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The Politics of Suffering Implications for Nursing Science

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Drawing on newly emergent conceptualizations of suffering in the social sciences that emphasize political dimensions, this article uses a critical-feminist, self-reflective approach to propose a reconceptualization of suffering for nursing science. Discourse analysis of local narratives and metanarratives is undertaken as a basis for proposing alternative methods, including a critical humanities approach, for nurse scholars to use in creating a transformed, politicized epistemology of suffering. **Key words:** *epistemology, feminism, genocide, nursing, suffering*

THE political context of suffering has received enhanced attention in nursing scholarship in recent years.¹ Emerging work in this area reveals its relevance to current key areas of study within nursing science, specifically the emotional and mental health of such populations as undocumented persons² and women experiencing mastectomy.³ Suffering also has emerged as a prominent theme throughout broader academic discourse and is a growing focus in such academic disciplines as anthropology,^{4,5} theology,⁶ and psychology.⁷ Currently, scholars across disciplines in the social sciences^{8,9} and humanities¹⁰ are actively engaged in writing about and conceptualizing suffering in innovative ways that emphasize its political dimensions. The purpose of this article is to provide a critical-feminist, self-reflective discourse analysis of selected narratives related to suffering. This analysis then serves as a basis for proposing alternative approaches for

nursing science to use in reconceptualizing suffering within a political context.

Specifically, this article

- describes newly emergent conceptualizations of suffering within academic discourse that give salience to the political dimensions of suffering;
- utilizes a critical-feminist, self-reflective analysis of metanarratives and local narratives to identify discursive traits within Eurocentric culture that render the political dimensions of suffering invisible;
- proposes alternatives for creating a transformed, politicized epistemology of suffering within nursing science, including the use of a critical humanities approach.

NEWLY EMERGENT CONCEPTUALIZATIONS OF SUFFERING

The publication of the seminal text *Social Suffering*⁵ in 1997, represents a watershed event in the ways in which social scientists conceptualize suffering. Edited by a group of social scientists led by medical anthropologist Arthur Kleinman, the text provides a conceptualization of suffering in which social and political factors are given particular salience. Kleinman^{5(pix)} states that "social suffering results from what political, economic, and institutional power does to people." The text is remarkable in that it destabilizes established categories for understanding suffering.

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Instead of categorizing the trauma, pain, and disorders resulting from atrocities such as genocide as “health conditions,” the authors challenge the reader to reimagine such suffering as political and cultural matters. The central thesis of the text, that suffering is a social experience shaped by political realities, is in radical opposition to many current depictions of suffering in the social sciences, including nursing.^{1,11} Kleinman and coworkers^{5(pix)} assert that political factors that perpetrate suffering extend across high- and low-income societies, and primarily affect those who are poor and powerless. Thus, suffering related to poverty is not a simple correlation, but must be conceptualized as a causal web in a global political economy in which political factors such as sexism and racism play complex roles.

In contrast, conceptualizations of suffering within Western culture have often portrayed suffering as a response to a discrete event that happens to individuals in an apolitical, acontextual universe.^{1,12} Suffering is often pathologized, as in the social construction of posttraumatic stress syndrome (PTSD) as an individual “illness.” Persons experiencing such suffering are cast in the subaltern role of patients or victims whose compliance with therapy will “cure” their suffering.^{12(p10)} That larger political factors such as sexism, racism, and militarism might have played a key role in the perpetration of such suffering is not addressed in this individually based, acontextual conceptualization. Within this apolitical conceptualization, if suffering does happen on a large or egregious scale to many individuals, it is portrayed as happening to the “other” in a faraway place (eg, people in “those third-world countries,”) and therefore it has no relationship to our lives as North Americans.^{12,13} The genocide in Rwanda during the 1990s was depicted largely in Western media as the result of unintelligible “ethnic” conflicts that had nothing to do with us.¹³ In addition, depictions of suffering occurring within our own European cultural context (as in the Nazi Holocaust or the Irish Genocidal Famine) are rendered as distant, past events.^{14,15} Explanations involving power relations are absent

and displaced by such explanatory rationales as the moral failure of a few individuals (in the case of the Holocaust¹⁴) or the unavoidable natural catastrophe of potato blight (in the case of the Irish genocide).¹⁵ Thus, we live “inside” a Eurocentric metanarrative of suffering that depicts it as an individual, apolitical experience that is kept as distant from us as possible.

If nursing science is to grow past an apolitical conceptualization of suffering in a meaningful way, that is, to effect a *real* transformation in our scholarship about suffering, we need to do more than just add one more factor of “political context” to an already existing model based on a Eurocentric metanarrative. If, as feminist scholars assert, “the personal is political,”¹⁶ we must start with ourselves, where we are. In the following self-reflective analysis, I have chosen to take an uncomfortable path as a basis for proposing new approaches for the study of suffering within nursing science. It takes me to a place—morally and psychologically—to which I would rather not go. That nurses just like me, with identical faith traditions or educational backgrounds, have perpetrated enormous suffering is not a reality I wish to embrace too closely.

