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**Title:** The Issue of Being Touched

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Abstract

The purpose of this empirical paper is to shed light on the phenomenon of being touched in professional care practice. The study has a qualitative design and is a phenomenological hermeneutical exploration based on the story of a care provider. In her story, she describes how her interactions with a substance abuser touched her. The narrative data stems from dialogue with her colleagues and demonstrates a moral appeal and challenge in practical care. Investigations reveal that being touched is about allowing one's self to be awakened by the suffering of others. Being touched by others' suffering thus provides the ability "to see" what is at stake. Identifying with one's suffering and the awareness of what is at risk may be factors that "tip" a person's decision toward acting in the best interest of another person. Being touched may muster an individual's courage to engage in "risk-taking" actions in care. This process paves the way to care and represent essential practical knowledge for health care professionals.

Keywords: being touched, empathy, ethics, quality of care, qualitative research

## Introduction

The purpose of this phenomenological hermeneutical study is to shed light on the phenomenon of *being touched*. Our investigation is based on a narrative from Sophia who is a care provider. In her story, Sophia describes how she was touched by a substance abuser whose name is Roger (the names in this narrative are fictitious). His forlorn condition could just as easily have caused her to feel disgusted. What triggered her compassionate response? What does it mean to be touched? Moreover, what are the consequences of being touched? We will take a closer look at Sophia's story and systematically investigate her experience.

Multiple sources describe compassion and empathy from theoretical perspectives (Håkansson and Montgomery 2003, Schantz 2007, Waite 2011). Remarkably little of the empathy literature is empirical (Hooker 2015). This article investigates the phenomenon of being touched from the perspective of practical experience. The question to investigate is: *what does it mean to be touched?* Within a phenomenological hermeneutical framework, the personal experiences from a care provider are interpreted. We use essay as a method of critical investigation (Lindseth and Norberg 2004). The theoretical perspective of this study is the philosophy of caring, developed by the Norwegian nurse and philosopher Kari Martinsen (Martinsen 2000, 1990, Alvsvåg 2014). We start by describing the methodological approach.

## Method

This study is part of a larger project. The health care management in one municipality initiated group discussions among the staff to facilitate systematic work with ethical questions, thus strengthening the personals' ethical awareness. They discussed ethical challenges experienced by the care providers in their everyday work. They invited the author (BAS) to participate as an observer in the group discussions. One of the participants led the discussions, which were systematically structured to help steer the issues that were discussed.

First, a participant would tell his or her story, for instance, a troubling occurrence. Next, the group identified the ethical values in the occurrence. Finally, the participants discussed consequences for their everyday practice. The group discussions took place every second week for six weeks, lasting for up to 2 hours each time. We taped the dialogues and subsequently transcribed them. Sophia attended these group discussions together with her colleagues. It was during one of these events that she told her story. She describes how her interactions with a substance abuser had touched her.

This study has a qualitative design. We have drawn on the method developed by Lindseth and Norberg (2004), which is a phenomenological hermeneutical method for interpreting personal experiences. Assuming people are not always able to explain their internal thinking, it is possible to gain access to their practical knowledge by investigating and scrutinizing their narrated data. Stories carry life and working experiences (Methi 2015). By raising critical questions and investigating these questions in the text, one is able to scrutinize and discover the inherent meaning of the experiences (Lindseth and Norberg 2004).

Phenomenological speaking, we understand “experiences” as a series of significant events that constitute the world and a bodily self. The body and awareness find their places in this flow rather than preceding it (Bornemark 2014, p. 260). For us, this approach provides a particular perspective for reading and understanding Sophia’s narrative. Her professional knowledge “can be observed” in her experiences in meetings with others and their experiences. The others are also self-interpretative and have their own experiences, which may imply that her compassionate response is not a factor that she brings into the situation with Roger. Instead, it may imply that as particular events occurred, they became meaningful in ways that promoted compassionate care and caused her to reveal the following to her colleagues: “...he has touched me deeply.”

