

Moving Beyond Dwelling in Suffering: A Situation-Specific Theory of Men's Healing from Childhood Maltreatment

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Abstract

The authors present an explanation of the development of a situation-specific theory of men's healing from maltreatment during childhood. Development of the theory was guided by Rogers' science of unitary human beings (SUHB). The four multidimensional concepts of the theory are interpreted within the context of the SUHB from themes discovered from the findings of a hermeneutic phenomenological study of men who had been exposed to childhood maltreatment, including neglect and abuse. The concepts are: moving beyond suffering, desiring release from suffering, dwelling in suffering, and experiencing wellbeing. Moving beyond suffering is the process of healing from childhood maltreatment. Desiring release from suffering is the facilitator of men's life experiences that speeds up the rate of evolution from moving beyond suffering to experiencing healing. Dwelling in suffering is the barrier in men's life experiences that slows down the rate of evolution from moving beyond suffering to experiencing wellbeing.

Keywords

Situation-specific theory, healing, childhood maltreatment

Healing among men who have lived through various forms of childhood maltreatment (CM), referred to by the general public as child abuse, is not well understood. The phenomenon of healing represents a complex human situation central to the focus of the discipline of nursing and in need of further research and theorizing (Willis, Grace, & Roy, 2008). Although Draucker and colleagues (2011) developed a stage-based theoretical framework of healing from one form of CM, childhood sexual abuse (CSA), using data from a sample of men and women, men's exposure to CM and their healing from all forms of CM, including neglect and physical, sexual, and emotional abuse, have not been adequately studied. The purpose of this paper is to propose and describe a situation-specific nursing theory of men's healing from CM interpreted within the context of Rogers' science of unitary human beings (SUHB). Given that the purpose of this paper is to introduce a new theory, we did not include an in-depth description of the entire hermeneutic phenomenological research process—including the presentation of detailed findings and participant quotes as an outcome—that served as the starting point for our theory. Findings are comprehensively discussed elsewhere (Willis et al., in press). The contribution of this paper is the description of a situation-specific theory that extends nursing theories of healing by focusing on adult men survivors' experiences of healing from all forms of CM.

Rogers' Science of Unitary Human Beings

The SUHB is a very abstract and general conceptual model of nursing that has been used to guide theory development (Rogers, 1992). The four postulates of the SUHB are energy field, openness, pandimensionality, and pattern. Human beings and their environments, which are regarded as coextensive energy fields, always are completely and continuously open and pandimensional, that is, without any space or time features. Energy field pattern is regarded as a non-observable wave that is empirically observable only through manifestations in the form of situations; events; reports of perceptions; various forms of expression, such as oral and written stories, dances, and works of art; reports of experiences; and observations of ways of living and relating.

Human and environmental energy field patterns are characterized by three mutually exclusive principles of homeodynamics (Rogers, 1992). *Resonancy* refers to continuous evolutionary change in human and environmental field patterns from lower to higher frequency waves. *Helicy* refers to continuous, innovative, and unpredictable changes in

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pattern. *Integrality* refers to continuous mutual human and environmental energy field process. Although evolution of human and environmental energy field patterns is continuous, the rate of evolution may be interpreted as faster or slower.

Related Literature

Survivors of CM are at risk for poor health and quality of life (Corso, Edwards, Fang, & Mercy, 2008). Men with histories of CSA demonstrate suicidal ideation (Easton, Renner, & O'Leary, 2013), the psychiatric disorders of major affective disorders, anxiety, personality disorders, and a range of other illnesses (Spataro, Mullen, Burgess, Wells, & Moss, 2004). Most published studies and theorizing about healing from CM has been limited to a primary focus on survivors who experienced sexual violence or CSA (Chouliara, Karatzias, & Gullone, 2013; Draucker et al., 2011; Grossman, Sorsoli, & Kia-Keating, 2006). Briere's (1992) classic child abuse trauma theory is laudable in that it addresses all forms of CM experienced by both men and women. However, the focus of that theory on psychopathological response patterns resulting from CM does not offer a parsimonious theory of healing from CM that could be used to enhance healing professional practices.

