

Patients' Perceptions of the Meaning of Suffering

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This article describes a study recently completed in Alabama using a newly developed instrument, The Meaning in Suffering Test (MIST, Starck, c. 1982). The study involved 99 patients in six different hospitals.

The Problem

Suffering is a common, natural experience and is an ineradicable part of life. Responses to suffering are highly individualistic, although there may be a typology of coping styles. The nursing staff who has 24-hour a day, 7 days a week duty is likely to assume major responsibility for assisting patients to cope with suffering, whether acute and temporary, or chronic and permanent, when they are hospitalized.

There is a paucity of research on suffering and on effective nursing strategies to promote adjustment to suffering experiences. Frankl postulated that experiences of unavoidable suffering can become opportunities for human growth in a positive direction. A synthesis of Frankl's idea and theory has been adapted and given the title of "Meaning Psychology" by this author, and utilized in application to nursing care. "Suffering," in this report, is understood to mean "unavoidable suffering."

Purpose

A research project was designed for the following purposes: (a) to describe characteristics of suffering experiences as perceived by patients, (b) to describe typologies of suffering behaviors, and (c) to define effective strategies that help patients get through suffering experiences.

Research Questions

The study posed seven research questions:

1. What characteristics do clients ascribe to suffering?
2. Can patterns of suffering behaviors be identified as personal responses in clients who experience chronic and/or repetitive suffering?
3. Can typologies of suffering behaviors be identified as personal responses in clients who are experiencing suffering?
4. Do clients find meaning in suffering experiences which enhance their understanding of life and furnish opportunities for self-actualization and/or self-transcendence?
5. What cultural values and beliefs do clients hold to explain the suffering experiences of their lives?

6. What responses do clients use in coping with the burdens of suffering?
7. What strategies of nursing care help clients get through their suffering experiences?

Assumptions

The following assumptions were made based on Frankl's theory of Meaning Psychology:

1. One's beliefs about suffering affect ability to cope and influence adaptation in a positive or negative direction.
2. Suffering can offer opportunities to achieve higher levels of understanding about life.
3. Meaning can be found in suffering experiences by the individual undergoing the experience.
4. The role of the nurse includes assisting patients to cope with suffering experiences.

Study Procedure

After approval by an institutional human rights board, a staff of nurse researchers (17) undertook the study. Training sessions for data collectors were held on informed consent procedures, interviewing techniques, and data recording. The sample consisted of hospitalized clients who had a medical diagnosis describing some type and degree of pathology, whether physical or emotional. Criteria for participation in the study included being mentally clear and able to communicate, currently undergoing a suffering experience as perceived by the client (either acute or chronic), and of age majority according to Alabama law.

Three instruments were used to collect data. The Demographic Profile, and my own tests, MIST, Part 1 and Part 2, and the Nurse-Client Interaction Evaluation. Validity and reliability information is available by request. MIST, Part 1, consisted of a 20-item instrument which reported the client's perception of the frequency of feelings toward suffering on a seven-point Lickert scale (see Figure 1). The purpose of MIST is to ascertain the clients' perception of the extent to which they found meaning in suffering experiences.

MIST, Part 2, asked for client verbalization to describe the suffering experience, coping mechanism, and experiences of others known to the client (see Figure 2).

The third instrument, the Nurse-Client Interaction Evaluation (see Figure 3) asked for the client's like or dislike for discussing personal suffering experiences with a nurse on a nine-point Lickert scale.

Findings

Demographic Profile. Demographic analysis revealed that the ages of the clients ranged from 26 to 86 years; the mean was 58.86 years. The largest percentage (66.3 per cent) was males; however, it should be noted that two hospitals where data were collected were veterans hospitals where males predominate. The percentage of black clients was 31.9 per cent contrasted with the state population of 26.6 per cent blacks (1980 census). Most of the clients were

married (52.1 per cent) and most listed their religious preference as "Protestant" (87.9 per cent). Consistent with state norms, the level of education for most of the clients was nine to twelve grades. Most of the clients lived in rural or semi-urban areas (70.2 per cent); most were "non-working" (74.5 per cent); and most earned \$12,000 or less per year (68.8 per cent). (Other details of demographic data are available in the full report.)

