

THE OWN BODY AS A NURSE'S LIVING EXPERIENCE ON ASSISTING OTHERS IN THEIR DYING PROCESS¹

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It refers to the study of the researcher's perception when analyzing her own existence, aiming to learn the sense and meaning of her own body as a living experience while assisting the other in the process of dying. The Merleau-Ponty phenomenology and the new hermeneutic approaches were chosen. A point of contact was established between the living experience of the approximation of the object, unveiled by the own body inserted in the world, the object and the subject of the study. The themes that emerged were about the magical-religious knowledge influences of the perceived world, the real knowledge and the teaching-learning process. The phenomenon elaborated, result of the study, allowed the learning of the thesis of the existence of a sense and meaning for the own body of health professionals when assisting others in the dying process.

DESCRIPTORS: human body; death; philosophy, nursing; thanatology

EL PROPIO CUERPO COMO EXPERIENCIA VIVIDA POR LA ENFERMERA AL CUIDAR DEL OTRO DURANTE EL PROCESO DE MUERTE

Este estudio realiza un análisis de la existencia bajo la percepción de la investigadora, con el objetivo de entender el sentido y significado del propio cuerpo como experiencia al cuidar del otro en el proceso de muerte. Se optó por la metodología fenomenológica merleau-pontyana y de la nueva hermenéutica. Estableciéndose un punto de contacto entre la experiencia de aproximación, mostrado por el propio cuerpo como parte del mundo, el objeto de estudio y el sujeto. Surgieron temas relacionados con la percepción del mundo con influencia del saber mágico-religioso, del saber real y de la enseñanza aprendizaje. El fenómeno, producto del estudio, permitió comprender la tesis de la existencia en su sentido y significado para el propio cuerpo del profesional de la salud, al cuidar del otro que está muriendo.

DESCRIPTORES: cuerpo humano; muerte; filosofía en enfermería; tanatología

CORPO PRÓPRIO COMO EXPERIÊNCIA VIVENCIAL DA ENFERMEIRA NO CUIDAR DO OUTRO NO PROCESSO DE MORRER

Trata-se de estudo da percepção da pesquisadora, ao realizar análise de sua existência, objetivando apreender o sentido e significado do corpo próprio como experiência vivencial ao cuidar do outro no processo de morrer. Optou-se pelo percurso metodológico da fenomenologia merleau-pontyana e da nova hermenéutica. Estabeleceu-se um ponto de contato entre a experiência vivencial de aproximação do objeto, desvelado pelo corpo próprio inserido no mundo, o objeto de estudo e o sujeito. Emergiram as temáticas sobre o mundo percebido das influências dos saberes mágico-religiosos, dos saberes reais e do ensino-aprendizagem. O fenômeno elaborado, resultado do estudo, permitiu apreender a tese da existência de um sentido e significado para o corpo próprio do profissional de saúde ao cuidar do outro que está morrendo.

DESCRIPTORES: corpo humano; morte; filosofia em enfermagem; tanatologia

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INTRODUCTION

For me, the motivation to carry out this study derived from my concerns as a researcher, which emerged from my daily reality as a nurse and teacher. I started to reflect on my own experiences as a health professional in care delivery to people who are experiencing the process of dying and death; as well as in teaching others to deliver care. The human experience of dying has accompanied me since the start of my activities as an undergraduate Nursing student, and later as a nurse at the Intensive Care Unit (ICU), where death is not an abstraction, but a real problem, visible to the eye, due to the fact that people in severe health conditions are hospitalized there. Starting from this context, I develop an analysis of my existence in the lifeworld of the hospital, in an Intensive Care Unit, and in the lifeworld of a university, with a view to apprehending the sense and meaning of the own body as a living experience in care delivery of the other person who is dying.