The SUHB has been used to guide generation and testing of many middle-range theories (Fawcett & DeSanto-Madeya, 2013), including Barrett's theory of power as knowing participation in change (Barrett, 2010), Butcher's theory of dispiritedness in later life (Butcher, 1996), and Cowling's unitary praxis healing model for women's experience of despair (Cowling, 2006). The SUHB has not, to our knowledge, been used to guide development of situation-specific theories.

The Hermeneutic-Phenomenological Study

The SUHB served as the conceptual model for interpreting the findings of a federally-funded hermeneutic phenomenological study of community-dwelling adult male survivor's healing from maltreatment when they were children. The research undergirding our situation-specific theory utilized a hermeneutic phenomenological approach focused on understanding men's descriptions of healing and the researchers' interpretations of the men's experience of healing.

Salient aspects of the research approach are briefly described here and in more detail elsewhere (Willis, Rhodes, Dionne-Odom, Lee, & Terreri, 2014b). University institutional review board approval was obtained prior to conducting the research. Written informed consent was obtained from a purposive sample of 52 adult men who perceived themselves as having experienced healing from their own CM and who were willing to be interviewed. They were recruited through advertisements, flyers, and snow-ball

sampling within a northeastern city in the United States (U.S.). The goal of the hermeneutic phenomenological research approach used for the study (Cohen, Kahn, & Steeves, 2000) was to obtain rich oral descriptions through in-depth individual interviews, lasting from one to three hours, focused on the phenomenon as well as the subsequent interpretation of the meaning of the humanly lived experience. This hermeneutic phenomenological approach was not grounded within the SUHB unlike Butcher's (1996) unitary pattern field portrait hermeneutic-phenomenological method or Cowling's (2004) unitary appreciative inquiry.

The interviewing process, conducted by a psychiatric mental health nurse, began with an initial orienting question, "Tell me about your experience of healing from childhood maltreatment. What has healing been like for you?" Interviewing processes to clarify and deepen participants' reflections on their life of healing from CM followed the initial interview question.

Data analysis was an iterative process including examination of the audiotapes of the interviews and transcripts of interview data. Multiple reviews of audiotapes, readings of transcripts, and thoughtful reflection on excerpts from the data by the research team facilitated the identification of codes reflecting the meaning of healing. Through reflection and immersion in the data of lived experience obtained in the interviews, identification of codes, refining codes, and research team discussions, themes were ultimately generated to reflect the meaning of healing from CM. The themes of the meaning of healing were validated through eight participants' recognition of 'healing' during member checks. Continuing within the hermeneutic circle of research interpretation (Cohen et al., 2000), our situation-specific theory of men's healing from CM evolved as the findings were interpreted in light of the SUHB. This interpretation further illuminated the phenomenon of healing from CM within a nursing discipline-specific context.

The Situation-Specific Theory

Meleis (2012) described situation-specific theory as a relatively concrete theory that is developed for members of a specific population who are exposed to a specific health-related situation. The population of interest for our theory is adult men survivors of CM. The specific health-related situation of interest is the pattern manifestations of CM.

Pattern Manifestations: The Situation

Within the context of the SUHB, and for the purposes of development of our situation-specific theory of men's healing from CM, the energy field pattern manifestation of the situation is represented by societal understanding of male survivors' maltreatment during childhood. The World Health Organization (2013) identified CM as a major worldwide health problem for both boys and girls. However, scientific

research and theory development regarding men's experiences of healing from CM does not parallel the substantial advancements in theory pertaining to women's experiences of healing from CM. Over the past few decades, knowledge development directed toward describing women's experiences has resulted in extensive recognition of sexual abuse and violence against girls and women. This work has resulted in garnering of female-specific resources and health services. The emphasis only on females, although needed, is inconsistent with similar rates of CM experienced by both females (52%) and males (48%) residing in the U.S. (United States Department of Health and Human Services, 2012).