SELF-REFLECTIVE ANALYSIS: NURSES PARTICIPATION IN SUFFERING

From a critical-feminist viewpoint, the self-reflective analysis of “local” narratives—that is, narratives from one’s own speaking community—juxtaposed with larger cultural narratives is useful in deconstructing the power relations inherent in human interactions.¹⁷ It is my intention to deconstruct the power relations—perhaps invisible, but signified by discursive traits—that inform and maintain the Eurocentric, apolitical conceptualization of suffering in which I live.

I have chosen to juxtapose narrative texts relating to nurses’ involvement in the suffering inflicted on millions of persons in Nazi Germany along with a local narrative

from my own life experience as a basis for self-reflective analysis. In no way do I suggest that my choice of narratives reflects a privileging of text or somehow seeks to represent equivalent “degrees” of suffering. From a feminist viewpoint, there is no “ladder” of suffering. The suffering endured by millions of African people who were kidnapped, raped, slaughtered, and forced into slavery or the suffering uniformly inflicted on indigenous peoples by colonizers represents equally significant narratives. However, the narratives that have emerged regarding the atrocities committed by “ordinary people” within National Socialism have a particular relevance to this discussion because of the active role of “professional” nurses in their perpetration.

NURSES IN NAZI GERMANY

There has been a growth in literature since the 1990s regarding the participation of nurses within the Third Reich in committing acts of violence deemed to be immoral and, often, unthinkable.^{18–21} How could a group of persons socialized as caregivers take an active role in such activities as torture and mass murder? While prior work in this area has focused on the role of physicians who perpetrated suffering under the guise of “science” within National Socialism, scholars more recently have begun to examine the role of nurses. A compelling historiography is emerging about the role of nurses in Nazi Germany, and it reveals narratives that have particular salience in examining the ways in which suffering is conceptualized in our Eurocentric culture.

Nurse scholars such as Benedict,²⁰ Steppe,¹⁹ and Lagerwey²² have recently provided insightful descriptions of the actions of nurses in various settings within the Third Reich, including nurses involved in concentration camp torture and mass killings of psychiatric patients and persons with disabilities. These narratives are uniformly chilling, as documentation reveals a pattern of widespread participation by nurses in the

infliction of enormous suffering. Benedict²⁰ poses a particularly poignant question: what factors could lead nurses away from compassionate caring to malevolence? She suggests that ideological commitment to National Socialism may have played a role in some cases. The moral universe of Nazism required its subjects to place such ideals as the maintenance of a “pure, master race” ahead of any pre-existing moral injunctions.^{23(p191)} However, Benedict²⁰ points out that other nurses who were actually opposed to the Nazi agenda and had been imprisoned for their opposition were also actively involved in perpetrating suffering in an extremely cruel fashion. In fact, most of the nurses involved in these actions—whether Nazi ideologues or not—had both good and bad actions attributed to them by Holocaust survivors, confounding an understanding of their behavior.

Bronwyn McFarland-Icke¹⁸ presents an extremely nuanced analysis of nurses and nursing education within the Third Reich in her book *Nurses in Nazi Germany: Moral Choices in History*. She poses similar questions: What factors allowed nurses to act in ways so much at variance from prior professional and religious socialization, when nurses’ refusal to participate was, for the most part, not punished? Were there particular discursive “traits” or themes that emerge from their narratives that can be construed as psychological patterns that enable an otherwise “moral” person to act against her or his belief system? An examination of these themes reveals a conceptualization of suffering that strongly reflects the European metanarrative informing it. Almost universally (with the exception of a few cases), nurses in Nazi Germany who played active roles in such otherwise unthinkable activities as human torture and mass killing were able to maintain a psychological equilibrium. McFarland-Icke^{18(p10)} identifies the specific discursive traits of “distancing” and “free-floating responsibility” as central to anesthetizing any moral impulses that might have generated any solidarity with people being tortured or killed. Distancing oneself from these people could

take place geographically or temporally, as when nurses knowingly loaded persons onto transport trucks headed to killing centers, with the rationalization that “at least I’m not actively doing the killing.” More often, distancing took on a psychological aspect, with nurses casting tortured or murdered persons in the role of the “other,” who was perceived as so different from oneself that moral obligations no longer applied. As Canales²⁴ states in her classic work on “othering,” such a process of exclusionary othering often utilizes power within relationships for domination and subordination. Within the framework of National Socialism, psychological distancing allowed nurses to cast persons deemed “inferior” in the role of a nonhuman “other” for whom suffering was “natural” or “just the way it is.” McFarland-Icke^{18(p241)} also found that the discursive trait of free-floating responsibility was an especially effective mechanism for nurses justifying their participation in the perpetration of suffering. Nurses stated that since they were being asked to perform certain acts, they assumed that “there must be a law” allowing these acts. Therefore, responsibility for one’s actions did not reside in oneself, but in a putative, amorphous authority that had established a law.

