

Suffering: Toward a Contextual Praxis

Janice M. Morse's article in *Advances in Nursing Science* (24:1) revised and summarized the major findings of a research program exploring the behavioral-experiential nature of suffering. Using a feminist critical theory stance, this article addresses Morse's conceptualization of a praxis of suffering. First, it identifies the strengths and contributions of Morse's body of research to nursing science. Next, it undertakes a critique situated in feminist critical theory in which the limitations of Morse's work are explored using exemplars from the Western literary tradition. Finally, the article proposes a new conceptualization of an alternative contextual praxis of suffering in which nurses' responses to suffering are situated in an emancipatory paradigm of authentic presence. Key words: *feminist, praxis, suffering, theory*

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NO MORE timely article could have appeared in the September 2001 edition of *Advances in Nursing Science* than Janice M. Morse's "Toward a Praxis Theory of Suffering."¹ Since September 11th, suffering has become a prominent theme in the discourse of developed countries in which suffering—and its context—has traditionally been deemphasized. This critique was written in this social and political atmosphere, and it has been shaped by reflections regarding the centrality of context in the development of a praxis of suffering. Situated in a feminist critical philosophical paradigm, this article

- highlights the strengths and contributions of Morse's work
- critiques the limitations of Morse's conceptualization of a praxis of suffering, particularly its acontextual elements
- uses a feminist lens to examine potential patriarchal influences on Morse's acontextual perspective

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CRITIQUE OF THE MORSE ARTICLE

Strengths

Suffering is frequently referred to as a universal element of human experience, yet it remained largely unexplored in nursing investigations until Morse and Carter^{2,3} published a series of groundbreaking reports describing their program of research examining the nature of suffering using a behavioral-experiential approach. Other nurse scholars, most notably Eriksson⁴ and Rodgers and Cowles,⁵ have contributed to a growing dialogue in nursing regarding the centrality of suffering to nursing care and research. Over the past decade, a steadily growing groundswell of interest in the phenomenon of suffering has been present in the nursing literature, but the work of Morse has occupied a special position in its expanded vision of the importance of suffering. As colleagues, we owe a tremendous debt of gratitude to Morse and her coworkers for the influence and inspiration that her work has provided.

"Toward a Praxis Theory of Suffering"¹ represents the culmination of more than a decade of a research program centered around suffering, and it contains new findings and insights from Morse's work that make it a watershed event. The model of illness and the centrality of suffering that Morse and Johnson⁶ proposed in their 1991 seminal work, *The Illness Experience*, has

now been developed into a refined midrange theory of suffering based on the linkage of narrative accounts of suffering with behavioral observations of suffering persons. Using these data, Morse has arrived at what she terms a praxis model of suffering in which two broad and divergent behavioral states of suffering are identified: *enduring* (also described as emotional suppression in this schema) and *emotional suffering*. Both narrative accounts and videotaped data are combined to provide physical characterizations of humans experiencing these behavioral states, and a trajectory of suffering is proposed in which the suffering person passes through an initial denial (or failure to endure) to an eventual state of emotional suffering as the loss is tentatively accepted. This trajectory is not a linear one; the person may move back and forth quickly between enduring and emotional suffering. Finally, through a process of recognition and acknowledgment of a lost past and an altered future, hope enables the sufferer to move on to a reformulated future. In this new reformulation, persons reconstitute their lives and, according to Morse, learn and achieve an enhancement in understanding from the experience of having suffered.

Several strengths can be identified from this work. First and foremost is Morse's focus on the centrality of the suffering experience in the traumatized or ill individual and the important role played by nurses in responding to suffering. A central theme of Morse's work has been the role of nurses as the caretakers of suffering persons.⁷ In a health care literature increasingly focused on issues related to a market economy, her focus on and passion for the importance of suffering in nursing care is a distinctly hu-

manizing voice. Her goal of understanding more fully the behavioral cues of the sufferer and how best to assist those who are suffering is of enormous clinical importance. If patterns of suffering behavior can be adequately described, Morse seems to posit, then nurses and caregivers can respond with therapeutic behaviors appropriate to the stage of suffering being experienced.

