” But the next time I'm on day shift, sometimes there is more staff on days, I remember who really needed attention and didn't get it and try to do something extra for them.

Margaret, a retired school teacher and suffering from Alzheimer's and Parkinson's disease, is a patient on Irene's ward. When Irene asks “How are you?,” Margaret tries desperately to remember how to say “Fine.” She begins to shake violently, her eyes full of desperation as she searches for the correct response. She tries “fiddle,” “fun,” “fart” (laughs at that one while shaking even more), and ends with “find.” Her eyes lose their focus, her trembling body stills, her head nods, and a sense of utter despair pervades her presence. Irene proceeds to take care of Margaret all the while chastising herself for asking this disastrous “How are you?” Why did she let that glib idiom pop out? Margaret

received it poorly and that was not Irene's intent. "Oh dear," a self-accurring Irene says, "next time."

Irene quietly approaches Margaret. She sits down beside her, engages her eyes, smiles, touches her arm, and a few moments pass by. Following those moments her blood pressure is taken, she is toileted, her wheelchair repositioned to enable her to look out the window, and her flowers and cards rearranged where she can see them. At some point Margaret begins to hum "Frère Jacques" in tune, her hands moving with the rhythm. At no time did Margaret tremble violently, desperately seek the appropriate response, or speak nonsense syllables. As Irene prepares to leave the room Margaret bursts into whistling the same melody with intricate trills flowing from her happily pursed lips.

James has just suffered a stroke. He is only 69 years old, a bachelor who has lived alone all his life. He rubs his still left hand, picks up his now alien left leg, bends the stiff left knee, straightens it out again, begs it to function again. Wanda, his nurse, enters the room and watches him for a minute. She asks, "How are you doing James?" So intent on his coaxing his left side to work, he just then realizes that she is there. He drops his leg, lowers his eyes even further and says, "Fine, I guess."

As he sees her watching him, he realizes even more clearly his broken self. He knows that she has just seen inside his very soul. Even though she asks him how he is, James can see that she already knows. James keeps very still not wanting to expose himself even more. Sartre (1957) would understand how James felt. He writes about "The Look" and how it somehow robs us of our subjective selves. When we realize we are being observed we become aware of ourselves as an object for the other. We cease to be ourselves or a subject and become instead a set of parts for someone else to evaluate. James experienced embarrassment, shame, and awkwardness.

Wanda is very busy today. One of her patients is in the midst of a severe asthma attack; another is having seizures; several more are bedridden and totally dependent. She is anxious for James, his discouragement, his well-being. She asks a student nurse to take care of him. She explains that James needs emotional care and reassurance. Wanda feels inadequate at providing that for him because it is still too early to know the extent of the damage caused by the stroke.

James is gently bathed. He becomes interested in the nurse's conversation about the Calgary Flames and Edmonton Oilers. A special friendship is established. He begins to respond to the conversation and for a little while he forgets. He becomes James again and not a dysfunctioning set of parts. His world enlarges again. As his various

treatments unfold throughout the rest of the day, he cooperates with them for the first time.

Brad is a young person, 18 years old, an accident victim with multiple injuries. He is in the intensive care unit attached to this medical ward. Brad is unconscious, his body deathly still with tubes emerging from all his orifices and machines attached to the tubes. Because his life hangs in a precarious balance, these tubes and machines must be carefully monitored. An intensive care nurse experiences a constant pull between caring for the body, tubes, and machines and caring for those qualities of the patient that are now hidden. John, a nurse in this unit, always tries to address both concerns.

John stands where a sighted Brad could see him. He touches him on the arm, a soothing massaging touch. In a low calm voice, John says "Hello, I'm John, I'm going to bathe you now, and see to some of these tubes." As John moves through his care he constantly talks to Brad, tells him what he is doing, comments on the hockey games, and often ends his sentences with a question mark. John carefully looks for any response and constantly tries and hopes to raise Brad's level of consciousness.

John knows that somewhere within that inanimate body there is a presence, a being or essence that is Brad. He calls to that being, probes for it, and nurtures it. Though for the moment that essence is unseen, John addresses Brad as if it is. This plus the fact that unconscious patients do display their own particular personalities makes John never underestimate or ignore this essence.

Does John ever ask patients "How are you?" John answers, "No. I don't even ask the ones that aren't intubated and could answer. It's too trivial, too superficial when you've nursed a patient from death's door to consciousness to regaining health. 'How are you?' may be one way to create an opening, to allow them to express how they are feeling in such an alien unit, but it's not the best way." Here John pauses, then quietly and shyly says, "My 'how are you?' is just ... uh ... well uh ... it's ... well it's myself." John lives what Marcel (cited in Keen, 1966) calls being available. "To be available is to be so uncluttered by a sense of one's own importance, so unthreatened by the strangeness of the other, that one may enter immediately into communion" (p. 5).

Meanwhile back on the medical ward a cardiac arrest, a Code One is called. In an instant the mood of the ward changes. Running footsteps, whistling wheels of crash carts, hushed whispered speech fill the air as the cardiac team assembles. Every nurse on the ward is present, some already giving cardiopulmonary resuscitation, some assisting patients out of the room, some moving beds and furniture out of the way, some

recording, and some standing by in readiness to assist as the others become fatigued.