From a critical-feminist perspective, an analysis of the narratives of Nazi nursing must go a step further and include self-reflection. In stressing the importance of the relationship between language and practice within the critical theory tradition, Gee^{17(p8)} asserts that we must become conscious of the power of language in shaping practice. If we use language in ways that support harmful and unjust practices, we are morally complicit with these practices unless we attempt to transform them. Thus, if such discursive traits as distancing and free-floating responsibility allow us to inflict suffering, to what extent am I attempting to keep my own participation in causing suffering at arm’s length? This realization leads me to a question that causes me enormous discomfort: how do some of the local narratives close to me—in particular, narratives that reveal the participation of nurses

in institutionalized racism—resonate with the narratives of Nazi nurses?

A LOCAL NARRATIVE

I once spoke with a Japanese American nurse who had graduated from the same nursing program—a prestigious university-based school of nursing—from which I also graduated. Her graduation had occurred 30 years prior to mine, and I expected her to tell some sentimental stories about “the old days” at our school. To my surprise, she quietly explained that she had been “taken out” of the school in 1942 but was “allowed” by the university to finish her senior year in 1946. What did she mean by “taken out,” I asked her, quite puzzled. “I was called to the Dean’s Office and told not to return on Monday. I was given a written directive from the US Government to meet my family at a collection point. The administrator said she was sorry, but it was the law, and there was nothing that she could do about it.” She went on to explain that she spent the years from 1942 to 1945 imprisoned with other citizens of Japanese American ethnicity at an internment camp at Manzanar in a barren part of Inyo County, Calif. This nurse spoke of the shame and hurt she felt when her fellow nurses—faculty and students—distanced themselves from her physically as she packed her belongings. Later, when she returned to the school in 1946, faculty referred to her experience as an internee in a joking manner, using a racial epithet.

This narrative has a striking resonance with the narratives of nurses functioning within the framework of National Socialism as described by McFarland-Icke.¹⁸ The same discursive themes are prominent: the use of distancing and free-floating responsibility to provide psychological comfort and moral justification by those inflicting suffering. Suffering can be rendered invisible, if it happens to the “other” from whom one has distanced oneself and if the suffering endured by the “other” is conceptualized as normal or “just the way things are.” Integral to this invisibility

is the distancing of one's own self from any responsibility for infliction of suffering. One can be actively involved in perpetrating suffering and yet remain convinced that one is somehow not even a proximate cause of it.

This narrative did not arise from a long-ago, separate-speaking community. It is a local narrative about a school of nursing that is currently a major center for nursing science. But is the attribution of the perpetration of suffering to this (or any) specific school of nursing appropriate or fair, one might ask? After all, this event occurred more than 60 years ago. Surely, the individuals involved in this incident are long gone, and the school has metamorphosed into a very sophisticated, research-intensive environment. I did not detect any overt racism during my education there, nor was I taught to treat people of color in an unethical manner. How could there possibly be a relationship between the perpetration of suffering in the past and subsequent "versions" of this school? I am not suggesting that there is such a link, or that this particular institution was unique in its treatment of people of color during that historical era. What I am asserting is that discursive themes deeply ingrained in the European metanarrative are still operant and invisibly informing the way in which we conceptualize and study suffering as nurses. Suffering, this metanarrative tells us, happens to the "other" in a distant location, either geographically, temporally, or psychologically. The metanarrative also assures us that suffering is perpetrated by distant people who are separate from us; we would never, could never, have never caused suffering like "those people" of long ago or faraway. But, in fact, we are part of the same-speaking community of nurses that perpetrated suffering either in a blatant fashion under National Socialism or in a more covert manner by institutionalized racism in recent US history. This narrative took place at my nursing school, the place where I "became" a nurse. There is no way I can distance myself from this fact, even if such narratives are conveniently missing from the school's "official history" on its Web site. To what ex-

tent are contemporary nurse scholars, including myself, part of the same community of speakers as the nurses in Nazi Germany? In other words, is their story—instead of being a separate chapter of unimaginable evil distinct from our morally superior lives—actually an earlier, integral chapter of a continuing story we are now living?

