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## **EMBODIED REFLECTION IN PRACTICE –**

### **‘Touching the core of caring’**

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## **EMBODIED REFLECTION IN PRACTICE – ‘Touching the core of caring’**

### **INTRODUCTION**

The theoretical point of departure for the study emanates from the theory of caring. As nursing care fundamentally departs from integrated ways of knowledge<sup>2,3,4,5</sup> there exists a need for focusing on the aesthetic and the ethical forms of knowledge, since these represent intertwined aspects of the cultivation of care. Delmar<sup>6</sup> argues that nurses easily become “need-orientated” at the expense of sensibility and focusing on the whole situation. Mitchell and Cody<sup>7</sup> describes similarly how caring should promote an attitude of thoughtful, sensitive contemplation as a tool for the nurse in caring. Sense-making is more or less an act of awareness and perception. Our senses are like tentacles that connect us to our surroundings while allowing us to communicate experience.<sup>8,9,10,11</sup> Caring may be conceptualized as ‘emphatic imagination’; an interwoven structure of thought, action and ethics in that a person is engaged in being with and for another person as a source of understanding and action.<sup>12</sup> The meaning of caring provides rich and detailed context-specific possibilities for knowing and acting as a form of practical knowledge.

Caring is central to the philosophy of nursing and has offered theoretical frameworks for nursing care.<sup>2,13,14,15,16,17</sup> The caring theory presented and considered in the present study is the humanistic view of the human being as a greater unity than the sum of the dimensions of body, soul and spirit.<sup>4,16,18</sup> Further, the understanding of a caring act as an integration of head, heart and hand<sup>19,20,21</sup> grounded in the assumption that caring is both art and science<sup>5,22</sup> was also reflected.

In daily clinical nursing care the word *touch* describes an inevitable caring act representing different but integrated dimensions, since it can represent integrated physical, emotional and existential touch.<sup>23,24,25</sup>

The caring act that is in focus here has its roots in anthroposophical medicine and care<sup>1</sup>, which views health as a matter of body, soul and spirit in balance.<sup>26</sup> Anthroposophic theories and linking concepts in nursing are something that most health care professionals with a holistic understanding perform, develop, and deepen.

Our assumption is that certain caring acts may give nurses the opportunity of reflecting an awareness of caring theory and its influence on their care. The focus here is an activity of *touch*, by a gentle massage, which is called “Rhythmical Embrocations (RE) due to Wegman/Hauschka”.<sup>1</sup> RE has been used for several decades, and is integrated in anthroposophic nursing. This caring act means that oil is applied to the patient’s skin with rhythmical gestures. This requires an attitude from the nurses to direct their minds towards the whole person in the caring act.<sup>27,28</sup> A study on patients with long term chronic pain shows that the effect of RE can be characterized as integral in a literal sense as the act stimulates physical, actional, affective and cognitive reactions.<sup>27</sup> In the present study, RE consists of five minutes of gently embrocating oil with a rhythmical gesture from the feet up to the knees, ending with the feet and soles. This is considered as a caring act, not a medical treatment, and may be performed on other parts of the body as well. However, whether RE facilitates a possible fusion of caring praxis and caring theory remains to be seen. An implicit question guiding the research is: Is it possible to cultivate ethical and aesthetical sensibility in caring when offering and performing RE?

### **Aim**

To inquire into the participant nurses’ experiences of RE and present their reflections about caring theory into the caring act

### **METHOD**

In this study a phenomenological – hermeneutic approach inspired by the philosophy of Ricoeur<sup>29</sup> and developed by Lindseth and Norberg<sup>30</sup> was used. According to Ricoeur<sup>29</sup>, experiences are private but their meanings are public.

### **The setting**

In a community in central-eastern Sweden, a project team was formed including the participating nurses. The idea of the study was presented to 25 nurses and assistant nurses, hereafter called participant nurses, all working in different homes for elderly sick persons. Inclusion criteria were; the ability to participate in the project work for six months; training in giving RE (at an anthroposophic hospital that has been providing RE for 20 years); a history of having performed RE two to three times a week for four months; and attendance at regular monthly meetings of the project team, where clinical experiences were discussed and compared with theoretical caring concepts.