Sophia's narrative is unique in the sense that it is based on her personal experience. Nobody else has had the same exact experience. Still, her experience may be representative of the experiences of all who work in relational care. Gleaning knowledge and understanding from one example represents an analogical form of reasoning, which may be transferable and thus contribute to significant learning (Flyvbjerg 2011). In this way, Sophia's example may play an important role in developing understanding of and practical knowledge about situations in which a patient's dignity is at risk of being lost.

In the analysis, we raise critical questions about the text and the phenomena that it presents. In addition to the research question, we have systematically approached the text by asking the following overarching questions:

- What is the narrative's core message?
- What type of knowledge do the narrative's actions express?
- What is required from the practitioner?

The systematic investigation of experiences in a phenomenological hermeneutical approach involves three overall steps. In the first step, we carefully read the experience to grasp the meaning as a whole. The second step involves systematically questioning the text critically, which brings forth meaning units related to the phenomenon being investigated. The third step elaborates on the phenomenon in theoretical reflections and discussions in light of a relevant theory (Lindseth and Norberg 1994).

We conducted the study according to the Law on Research Ethics and followed the key principles: that all participation in research should be voluntary and that participants must provide their written consent. We registered the study with the Norwegian Social Sciences

Data Service, and the Regional Committee for Medical and Health Research Ethics approved it.

Narratives have limitations, and they have certain perspectives. The care provider's gaze establishes the focus of this narrative. The information about Roger is thus indirect. We can only sense various aspects of Roger's life without being able to elaborate on them. The purpose of considering this narrative is that reflecting upon it may provide a deeper understanding of events in practice. The reader determines whether this source creates a sense of recognition that may serve as a guide for personal practices.

#### The narrative

"The ward where Sophia works has a strong ethical focus. Ethical discussions on situations in the workplace were conducted as a project. During one group discussion, Sophia said the following:

"There was one patient, Roger, who has touched me deeply. He was 46 and had been a heroin addict for more than 20 years. Roger had all the characteristics of a substance abuser. He was slow in thought as well as in speech and slow to respond. Initially, I was skeptical about providing care to a patient in a category such as his, and the first time I saw him I thought:

"Oh my God! A drug addict! This is way beyond our skill level!"

When I finally familiarized myself with his situation, it was an eye-opener. Once I started listening to his incredible story, I realized that I was deeply affected by it. I also began to take an interest in his situation on a personal level. When he called out to us for assistance, I was often the one who responded. He was incredibly honest, and his

intentions were always clear. I like clear answers to clear questions, and Roger was always clear and straightforward, as long as people bothered listening...

Roger was in a miserable condition. When I ran into him in the kitchen once, he was on a high and could not control his body. Milk was dribbling from his mouth onto his clothes, and he looked pathetic! I have no idea why this affected me so much. You know, I have children of my own, and I think...you have no guarantee. If it was one of my own kids, and people [the nurses] were only offering him methadone...I know I would get pissed off...

Roger had an incredible sense of humor. He was very polite and a great guy! It was heartwarming to observe his relationship to his mother. She lived a few hours' boat ride away from the town where her son lived, where he was constantly being moved from one municipal housing project to the next. His final days were spent between rehabilitation and the hospital. His body was exhausted, his liver was failing, and his general condition was miserable. His mother had always been there for him and visited him regularly. They spent many times together in his room. One day he sat and wept, saying to his mother: "Mommy, I love you so much...You have had to put your life on hold for me. Imagine the pain I must have caused you all these years!"

It was easy to see his mother's exhaustion. It was clear to see from her face and body that she was tired...and then she was diagnosed with a heart condition. She was very, very tired. She came and left like a shadow, entering her son's room quickly, unnoticed, and leaving it in the same way.