An additional strength of Morse's article is its suggestion that care for the suffering person must be patient (or sufferer) led, rather than dominated by the health care provider. A large body of literature is cited by Morse in the literature review section in which she critiques the paucity of inquiry into the actual nature of suffering. Her critique points out that a great deal of what has been written and posited about suffering in the medical literature has been simplistic in nature, particularly in its equation of suffering solely with pain. She creates a clear need for a research agenda in which a body of knowledge regarding patient-centered perspectives on suffering must be created. Although her own research approach is that of a behavioral-experiential perspective, she also entertains the possibility that other modes of inquiry might be appropriate strategies in building a knowledge base in this area.

Limitations

An initial stumbling block is present for any reader of this work, but perhaps most especially for a reader informed by a feminist critical philosophical paradigm. The term *praxis* is used in the title and in a subheading, but never appears in the text. Given the current emphasis on the concept of praxis in nursing, the reader is left both

intrigued and confused. No definition of praxis is given by Morse, and a careful reading of the text leaves me with the impression that the author perhaps means the process of "understanding the experience of suffering and knowing how to assist those who are suffering."^{1(p47)} This assumption, however, is just the guess of one reader. What becomes clear as a central thesis is that the identification of appropriate, prescriptive modes of comforting based on specific behavioral cues displayed by persons during two newly identified phases of suffering is a desirable—and achievable—goal. That this central thesis is incongruent with the current understanding of praxis as a highly individualized, reflective, and contextual phenomenon⁸ creates a dissonance for this reader. This incongruity, however, leads to the identification of the central limitation in this work for the reader situated in a feminist critical philosophical paradigm. In Morse's view, the social and political contexts of suffering are not rendered salient. That gender, class, and ethnicity might play a role in shaping the suffering experience and subsequent behavioral responses is not addressed. Whether this will be a subsequent part of her research agenda is not mentioned. The reader is left to ponder the essential question regarding this line of inquiry: given the central role of power relations in creating and alleviating suffering, how can gender, class, and ethnicity *not* be an integral part of the study of suffering? From a feminist critical standpoint, Morse's lens at the present time is informed by some elements of the traditional Western patriarchal view of suffering. A closer examination of her work using exemplars from the Western literary canon will further illustrate

the limitations that this view imposes on creating a praxis of suffering.

Literary models of suffering in the Western tradition

Traditional Western Eurocentric literature is replete with exemplars of suffering and interpretations of its meaning. In the Western literary canon, suffering is a private, individualized experience borne by a heroic (and almost exclusively male) figure who endures suffering for the sake of a moral "lesson" or enlightenment. The Ur-text for suffering in the Western tradition is Oedipus, whose suffering, while apparently meaningless at the time, ultimately provides him with an understanding of the human condition. It should be noted that Oedipus accepts the power relations he suffers under: the gods hold ultimate power over humans who commit the sin of hubris.⁹ The story of Beowulf presents a similar story with a "twist": what God allows to happen may not be related to any sin on the hero's part. Suffering simply happens, and keeps on happening, even after the hero proves his worthiness. In the end, Beowulf learns that a warrior's role is to accept his suffering.¹⁰

Western literature regarding suffering has been profoundly shaped by the descriptions of the suffering of Christ as a literary-iconic figure. Christ—the ultimate sufferer in Western literature—has molded the conceptualization of suffering in a unique and powerful way. Like Oedipus and Beowulf, Christ shares many of the aspects of the classic Western patriarchal view of the sufferer. He also endures individualized suffering that was undeserved on his part, with the added aspect of enduring suffering for a redemptive cause. Many subsequent figures

in the Western literary canon, including William Shakespeare's *Hamlet*, are Christ-figures in their endurance of suffering for the purposes of enlightenment or redemption. *Hamlet* has been the focus of much recent critique as a shaping force in contemporary culture by such writers as Harold Bloom¹¹ and Mary Pipher.¹² These authors stress the ways in which the power relations depicted in *Hamlet* continue to inform the current context of social interaction. Of salience to this discussion is the distinctly androcentric, privileged view of suffering depicted in *Hamlet*. The suffering endured by the female, less privileged characters in the play is minimized. Thus, the social and political contexts in which suffering occurs are rendered invisible. Throughout the Western literary canon, suffering is essentially a phenomenon shaped and defined by the male viewpoint. Like every other aspect of life in the patriarchal culture, suffering has been defined by males and rendered acontextual in respect to gender, ethnicity, and class.

