

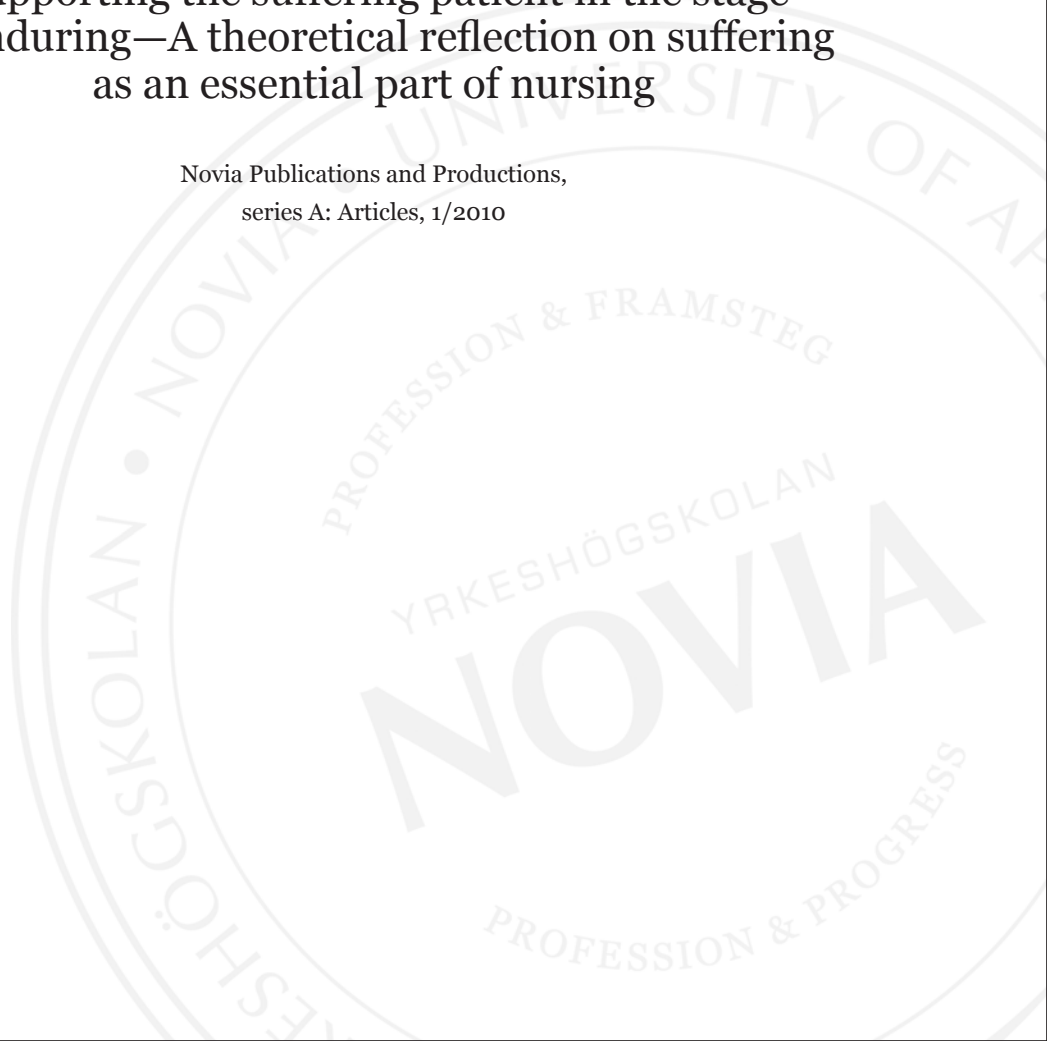
**Supporting the Suffering Patient in  
the Stage of Enduring—A Theoretical  
Reflection on Suffering as an  
Essential Part of Nursing**

**Annika Tetrault and Maj-Helen Nyback**



**Supporting the suffering patient in the stage  
of enduring—A theoretical reflection on suffering  
as an essential part of nursing**

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## Abstract

*Nursing and caring sciences are relatively new sciences. Nursing and caring for sick people have been part of human history since the beginning of time, but it was not until the mid 1950s that nursing was seen as a science of its own. Theories describing nursing and caring have been published since the 1950s. In these theories, different concepts in the metaparadigm of nursing are described. The overall aim of this essay is to describe suffering as one of the building blocks of the metaparadigm of nursing; furthermore the essay discusses the concept of enduring related to suffering and how the caregiver can support a patient in the stage of enduring suffering.*

## Introduction

Nursing and caring are increasingly seen as two separate sciences yet they are interlocked. While nursing science focuses on nursing and its profession, caring science focuses on the human caring process, human science orientation, phenomena and experiences (Nyback 2008). Early nursing theories were based on nurses as physician led caretakers and focused on the nursing profession. Later nursing models focusing on issues related to how and why nursing actions were taken were developed (Tomey & Alligood 2006). The discussion of a metaparadigm in nursing was initiated by Fawcett (1995). Powers and Knapp (1990, 87, 103) define paradigm as “An organizing framework that contains the concepts, theories, assumptions, beliefs, values, and principles that inform a discipline on how to interpret subject matter of concern.” They define metaparadigm as representing “the worldview of a discipline.” According to Fawcett (1995, 2005) a metaparadigm has four requirements; a discipline’s domain has to be identified and made distinct, it must contain all phenomena of interest, it must have a neutral perspective and lastly, it must be international in range and matter.