One weekend, I noticed that there was someone in Roger's room and thought he had just come back from the mall. It was his mother, so I offered her a cup of coffee. "That is the first time anyone has offered me coffee in this place," she said. Nobody had spoken to

her. I do not think that she was ever asked to join the meetings where we discussed her son. Moreover, all she was ever told about her son's housing issues was via a phone call from the municipality informing her that unfortunately, he would not be eligible for the housing project that they had promised him. A little more information would have been fair, do you not think? Even if she did not enquire, somebody could at least have taken the time to talk to her more.

One Friday when Roger came back from the hospital, his mother said, "we need to get him some groceries." I could see she was tired, so I said, "You know what, I will go shopping with him." So I did. Roger shopped, and he obviously enjoyed it. Finally, I had to tell him, "Unless you stop now, we will not be able to carry it all!" He filled up lots of bags with vegetables, cookies and sweets! He obviously felt great. It was all he ever talked about that weekend, how great it was to go shopping. In hindsight, I was happy we did it; a week later, he was gone.

After his death, his mother came to pick up his belongings. Even then, nobody took the time to talk to her. Nobody asked her how she felt, what it meant to be there watching her son's final moments, or offered to help her. I walked her to her car with his belongings. While her daughter went to fetch the vehicle, I was able to ask her how she felt. Then, she told me what it had been like; what he said. What she thought and did. "It was probably for the best for him," she said, crying! She admitted that it had been tough. He was her son, after all. I thought it was important to console her in her despair. In spite of all her experiences, she mourned him."



## Reflections

What is the essence of this narrative? It describes how a care provider can feel compassion, and how she allowed herself to be touched by a patient's situation. In this case, the patient might just as well have disgusted her. Meeting another person can spur sympathy or antipathy. Sophia's initial skepticism was obvious: "Oh my God! A drug addict!" Her immediate reaction indicates a sense of uneasiness and suspicion. Her claim that this patient was "way beyond [their] skill level" suggests a sense of inadequacy, which may contribute to her uncertainty. Her reaction can also be the expression of reluctant attitude or refusal of accepting a patient in this category. This was before she got to know him.

Sophia was somehow surprised at her later positive reactions to the patient who, after 20 years of having a heroin addiction, had all the characteristics of an addict in terms of physical and mental capacity; he was slow in speech and in thought. However, Sophia felt a compassionate affection towards him; she responded sympathetically to him. How could Sophia feel this way? What caused the initially skeptical Sophia to change her opinion of Roger, later saying that, "[I] started listening to his incredible story," and that, "[He] has touched me deeply?" This narrative is key for discussing several underlying aspects of Sophia's compassion for her patient.

Sophia not only responds to Roger on a personal level, she also *identifies* with certain aspects of his character, e.g., his honesty and lack of pretense. He was clear in his intentions. Sophia identifies with this characteristic because it is how she perceives herself. There is also another link between Roger and Sophia. He is a son who has a mother, and Sophia has children of her own. She reflects on how uncertain life can be for children growing up, and how painful it must be for parents to see their children fail or not be treated fairly. "I have kids of my own," Sophia says, "and you have no guarantee [that they will succeed]." If it had

been one of her own children, she would have felt helpless. If her son or daughter needed treatment for any type of addiction and the public health services were only willing to offer the minimum required by law, she would be upset: “If it were one of my own kids...and people [the nurses] were only offering him methadone...I know I would get pissed off.”

There is another aspect of this narrative that caused an emotional shift from disgust to compassionate affection. Sophia’s narrative describes the *relationship between a mother and son*—a mother who, despite her son’s hopeless situation, is always present. This mother is struggling with her own failing health, but she exhaustively commits herself to help her son who has miserably failed to succeed in life. This son loves his mother and cries about his betrayal to a mother, who is always there for him and sacrifices for him. Their relationship is touching and poignant.