Acontextuality in Morse's work

This critique is not intended to single out the work of Morse as intentionally or explicitly patriarchal in tone or purpose, for indeed her work is not. As stated in the above section regarding the strengths of Morse's work, she has suggested that nursing interventions for those who suffer be

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sufferer led, and not imposed by health care providers. It is the purpose of this critique, however, to demonstrate the ways in which acontextuality fostered by a patriarchal culture has informed nursing scholarship regarding suffering, and to propose an alternative contextual praxis informed by feminist critical scholarship. The following examination of Morse's conceptualization of suffering reveals the ways in which the theme of acontextuality emerges.

Morse states: "[W]e have done little to investigate ways to enhance enduring or foster stoicism."^{1(p57)} This statement can be construed as a culturally bound view, given that stoicism is a Western-based philosophical construct. The sufferer in Morse's schema may occasionally (during what she refers to as "failure to endure") lose control, a state that must be rectified by nursing interventions. Gender, ethnicity, and class are not taken into consideration here; all sufferers seem to be expected to conform to an ideal of stoicism, which is a central theme of White, privileged culture.

Also bound up in Morse's conceptualization of suffering is a congruence with traditional Western views of suffering as a learning experience. The view that "suffering teaches," a phenomenon called *pathemathos* by classic Greek tragedians,^{13(p583)} is endemic in Western culture. That other cultures might have other teleological models for suffering is not considered in Morse's work. There is no question that human beings are changed in drastic ways by an experience of suffering. But not all cultures would agree that humans are necessarily "taught" anything by the suffering experience or even achieve some enhanced understanding of the human condition by going through it. Thus, the assumption seems to

be present in Morse's work that, regardless of ethnicity, a universal outcome of suffering will be a learning experience. What is perhaps more troubling is the assumption that all health care providers share this viewpoint. That all clients can "learn" or change their future health behaviors due to present suffering can be a dangerous viewpoint in a sexist, racist society. I have witnessed numerous incidents of the withholding of pain medication from women and persons of ethnic minorities by health care providers who use the rationale that suffering is somehow deserved by these individuals and will teach oppressed persons to act in more socially acceptable ways.

These examples of acontextuality in Morse's work demonstrate the need for a new, alternative praxis of suffering that takes into account gender, ethnicity, and class. If, as Morse asserts, nursing interventions for suffering are to be sufferer led, such a contextual praxis will be essential in empowering those who suffer.

OTHER VOICES: CREATING A CONTEXTUAL PRAXIS OF SUFFERING

A variety of definitions has been proposed for the term *praxis*, but for the purposes of this article the definition proposed by McCormick and Roussy¹⁴ in the seminal text *Nursing Praxis: Knowledge and Action* will be used. McCormick and Roussy propose a feminist poststructuralist orientation to the definition of praxis in nursing, and they state that the term praxis implies the dialectical relationship between theory and practice, grounded in ethics, a politics of difference, and a commitment to social

justice. (It should be noted that some scholars currently consider the concept of “politics of difference” as a postmodern, rather than a poststructural, notion.) From a critical feminist perspective, praxis has within it the inherent ideas of reflectivity, contextuality, and emancipation. Nursing scholarship that uses praxis in this sense seeks to identify sources of oppression and the ways in which gender, ethnicity, and class have been rendered invisible in a patriarchal culture. It is with this viewpoint that an alternative and contextually based praxis of suffering is proposed as a basis for enhancing future nursing scholarship in this area.

Alternative literary models of suffering

Traditionally in the patriarchal culture, no alternative voices regarding suffering appear in the literary canon. Nevertheless, a rich history of oral traditions about suffering has always existed outside the canon; the narratives of suffering by women and oppressed groups have been handed down throughout generations, outside the control of the patriarchy. As our cultural horizon of understanding has expanded and the Western literary canon has come to include the literary works of oppressed groups, alternative literary models of suffering have appeared of enormous power. Two exemplars of such literary works illustrate how alternative models of suffering might shape a contextually based praxis of suffering.