AN ALTERNATIVE APPROACH TO CREATING AN EPISTEMOLOGY OF SUFFERING

If nursing science is to expand its horizons of understanding about suffering, it must grow beyond a Eurocentric, apolitical model of suffering. It must in a self-reflective manner critically examine the metanarratives of suffering that have invisibly shaped our scholarship, and adopt alternative approaches for conceptualizing it. Part of this self-reflective process may be painful as nurse scholars identify the ways in which nurses' participation in these metanarratives that have produced suffering are an integral part of who we are. The Nazi nurses were not "other" people long ago and faraway. In a sense, we are they. To the extent that we uncritically utilize an acontextual, Eurocentric model of suffering as an unconnected, individual experience, we remain uncomfortably close to our nursing colleagues in the Third Reich, who functioned within the same metanarrative. To the degree that the political dimensions of suffering remain uninvestigated and unspoken, we risk using ideological metaphors—including "quality improvement" and "caring"—as a mask for the maintenance of oppression and, ultimately, the perpetration of suffering.

CRITICAL HUMANITIES

The creation of an epistemology of suffering that recognizes the centrality of power relations in causing it is of enormous importance if nursing is to promote the emotional and mental health of diverse populations in a global economy. As Langer^{10(p53)} notes in

his commentary on social suffering and Holocaust atrocities, before scholars can even begin to think about developing interventions for dealing with suffering, we must first *represent* that suffering. For nurse scholars to design studies that provide a more powerful understanding of the ways in which power relations within globalization contribute to suffering, we must first create a new epistemology. To create a transformed epistemology of suffering that leaves behind the acontextual Eurocentric model of suffering as an unconnected, individual experience, we need both new ways of speaking and “knowing” about suffering. I suggest that such approaches will require a shift to methods that support a metaphor or symbol and an interdisciplinary engagement in the field of critical humanities as a starting point. Critical humanities is an emerging academic discipline in which an entire range of cultural forms, including literary works, art, and film, are analyzed using a critical-feminist perspective. Central to such analyses of cultural forms is the deconstruction of power relations along the dimensions of gender, ethnicity, class, and sexual orientation.

Langer^{10(p48)} urges his fellow scholars to utilize Holocaust literature to “re-imagine atrocity and rewrite the text of suffering in contemporary terms.” The depth and breadth of Holocaust literature can provide a valuable starting point for nurse scholars seeking to transform their horizons of understanding about suffering. The following poem, written by Holocaust survivor Dan Pagis,²⁵ depicts a woman on a transport train to a killing center as Eve—a figural Mother of All Humanity. She is Everywoman and could be your mother, or mine. Simultaneously, the reader is challenged to consider how fratricide—the ancient story of the original murder of Abel by his brother, Cain—has now been transformed into genocide in the modern era. At the end of the poem, Eve’s voice is suddenly silenced, and we are left wondering what wisdom the archetypal Mother was about to give to her other son who has become a murderer.

*Written in Pencil in the Sealed
Railway-Car*
here in this carload
i am eve
with abel my son
if you see my other son
cain son of man
tell him that i*

The power of such literary texts in expressing the lived realities of suffering resulting from power relations is great and constitutes a rich cultural well from which to draw in seeking to understand the political dimensions of suffering. But more will be needed by nurse scholars who use critical humanities to create a new epistemology of suffering than just a facility for literary or artistic deconstruction. We will need a willingness to make a philosophical shift that allows us to embrace a reality that remains largely unspoken throughout nursing science: that suffering has been and is being perpetrated by *us*, and that we continue to promote suffering when we remain silent about the political realities that cause it.

I do not anticipate that this philosophical shift to a new epistemology of suffering will occur quickly. We have been socialized by our rational-technical culture to “make it happen now,” as exemplified by research priorities that emphasize intervention studies. However, the development of a body of scholarly work that reimagines suffering will require time and thought. If it has taken nursing scholarship a minimum of 50 years to begin to grapple with nurses’ participation in the Holocaust, a suffering event given prominence in Western literature since 1945, how much longer will it take to begin to envision the “invisible” suffering all around us as more than just “health disparities?” In the increasingly corporatized nature of North American universities in which the “data-based” article

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holds hegemony, the adoption of critical humanities methods as a way of reimagining suffering is not likely to yield nurse scholars any immediate rewards or even acceptance as valid scholarship. However, if we accept as axiomatic the feminist tenet that acting locally has global implications, we must begin to recognize that the choices we make on a daily basis, including the ways in which we choose to speak and write about suffering, have enormous consequences. When we remain uninformed and silent about the power relations perpetuating suffering in our

own communities or on another continent, we give each other—and our students—a clear message that suffering is a “natural” part of life for the “other.” By our silence, we may be as complicit in perpetrating suffering as our nurse colleagues under National Socialism. However, when we dare to reject discursive traits such as distancing and begin to speak the political realities that promote suffering, we begin to dream a new world—a world in which suffering is not just rendered invisible but has been vanquished.

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