Voluntary participants for the study were: four registered and three assistant nurses, six of whom were female. They had between five and 35 years' work experience in caring for elderly persons. Five units geographically spread in the community were involved. Each participant nurse performed the caring act of RE on two or three elderly people who attended on a voluntary basis.

### **Data collection**

The data was collected during 2006 and 2007 by the first author (AR) through tape-recorded conversational interviews lasting 40-60 minutes with each participant. The opening question was: "Please describe your experience of giving RE", followed by: "could you give me an example" or "could you please explain further". Areas that were covered in the interviews were experiences of giving RE. The interviews were transcribed verbatim. The study was approved by the central ethical review board of the University of Linköping, Sweden (Dnr Ö5-2006).

### **Data analysis**

Data analysis was conducted in conformation with the phenomenological-hermeneutic method developed by Lindseth and Norberg.<sup>30</sup> The analysis dialectic process involved three steps: 1) Naïve reading; 2) Structural analysis; and 3) Comprehensive understanding.

*First step*, the transcripts were read several times to obtain an overall impression of the text as a whole. The first supposition/proposition was grasped and had to be validated (or not) in the *second step*, where themes of meaning were formulated and identified. The themes were again reflected in the naïve understanding, and meaning units were identified, discriminated and structured based on the nurses' experiences of performing RE. Further, a process of condensation and abstraction of units was performed. From this a creation of sub-themes, with the identification of themes running continuously throughout the text was conducted (Table 1). The sub-themes were elevated into main-themes, and were reconnected and identified in the naïve reading. *The third step* of analysis arose, as did aims to represent a possible interpretation of the text analysis. This step is critical in depth interpretation based on the naïve understanding, the structural analysis, the researchers' prior understanding and the theoretical framework.

In trying to understand the phenomenon, meanings cannot be separated since they connect to each other and must be interpreted and interrelated, not described in dichotomies as separate from each other.

**Table 1. Example of structural analysis. Theme: “Becoming aware”.**

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<i>Meaning unit</i>	<i>Condensation</i>	<i>Abstraction</i>	<i>Sub-theme</i>	<i>Theme</i>
I have developed a consciousness of presence doing this caring act, and an attention that involves me in a different way.	New experience of presence with different involvement	New experience of presence	Increased feeling of presence	Becoming aware
Performing the RE has engaged my senses in a new way- kind of focusing on just being there	Engaging senses giving a broader focus on ‘being there’	Broader focus on ‘being there’		
It was so obvious- the sensation of sounds in the room I hadn’t heard before. As if my senses became expanded doing this caring act	Feeling of expanded senses	Feeling of expanded senses		
Through the atmosphere that came forth during the caring act I noticed that I became more perceptive of the patients expressions,- observing more clearly breathing and rhythm, tensions and these expressions that colours the mood...	More perceptive for the patients multiple expressions	Gaining an open awareness	An opening act of care	

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## **RESULT**

### **Naïve understanding**

The participating nurses' experiences of giving RE represented a dynamic integration of different levels of "becoming aware" or "embodied moments of presence". They encountered a way to contemplate their own abilities of presence and attentiveness, and expressed the caring act as the creation of a 'forum for existential dimensions in being'. Through RE, the nurses experienced an increased feeling of mutual confidence and deeper connectedness. Concerns that were troubling the elderly could be revealed during the encounter. Experiences were expressed as feelings of being more and differently involved in creation of care based on one's own abilities. The RE was described as being an immensely attentive encounter with the elderly; accomplishing presence with calmness and sensing quietness coming forth with an increased focus for the both interacting. The nurses experienced an expansion of their observing sensibility, becoming 'detectives in their senses'. Increasing warmth in the encounter with an overall experience of a calming atmosphere was experienced while giving the RE. Implicitly, the rhythmical movements seemed to give a quality of balance and harmony, and the experience of time was altered as it was generally expressed that the present expanded, the self becoming vulnerable and open.

### **Structural analysis**

This analysis revealed two main themes: "Becoming aware" and "Embodied moments of presence". The themes are illustrated by quotations from the interviews and described in six sub-themes.

### **Becoming aware**

A significant quality that came forth while performing RE was the participant nurses' description of how they became 'more aware'. This was characterised as an expansion in their senses; they became more vulnerable or open and 'without preconceptions' in the encounter. This awareness was metaphorically called atonement, getting in tune with, or entering an accord or a state of harmony with the elderly. This tentativeness, as described, felt like a resource because it opened up new dimensions of caring experience.