Existing research about the own body as a living experience show, in what is lived and not in what is theorized, that this perception depends on the self-knowledge of the potentialities inherent in the human condition in coping with the phenomena manifested in the own body's exterior and interior environment, as the source of origin of all senses and meanings each person attributes to everything that exists in him-/herself and in the world (s)he receives at birth. The own body, as a living experience, receives the meaning of being an instrument of care. This can only happen because there exists a body. It is the own body that dominates care – ranging from the most objective to subjective actions. Everything gets in action in the body when a nurse is delivering care – body and psychodynamic movements. The own body as an instrument of care delivery transcends the mere act of doing something or a procedure or technique. It is the presence, which is complete in the care action, and which has a spiritual state that is permanently available to interact with and touch the others⁽¹⁾.

Another meaning attributed is the body as corporeity. It implies entering the universe of the being who shows him-/herself and perceiving the body's space in its different perspectives. It is considered as the way of being of man who is felt and feels, who touches and is touched in the process of the coexistence contained in the entire human

dimension, as it is not something objective, ready and finished. Corporeity is the existing, it is mine, yours, our history⁽²⁾. And, hence, the own body becomes truly human and mediates the relation between man and the world. The client and the nurse, as corporeity, are perceived in the union between the being and action, in the sharing of knowledge and in the expression of values and affectivity⁽³⁾.

The own body as a living experience benefits the coexistence of rationality and sensitivity in care practices, because it allows the caregiver's body to expand its potentialities through a continuous exercise of no longer being an "in oneself" to turn into a "we", establishing a relation of intercorporeity, in which the body that receives care becomes the subject of the care process⁽⁴⁾. It is the subjective dimension that permits talking about sensitivity, aesthetics, the importance of being together in care for the body.

In considering the subjective dimension, the meaning attributed to the nurse's own body as a living experience suspends the objectivist perspective of the body as something real and natural. In the face of the real, natural body, nurses consider their desires and feelings and are aware of the importance of care delivery with sensitivity and aesthetics. Thus, based on this awareness, aesthetic and technical care can live together in nursing practice, which joins knowledge that is capable of delivering care to the desiring subject, to the extent that the natural science approach is relativized. Aware of the desiring subject and the real and natural body, the nurses unveil a horizon of possibilities to express subjectivity in care for the body⁽⁵⁾. The own body as a living experience is the apprehension of the meaning of the body that gains space in the own world; it reveals itself as a flight from the present, establishing the own time, and contains the dimension of ambiguity⁽⁶⁾.

In view of these studies, I consider that the own body as a living experience can be inserted in the movement of changing attitudes in intensive care practices, emphasizing the humanization of health professionals to cope with death situations and conduct the dying process in the ICU. Therefore, I believe that, in order to be created on the basis of the own body as a living experience, the professional space needs to develop the perception of the "intensive care nurse-being" about him-/herself in the world. For this to happen, the life history plays a fundamental role, as it influences the perception, that is, the awareness each person has of him-/herself and of other people.

This perception is expressed by language. Thus, awareness about the valuation of historicity becomes essential, as the own body that appears is marked by the experiences that constantly emerge.

METHODOLOGY

Phenomenology-hermeneutics was used in this study. This methodology departs from the investigation of the own body, located in its experience lived in the world. It means understanding the human body as an extension, a space that is characterized in terms of spatiality, volume and materiality, subject to the laws of the material universe, as it is molded with the same substance as other non-human bodies. Although its existence is mixed with all other bodies that surround it, with common characteristics, the human body is not like the others. There is something unique about this body that makes it different. It is the flesh. That "[...] is neither matter, nor spirit, nor substance. In order to designate it, the old term 'element' would be needed, in the sense in which it was used to talk about the water, air, earth and fire"⁽⁷⁾. In this study, the human body is the incarnation of the conscious and individuated nature, with the capacity to get to know and to know what one knows that (s)he knows. In the way it is constituted, different from other bodies, this flesh element uses the produced knowledge as internal and external references, enabling oneself to circulate in a perceived world, starting to exist in the search for an answer to the question: who am I?⁽⁸⁾.