Sophia’s growing interest in Roger affects her and influences her choices. Her chosen tasks offer Sophia an opportunity to be involved in Roger’s care. Whenever she notices that his bell is ringing, she responds. She also suggests activities that they could perform together, like shopping. When Sophia becomes aware of Roger’s timid mother, she actively pursues a relationship with her. After his death, Sophia has her final contact with his mother who has come to collect his belongings. Sophia’s compassion for mother and son makes her approach them. Compassionate affection also makes her seek out situations in which she can be involved with Roger and his mother. She becomes *dedicated* in her efforts.

Sophia’s narrative seems to demonstrate that her colleagues did not share her compassionate response to Roger’s plight. At least this is how Sophia understands it. By acting as she does, e.g., by quickly responding to Roger’s calls for help or by shopping with him, she risks criticism from colleagues for spending excessive amounts of time with Roger or for giving him preferential treatment. It takes *courage* to go against the status quo. Sophia

also acts courageously when she reveals his story to her colleagues. She describes her concern about “presenting a case” to her colleagues. By presenting her case, she risked being perceived as better than or superior to her colleagues. Such attitudes are rarely popular. However, she took a leap of faith and presented her story. With her narrative, she was able to expose weaknesses in the care system in the ward, which could have had dire consequences. Luckily, instead of criticism, the colleagues praised Sophia for sharing her story.

## Discussion

### **What does “being touched” imply?**

What type of knowledge does the narrative express? What can we learn from it? The verb “to touch,” (Norwegian: *å berøre*) has a dual meaning. One is to touch physically; the other is to be moved emotionally. “To touch” may thus imply the active physical dimension of touching somebody, meaning to come into contact with, or a close proximity between surfaces. To touch someone, for instance, is to put your hand on his or her arm, hand or shoulder to show friendship or affection. The care that Roger received may have included some of these forms of touching, e.g., concerning personal hygiene or the dressing of wounds.

However, physical contact is not the form of touch that Sophia’s narrative mainly describes; rather, it is about an emotional impact. Roger affected her compassionately in her care for him. Something makes an impression on her, and she becomes invested in another person’s situation. Certain aspects of his character appeal to her, and he becomes her particular concern: “He touched me deeply.” Being touched by someone in this sense is to be

emotionally affected. There is a passive dimension of letting others affect you. To be touched thus represents a receptive position.

The narrative describes Sophia's experiences of compassionate affection and shows she is upset. She is upset that Roger and his mother are not sufficiently respected and informed. Her narrative expresses substantially more *indignation* than mere sentimental reactions, such as "feeling sorry for" someone. This indignation is specifically directed at her colleagues and at health services in general. According to her narrative, Sophia is upset on a moral level by others' shortcomings.

### **Indignation as life utterance**

The Danish philosopher and theologian K.E. Løgstrup argues that "sovereign life utterances" are essential phenomena of the human existence and indignation is one of them (Løgstrup 2007, p.151). That is to say, spontaneous life utterances are pre-cultural characteristics of our existence. They are fundamentally enshrined in all human beings. As such, they are important life conditions in people's mutual interdependence. A responsibility occurs in this human relationship, which Løgstrup describes as "the ethical demand" (Løgstrup 2007). Løgstrup claims that people's lives are entwined with each other; thus, as human beings "we hold one another's life in our hands" (Løgstrup 2007, p. 9). The ethical demand is receiving and accepting that which is placed in our hands. Fundamentally, human life is to dare being received by another. Living with other humans is risky; we may be accepted or rejected by the other. In line with the ideas of Løgstrup, Martinsen asks: "How is it possible to combat suffering and take care of those who need help, independent of what the individual is capable of, can be useful for or can achieve?" (In: Alvsvåg 2014, p.153). The ethical demand is met when life is governed by the sovereign life utterances. In her

relationship with Roger, Sophia senses a demand, an appeal to her compassion and mercy, and a sense of indignation because Roger is not being offered the same services as other patients.