A starting place for the creation of a contextually based praxis of suffering is the work of M. Shawn Copeland,¹⁵ who provides an African-American, womanist perspective on suffering. Copeland emphasizes the “maldistribution, negative quality, enor-

mity, and transgenerational character” of suffering in African-American women and uses the metaphor of “wading through many sorrows” to express its omnipresence.^{15(pp136–137)} Copeland is careful to note that there can be “no ranking of oppression or suffering . . . indeed, the historic suffering of the Jewish people and . . . indigenous peoples of the lands of the Americas weighs heavily in any discussion of ethnic suffering.”^{15(p137)} Suffering has no privileged text in Copeland’s work; all narratives of suffering are authentic and constitute an empowering act. From a womanist perspective, remembering and retelling, resisting, and redeeming characterize suffering. Thus, the idea of *pathemathos* used by the patriarchy to justify the need for suffering to “teach” oppressed persons has been transformed into acts of resistance against oppressors who cause suffering and a redemptive power in which suffering is part of the price of emancipation. In Copeland’s work, the theme of emancipation (and its role in transforming suffering) is fundamental and suggests that a contextual praxis of suffering for nursing would place emancipation as a central teleology.

The feminist theorist bell hooks¹⁶ writes in a highly personal and passionate way in her text *All about Love: New Visions* of the need for healing in the midst of suffering that pervades the life of every human. She describes the current failure of organized re-

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ligion to meet the need to heal suffering due to its accommodation to the values of a production-centered commodity culture. She emphasizes the basic interdependency of all people, and she critiques fundamentalist thinkers in their use of religion to support militarism, sexism, racism, and homophobia. In doing so, she states: "They deny the unifying message of love that is at the heart of every major religious tradition."^{16(p73)} She quotes the late Martin Luther King Jr as critiquing segregation in the following way: "It substitutes an 'I-it' relationship for the 'I-Thou' relationship, and relegates persons to the status of things . . . it destroys community."^{17(p74)} The themes that hooks raises here of the human context of suffering and the need to create an authentic, personal connection between those who suffer and those who would assist them create a powerful basis for a new concept of a praxis of suffering in nursing.

A contextual praxis of suffering for nursing

What would a contextual praxis of suffering for nursing consist of, given the above themes from alternative voices? I propose that it would have as an underlying assumption that a nursing praxis that is truly contextual would be fundamentally emancipatory in nature. It would seek to identify and alleviate the conditions that create suffering and place oppressed persons at enhanced risk for suffering. It would take into account the power relations inherent in the patriarchal culture, and it would render salient the power differential between sufferer and health care provider. A contextual praxis thus would take a highly individualized approach to each interaction between sufferer and nurse. The human context of suffering

would be constantly at the heart of the encounter, and the need for the nurse to create an authentic feeling of presence and "being with" the sufferer would be paramount. Such a praxis would not be without suffering on the part of the nurse, by any means. To share in and be shaped by the suffering of another is to allow the client's suffering to become part of one's own autobiography, and it would involve risk. To take that risk of shifting a power dynamic from control to "being with" significantly shifts the context in which suffering is experienced. Authentic contextual praxis of suffering lies in the willingness of the nurse to "enter the landscape" of another human's suffering—the place in which true healing begins.

SUMMARY

This proposed contextual praxis of suffering is informed by and congruent with a feminist critical perspective. Wilson-Thomas stated that a critical theory perspective "can assist nurses in analyzing knowledge that is generated from androcentric ideology so that health can be maintained from a caring, contextual, and humanistic perspective."^{18(p573)} Thus, the praxis described above emerges from a feminist critical perspective that places a central focus on reflectivity, contextuality, and emancipation—essentially, ways of nursing without dominating.

Morse has created a basis for further research into a contextual praxis of suffering with her suggestion of the need for investigations into suffering to be "sufferer led." The use of feminist models of research would undoubtedly be both congruent with and helpful in guiding future researchers who seek to develop a contextual model of

suffering. A research agenda in which the identification of the role of nurses' authentic presence in the alleviation of suffering, in which power relations are identified and deconstructed, would be a valuable next step.

That the creation of a nurse-sufferer bond at a critical point in the suffering experience could have a powerful effect in the alleviation of suffering is another line of in-

quiry that remains to be explored, and it would be important in creating a contextual praxis. Finally, an overall expansion in the view of suffering by nursing scholars to include an examination of the social and political inequities that create and enhance suffering on a global scale is an essential—and timely—responsibility for nursing as a discipline.

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