

Attunement of Bodies at The End of Life

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Abstract

It is a reflection on the interpretation of the body from a conceptual perspective: nurse/person at the end of life. The concept of "body" emerged from a research study, which aimed to understand the process of construction of Nurse/Person at the end of life/family, in a hospital context. The results pointed to the continuity of training in the practice of nurses, evidencing the need to adapt the contexts. To make known the harmony of the body(s) is, therefore, the objective of this reflection, opening up a new ontological possibility. From the study, it was concluded that when the "bodies tuned in", the attunement between nurses and end-of-life people was sufficiently tuned so that, even without saying or doing anything intentionally, the simple posture and movement of the body became significant (especially for the nurse).

Keywords: nurses; terminal care; palliative care; hospital care

Introduction

There is a consensus that the singularity of the person dictates nursing care needs, which require differentiated and complex responses. Faced with a person at the end of life, the interventions are so peculiar that understanding how the nurse/end-of-life care process is constructed is a challenge.

In a research study, Frias (2013) identified that in the process of constructing nurse/end-of-life care, there were titles and expressions of this daily life, as it was seen and spoken, and tried to show, in these "non-scientific" titles and expressions, how the "scientificity" of nursing care itself emerged. It was found that the bodies quickly changed and the nurses were aware that the person at the end of life was not an "object", but a body-subject and, therefore, did not run the risk of fragmenting the person and treating him or her as an object.

Trusted Body

He found that the body is not an "object", an "external thing", a "matter" placed there. The body is always a place of "meaning": even materially, what happens to it has "meaning" and significance. The meeting of two bodies is a meeting of two worlds, highlighting the complexity and richness of human interactions. At the intersection of experiences, the encounter of bodies becomes a fusion of individual narratives, perspectives, and experiences. In Greek mythology, the distinction between "earth" and "world" may have specific nuances, but it generally reflects an understanding of human existence. The distinction

between what the Greeks called "earth" and "world." "Earth" is this planet, this physical ground on which everything is laid. "World" is the organization of meaning that we make on "earth." In fact, each of us is (and builds) "our own world." We even often say: "they are not people from the same world", that is, they are not situated on the same plane of organization and understanding of the meaning of existence. Now, the human body is always a "world", never a simple "object on earth". Hence, "the encounter between lived bodies is a true crossing of worlds" and not a simple physical contact. Thus, the co-construction of nurse/end-of-life care and assuming that this co-construction cannot be spoken of outside of an encounter of two "bodies = people", this understanding had to receive a complex treatment due to the following:

- "Entrusted body" was a strategy in which the bodies/people of the nurse and the end-of-life person were, so to speak, on the same plane;
- In the "transformed body" the transformation took place, to a large extent, on different planes: for the nurse and for the person at the end of life, the very "physicality" of the body is transformed, but in the nurse, it is only the "personality" of the body that is transformed.

The nurses acquired the strength and dexterity to move the bodies that they became aware of over time. They gave their body to the person at the end of their life and allowed them to use it. This permission helped a person gain confidence. In order to consolidate this trust, the nurse and the end-of-life person used their bodies as a way to fulfill their needs.

It was in this context that the meanings of trust (trusting each other; trusting each other; trusting each other; trusting in - in potentialities, in availability, in dedication, in oneself) acquired their maximum expression.

Body Tuning

People's bodies were "asleep" for many hours, staring at the ceiling, with their eyes half-open, not moving, or moving continuously; they needed the help of nurses for the satisfaction of all life activities. In this sense, it was necessary to frequently watch the body of an "undead", in a growing surrender/harmony of bodies. "Care" was not a mere technical gesture, but always an event of people, of two "inner" worlds that met and communicated with each other.

In the "attunement" and "sharing" of the bodies, there was a kind of transfer of weakness from one to the other: the "reinforcement" of the person at the end of life was done by a transfer of part of the physical and mental strength from the nurse to the patient, who after this "spirit", regained strength, each at their own pace.

There is, if one can say so, a certain breakdown of the "harmony" and "reciprocity" that presides when there is a "meeting of bodies". The complicity between nurse and person at the end of life is dematerialized to remain, essentially, in the plane of "interiority", because "exteriority" is transformed exclusively into the patient. The "exteriority" that nurses transform is not that of their own body, but that of the "context", that of "institutionalized practices".

The difficulty of showing, in this understanding, the "meeting" of bodies, the nurse/person at the end-of-life co-care lies in the "transformation" of the person at the end of the material, immediate and direct life. The nurse's "transformation" is metaphorical, in the strong and exact sense of the term: it is transformed in another way, but this will be left for another reflection.

In this way, we tried to show how nurses' care is co-constructed in and with concrete bodies (especially nurses). "Tuning of bodies" means two "bodies" that have already tuned into each other; the two bodies have harmonized. Consequently, this attunement had an explicit "emotional" character: the body was not purely "physical/material"; The body was, in itself, "sensory/emotional." When the "bodies were in tune" it became evident that the attunement between nurses and end-of-life people was sufficiently fine-tuned so that, even without saying or doing anything intentionally, the simple posture and movement of the body became significant (especially for the nurse). Thus, the nurses had learned what it was like for a person at the end of life to be a prisoner of his own body and to "give orders" to it. The nurse did not impose rhythms of time for the care of the person and his family. In this sense, the entire nursing staff was mobilized to help the end-of-life person and, thus, the nurses learned which were the "priority patients" in their hospital dynamics. And they became fond of that body and elaborated their own concepts of affection, availability, and surrender.

This reflection leads to the combination of several concepts, putting into perspective a "new look" on body care at the end of life.

Conflict of Interest

There is no conflict of interest (professional, financial, political or personal) that has interfered with the preparation of the article, by the authors, and that may compromise its publication.

Reference

1. Frias C. (2013). Meeting of Bodies: The Process of Building Care for Nurses/People at The End of Life. 1st ed. Loures: Lusociencia.

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