The sovereign life utterances are characterized by the opportunities that they represent (Løgstrup 2007, Andersen 1996). We can provide ideal care when a situation appeals to our sense of compassion. There is even a dual set of opportunities; when a sovereign life utterance comes into play, the other human being, who grasps the opportunity, also fulfils her purpose in life and can ask herself: “What kind of person do I want to be? With whom do I want to identify?” (Andersen 1996, p. 70-71). Thus, the sovereign life utterances serve a dual purpose: they simultaneously encourage altruism towards others and improve one’s own life. We have already discussed how Sophia identifies with Roger, which demonstrates how this identification becomes internalized. By expressing her indignation about Roger not being offered adequate help and by showing mercy, she identifies with “the person that Sophia strives to be.” Sophia identifies with Roger’s positive characteristic, e.g., his honesty, humor and politeness. By doing so, she is also given the opportunity to fulfill purposes in her own life that is confronted with questions, such as what type of person she wants to be. Canadian philosopher Charles Taylor uses the term “authenticity” to relate human identity constructions to ways of living and ways of acting (Taylor 1991). To live whole and holistic lives is to be true to one’s self and one’s moral ideals.

### **A tipping point**

Sophia was initially skeptical about the patient because of his background. She could have chosen to focus on the negative; she was at a tipping point. His appearance could easily have disgusted her, his condition was miserable and unappealing, and he was often under the

influence of drugs; in many ways, his condition was pathetic. Martinsen (1990) describes how nurses and health care professionals often find themselves in a precarious position, in which they have to make decisions based on how they reflect on the situation. The challenge of nursing is being aware of the dilemma and the tipping point that the situation represents (Martinsen 1990). Care demands personal involvement. However, personal involvement poses certain risks. Martinsen (1990) highlights the fragility and the risk associated with human relations and emphasizes how crucial the care provider's response may be. The care provider has the power to change the situation. Unwittingly, Sophia makes such a change. She responds to the demand to protect another's life opportunities. Her compassionate response awakens her awareness of the moral appeal that the situation demands. What makes Sophia tilt towards empathy?

### **Being touched – a moral process**

Sophia seems to stick to her kindly attitude towards Roger, despite his miserable exterior, which easily could have aroused disgust; she demonstrates empathy. From the Greek language, the word *empathia* (*em* = into, and *pathos* =emotions) expresses an ability to enter into feelings (Online Etymology Dictionary). In English, the word “empathy” is defined as “the ability to share another person's feelings and emotions as if they were your own” (Sinclair 1987). Sophia's steadfastness to standing by Roger's side covers some characteristics of the concept of *compassion* as well. *Compassion* is derived from the Latin (*com* = together, and *pati* = to suffer), which expresses an ability to suffer with someone (Online Etymology Dictionary). In English, the word “compassion” is defined as “a feeling of pity and sympathy for someone who is suffering and a desire to help them” (Sinclair 1987).

Sophia's story reveals something more. She stated that she did not know why she felt touched. She is allowing herself to be touched by him, but does not know why! Purely rationally, this is difficult to explain for her; he is so miserable! As Sophia said herself: "He looked pathetic ... I have no idea why this affected me so much." How can we understand this phenomenon?

People's awareness of ethically challenging situations seems to be a stepwise process. American philosopher Lawrence Blum (1991) differentiates between "moral perception" and "moral judgment," arguing that moral perception (sensitivity, awareness) and moral judgment are quite different in character (Blum 1991, p. 701). A moral perception is a precursor to a moral judgment or assessment. According to Blum (1991), a moral perception may initiate a moral action without being based in moral judgment. For example, two persons may be riding on a bus and notice that a pregnant woman is carrying many bags. There are no seats available. One person may assess the situation without registering a problem. The other, however, will respond to the situation's moral appeal. We are not discussing this person's willingness to take action; we instead refer to his or her ability to take notice of her discomfort. However, a person might register the woman's discomfort but be "totally unmoved by it...simply does not care" (Blum 1991, p. 702).

