

Spirituality, Suffering, Meaning, Resiliency, and Healing: Research Findings and a Patient's Story of Overcoming a Medical Challenge

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Abstract

Research shows that faith and spirituality contribute to helping patients endure suffering, heal physically and emotionally, give meaning to the experience, and remain resilient. The author shares her personal, medical nightmare and how her spirituality, faith, prayers, and scripture helped her cope with her suffering, overcome adversity, heal, and remain resilient. She shares lessons learned. The paper adds to the author's narrative from the perspective of a patient to the body of spirituality and healing research. The author presents spiritual medical and nursing care research that supports that a patient's spirituality, faith, prayer, and the Bible will help the patient to cope when suffering from a variety of medical and health challenges and research about the traits of individuals who overcome adversity and remain resilient.

Keywords: spirituality, healing, medical challenge, prayer, resiliency

Introduction

The word "patient" comes from the Greek word *paskhein*, which means "one who suffers" (Clarke, 2013, p. 21). Caring for and helping suffering patients is the goal of patient care. Patients experience a variety of painful illnesses, diseases, chronic pain, medical and surgical injuries, and much more. How do patients cope when faced with an illness and a health and a medical crisis? Why are some patients more resilient than others? Why do some patients find meaning in their suffering and others do not? What role do spirituality and religion play in alleviating suffering and offering healing? Frequently cited in the abundant research dedicated to these questions and to spiritual nursing care is Viktor Frankl. In his book, *Man's Search for Meaning*, Frankl (1992) writes of holding on to hope in the midst of suffering and giving meaning to suffering during his three years as a Nazi concentration camp prisoner. Even though a patient's devastating suffering can result in profound "spiritual disintegration" due to the inability to find meaning and purpose in the suffering, Emblen and Pesut (2001) point to Frankl's assertion that a key to spiritual freedom is the ability to find meaning in suffering and that individuals who experience suffering, with the right attitude, can endure their suffering. Deal (2011) also cites Frankl, a psychotherapist, who created *logotherapy*, a form of existential analysis that accepts that suffering is part of life and that there is meaning to be found in the suffering experience. Frankl asserts,

...man's main concern is not to gain pleasure or to avoid pain, but rather to see a meaning in his life. That is why he is even ready to suffer, on the condition, to be sure, that his suffering has meaning. (1992, p. 119)

In *I Will Not Be Broken*, author Jerry White (2008), co-recipient of the Nobel Peace Prize and a world leader in the fight against landmines (he lost a leg to a landmine accident), asks, "...

how can we respond, in a positive way, to life's shocks and suffering?" (p. 6). In his letter to the Romans, the sixth book in the New Testament, written in 56 to 58 A.D., Paul the apostle writes that "We also glorify in our sufferings because we know suffering produces perseverance; perseverance produces character; and character, hope. And hope does not put us to shame because God's love has been poured out into our hearts through the Holy Spirit, who has been given to us" (Romans 5: 3-5, New International Version). Frankl, White, and Paul, who was martyred, endured pain and suffering and teach us about meaning in life. Paul tells his story of suffering and survival through the Holy Spirit; Frankl gives meaning to his suffering and surviving the Holocaust; and White shares how he overcame the unexpected loss of his leg. They teach us how to overcome any crisis in our lives, about transformative hope, and that we all have a story to tell.

Research dedicated to finding meaning in suffering (Bagathai & Stoica, 2012; Emblen & Pesut, 2001) as well as research dedicated to the importance of spirituality and religion to help patients find meaning in their suffering (Käppeli, 2000; Greenstreet, 2006; Tu, 2006), to the role of spirituality and religion in suffering, healing, and resiliency (Peres, Moreira-Almeida, Nasello & Koenig, (2007); Reed, 2003; Wayman & Gaydos, 2005; Wright, 1997), and research dedicated to resiliency as key in helping patients cope with illness and medical challenges (Zeb, Naqvi, & Zonash, 2013; Windle, Woods, & Markland, 2010; Denz-Penhey & Murdoch, 2008) is abundant. Research dedicated to the role of nursing in learning about the patient's spirituality and religion (Wright, 2005; Ferrell & Coyle, 2008; Cassel, 1992; Morse & Penrod, 1999; Deal, 2010) is also substantial. Belinda Deal, a nurse, recognizes the importance of patients as storytellers. In her article, "Finding Meaning in Suffering," Deal writes, "patients are 'wounded storytellers' who can use their stories to make sense of their illness" (2011), but points out "[l]ittle research, however, has looked at patients'

stories and caregivers' response to patients' suffering" (p. 205). Additionally, Deal asserts that, "religion and spirituality influence the suffering experience and can assist the patient to find meaning in their journey" (p. 205). This sentiment resonates with me; consequently, the motivation for this paper is to share my story as a patient who was wounded and injured during a seemingly routine, but major surgical procedure that resulted in four compromised organs (small bowel, left ureter, left kidney, and bladder) and the biggest unanticipated medical challenge of my life. Thus, the purpose of this paper is to add my narrative and share how I made sense of the medical and health challenges placed before me, and to present the spirituality and healing research that suggests that 1) faith, belief in God or a higher power, prayer, and scripture are sources of strength and comfort; 2) with suffering comes meaning, and 3) from adversity comes resiliency.