Understood in the light of Merleau-Ponty's phenomenology, the human body is considered in the sense of "[...] a general things, half way between the space-time individual and the idea, a kind of principle incarnate that imports a style of being [...] the flesh is an 'element' of the being"⁽⁷⁾. Thus, this study is about putting oneself in the direction of things themselves as, if I am a conscience directed at the "things" that exist in the world, I can "return" to them with a guiding question: what does the own body of the health professional mean to me, as a living experience? Then, I can find not only the actions, which are the actions of the other, but also find a sense in these actions as, for my body, they are themes of possible activity.

In following the selected methodology, I adopt the phenomenological attitude of making the lived

world appear as it is. Thus, the subject of this study emerged from the reflexive bases constituted along my existential trajectory, as an own body that exists in the world, coexisting and interacting with other own bodies⁽⁹⁾. The strategy used for the study was the life history. I made records in a diary, written between January and December 2003. The application of this strategy allowed me to directly capture the perceptions of the lived experiences, so as to rescue the emotions and feelings of the own body in past experiences, which give meaning to daily actions⁽¹⁰⁾.

The analysis process was based on the establishment of units of meaning extracted from the complete body of the recorded history. The units were grouped into specific categories according to similar meanings, and then regrouped in wider categories or allocated in new ones. This gave rise to the theme area, in the light of existential phenomenology, which provided answers to the study's guiding question⁽⁹⁾.

ELABORATED PHENOMENON: THE STUDY RESULT

As a researcher, I assumed the results as a set of assertions or units of sense and meaning that appoint to the experience of the subject and to this subject's awareness about the phenomenon. Thus, the following themes emerged: influences of magic-religious knowledge, influence of real knowledge and influence of knowledge on teaching-learning.

Theme 1 – influences of magic-religious knowledge

Despite understanding death as a natural phenomenon, there exists a clear understanding that the first magic-religious representations are significant in the approach of the study object, to the extent that I constructed, in my existence, the representation of my self and of death, influenced by others, in this case the adults responsible for me. This is illustrated by the extract of the life history transcribed below:

[...] due to the rituals of the Catholic Church, systematically experienced since I was very young, between 5 and 7 years, until the end of my adolescence, my parents obliged me every year to follow the ritual, on Good Friday, of kissing the Image of the Dead Lord [...]

Thus, I situate my childhood experience as a conditioner to approach the study object and, hence, I describe the awakening of the awareness of death

in child psyche: "[...] the child becomes aware of itself as an individual, as man is the only being who truly has this awareness, the only being who knows that his existence on earth is finite, ephemeral"⁽¹¹⁾. The awareness of death is associated with the awareness of oneself as an individual and emerges around the age of three. Hence, as a child, at the same time as I became aware of death, I became aware of myself and developed my own notion of death, even without living this experience in the family or without having seen a dead body. The own notion is elaborated by the child, as: "[...] despite having no experiences of decomposition of the body, [the child] knows the anguish and obsessions of death very early"⁽¹²⁾.

Very early means from birth. And the anguish and obsessions of death are represented by physiological and respiratory anguish. It is the first psychophysical content; it is the individual act through which the individual becomes aware of him-/herself⁽¹³⁾. I consider this act as a death, of which one has no memory, although the live body registers this traumatic experience and feels the anguish, which awakes him/her to the awareness of death itself and of him-/herself. Thus, the appropriation of the idea of death and dying is a consequence of the child's interaction with his/her own self.

When, in my childhood, I became aware of death, the predominance of the orientation I received attracted my attention, in the sense of the magic-religious representations related with the image of the human body that manifested the phenomenon of death, as revealed by the following extract:

[...] the agonizing body was stuck to a cross; [...] and in the procession held on Good Friday, in a coffin, [...] the dead body was lying, resting, beautifully dressed, serene, quiet – although his wounds were open, bleeding, because he had suffered a violent death, death on the cross [...].