Pattern Manifestations: The Events

Pattern manifestations of events are represented by the actual instances of childhood maltreatment. All 52 participants experienced CM before the age of 18 either within the context of their families (mothers, fathers, siblings, other relatives) or with non-familial others. Their ages ranged from 18 to 64 years of age at the time of the interview, with the majority of the participants in their 40s and 50s. All reported having experienced either childhood neglect and/or physical, sexual, emotional abuse.

Our situation-specific theory evolved as we interpreted the findings of the hermeneutic phenomenological study within the context of the SUHB. We interpreted the themes discovered in the data from the hermeneutic phenomenological study as pattern manifestations that reflected the homeodynamic principles.

Pattern Manifestations: Reports of Perceptions and Forms of Expression

Moving Beyond Suffering

A pattern manifestation of reports of perceptions and forms of expression is represented by our situation-specific theory multidimensional concept of *moving beyond suffering*, which reflects the homeodynamic principle of helicy. Moving beyond suffering is the men's reports of their perceptions of and their expressions in narrative form of the process of healing from CM as a continuous, innovative, and unpredictable liberating of the self from preoccupation with abuse, and focusing instead on discovery, cultivation, and sustenance of the authentic self capable of experiencing and maintaining a sense of peace and wellbeing. The five dimensions of moving beyond suffering are breaking through the masculine veneer, finding meaning, choosing to live well, caring for self using diverse healing methods, and engaging in mutual process perceived as humanizing (Willis, Rhodes, Dionne-Odom, Lee, & Terri, 2014b).

Breaking through the masculine veneer (BTMV) is that dimension of moving beyond suffering in which the male survivor evolves in his sense of self by becoming aware of

society's definition of masculinity and the self who has been abused or neglected in childhood being regarded as damaged goods and bad. BTMV involves experiencing and yielding to the emergence and cultivation of a fuller sense of self. BTMV represents a male-specific aspect of healing from CM that differs from female veneer as it specifically reflects men's challenges with living as a male survivor of CM. Key aspects of BTMV include recognizing CM, acknowledging the restriction of masculine social norms on healing as a man and accessing and expressing emotions beyond those emotions socially prescribed as typical and appropriate for masculine expression such as anger, revenge, or aggression. The authors view BTMV as perceived and expressed by men to reflect their lives of healing from CM within the societal context of masculine norms and the evolution of the authentic self.

Finding meaning is that dimension of moving beyond suffering in which the male survivor discovers purpose in his experience of CM and life beyond CM that assimilates the events of CM. Key features of finding meaning include reframing the CM events to let go of perceived negativity while remaining respectful of suffering, attributing CM to the abuser(s) versus blaming self, focusing on an evolving optimistic view of the self, practicing self-defined spirituality, appreciating life and the journey of healing, and gleaning insight into emotions, behavior, and personal and spiritual evolution. Thus, finding meaning continuously moved men beyond perceiving their lives as constricted existence dominated by rumination, negative thoughts, self-blame, anger, and fear.

Choosing to live well is that dimension of moving beyond suffering in which the survivor makes thoughtful deliberate decisions and develops explicit action plans focused on actualizing a more optimal authentic self capable of living well in mutual process. Key features include believing in taking charge of life, setting goals, making choices, taking action to support a life of wellbeing, and being continuously determined to move beyond suffering. When men chose to live well, they reinforce a newer, yet continuous, innovative, and unpredictable liberating of the self from preoccupation with abuse and instead perceive the self as healing.

Caring for the self using diverse healing methods is a dimension of moving beyond suffering in which the survivor looks beyond traditional Westernized medicine and incorporates complementary and alternative health approaches into his life. The methods mentioned by the men who participated in the hermeneutic phenomenological study include focused breathing, listening to music, meditation, yoga, tai chi, drumming, dancing, running, swimming, biking, massage, reiki, acupuncture, qigong, reading, and gardening. Experiencing mutual process within calming environments and artistic creative expression eased pain, improved self-awareness, and released emotions. When men participated in these healing methods, they entered into a relaxed state and became aware of what they expressed as a connection with nature and/or others.