My Story

Three days before my scheduled laparoscopic hysterectomy during the summer of 2012 to remove massive fibroids, I ran 83.32 miles in 22 hours; 10 minutes; 31 seconds at the 16th Annual Around the Lake 24 Hour Endurance Run in Wakefield, Massachusetts, and placed third overall in the women's division. This endurance running event consists of three running events: a 26.2-mile race, a 12-hour race, and a 24-hour race, and benefits local charities. I was in great physical shape; even the anesthesiologist the morning before my hysterectomy was impressed. He said, "You have an amazing heart." Exactly a week later after the hysterectomy I found myself back in the hospital with a nasogastric tube inserted in my nose, a small bowel obstruction, and surgery to unravel the kink in my small bowel. Fourteen days later, I was discharged and told that the non-stop leaking, of what to me appeared to be urine, while in the hospital was due to my "organs being paralyzed" as a result of both surgeries. Eight days after being discharged, I woke up with body chills and a very high fever. After another trip back to the operating room, I learned my left ureter had been transected during the laparoscopic hysterectomy. I was admitted for five days with a nephrostomy tube inserted in my left kidney to drain the urine from my abdomen. I sported the urine bag strapped to my left leg for seven weeks, waited for the incision on my abdomen to heal, and anxiously waited for the surgery to repair my left ureter. These were the toughest seven weeks of my life. Waiting for a third surgery in 10 weeks while recovering from the previous surgeries was difficult. I cried, but I

remained positive. Unable to run, I was reduced to very slow walking. To stay physically strong and to help me heal and get me physically in shape for the ureter repair surgery, I would go for very slow, short walks with my husband, who cared for me 24/7. My first short 1.7-mile walk took me one hour, and I felt a tremendous sense of accomplishment. During every walk, I was reminded of Isaiah 40: 30-31 (New International Version), which I often recite to myself when I run ultra-marathons: "...but those who hope in the LORD will renew their strength. They will soar on wings like eagles; they will run and not grow weary; they will walk and not be faint."

A week before Hurricane Sandy struck New Jersey and the East Coast in late October 2012, I underwent surgery to repair and reattach my left ureter to my bladder. I spent three more days in another hospital and was discharged with a Foley catheter attached to my body for two weeks, along with a stent in my body for seven weeks. The catheter was uncomfortable and the stent was painful. Needless to say, I did not sleep and suffered severe insomnia and no medication would help me rest. My hair began to fall out, and I lost 20 pounds. I also developed a second urinary tract infection (UTI) and was prescribed Cipro. I had a previous UTI when I had the nephrostomy and was also prescribed Cipro. Unfortunately, I am not a candidate for Cipro and all fluoroquinolones. Two days after taking Cipro when I had the nephrostomy, I was unable to lift my painful arms. I developed painful stiffness in my arms and shoulders, as well as swollen hands and fingers. I had limited range of motion and was unable to dress and undress myself, or brush my teeth. I attributed these symptoms to the surgeries, my body healing, and my sedentary body unable to run. Only after I had my ureter repaired did I learn I had Cipro toxicity. I was unable to dress and undress myself for over six months. Because of my limited range of motion and inflammation, moving in bed was extremely painful. The pain and stiffness would wake me up from my sleep at least twice in the middle of the night. My husband would prepare a hot Epsom salt bath soak in the pink patient basin I had received from the hospital so I could experience some relief. I would get temporary relief and then wake up in pain about every two hours. During my medical nightmare, I also discovered that Cipro is a black box fluoroquinolone that depletes the body of magnesium, that athletes and runners should "avoid all use of fluoroquinolones antibiotic unless no alternative is available," and that they should be made "aware of the increased risk for the development of musculoskeletal complications" (Hall, Finnoff, & Smith, 2001, p. 140). I was never made aware of the complications, and six months after taking Cipro I was diagnosed with rheumatoid arthritis and

prescribed methotrexate and Plaquenil.