### ***An opening act of care***

RE was perceived as being an opening act of care, enabling the experience of increased confidence in the caring encounter. The nurses' descriptions presented experiences of a closer connectedness with the elderly. Confidence created through the RE was felt to offer the possibility of a deeper mutual reliance, described as a profound contact between the two interacting persons.

*“I experienced that confidence can grow in the encounter through this caring act. One may find reason to believe this when lying there relaxed, exposed and vulnerable, letting oneself be taken care of// ...//and that was what I experienced as she said she could trust my hands, and I realized and experienced that she did that. Trusted in me... through my hands literally.”*

RE provided peace and comfort, and was expressed as a bridge to an existential conversation with the creation of a forum for deeper existential concerns. Two dying elderly persons were given RE on request. The nurses experienced this as allowing room for conceptualizing experiences in the shadow-lands of death; encountering their concerns, tears and thoughts of what was to come. The caring act implied an intrinsic quality of giving the elderly the opportunity for contemplation within a spirit of community.

### ***Increased feeling of presence***

Performing RE for a long period of time led to greater attentiveness to the self in the encounter, and an increased sensibility was experienced. Subtle aspects of the encounter became more visible and easier to describe, as the lived experience became an object of inquiry.

Performing RE was described as a feeling of ‘easing off’ and getting into a rhythm as the mediator in the course of event. It was described as becoming relaxed in an integrated way; being calm enough to allow a sense of ‘being’ and ‘presence’, and an awareness of the rushing of time. When performing RE in a hurried way it would soon make its own correction as the act would show itself to be unfeasible; the rhythm would be forced, the breath would be held, and the mind would run ahead to the next moment of action or activity.

*“Performing the RE, you literally were forced to slow yourself down...and be there...with expanded senses. The situation itself made corrections- It was no use standing there absorbed*

*with planning the next 'thing' to do. If you did that it all turned out totally wrong, and nothing would happen”.*

### ***Creative care***

A pleasant discovery while performing RE was the experience of being able to create something out of one's own initiative and power. This was expressed as getting involved in another way with the elderly; it demanded something to be given from inside, which literally engaged the inner obligations of caring. This became apparent through awareness of the effect of one's own actions. One participant described this creativeness as 'bringing in something from another consciousness of life'. Descriptions emerged of an experience of interconnectedness and changes in the relationship with the elderly. Performing the RE created an opportunity for the nurses to place themselves in a creative position. New insights into the 'roles of the profession' arose as an effect of the performance. The distinctions between roles were resolved and this gave new viewpoints and insights.

*“We found something of a mutual character- I was no longer a nurse and she was not a patient. It was a shifting of roles... She showed me something – being a fellow human being. So I've changed my task as a nurse for a while and become more patient as well.”*

### **Embodied moments of presence**

The expanded attention implicitly gave an increased awareness of embodied reflections in the caring encounter. When allowing for atonement, the tentativeness mediated gave rise to register phenomena that earlier had been beyond conscious awareness. This sensitive awareness brought forward an experience of nuances of embodied recognition as the participants grew aware muscular tone of the elderly, the humidity or dryness of the skin, temperature of the body, the tenseness or levels of relaxation and the breathing frequency. They noted moisture and dryness, mood and soulful expressions of relaxation, contentedness, happiness or anxiety and worries; sensing the whole atmosphere via the body.

### ***Calming and warmth***

The nurses clearly experienced that RE created calmness in breathing and of the mind for both the nurses and the elderly. The breathing frequency decreased; cold hands turned warm, and a calm and quiet spirit appeared. On several occasions, although the RE lasted for just five minutes, the elderly fell asleep during or after receiving RE.

*“I could feel how the warmth spread throughout his body, feeling and seeing how he calmed down, breathing slower, deeper, his cheeks becoming reddish... and felt how the warmth rose in his feet. As if the touch increased the circulation of his blood, but calmed down his breathing ...and felt how the warmth rose in his feet and a quiet spirit arose in the room. Sighing, relaxed, and falling asleep.”*

### ***Rhythm***

The nurses said that it was important to get into the creative feeling of a rhythm; as the rhythms created a calm atmosphere. The rhythm would be the underlying tone that supported the enactment of being present and functioned as contemplative. The creation of the warmth, together with the calming, rhythmical gestures could be described as a source or resource for both the elderly and the nurses to become attuned in the caring act.