The three most frequent diagnoses were: (a) psychiatric (21.5 per cent), (b) cardiovascular-medical (11.8 per cent), and (c) gastrointestinal (10.8 per cent). Within specific categories, it was found that clients with cancer seemed to be more optimistic, while those with medical breathing problems responded as suffering greatly. The clients whose perception of suffering without meaning was greatest were those with psychiatric problems; whereas surgical clients (in particular, coronary by-pass surgery) perceived suffering to be most meaningful.

MIST I

In analyzing the results of MIST I, it was found that the mean score was 101.48; the standard deviation, 16.72; and the range was from 61 to 140. Statements of beliefs about suffering were rank ordered by strength of belief. The strongest belief was "I believe everyone has a purpose in life; a reason for being on earth." The weakest belief and the only response with a mean on the negative end of the scale was "I believe suffering limits a person's opportunities for true fulfillment."

The most ambiguous responses were received for Item No. 12 "I believe suffering is a punishment for sin." To this item, 43 responded negatively, 33 responded positively, and 13 were in the neutral category. This item also had the greatest standard deviation.

The data were also analyzed by subscales of: (a) subjective characteristics of suffering, (b) personal responses to suffering, and (c) meaning of suffering. The findings indicate that individuals do perceive suffering differently. Some of the differences can be attributed to ethnic background, sex, marital status, number of hospitalizations, and chronicity of the medical problem.

The majority of the subjects interviewed stated that suffering was more indicative of the human condition than a punishment for sin. The majority of the subjects responded that they believed unavoidable suffering was beneficial. More specifically, they believed that such suffering helped them understand life better. They also thought that individuals varied in the amount of suffering that each could tolerate.

The majority of individuals interviewed believed that suffering had meaning. Few were willing to admit that they were victims of fate. Most subjects believed that some good things came from their suffering and they had learned valuable lessons.

MIST II

The first question in MIST II asked the client to choose a number 1 to 10 which best represented the degree of his/her suffering (1 = minimum, 10 =

maximum). The mean response was 6.4 indicating a high degree of suffering. This finding substantiates Frankl's view that suffering is like gas in a chamber; no matter how great or small, suffering tends to completely fill the human soul.

The responses to MIST II, Questions 2 through 16 were transferred to a master sheet and reviewed for patterns. Answers were categorized according to Frankl's three ways of experiencing meaning in life events: (a) task or missions values, (b) experiential values, and (c) attitudinal values. Findings for one question are summarized as follows:

**What do you generally do when you experience
suffering in order to cope with it?**

Task

Talk to relatives/friends; Pray, attend church, read Bible, praise the Lord, ask for strength from Lord to overcome it; Go to hospital; Call doctor; Seek help from nurses; Take medicine; Watch TV; Read; Sleep/walk/rock; Drink beer; Grunt/cry/fuss; Stay busy mentally & physically; Sew; Dress-up; Get away; Get in bed or on sofa; Do something exciting; Do something for someone else; Try everything.

Experience

Try to bear it-suffer with it; Talk to Lord; Listen to music; Get still/quiet/-withdraw; Get weak and do nothing; Fantasize about tomorrow; Understand God is real and near and will help me; Remain calm and alone; Take it easy, don't be pressured; Wait it out; Try to relax; Sit down & compose self.

Attitude

Try to see good in it; Try to reach within self; Think and pray; Think about blessings; Talk to self to encourage; Look on positive side; Mind over body practice; Remember that it will be short lived & that other people have pain; Take an interest in others; Pray the Lord's will be done; "Grin & bear it"; Concentrate on something else; Try & control self; Think about past; Think of suicide.

(Responses to all questions may be found in the full report.)

Nurse-Client Interaction

Clients were asked to anonymously complete a one-page questionnaire in order to evaluate to what extent the client enjoyed or was upset by discussing personal suffering experiences. The findings validate that clients had a positive or favorable reaction to discussing the suffering experiences in their lives and did not feel that their privacy was being invaded. This finding should help to dispel the myth that discussing suffering with a client will surely trigger a depression response, a fear that prevents many nurses in traditional practice from meeting the needs of clients who are suffering.

Conclusions

The findings of this study suggest a need to continue exploring ways for helping professionals to dialog with clients about their suffering experiences. A recommendation is made for further research to refine and improve the knowledge base of suffering within a conceptual framework of caring and compassion.

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Figure 1: MIST (Meaning in Suffering Test) Part 1

Instructions: Please choose a number which best represents the *frequency* of your feelings about each of the following statements. Try to avoid neutral (4) by choosing either a 3 or 5 whenever possible. Before you begin this test, fix in your mind the suffering which you believe you have experienced and how you feel about it at this time.*

- 1

2

3

4

5

6

7
- Never Rarely Occasionally Sometimes Often Very Often Constantly
1. I believe I have the spiritual help (not necessarily religious) to overcome the burdens of my suffering.