As I reflect on my medical ordeal, I know I am truly blessed. Physically, all my 25-plus years of running and being fit saved my life! That and prayers and God! My doctors and visiting nurses were amazed at how well I responded to my medical nightmare, physically and emotionally, and at my resiliency. They were shocked I was not more critically ill. In fact, my urologist shared that he was shocked when he discovered on the operating table that my ureter had been transected over a month previously. He said, "You should have been critically ill. People whose ureters are transected are in the hospital for weeks, if not months, and are critically ill. Because you are so physically fit, you have a strong immune system, and it took you this long to develop a fever and an infection." I later learned that had I not been so physically fit, I would have mostly likely died from sepsis.

My unanticipated medical nightmare was a marathon of a different sort, but one that I was able to endure because of my Christian spirituality and my deep Catholic faith, which helped to give meaning to my suffering, to heal me, and to contribute to my staying resilient throughout the ordeal. Although there is vast research on the themes of spirituality and resiliency on patients who endure tremendous suffering as a result of chronic illness, cancer, chronic pain, terminal illness, HIV and other painfully debilitating health and medical challenges, research on the same themes and narratives of patients, who endure tremendous suffering as a result of surgical errors that compromise organs and survive, does not exist. Consequently in this paper, I share my personal medical nightmare and lived experience as a patient and the role spirituality and religion played in helping me to endure my suffering, find meaning in my suffering, heal, and remain resilient. I will now present what research says about patient spirituality, suffering, healing, and resiliency, all themes relevant in nursing and patient care.

Spirituality, Religion, and Healing

The research on the role of spirituality and religion on healing is vast and growing. Although the definition of religion is clear, research suggests that there seems to be no agreement on a definition of spirituality. Russell D. Souza writes, "Spirituality can encompass belief in a higher being, the search for meaning, and a sense of purpose and connectedness" (2007, p. S57). Arndt Büssing and Harold G. Koenig define spirituality as a "multidimensional construct which is connected to religion, existentialism, also humanism" (2010, p. 20) and cite L.G. Underwood and J.A. Teresi (2002), who characterize spirituality as "an individual and open approach in the search for meaning and

purpose in life, as a search for 'transcendental truth,' which may include a sense of connectedness with others, nature, and/or the divine" (p. 22-23). Laurie Skokan and Diana Bader (2000) state, "Spirituality is often defined as one's experience of meaning and purpose in life—a sense of connectedness with people and things in the world" (p. 38). Brian E. Udermann (2002) refers to Webster's New Twentieth Century Dictionary definition of spirituality as "having to do with the spirit or the soul, as distinguished from the body, and is often thought of as the better or higher part of the mind" (p. 194). Patients and healthcare professionals also have their own definition of spirituality. For example, G. Gayle Stephens, a medical doctor who was interviewed in a study to define healing and help doctors promote holistic healing, states that the spiritual is "the will, the emotions, the meanings, the intimate relationships of a person's life that are more than the machinery of the body (as cited in Egnew, 2005, p. 256). However, some patients who view themselves as either spiritual or religious also express a belief in God or a higher power. For instance, in study of 60 medically ill patients (Woods & Ironson, 1999) a female cancer patient who self-identified as spiritual stated, "...God is love...It's overwhelming for me to know that God exists solely to teach us how to love others..." About his beliefs, a 76-year male cancer patient, who self-identified as religious, simply stated, "The Alpha and the Omega. The Creator of all (p. 403)."

Nonetheless, making the distinction between spirituality and religion is important. George, Larson, Koenig, and McCullough (2000), in discussing spirituality and religion, place an emphasis on belief and the sacred, but unlike religion, which is associated with religious institutions, spirituality does not rely on recognized religious organizations. Evan B. Howard (2008) makes a distinction when he asserts that spirituality is a lived experience and not an occurrence of faith. Religion, Howard states, is the union of "myth, institution, doctrine, ritual, and experience" (p. 22). Like the above self-identified spiritual patient, who has a lived relationship with God, Howard also contends spirituality can most certainly engage religion if the spirituality is pivotal in the individual's lived relationship with God. Additionally, he points out that the word *spirituality*, which was introduced to the West by the Latin *spiritualitas*, exemplified the individual's acceptance of the Spirit of Jesus in life and ministry and has historically had different meanings. In the seventeenth and eighteenth centuries, spirituality was associated with religion and piety. In the nineteenth and twentieth centuries, spirituality gained a more secular definition and became less about religion and leading a religious life. Nonetheless, Howard contends that the prevailing meaning of spiritual

or spirituality refers to an individual's connection with the transcendent or heavenly, and adds that in the Christian tradition, spirituality refers to an explicit relationship with God through Christ.