That image of the human body that I saw inert, in the coffin, was not considered by the adults as just any dead body, it was human and it was God and he had died two thousand years ago, a death that, over time and during many centuries, "[...] did not only affect the fellow men, but the principle of the social whole itself."⁽¹²⁾. In this perspective, with the awareness of death, the child I was found inside herself remarkable strengths that molded both her way of seeing the death situations, in the past and present, and her way of dealing with them.

The analysis of the living experience during childhood allowed me to perceive the difference in

the meaning of death for children and adults. For adults, normally, death means pain and solitude for the people who survive. From the human angle, "[...] death is not only the destruction of a physical and biological state, it is also that of a being in relation, of a being who interacts"⁽¹¹⁾. The destruction of the human relations among the individuals, caused by death, gives rise to a relation with the void, as the living body, when it stimulates the dead body by touching it, by the sound of the voice, by crying, no longer gets any answer: the void of death is felt first as an interactional void, which provokes pain and refusal of the dead body, whose functions (walking, talking, smiling, crying) cease to exist.

While the adult perceives death, first, as an interactional void, the child perceives it as a provisional moment of absence, a pleasant, intense and unconscious desire of "[...] going back to the place where you came from, to the intra-uterine life"⁽¹³⁾. The awareness of one's own or the other person's death, in child- or adulthood, is undoubtedly one of man's greatest constitutive conquests: "[...] this is no longer a matter of instinct, but about the dawn of human thinking, translated by a kind of revolt against death"⁽¹²⁾. I understand that this revolt against death provokes the production of an intense variety of magic-religious representations around the dead body in man, especially with respect to the representation of God's dead body.

The child I was at that time neither understood nor questioned, but only imitated and submitted to the other, the adult. She perceived that the exit for her child conflicts was to do like God, as expressed in the following extract:

[...] every year, in Church, during Lent, I saw the image of the Dead Lord – the inert body of a beautiful person, nicely dressed, lying down resting, even having been condemned, with open wounds, bleeding because he has suffered a violent death, death on the cross [...], a human body that is idolized, adored, revered by all, and mainly by my parents [...]. The dead body was transported and treated in a very special way and was not abandoned. There were always many people with him...

This representation exerted such a strong and decisive influence that I cannot precisely determine the instant of my decision. My being, my I determined that no more day would go by without wanting death for me, without awaiting it every day and expecting it like a friend and companion, despite the pain and suffering attributed to it. The human corpse arouses emotions that are socialized in funeral practices that

imply an extension of life. The non-abandonment of the dead implies their survival, although it is no longer a common living person, because there is no more human body, turning death into a metaphor of life, in a way that there exists no concept, no idea of death, but an image, a myth⁽¹²⁾.

Despite my desire and infant anxiety about death, I did not take the initiative to make it happen, to consciously seek it, as all of these representations were strengthened by the education system that corresponded to the childhood and adolescence period, as expressed in the following extract from the life history registered in the diary.

[...] for 13 years, I was educated in a high school ran by nuns and I learned the duty to be a daughter of God. There were no rights, only duties, obligations, strict discipline of the rituals, blind obedience [...] this was faith, this was being a daughter of God at a time of many conflicts, much repression and fear [...]. I developed a preference for the Dead God.

This was not one of the happiest periods in my life, but I learned a lot, as the religious ideas and doctrines introduced by the educational system provoked the emergence of doubts about God and fear of the unknown, according to the following extract.

[...] and if God does not exist and if Jesus is not God? And what is there in death? For me, death only makes sense in God and how Jesus did it. Jesus did not take away his own life. He lived life and waited for death, and death on the cross, death of the physical-biological body felt and lived with its humanity, with pain and suffering, despite being God.