Earl has arrested. His life is held by a tenuous thread. This morning was up, conversed with his roommates, ate breakfast, joked with his favorite nurse, discussed discharge with his doctor, and played his harmonica to help pass the morning. Now Earl's empty body lies there. Head, neck, veins, limbs, are manipulated quickly and efficiently as if he were a mannequin. Alien objects, monitors, long needles, intubation tubes, and solutions enter his body. Earl's body jerks as the defibrillating paddles are applied. It's like a carefully choreographed dance, complete with someone at the head of the bed calling the moves. Paddles are placed on Earl's chest, a call for the team to stand away from the bed, the electric current turns on, the still body jerks, they lean forward again, their heads turn to the monitor, flat line ... asystole ... Earl is still in trouble, the team resume their positions ... paddles held by another's hands and arms applied to Earl's chest, the call, bodies stand back, silent body jerks, bodies lean forward, heads on top of bodies turn, look at the monitor.

There are so many dimensions to this scene: the complex technology, skilled personnel using the technology, an inanimate body bereft of being; yet the unmistakable presence of a bidding coming from the helpers, calling Earl back, linking themselves as living bodies and beings to the now illusive being of Earl. "EARL, COME BACK, BE!" "CARDIOVERSION WORK, DAMN IT!"

An absolutely ludicrous thought comes to mind. Would any one of these helpers ask Earl "How are you?" Of course not, but why? More absurd thoughts surface. Because socially competent behavior does not have to be maintained in this situation? Or because there is no one there to ask? Or because they are trying to restore "being" to Earl, to make him a subject again and not just an object prodded and probed? Or are they holding and caring for Earl's "being" in their hands and in their hearts? Could this be an ultimate nursing "How are you?"

Earl's heart regains some sort of rhythm, but not a normal, stable one. He is taken to the intensive care unit. Gradually the tension-charged atmosphere dissipates. The natural rhythm of the ward returns but not without the sense that in some way the ward is diminished. The sense of loss, the fragility of life, and the futilities of our efforts hover for the rest of the shift.

Bill sits in the hall restrained in a gerichair. He watches as the ward changes moods yet again, a look of anxiety reflected in his face. A nurse dashes by. She rushes to the fridge for orange juice for her patient in an insulin shock reaction. Wanting to acknowledge Bill but not talk to him, she quickly says, "How are you Bill?" She has been one of many

who have quickly passed by Bill's chair. The tension of the day has taken a toll on him. He needs to ventilate to someone about how his friend Earl's cardiac arrest has affected him. He yells back at her, "Quit bullshitting me!" She laughs and keeps going.

A few minutes later another nurse walks by Bill. She too is running. One of her patients is in respiratory distress and needs oxygen. Carole warmly raises her hand and says "Hi Bill." He raises his hand and waves back at her. She picks up an oxygen set-up from the utility room and passes by Bill again in great haste but with a great smile for him. After a short while Carole is seen with Bill, crouching down at eye level, and chatting about Bill's fishing days and where the fish would be biting today.

Much later Bill is still in the hall. He's had a busy day watching. I'm both curious and impressed about the way he has responded to several "how are you's" today. I sit and talk to him. He asks me if I could get a horse and wagon to take him back to his home town. "A transfer is what I want so I can be with my old friends ... just to pass a few 'Hello, how are you's?' around" He smiles smugly to himself and then turns to me as if to say, "Gotcha."

The Nurse's Question: The Ultimate Question?

Contact with a nurse usually happens when life circumstances are difficult. Broken bodies, frightening treatments, suspended lived worlds, and alien environments all fragment individuals. The nurse enters and asks "How are you?" She is one of the few who can truly ask. She needs to ask and she needs to know. When the nurse asks "How?" she is also mysteriously asking "Who." Etymologically *how* is closely associated with *who* (Skeat, 1958). The nurse calls the *who* in the person to surface, to come forward in the face of adversity. The nurse calls the *who* to remind and reassure the fragmented person that the *who* still exists. That person needs to be enabled to cope, to become, and to fulfill his or her unique way of being in the world.

When we insincerely ask "How are you?" this calling forth, this enabling doesn't happen. The heart of nursing is lost ... not really lost, just mislaid. It's mislaid somewhere between the enormous demands of nursing and the infinite resources of the person in the nurse. But that heart can be found.

When a nurse turns a "How are you?" into an ultimate gesture of being present for someone, she lives the essence of caring for someone. Being there for someone in deep distress, helping to relieve that distress while trying to preserve the dignity of that human being: this calls for the nurse to be wholly present.

The nurse's presence brings to the client an alive human being who happens, at that time to be concerned not primarily with herself but with understanding and experiencing as far as possible the being of the client. (Gulino, 1982, p. 356)

The impact of our being, both bodily within a shared lived space and relationally sharing another's discomfort and despair, calls us to transcend all concrete boundaries and prescribed behavior. A transcendent space is created. It is not bound by time, not influenced by other commitments, not distorted by prescribed social graces, and not contaminated by manipulated actions and emotions. It exists because two thinking, feeling, acting human beings choose to both form and cherish it. Or one human being chooses to hold and nourish the being of the other without imposing a personal agenda.

An authentic nursing "How are you?" calls into being that transcendent space. The tension of being somewhere between the manifest effects of an insincere "How are you" and the deep interior calling forth of a genuine "How are you?" disappears. The authentic "How are you?" pulls us into a deep mystery. It addresses that which is not yet (each individual's potential for being and for relationship) as if it already exists. That relationship, that grace of being totally present, is waiting, just waiting to be actualized. Call it forth, nourish it, live it, let it *be*.

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