Whether one turns to spirituality or religion, which many use interchangeably, there is plentiful evidence to suggest a patient's spirituality or religion plays a significant role in the patient's healing. Amy B. Wachholtz, Michelle J. Pearce, and Harold Koenig (2007) use the term "R/S coping" to discuss the religious and spiritual characteristics of coping that "use ideas, beliefs, groups, or institutions associated with a higher power" (p. 312). George et al. (2000) observe that some individuals do not see the distinction between religion and spirituality and point out that many Americans, for instance, see themselves as both religious and spiritual. In time of illness, especially serious illness, many patients turn to their religious/spiritual beliefs to cope (D'Souza, 2007, p. S58). For example, various studies regarding heart transplant recipients show that those who, "regularly attended spiritual services, and who reported having strong spiritual beliefs complied better with their rehabilitation protocols, reported higher emotional well-being indexes, and had superior physical functioning capabilities" (Undermann, 2002, p. 195). Another cardiac patient's study concluded that a strong predictor of surviving heart surgery is the strength of the patient's faith. Study after study illustrates that the greater the patient's faith and spiritual dedication, the more likely effective healing and recovery will occur more quickly (Undermann, 2002, p. 195). Thus, a patient's religious beliefs and spirituality do not only positively impact good general health status, but also promotes healing, which is defined by Dossey, Keegan, and Guzzetta as "the process of bringing together aspects of one's self, body-mind-spirit, at deeper levels of inner knowing, leading toward integration and balance with each aspect having equal importance and value" (as cited in Egnew, 2005, p. 256). Patient religious beliefs and spirituality, however, do not always play a positive role in helping patients to cope with their illness and medical challenge. For instance, Sylvia Käppeli's (2000) study of Jewish and Christian cancer patients revealed that some of the patients accepted with humility their suffering as a merciful act and viewed their suffering as God's will. Other patients transformed their suffering into mystical experiences that helped them in their illness and in the healing process. Other patients, however, fought and struggled with God. They expressed anger and reproach toward God, whom they believed to be just and who would protect and reward them. They did not attempt to find meaning in their suffering and instead saw their illness as a sign from God in the form of a punishment, teaching, or warning to change how

they live their lives. Research by Wright (2005) and Black (2007) also suggests that some patients believe that suffering is punishment or a spiritual test from God (as cited in Deal, 2011).

Although I certainly understand and acknowledge that some patients see their suffering as punishment or a spiritual test from God, I do not. During my medical nightmare, I turned to my Catholic faith, God, and prayer. As I recovered at home from my first three surgeries (laparoscopic hysterectomy, small bowel obstruction surgery, and nephrostomy) and waited for the surgery to repair my left ureter, I found great comfort, for instance, in a prayer from St. Francis de Sales I came across in *The Essential Wisdom of the Saints* (2008):

Do not look forward to what may happen tomorrow. The same Everlasting Father who takes care of you today will take care of you tomorrow. He will either shield you from suffering or give you unfailing strength to bear it. Be at peace then and put aside all anxious thoughts and imaginations. (p. 58)

Prayer and the Bible

Even though the notion of nurses praying with patients continues to be contentious (Hubbartz, Corey, Kautz, & Rasmussen, n.d.), patients do want nurses to pray with them (Di Joseph & Cavendish, 2005; Taylor, 2003; as cited in Hubbartz et al., n.d.). Although praying with patients, which might be viewed by some patients as intimidating (Post, Puchalski, & Larson, 2000; as cited in Emblen & Pesut, 2001), can be beneficial to the patients, it's important to note that prayer not begin with the nurse without the patient's permission (Emblen & Pesut, 2001). Additionally, it is important to note that while praying with patients is a component of nursing in some cultures, for example Korean culture, in other cultures praying with patients might lead to a reprimand and potential loss of job (Schoonover-Shoffner, 2013). Nonetheless, Hubbartz, Corey, & Kautz (2012) note that in the United States, 43% of individuals pray for their own health, 23% of individuals pray for the health of others, and 10% join prayer groups. Florence Nightingale, who often prayed with her patients, recognized that prayer is the practice of connecting the "outward personal self with the inward divine spirit (p. 42)." Prayer is defined as interpersonal communication with God and between "seeker and Savior" (Howard, 2008, p. 300) and "personal communication with God or the higher power of one's belief system" (Hubbartz et al., 2012, p. 43) to appeal to, beg for, or request something or someone (Maier-Lorentz, 2004) has many benefits. Studies show prayer can help advance healing and recovery, stimulate feelings of well-being and calm, help the individual attain peace, encourage hope, and is an effective coping strategy (Hubbartz et al.,

2012). Larry Dossey, a medical doctor and the author of *The Power of Prayer and the Practice of Medicine* and *Prayer is Good Medicine*, asserts prayer "in its simplest form is an attitude of the heart, a matter of being not doing" (as cited in Helming, 2011, p. 33).