Sophia registered a moral aspect in relation to Roger's situation that may be similar to Blum's "moral perception." Being touched may be the first step in the moral judgment process. Thereafter, compassion may cause the person to make a moral judgment, as he or she realizes what is at stake. This idea agrees with Martinsen's statement about the need to be aware of one's precarious position in a situation, where a person may tilt towards or away from compassion.

## **Realizing what is at stake**

Something in a situation must appeal to us to create awareness. Martinsen emphasizes that our awareness revolves entirely around our ability “to see” (Martinsen 2000, p. 17, Alvsvåg 2014, p. 156). What do we see when we see? Martinsen’s reflections are based on the parable of the Good Samaritan. Three passersby, a priest, a Levite and a Samaritan, see a person suffering on the side of the road. The only one that helped was the Samaritan. Why did he help the man when the Levite and the priest left him to his own devices? The Samaritan’s eyes were described as, “touched and with participatory attention” (Martinsen 2000, p. 19). He felt “a fervent compassion” towards the man on the side of the road. This parable’s likeness to Sophia’s situation is striking. She sees Roger from a different perspective than the other staff at the ward (according to her opinion). His miserable situation is not what she primarily *sees*, rather the consequences of his suffering and pain become compassionate and relevant to her.

## **The significance of attitudes in culture**

Negative attitudes or prejudice may hinder compassion. Again, Martinsen (2000) seeks inspiration from the parable of the Good Samaritan. Those who ignored the injured man were Jews on the way to Jericho who needed to avoid coming into physical contact with the injured man because they could risk having their hands bloodied and thus becoming unclean. The fear of becoming unclean by providing assistance took precedence over the man’s need for help in a life-threatening situation (Martinsen 2000). In Sophia’s narrative, maintaining personal hygiene is one of Roger’s challenges. Messy eating habits and soiled clothing give the impression of bad hygiene and non-attractiveness. In addition to potential uncleanness, an even more dangerous aspect of associating with patients like Roger is the inherent risk of



contracting infectious diseases, such as Hepatitis and HIV, which are prevalent among substance abusers (NIDA 2015).

Thus, negative attitudes that exist in our culture may prevent people from becoming aware of their ethical responsibilities. Of course, people are active agents that can relate consciously to cultural attitudes. However, becoming accustomed to cultural trends may prevent people from being affected by the suffering of others, thereby ignoring ethical demands. Another's suffering becomes disconnected from our experiences. Martinsen asks where we get our authority from: culture or ethics (Martinsen 2000, p. 18). Spontaneous life utterances and ethical challenges are spontaneous human responses, but they are easily covered under a blanket of cultural values and norms. In reality, the question Martinsen raises is which factors we allow to influence our actions. Is the cultural impact so massive that we comply whether it benefits others? Or is the ethical demand to act in others' best interest strong enough to overrule our cultural inhibitors?

### **What is at risk?**

The reflections above demonstrate how compassion can trigger respectful acts that preserve others' dignity. We have noted how humans have the spontaneous ability to respond with mercy when the situation appeals for it and with indignation when unfair behavior negatively affects others. By sensing and "seeing" what is at risk, openness and sensitivity to the situation's appeal act as necessary preconditions. Creating awareness of what is at risk may be the factor that "tips" a person's decision towards acting in the best interest of another person.

Sophia chooses to treat Roger with respect, despite his miserable situation. The man is covered in dirt, looks haggard and soiled. His vital bodily functions are collapsing due to his

lifestyle. He knows that his lifestyle has caused his family a lot of pain. However, when Roger is in her care, Sophia's actions convey dignity and respect. Certain diseases are "moral in character," self-inflicted or associated with shame. Society often rejects and stigmatizes substance abusers (Machert et al. 2014, Ahern et al 2007). There are stigmatizing attitudes even within the group of health professionals towards persons with substance use disorders (Sleeper and Bochain 2013, van Boekel et al. 2013). People with severe substance abuse often have exhausting lifestyles. Sophia reacts against these negative attitudes and fights for human dignity.