The questionings about the existence of God, the attraction to the image of Jesus' dead body and the certainty of my own death accompanied me during childhood and adolescence. I started to live with the empirical image of death, the image that was given to me by my parents' religion and by the conventional representations about immortality transmitted by school and, therefore, socioculturally constructed. The awareness of death is also a consequence of the individual's interaction with other individuals, with their culture, besides the interaction with their own self⁽¹¹⁾. The unconscious does not recognize death or time and, in his most intimate organic and physiochemical recesses, man feels immortal. It is only by experience, in coexisting with the other, that the human species knows that it has to die, as the live body becomes a dead body – a corpse. Human death is a knowledge acquired by man and, as it is an exterior knowledge, it is learned, not innate, and always surprises him.

Therefore, the individual acknowledges it as an inevitable law: "[...] at the same time as pretending to be immortal, man will call himself mortal"⁽¹²⁾.

With the notion of immortality acquired in school education, during adolescence, I perceived the sense and meaning of death as salvation. I consider that this historical-cultural context of magic-religious knowledge was perhaps not determinant, but definitely conditioned the focus of my interest in the sense and meaning of the own body as a living experience, so that the approximation with this study object comes from very far in my history.

Theme 2 – influence of real knowledge

Before being a health professional, death presented itself to me again, while I was still a student. This time, it was not the image of the Dead Lord, already abandoned and forgotten in a distant time. It was actually an unknown corpse, a woman. At that time, I was starting to study anatomy and attended dissection classes at the Nina Rodrigues Medicolegal Institute in Salvador. This is revealed by the experience registered in the diary.

[...] the body was naked, undone of clothes and beauty, abandoned, without anyone to kiss or cherish it, and exhaled an extremely unpleasant smell, mixed with formaldehyde [...] a body of flesh and bones was there, waiting for someone to touch it. And there was nobody. I looked at that body and felt paralyzed [...] I was alone and asked myself: The corpse, after all? What is death?

When the dissection class started, I was no longer alone. Other bodies made me get out of that fixation and feel shocked, when observing the teacher's and his assistants' ease, the appropriation of knowledge, almost fun in dissecting the corpses and handling the body parts. These human body dissection classes also work as an initiation rite as, for the students, it means actually having contact with the work object of health professionals, especially in medicine and nursing and, at the same time, with suffering and pain. The suffering and overcoming of pain are not only important to acquire knowledge and adequate attitudes. They are also, in themselves, parts of the necessary attitudes. These classes provoke countless emotional and organic reactions in the students, and they develop defense mechanisms to cope with death situations⁽¹⁴⁾.

During the whole anatomy subject, despite handling the corpses, the questions of death were

not discussed at any time. The “real” knowledge, organized from the viewpoint of ruling paradigms, in which the current of positivist thinking predominates, with an analytic and Cartesian view of science, influence the adoption of the biomedical model in academic health education. It is a model based on the science of nature, which is solidly founded on Cartesian thinking, with a strict separation between matter and spirit, body and mind. This model considers the human body as a machine that can be analyzed in terms of its pieces; disease is seen as the bad functioning of biological mechanisms.

This model's conception permeated the entire basic cycle – Physiology, Pharmacology, Pathology, Biochemistry, Histology and others – as well as specific nursing subjects. In all steps of my professional training, the question of death was addressed very superficially: at undergraduate level, only the necessary to learn how to prepare the dead body – the corpse – to be sent for burial; at graduate level, some hours were dedicated to studying the conception of death. There was no space to address the questions of death and, [...] *when the teachers referred to death, it was just to emphasize, for the students, the biological aspects and the treatments' technical-scientific evolution [...] the knowledge about the care to be delivered to the ill, including the dying, was essentially technical.*

The biomedical model excludes death from human existence, as it entails a view of the human body as a complex machine. The disease is seen as the destruction of statistically measurable biological aspects, while health is considered as the absence of disease. According to this model, health professionals are “trained” to look at the ill people's body and seek the cure for their disease, as the ill human body presents defects, because it has suffered an excess or shortage deriving from certain reasons, such as improper use, accident or attack by unknown agents. These professionals' role is to intervene, physically or chemically, to fix the defect in the functioning of a specific mechanism that is broke⁽¹⁵⁾.