Individuals from all faiths, religions, and cultures engage in prayer, which consists of different types of prayers. Maier-Lorentz (2004) identifies four types of prayer: directed, nondirected, petitionary, and intercessory. In a *directed* prayer, the individual prays for a particular outcome; in a *nondirected* prayer, the individual seeks to accept the consequence; in a *petitionary* prayer, the individual facing a medical challenge or illness prays for him/herself; and in an *intercessory* prayer, an individual prays from a distance for another individual whom the person offering the prayer may not know and the recipient of the prayer does not know others are praying for him/her. Frederic K.C. Price (2011) refers to the Bible and identifies six types of prayers which have different functions and purpose: the prayer of agreement, the prayer of faith, also known as the petition prayer, the prayer of consecration and dedication, the prayer of praise and worship, the prayer of intercession, the prayer of binding and loosing. Studies have been conducted to understand the patient experience of healing through prayer (Helming, 2011). Research studies as far back as 1951 have been conducted to explore the efficacy of prayer as an intervention for healing. Additionally, significant studies with patients suffering from coronary disease and patients with HIV/AIDS have illustrated that intercessory prayer has been very effective in the healing process of the heart patients. Similarly, HIV/AIDS patients who were prayed for experienced fewer new illnesses, had fewer doctor visits, and spent less time in the hospital as in-patients (Maier-Lorentz, 2004). Studies also show that patients suffering from chronic pain who use prayer as a coping strategy have indicated that praying helps to manage their pain. Wachholtz, Pearce, and Koenig (2007) point to findings that conclude that in patients with chronic pain, prayer is either the major or secondary most frequently used coping strategy to help them manage physical pain.

Prayer is not the only coping strategy used by some patients facing medical challenges such as chronic or life-threatening illnesses. For example, it is not uncommon for patients to seek comfort in the Bible and scripture. A study by Hamilton, Angelo, Johnson, & Koenig (2013) to investigate how African American men and women use the Bible and scripture to find comfort revealed that, in addition to religious songs, the participants in the study used:

...scripture passages of God's direct word to them and the promise for protection and healing when vulnerable to illness and

negative mood states [and]...participants reported a reliance on God's word as the sole strategy used that helped them through their dramatic life events...the use of scripture was the participants' frequent use of passages that emphasized God's ability to protect and heal during the stress of a family death or one's own life-threatening illness. (p. 181)

Although it is very important not to generalize and to acknowledge that not all patients facing illness and medical challenges will seek or find comfort in prayer or the Bible, it is equally as important to acknowledge and not dismiss or diminish the importance of prayer and the Bible in the lives of many patients. Additionally, the Bible, which is printed in just about every language in the world and braille (Buttafuoco, 2013, para. 4), but which "can come across as intimidating to the uninitiated," (Martin, 2013, para. 6; as cited in Brown, 2013) can nonetheless help not only patients, but also give strength and hope to family members. A moving illustration of this is found in Zenobia C.Y. Chan's personal story of how, with the help of comforting biblical letters from a close friend and fellow church member, she coped with her young son's diagnosis of a rare eye disease. Chan (2010) writes: "[t]he Bible was written in and interpreted in a context, but is timeless and powerful in offering us wisdom and hope. In times of suffering, we can experience the therapeutic nature of the Bible in offering us strength and promise" (p. 13). Chan, a nurse and counselor, shares how she endured heartbreak for the first time in her life upon hearing of her son's disease with the help of a member of her Pentecostal church, Mary, also a mother and someone she did not know. Mary began emailing Chan biblical letters, defined by Chan as "letter[s] of biblical texts and elements of gospels written by anyone, and does not need to be written by pastors, theologians, scholars, and professionals" (p. 13). Mary wrote a total of seven letters to help comfort Chan. The following are excerpts from Mary's first letter to Chan. Chan and Mary are Chinese. Chan translates the letters, written in Chinese, in English. The following Mary writes:

Please forgive my forwardness in sending you this email. Perhaps the Holy Spirit drove me to send you this email. I hope my words will help you...Your family is now facing tremendous stress. Maybe other people do not know but surely God knows. Whenever our beloved children suffer from any unknown diseases we are so powerless. We are so fragile. Through this event I hope you will know more about God...Start experiencing God's help and count on the congregation's prayer and support...In this way, you are sure to gain

energy...Take care and give your heavy burden to God... (p. 16-17)

In the letter, Mary also includes the following scripture passages but does not indicate the version. Along with Romans 3:23; Romans 6:23; John 3:16; John 1:12; Ephesians 2: 8-9; Revelation 3:20; Romans 10:9 and 1 John 1:19, she includes the following prayer for Chan to pray.