Concepts are the building blocks of theory. The central concepts in nursing metaparadigm are person, environment, health and nursing. (Powers & Knapp, 1990, 22, 87, Fawcett 2006). A person is a multidimensional being consisting of physical,

psychological, socio-cultural, developmental and spiritual layers. The person is interacting with the environment, which consists of internal and external forces and stressors. Health is defined as wellness where the person is in a dynamic harmony with all his/her parts. Nursing is seen as helping individuals, families and groups to achieve and maintain the highest level of wellness through reducing stressors. (Neuman 2000).

## The concept of suffering

There have been many attempts at defining the concept of suffering. Eriksson (2006, 22) describes suffering as a struggle between good and evil, as the opposite of desire. Cassell (1991) states that “suffering occurs when an impending destruction of the person is perceived; it continues until the threat of destruction has passed or until the integrity of the person can be restored in some other manner.” Wiklund (2000, 90) sees suffering as a “battle between chaos and control where the person is constantly trying to take control over the circumstances without really succeeding.”

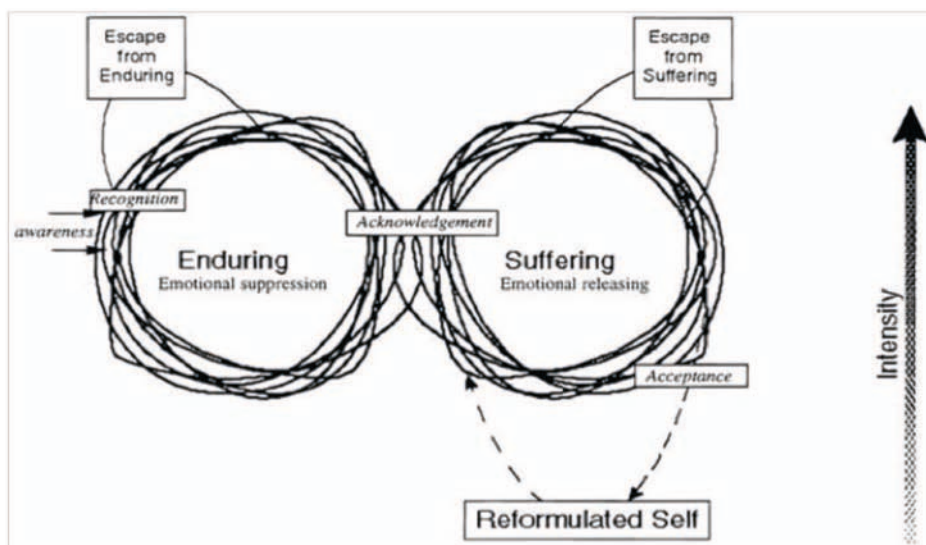


Figure 1. Morse's Model of Suffering (2001).



According to Morse (2001, 1) suffering consists of two behavioral components: enduring and suffering. In the enduring state the emotions are repressed and in the suffering state they are released. The connection between enduring and suffering shows that persons move from enduring to suffering when they manage to recognize what they are enduring (Fig. 1). They need to build their emotional strength before feeling strong enough to take on the emotional turmoil of suffering. Individuals move back and forth between the two states as their strength grows or diminishes. When the sufferer accepts the changed reality, the suffering can be left behind and new insights be acquired. (Morse, 1997, 23).

### The concept of enduring

According to Morse (2001, 1) “enduring occurs as a response to a threat to the integrity of oneself.” Enduring can be described as the suppression of emotions. The blocking of emotions makes it possible for the person to get a handle on the situation. The keeping of all emotions inside does not give relief to the person. Enduring can have different levels of severity. When the threat is most extreme, the person will appear robot-like and disconnected from life. To be able to keep going the individual has to concentrate on the present. (Morse, 2001, 6). According to Dewar and Morse (1995, 959) enduring is a stable condition where the person focuses all his/her energy on “holding on”.