2. I believe suffering causes a person to find new and more worthwhile life goals.

3. I believe I understand life better because of the suffering I have experienced.

4. I believe success in dealing with suffering depends upon a person's attitude about the situation.

5. I believe suffering limits a person's opportunities for true fulfillment.

6. I believe everyone has a purpose in life; a reason for being on earth.

7. I believe life has been unfair to me because I am a victim of fate.

8. I believe there is always hope in suffering.

9. I believe suffering can teach valuable lessons about life.

10. I believe my suffering experiences have a pattern which recurs despite my efforts to change my life.

11. I believe my suffering is part of a grand design even though I may not always understand it.

12. I believe suffering is a punishment for sin.

13. I believe my suffering experience has given me a chance to complete my mission in life.

14. I believe some good things have occurred as a result of my suffering.
15. I believe people differ in the amount of suffering that they can bear.
16. I believe people are not given more suffering than they can bear.
17. I believe my suffering has given my loved ones a chance to become more fulfilled.
18. I believe suffering occurs if a person is unlucky and fate has been unkind.
19. I believe suffering is part of the human condition and comes to everyone sooner or later.
20. I believe suffering tests the strength of a person's character.

Add each answer choice for all 20 questions for a TOTAL SCORE:_____

Divide total score by 20 for a MEAN SCORE:_____

*The following scoring scale (1-7) is used for each question, but is shown here only once.

Figure 2: MIST (Meaning in Suffering Test) Part 2

1. On a scale from 1-10, how would you rate your suffering experiences? (1-minimum suffering, 10-maximum suffering).
2. What do you think suffering teaches, if anything? (Name 3 if possible)
3. What do you generally do when you experience suffering in order to cope with it?
4. What, if anything, helps you get through the suffering? (Name at least 3 things)
5. What "good" or positive aspects resulted from your suffering? (Name 3 if possible)
6. What "bad" or negative aspects resulted from your suffering? (Name 3 if possible)
7. How has your suffering affected your body, mind, and spirit? (Name 3 ways, if possible)
8. Name 3 people who you think have suffered and describe the suffering experience
9. What characteristics would you ascribe to suffering? (Give 3 words to describe how you feel when you are suffering)
10. What are your values and beliefs regarding suffering? (Name at least 3 mottos such as (a) eat, drink, and be merry, (b) and this too shall pass, (c) into each life a little rain must fall, etc.)
11. What resources do you use to cope with your suffering? (Name at least 3, such as family, friends, drugs, activities)
12. What action by the nurse or other helping professional helps when you are suffering? (Name at least 3 actions)
13. Please describe what you feel to be your purpose in life.
14. Does this suffering experience affect your ability to complete your purpose in life?

15. Are you able to do worthwhile deeds for others even though you are suffering? (If yes, name at least 3)
16. What is your behavior like when you are undergoing suffering? (Name at least 3)
17. Religious preference (optional): ____Catholic ____Protestant ____None
Other, please specify _____

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Figure 3: Nurse-Client Interaction Evaluation

Please indicate the extent to which you agree or disagree with each of the following statements by circling the correct number. The purpose of this form is to help the nurse improve care for patients who have suffering experiences. Your frank and candid responses will be appreciated.

KEY:*

- | | |
|------------------------------|--------------------------|
| 1 agree very strongly | 6 disagree slightly |
| 2 agree strongly | 7 disagree somewhat |
| 3 agree somewhat | 8 disagree strongly |
| 4 agree slightly | 9 disagree very strongly |
| 5 neither agree nor disagree | |
1. I have enjoyed the experience of discussing the suffering experiences in my life.
- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
2. It has been upsetting to me to discuss the suffering experiences in my life.
 3. I have felt a sense of personal involvement between myself and the nurse who questioned me about my suffering.
 4. I have felt that the nurse was invading my private life in a way that made me uncomfortable when talking about my suffering.
 5. I believe that my condition gives me opportunity to find new meaning and purpose in life.
 6. Talking to the nurse about my suffering has caused me to re-experience grief.
 7. I am glad to participate in this research project in order to help others.

To be completed by Nurse Researcher Total Score_____ Mean Score_____

*The scoring scale (1-9) is used for each question, but is shown here only once.