Dear God,
Thanks for giving us everything we have. Now my beloved son is praying for your help. Please note his disease. His life is in your hands. I am asking you to please take extra care of him, bless, and cure him. Comfort his soul, give him peace and joy, let him experience never-ending joy and grace from You. Amen. (p. 16-17)

Of Mary's letters Chan writes, "I experienced peace after reading the biblical letters written by Mary" and claims Mary's first letter had "the greatest therapeutic effect on [her] and [her] family" (p. 15). The effect of Mary's letters on Chan was powerful and led Chan to conclude that writing and reading biblical letters are a source of spiritual support between the sender and the recipient of the letters. Additionally, Chan reflects that she and Mary, who are now connected, invite God into their relationship and a "triadic relationship" which produces a "strong bond, instills hope, and fulfills the commandments to love your God and your neighbors" (p. 20).

In this particular personal account, there is no doubt that prayer, the Bible, and scripture are a source of strength and provide hope. The Bible speaks plenty of prayer in times of difficulties and challenges. Chan found comfort and inspiration in the Bible and scripture passages in the letters she received during her son's medical uncertainty. Although not all nurses might see the importance of the Bible and scripture, Chan does. George Casteline (2011) acknowledges that today religion and the desire to read the Bible is a personal thing, but that the Bible will nonetheless "continue to shape and influence people's lives and motivate those nurses who feel not only comforted by what it has to say, but motivated and inspired by its contents" (p. 653).

The following are but a handful of 62 prayer Bible verses. During my medical nightmare, they were a great source of comfort and inspiration: "Then Jesus told his disciples a parable to show them they should pray and not give up" (Luke 18:1, New International Version); "If you believe you will receive what you ask for in prayer" (Matthew 21:22); "So what shall I do? I will pray with my spirit, but I will also pray with my understanding; I will sing praise with my spirit, but I will also sing with my understanding" (1 Corinthians 14:15); "Answer when I call to you, my righteous God. Give me relief from my

distress; have mercy on me and hear my prayer" (Psalm 4:1); and "Pray continually" (1 Thessalonians 5:17). Although not all patients will turn to or seek the Bible (Old Testament and New Testament), the Koran, or other religious text to help them cope with their health and medical challenges, these scripture passages helped me to endure and find meaning in my suffering, to find strength, and to sustain my resiliency during my difficult journey. The themes of suffering and resiliency are also found in the Bible: "...we also glorify in our sufferings because we know suffering produces perseverance; perseverance produces character; and character, hope" (Romans 5: 3-4); "Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go" (Joshua 1:9).

Suffering, Meaning, and Resiliency

There is substantial research regarding spirituality, suffering, meaning, and resiliency in patients who endure tremendous physical, mental, and emotional pain due to medical challenges including, but not limited to, chronic pain (Sorajjakool, Aveling, Thompson, & Earl, 2006; Wachholtz, Pearce, & Koenig, 2007); mental health and substance abuse (George, Larson, Koenig, & McCullough, 2008); and chronic illness (Büssing & Koenig, 2010). Research dedicated to the role of spirituality, suffering, meaning, and resiliency in healthy patients who undergo medical procedures and are injured and compromised as the result of medical and surgical errors, and who endure tremendous physical, mental, and emotional suffering appears to be non-existent. However, research does show that patients with a strong spirituality and deep faith in Christ and God, or other higher power, find meaning in their suffering. Additionally, many patients will exhibit astonishing and amazing resiliency when facing health challenges, medical crises, and suffering.

Deal (2011) contends that a patient's faith helps him or her to "transcend suffering and live with its mystery" (p. 206) and, if they can find meaning in their suffering, they can endure their suffering. For example, for Christians, suffering is related to God's fundamental intention for the individual. Suffering is also a time to share in Christ's suffering, express dependence on God for strength, and gain strength from suffering and spiritual growth. Deal cites R.J. Hauser, university theologian, Jesuit priest, and author of *Finding God in Troubled Times*, who states that,

God is the source of strength, not the cause of suffering...[g]etting through the suffering with God's help allows the suffering person to construct order out of the disorder of suffering. The person is supported by this foundation, "No matter what happens, God

remains with us, and so the foundation of our lives remains intact. (2011, pp. 207-208)

As previously stated, with suffering comes meaning. Egnew (2005) points to Holocaust survivor Frankl and to Pope John Paul II and their acceptance of transcending suffering and finding meaning in their suffering. Frankl (1992) shares that "[s]uffering ceases to be suffering at the moment it finds some meaning" (p. 117). When Pope John Paul II was very sick and unable to carry on with his duties, he shared with the world that he was "uniting his sufferings with those of Christ" (Egnew, 2009, p. 170). Suffering, which is personal and individual and generally articulated as a narrative, is an innately unpleasant experience that is anguish of an order dissimilar from pain, but which may encompass pain (Egnew, 2009). Although suffering can be a shared experience, for the individual experiencing the ordeal of a medical and health crisis, Egnew (2009) contends the specifics of any suffering for any patient continues to be a wholly personal and anecdotal experience. Although some suffering is beyond medicine and some patients' suffering will not be eased, many patients, nonetheless, are able to transcend their suffering. The patient's suffering "can be transcended through acceptance, the creation of new connections with the world, and through finding meaning in the experience of suffering" (Egnew, p. 171). For some patients, with suffering comes meaning, and with meaning comes resiliency.