*.....sensing how the rhythm tuned the atmosphere, the breathing frequency calmed, deepened, the pulse stabilized - letting myself go and being in the moment with the patient*

## **COMPREHENSIVE UNDERSTANDING**

The findings show that through the caring act of RE, the participant nurses were able to reach an understanding of deeper concerns in relation to another human being. These concerned the dimensions of becoming aware of one's own efficacy and self-awareness as well as sense-making and embodied enquiry.

The participants were able to be perceptually/receptively open to what was encountered, and in this openness a state of 'being there' in attention and intention occurred. Todres<sup>31</sup> states that this may be the life world-experience called 'the soulful space of being human'; how we are grounded in both great freedom and great vulnerability. Transferring this to our participant nurses and elderly the caring act was the opening power to both freedom of trust and vulnerability, and provided a widened understanding of this ambiguity of human openness. The caring act can represent the enactment of embodied perceptions that give the power to see

the other human being. Levinas<sup>32</sup> captures this wonderfully in the statement of the ethical relation to the 'Other' as infinity that arises from the appeal of the 'Other'. This is meant in the sense of just a 'thing' or an object, but a transferred matter related to what is 'sensed'; experienced and embodied. Through this it is possible to capture the true essence of caring; a fundamentally ethical and sensitive welcoming of the vulnerable 'Other'. Nortvedt<sup>33</sup> confirms in his study of clinical sensitivity that ethics do not simply precede clinical knowledge, but are a precondition for the use and application of such knowledge. (p.34). From this we may interpret our caring act of RE to be a generous 'tool' for highlighting such ethical perceptiveness, as it confronted the participating nurses with their impacts.

The participating nurses' sensitivity and abilities in observation grew wider and more receptive by performing RE through the increase in self-awareness and an awareness of the 'Other'. Taking their expanded senses into account - widening the focus of self and 'Other' and being able to make broad embodied enquiries and verbalize them - may be seen as an aesthetic cultivation of a caring act. According to the Norwegian nurse philosopher Martinsen<sup>34,35</sup> we are carried 'sense-aesthetically' as human beings. The 'sense-aesthetic attention' can be cultivated, developed or closed down, and if not trained and reflected upon it may wither. RE as a caring act gives the nurses contemplative embodied experiences that enable them to achieve a widened perspective of their own abilities and effects in the caring relationship.

### **Reflection on caring concepts**

It is apparent that reflecting on fundamental caring concepts makes it possible for the participant nurses to conceptualize embodied experiences. The participating nurses acknowledged the assumption that caring acts must be incorporated through head, heart and hand to be accomplished.<sup>19,20,21</sup> Accordingly, experiences of caring described as solely involving the 'doing' of the hand, with no emotional association, or as 'being somewhere else in mind', must be characterized as fallible. The participant nurses agreed that RE promoted opportunities to unveil these relationships.

The physical body represented for the majority of the participant nurses something concrete and substantial, as well as something that is inhabited by something more, like a shell or an abode. The soulful dimensions were also easily related - the soul as the sounding of the human being's emotive manifestations, the inner life of the human being expressed through needs, senses and desires.<sup>34,35</sup> The dimension of spirit was hardest to relate to or to find words

or illustrations for. Spirit was expressed as being the core or the ‘self’ of the human being, the personality.

Overall, RE was described as a tool which facilitated a caring relationship with the elderly. The RE situation offered a total presence in the encounter as well as access to reflection. It comprised both what happened in the relation and in the caring act, as well as the preconceptions of the nurses.

### **Conclusion**

The bridge between theory and praxis was the caring act of providing RE together with reflective dialogues on caring theory. This act of caring had the potential to expand attentiveness, observation ability, awareness and creativity among the participating nurses. An attitude of increased closeness towards their inner obligations in relation to the intention of care may show development of caring theory in action.

### **Strengths and Limitations**

The criterion for multiple interpretations necessitated the use of several researchers to secure the credibility of the data analysis.<sup>30</sup> Only seven nurses participated in this study, hence an optimal participant number is 10-15.<sup>36</sup> This may say something about the motivation for participating but also about the time factor. In this study, the active intervention time was seven months.

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