In order to escape from enduring and release bottled-up energy the person will have short emotional eruptions. Other escapes include distracting behaviors to take the mind off suffering, examples are intense physical exercise, doing puzzles, and out-of-control laughing. (Morse, 2001, 7). If the strong feelings contained inside are allowed to emerge and the enduring is interrupted the outcome is an incident of sorrow, deep depression and anger. (Dewar & Morse, 1995, 959).

Being terrified and out of control is seen as a failure to endure. If a patient is merely terrified a nurse’s gentle and comforting aid can help the patient stay in control. If a trauma patient is out of control, the reassurance from nurses will not help. The patient will have to be restrained and sedated. (Morse, 2001, 9).

## Types of Enduring

Morse (2001, 7) has identified three types of enduring: enduring to survive, enduring to live and enduring to die. Enduring to survive happens when there is a valid physical danger. The traumatized individual concentrates on important body functions such as breathing in order to stay in control. This stage conserves energy and gives medical staff a chance to safely care for the person.

Enduring to live takes place in unbearable situations in life. The person concentrates on getting through each day one by one until the situation has passed. The person might seem blank and non-responsive. In its deepest form enduring disengages a person from life, leaving no memory of the traumatizing event. (Morse, 2001, 6-7).

Enduring to die occurs when the ill person comes to the conclusion that their death is near. The person starts to withdraw burying his/her emotions. The ill person limits his/her social circle and physical environment, living moment to moment. During the enduring to die phase the ill person and his/her family members and friends are often not able to communicate about the approaching death. The individual in the enduring to die stage has very little energy left. Two separate patterns of behavior have been observed: cocooning and resignation. The person in a cocooning behavior has accepted his/her death and focuses all energy internally. The person in a resigned state, however, has not accepted his/her impending death but is too tired to keep on living. (Olson, Morse, Smith, Mayan and Hammond, 2001, 299-301).

## Discussion

It is a vital part of the profession and an advanced skill of a nurse to be able to recognize which state of suffering a patient has entered. The care given should be based on the hints given by the suffering patient. Nurses need to recognize and differentiate between the enduring and the emotionally releasing states of suffering. Patients in the different stages of suffering should be treated according to the demands of each phase. (Morse, 2001, 14). According to Neuman eller Heyman & Wolfe (2000) a person, here named patient, is interacting with the environment. The environment consists of internal and external stressors. Nursing is seen as helping the patient to achieve and maintain the highest level of wellness through reducing stressors. The situation that causes suffering as well as suffering itself can be interpreted as stressors to which a patient adapts. Caring for the patient can be interpreted as helping the patient to endure the situation.

An experienced professional caregiver will have created a procedure of how to approach an enduring patient. The distressed patient will indicate which approach or combination of strategies will be most comforting at any given time. A patient in the enduring state of suffering should be assisted in the enduring through silent support. (Morse, 2000, 3). The enduring patient should not be “forced” out of this state into an emotional release. It is not necessarily helpful to the patient to leave the enduring state before the time is right. (Morse, 2001, 15).

The state of suffering will be clear to the professional nurse. Behavioral signals will show which approach to choose. Avoiding physical contact, offering short comments on how well the patient is coping and silent assistance is appropriate for the enduring patient. When the patient has entered emotional suffering a more “hands on” strategy is appropriate. Empathy, physical support in the form of touching and hugging, listening and talking are strategies that are appropriate in this stage of suffering. (Morse, 2000, 3).

In the enduring to die stage nurses take on a different role in supporting the patient. A patient who is dying will often create anchors to aid them in their fight to

stay alive. Anchors can be family, friends, and tasks to be finished or experimental treatments. A nurse herself can sometimes become an anchor for a patient lacking one. Some nurses experienced in palliative care will learn to distinguish between the cocooning and the resigned states of enduring to die and will be able to comfort the patient accordingly. The difference in the treatment of resigned versus cocooning patients need not be big. The resigned patient needs more physical presence even though nurses might feel difficulty in taking on this anchoring role. (Olson et. al, 2001, 298, 304–306).

Nursing care science and research are attaching increasing importance to the concept of suffering. Too much emphasis has been put on the aspect of “pain” in suffering. Not all pain can or should be alleviated. There are different ways of helping a patient through their suffering; pharmaceutical methods are not always appropriate. A kind gesture, a gentle touch and comforting words go a long way in the support of a suffering patient. (Morse, 2001, 16).

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Lidandet är ett grundmotiv för vård och inom vårdvetenskapen har begreppet definierats som en kamp mellan det onda och det goda (Eriksson, 2006) mellan kaos och kontroll (Wiklund, 2000) och som förorsakat av sjukdom, vård och livet självt (existentiellt lidande) (Eriksson 2006). Morse (2001) beskriver lidandet som två olika stadier, dels uthärdande dels ett emotionellt lidande. Artikeln nedan beskriver begreppet lidande och hur vårdaren kan förhålla sig till och lindra medmänniskans lidande.