As a student, I had other experiences with the live and dying body, when coexisting with hospitalized patients, where I perceived the pain, the suffering, the agony and the solitude of this moment of dying, as registered in the diary of the life history.

[...] I took care of the sick body with dedication. Washing it, dressing, feeding, administering medication were routines done with love, supporting, comforting, consoling, in short, taking care to live or to die.

In this work, I observed, in the process of death and dying, that it is the psychophysical body that makes the difference in matters of life and death: alive, it moves, is dynamic, animated; inert, inanimate, it is a corpse that will decompose. Hence, the psychophysical and incarnate body is the reference for the phenomenon of life and death to happen. Without it, the human existence disappears. What is dead has no body and, therefore, no human existence, like what happens with the Body of the Dead Lord, which the Catholic Church reveres in its cults during Lent until today. Thus, in order to preserve human existence, there is a need to take care of the psychophysical body and the environment it is inserted in. In the reality of daily life, there is the body, the place of the human's presence in the world, making it possible to construct its history and live with the others. When it is in disharmony, the body manifests signs, profoundly changing the personality, life projects, leading to the hope of cure or, if that is not possible, to despair.

The influences of the “real”, that is, scientific knowledge, acquired during university education, conditioned my specialization in intensive therapy and, later, my insertion in the job market, as a nurse in the Intensive Care Unit of a large general public hospital in the city of Salvador. It is in the scenario of Emergency Units or ICUs that most deaths occur, which contains a powerful technological arsenal for coping with it. In this, more than in any other hospital scenario, health professionals live ethical and ideological conflicts about extending life and delaying death, which is a source of stress for everybody, mainly for patients and their relatives.

Immersed in this environment that is projected with the most advanced resources of technoscience to guarantee the life of the patient's physical-biological body, the health professional's own body is also exposed to many reaction and feeling-creating stimuli. I was exposed to all of these stimuli while I worked as an intensive care nurse. This experience conditioned my professional trajectory towards thanatology and, for me, the greatest difficulty I faced together with the team was to deal with the question of death in the face of so many technological resources, specialized real knowledge and skillful professionals.

In this environment, I lived with death, technological advances and the human body on a daily basis. Thus, through the knowledge I experienced,

and not through the theorized knowledge, I verified how I and my colleagues developed attitudes of denial towards death. The confrontation with the dead body – the corpse – connected me with a significant loss – the loss of the physical-biological body, the basic structure that grants our existence. As I observed, from the biological viewpoint, and looking at the human body as a whole, death is not a single and instantaneous fact, but rather the result of a series of processes and of a gradual transition.

Theme 3 – Influence of Knowledge on Teaching-Learning

Through the new look acquired under the influence of the real knowledge about the body as the place of existence in the world, about death as a constant presence that needs to be seen, considered and respected, and about death as a routine process of existence, I changed the scenario of my professional activity. I started to perform the function of nurse-faculty and left the intensive care. There were countless changes and I had to adapt to these new stimuli on my body and to this new reality. These facts can be apprehended from the following extract.

[...] the change in environment from a closed intensive care unit to open units – nursing wards and outpatient units; the profile of the patient under my care – from critical to chronic; and the people under my supervision – 6th term undergraduate students.

Through this new teaching-learning function, I had the opportunity to circulate through large public and private hospitals, accompanying students in their training. The profile of patients at nursing wards and outpatient clinics gave me the experience of chronic diseases, many of which left sequelae or were incurable, and the patient was in the terminal stage. This experience becomes explicit in the following extract.

[...] the patients lived their dying process slowly and gradually, without using artificial means to maintain life.

However, something had not changed: what continued was the attitude of denial of the dying process and the view of death as an enemy that had to be beaten. The following extract expresses this perception.

[...] when the disease reached a stage outside the reach of current medicine and nothing could be done, the health professionals presented similar attitudes: they continued to deny the dying process, camouflaging it with euphemism, abandoned the clinical case or gave it little importance, joined in the conspiracy

of silence, while the families felt unstructured in the face of losing their relative.