On multiple levels, Roger's situation was a challenge for others working in Sophia's ward. Sophia's responsibility as a care provider was limited compared with that of a nurse. One of the nurses described how difficult it was to offer help to Roger. He was not always cooperative. The drugs that he took repeatedly caused constipation (i.e., his bowel movements were reduced, filling his intestine, which is painful and may be deadly in severe cases). Roger refused treatment for his bowel syndrome. He hated the enemas that the staff sometimes had to use when all else failed. For the nurses, his intransigence was a major problem. How this behavior affected their relationship is difficult to determine. Sophia probably established an alliance more easily because she was not responsible for medical treatment. She then had a certain amount of "freedom" being a relative "outsider," and this makes it easier to place herself in a caring position for both Roger and his mother. What challenges do care providers encounter when patients refuse to cooperate? What is then required to elicit a compassionate response in them? Is it possible for a human being to willingly decide to be compassionately affected by a patient's situation? Such questions are hard to answer based on this narrative alone, but they are well worth investigating further. However, it is required of all care providers to respond for the betterment of the patient.

## **The ability to respond**

Norwegian philosopher Lindseth (2014) describes practical knowledge as the ‘*ability to respond*,’ implying a person’s ability to respond to the situation at hand. Sophia’s experience is definitely a situation that demands a “response.” However, according to Lindseth (2014), this ability does not only refer to “responding,” i.e., knowing what to think or do; it also involves questioning and wondering in a challenging and sensitive reality. Furthermore, the ability to respond to situations is not only a question of individuals’ personal skills but also requires openness among and between persons in groups or societies (Lindseth 2014). In the ethical discussions in the ward, Sophia’s colleagues demonstrate this openness. Sophia’s opportunity to convey her reflections and to discuss her compassion and indignation confirms her colleagues’ openness and receptiveness. This openness also strengthens and reinforces the ward’s ability to respond.

## **Awareness, deliberation and courage**

What is required from practitioners? This narrative invites us to recognize spontaneous emotional reactions. Emotions may serve to sharpen one’s attention and bring to the conscious what is at stake. As Martinsen said, “In sensuousness and perception, human beings are moved before they understand” (In: Alvsvåg 2014, p. 156). This narrative exemplifies how being touched may play a pivotal role in precarious situations. Having compassion for another person, i.e. being touched by him or her, is taking a step towards an awareness of what is at risk in a particular situation. Moral judgments fundamentally depend on how we respond emotionally to the world around us, as Gregory Kaebnick (2008), the researcher, scholar and editor of the Hastings Center Report, argues. In addition, he claims moral deliberation requires taking a step back from one’s immediate reaction and thinking

critically about it (Kaebnick 2008). Thus, conscious deliberation is required from the care provider.

Sophia's narrative demonstrates courage. When care providers encounter suffering patients, it puts them in a vulnerable position (Thorup et al. 2012), which in turn will challenge courage. Courage emerges when the care provider perceives a patient's need, which requires control of his or her emotions, such as fear and risk-taking actions (Hawkins and Morse 2014). Courage is an inner strength, and moral virtue is fundamental to an individual's capacity for caring behavior. It takes courage to stand-up for patients and their needs, especially if their illness is associated with a prejudice in society.

### Conclusion

Irrespective of their condition, position or status, people who receive health care services are vulnerable and at the mercy of their care provider(s). The core message from this narrative is that letting one's self be touched is about allowing one's self to be awakened by the sufferings of others, and thus to realizing what is at stake. Identification seems to be significant to alter one's approach toward a positive and respectful attitude. Additionally, being touched seems to help individuals muster courage to act in accordance with their values. The actions in the narrative demonstrate a moral appeal in practical care. Practical knowledge is evident in an individual's capacity to respond to a situation. Sophia succeeds in encounters with compassion for a substance abuser, a person with a long history of drug addiction that has ruined his life and health.

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