The International Encyclopedia of Social Sciences states that resilient individuals have "the human ability to have withstood, or able to withstand, challenge, crisis, stress, or trauma of differing types" (p. 204). According to Eva Klohen (1996), the traits of resilient individuals include: ...being happy and contented; having direction and purpose, having the capacity for productive work and a sense of competence, having emotional security; self-acceptance; self-knowledge; a realistic and undistorted perception of oneself, others, and one's surroundings, interpersonal adequacy and the capacity for warm and caring relating to others and for intimacy and respect; confident optimism, autonomous and productive activities; interpersonal insight and warmth; and skilled expressiveness. (as cited in *The International Encyclopedia of Social Sciences*, pp. 204-205)

George Bonanno (2008) cites research (Ozer, Best, Lipsey, & Weiss, 2003) that shows "most people are exposed to one violent or life-threatening situation during the course of their lives" (p. 101). I would contend that the surgical error I endured was certainly a life-threatening event. Bonanno (2008) also asserts that the

ability of individuals to be resilient in the face of, for example, a traumatic experience, "defined using the DSM-III criteria of an event outside the range of normal human experience," (p. 106), is much more common than most people think. Additionally, individuals with the personality trait of "hardiness" find meaningful purpose in life and believe they will learn from both the positive and negative experiences in their life; are more confident; and are better able to cope with the distressing events in their life. These individuals resume "positive emotional experiences" and display only minimal and brief disruptions in their ability to function. The ability to endure, for example, the temporary turmoil of loss and possibly life-threatening events, and to move on to new challenges is done so with extraordinary ease (Bonanno, 2008).

There are other characteristics found in resilient patients. In a study of twenty-six patients who had less than a 10% chance of survival, but had a good quality of life, Denz-Penhey and Murdoch (2008) identified dimensions of resiliency in these patients: a strong bond to their family, and friendships; nature, plants, and animals; their inner wisdom (which was not viewed as religious or spiritual, but wisdom of the physical body and insight); and to a personal psychology of meaning and purpose. Although some individuals do not let adversity and hard times define them, and are able to move toward a goal, see the bad times as temporary, and transcend pain, suffering, and grief, others will not respond in the same way and will not be resilient (Waters, 2013). However, Walsh (2003) points to research evidence that suggests that spiritual beliefs and practices can be sources of not only healing and benefiting the immune system, for example, but can also be a "wellspring for resiliency" (p. 64). Walsh quotes mythologist Joseph Campbell's definition of a hero's journey to define resiliency: "making the best of things in the worst of times, seizing every opportunity" (p. 70). The research studies on the traits of resilient people and Joseph Campbell's definition of a hero's journey also resonate with me.

Before my medical nightmare, I had not given any thought to the traits of resiliency. I, however, have discovered I possess some of the traits identified by Klohen (1996), Bonanno (2008), Denz-Penhey and Murdoch (2008), Walsh (2003), and Campbell (1988). I am a happy person who has purpose, great positive optimism, and strong family bonds and friendships. I was not aware that enjoying animals (I have always had a dog) and enjoying plants, nature, and the outdoors (I love to garden, and I love the outdoors and nature, where I spend many miles and hours training and running ultra-marathons and hiking in America's national parks) are traits of resilient people. I suppose, to

paraphrase Bonanno, I have endured a temporary and potentially life-threatening event and have moved on with "extraordinary ease." I am living Campbell's definition of resiliency by making the best of my difficult time and seizing every opportunity and by running competitively again. During my painful and challenging journey, I found transformative meaning in my suffering and carried the scars of resiliency.