As to the students, they were there waiting to learn, including how to deal with death. However, health professionals - including me, the patients and their relatives – face many difficulties to live with this phenomenon that eliminates the basic structure of one's existence – the psychophysical body. When I looked for support in the curriculum from the university's undergraduate course:

[...] I remembered that, in the undergraduate nursing course, I had not been prepared to deal with situations of death and the process of dying. I also remembered that this made me suffer when I started to work in my profession.

In the face of the students under my supervision, my concern about delivering care of the other dying person's own body increased, especially considering the organic structure, to which the sense and meaning of human existence is attributed, as expressed in the following extract.

[...] I did not know how to conduct the teaching-learning process, as I had not been prepared to deal with the questions of death and the heroic measures which I knew so well as an intensive care nurse could no longer be used.

In this educational context, I started to observe health professionals from the viewpoint of their own body, in the hospital context, in the attempt to construct a political-pedagogical project for humanized care delivery to the dying patient's own body.

REFLECTING ABOUT THE STUDY

Merleau-Ponty's phenomenology, which revealed to be the most appropriate methodological option for this study, made me listen to the non hearable, allowed me moments of "closing my eyes" and acting introspectively, with a view to giving myself feedback and, thus, apprehending the sense and meaning of the own body as a living experience. Thus, there is an intentionality that constitutes a sense between the own body and the world, which moves in open horizons of potential interpretations of what is perceived and, therefore, its search has not been exhausted as, through each approximation, only part of it has been unveiled.

In the researcher's existential trajectory, her own body as a living experience made it possible to establish a gnoseological continuum among the experience, the subject, the object and the natural and

cultural interpretation. This means that the body is inseparable in the world and that the subject is situated in the world through the own body. Besides, this entire network, constructed with magic-religious knowledge as a child and adolescent, with real knowledge as an intensive care nurse, and with knowledge about teaching-learning as a nurse faculty unveils the hidden connection of a systemic and phenomenological view of death and dying, which implies a change in the sense and meaning of the own body, not seeing it as an object or thing, but as a relation between the I-OTHER-WORLD system⁽⁹⁾. I developed a broader notion of the body, overcoming the classic dichotomy between body and soul, matter and spirit, subject and object.

Thus, the approximation with the study object allowed me to develop the thesis about the existence of the sense and meaning of health professionals' own body in care delivery to the other person who is dying, as a possibility of reaching a new vision of human death, in its existential aspect, through the meanings of health professionals' own body. I believe that they are victims of superficial and distorted attitudes towards dying, through the maintenance of traditional myths that conceive death as tragic, frightening and painful. Health professionals can conceive death based on the understanding of the biological process – organic and mental existence are one single thing. In this perspective of the own body as a living experience for health professionals, the sense and meaning attributed to the process of death and dying originate

from scientific knowledge, through a science released from metaphysics, from culture, from traditional myths and from common sense conceptions.

Among other benefits, this knowledge constitutes a strong incentive for health professionals to take care of themselves in delivering care to other dying persons. This self-care corresponds to the search for profound self-knowledge, about death itself inserted in one's existence, so as to make it possible to distinguish between own and external contents and to be apt to identify the main factors that affect their well-being and mental health.

In this perspective of change in the conception of the own body of health professionals and people who are dying, both of them living the experience of the dying process, the following questions arise: how can health professionals conduct the process of dying with dignity and sensitivity through the sense and meaning of the own body? And how can they prepare themselves to conduct this process? Thus, I perceive that the focus of attention on the own body as a living experience will only become possible if the health professional is sensitized, as early as at undergraduate level, to an education that considers the own body as a cognoscente body, incarnate and inserted in the world. The existence of a full life, inserted in the contemporary world, requires the search for solutions, many of which are present in the own body and can be accessed through the senses and meanings of this body as a living experience.

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