Discussion and Conclusion

I began this paper asking how patients cope when faced with illness and a health and medical crisis; why some patients are more resilient than others; why some patients find meaning in their suffering and others do not; and what role spirituality and religion play in alleviating suffering and offering healing. In this paper, I have attempted to answer these questions with my lived experience as a "wounded" patient and a storyteller, as well as present documented research, much of it conducted by medical and nursing scholars, to support my experience. My "wounded" patient story and medical nightmare story, however, is not unique. Urological injury, a "very serious complication in gynecological laparoscopic operations" (Sternschuss, 2012, p. 48) is not uncommon. In fact, "gynecologic surgery accounts for more than 50% of all ureteral injuries resulting from an operation..." (Brandes, para. 3). My story is not so much about a preventable surgical error that could have potentially been fatal, but more about the positive impact that spiritual and religious values and beliefs that patients bring with them to the hospital and healthcare setting that will help them to cope when medicine and science fail them. At the hands of modern medicine and state-of-the-art technology, my life suddenly and unintentionally came to a screeching halt. However, during this crisis period my faith, spirituality, and reliance on prayer, scripture, and God helped me heal, stay resilient, overcome adversity, and bounce back. And of course the good news is that my prayers were answered and the surgery to repair my transected ureter was a complete success.

Although, understandably, not every patient will desire or want to relive their medical and surgical nightmare through storytelling, my hope is that my wholly personal and anecdotal experience and this paper will answer Deal's call for patient stories, as "[t]he little research has looked at patients' stories and caregivers' response in relation to patients' suffering" (2011, p. 205). Certainly, caregivers such as spouses, relatives, and others who care and suffer with the patient, can also receive strength from the patient's spirituality as well as their own. Without a doubt, the presence and love of a caregiver 24/7 (my husband) contributed to my ability to bounce back.

As I reflect on my spirituality, an important part of my identity, my medical nightmare and a total of 26 days in two hospitals, I would have welcomed, along with the usual and standard request for my medical history, medication history, advanced directive, and my medical insurance information, a request for my spiritual history. Christina Puchalski, a physician and founder and director of the George Washington Institute for Spirituality and Health, developed the FICA Spiritual History Tool in 1999. FICA is the acronym for faith and belief, importance, community, and address in care. Questions in the FICA spiritual history include: do you consider yourself spiritual or religious; what importance does faith or belief have in your life; are you part of a spiritual community; and how would you like your healthcare provider to address these issues in your healthcare. This spiritual history is taken as part of the patient's regular history (Puchalski, <http://smhs.gwu.edu/gwish/clinical/fica>). Physicians have used Puchalski's FICA tool, and there is evidence that patients do want their doctors to ask about their spirituality. For example, a study of pulmonary patients revealed that patients trust physicians who ask them about their spirituality, and patients who were spiritual wanted their physicians to address their spiritual needs. Additionally, even patients for whom spirituality was not important felt a physician should ask about their spiritual beliefs especially during serious illness (Ehmann, Ott, Short, Ciampa, & Hansen-Flaschen, 1999; as cited in Puchalski, 2001, p. 354). I agree with Puchalski (2001) that knowledge of a patient's spirituality will help the "healthcare provider listen to patients' hopes, fears, and beliefs which are useful in creating patient therapeutic plans" (p. 356). Although none of my doctors or nurses asked me about my spirituality, my spirituality and faith were evident from my Bible, which was always on my bed tray; visits from my priests and holy communion; my crucifix around my neck, and my rosary, which was wrapped around my left wrist at all times. In fact, my gynecological surgeon, who is Jewish, shared that during my hysterectomy, my rosary slipped from my wrist and he wrapped it back on. However, I concede that just as some patients do not participate in completing an advanced directive before entering a hospital, some patients will not want to participate in completing a spiritual history. Nonetheless, a physician and nurse's understanding of how patients' spirituality, faith and devotion to prayer, and the Bible can help patients cope, find meaning in their suffering, overcome adversity, and remain resilient has tremendous value. Spiritual histories will help them learn about the significance of the role of spirituality and faith in the lived experience of patients facing medical challenges and illnesses head on, maintaining a positive attitude, drawing

strength from God in their suffering, healing, both physically and emotionally, and maintaining resiliency.

My story and the evidence from the studies of patients documented in the research studies presented in this paper can sensitize medical and nursing healthcare providers to the power of spirituality, faith, prayer, and the comfort of biblical scripture in the lives of their patients during their medical challenges and healing journey. Research studies show that patients' spirituality and belief system will facilitate a positive outlook and help them find meaning in their suffering as a result of a terminal illness, chronic pain, or an unexpected medical crisis that will incapacitate them, either permanently or temporarily, as in my case. Spirituality helps patients to surrender their pain and suffering to God or a higher power and plays a major role in the process of giving meaning to their very personal experience of suffering and healing. Suffering is part of life, but from suffering can come meaning and purpose. Not all, but many patients, who have endured and have survived the suffering that comes from unanticipated medical challenges, are resilient. Not only are they wounded storytellers who can use their stories to make sense of their illness, adversity, and medical nightmare, but their stories, spirituality, and scars can also be used to teach those to whom they have entrusted their care—nurses and doctors.

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