Engaging in mutual process perceived as humanizing is that dimension of moving beyond suffering in which the male survivor perceives and expresses himself compassionately in mutual process. Key features of the mutual process include receiving and giving supportive, compassionate, empathetic, validating, trusting affirmations with others, including altruistic acts of helping others.

Desiring Release from Suffering

Another pattern manifestation of reports of perceptions and forms of expression is represented by our situation-specific theory multidimensional concept of desiring release from suffering, which reflects the homeodynamic principle of resonancy. The concept of desiring release from suffering reflects the men's perceptions and expressions of how they evolved from moving beyond suffering to experiencing well-being, which may be interpreted within the SUHB as evolving from lower to higher frequency wave patterns and, therefore, may be regarded as the facilitator of healing. The five dimensions of desiring release from suffering are: openness to change, mindfulness, intention, perseverance, and optimism.

Openness to change is that dimension of desiring release from suffering in which the survivor is amenable to altering sense of self and ways of being. Openness to change is necessary for awareness of transformation and evolution to occur. Mindfulness is that dimension of desiring release from suffering in which the survivor is aware of CM events and simultaneously senses an innate yet undiscovered and/or underdeveloped capacity for healing. Intention is that dimension of desiring release from suffering in which the survivor deliberately and thoughtfully focuses on healing and purposefully aims, plans, and acts to heal from CM. Perseverance is that dimension of desiring release from suffering in which the survivor endures many challenges in an attempt to experience healing from CM. Perseverance helps the survivor maintain momentum through difficult times and diverse life changes as he evolves to experiencing wellbeing. Optimism is that dimension of desiring release from suffering that is indicative of the survivor's outlook and energy that facilitate evolving from suffering to wellbeing.

Dwelling in Suffering

Still another pattern manifestation of reports of perceptions and forms of expression is represented by our situation-specific theory multidimensional concept of dwelling in suffering, which also reflects the homeodynamic principle of resonancy. The concept of dwelling in suffering is the men's perceptions and expressions of what slowed the rate of their evolution to experiencing wellbeing, which may be interpreted within the SUHB as a slower rate of evolving from lower to higher frequency wave patterns than desiring release from suffering and, therefore, may be regarded as

the barrier to healing. The seven dimensions of dwelling in suffering are: hiding behind a masculine veneer, lack of insight, being stuck in distress and escaping through behaviors regarded by society as dysfunctional, mistrust of others, statements by therapists and others perceived as unsupportive, being in environments perceived negatively, and inadequate male resources for healing from CM (Willis et al., 2014a).

Hiding behind a masculine veneer is that dimension of dwelling in suffering in which the survivor conceals the self for fear of exposing feelings of vulnerability and being judged for not living up to stereotypical masculine social norms. The self that is hidden from others includes perceptions of self as damaged or vulnerable, as well as perceptions of self as loving and compassionate. Lack of insight is that dimension of dwelling in suffering in which the survivor perceives a deficiency in recognizing and understanding his suffering. Being stuck in distress and escaping through behaviors regarded by society as dysfunctional is that dimension of dwelling in suffering in which the survivor feels trapped by unpleasant thoughts and behaviors regarded by society as dysfunctional. Mistrust of others is that dimension of dwelling in suffering in which the survivor distances himself and does not trust others to do no harm.

Statements by therapists and others perceived as unsupportive is that dimension of dwelling in suffering in which the survivor hears what he perceives as negative and invalidating statements from professionals, family, friends, and others. Invalidating statements by others send a message to the survivor that his perceptions and expressions are not valued, believed, or credible. This dimension also includes interpreting communications with family members and others as hurtful, being faced with unresolved CM-related issues in the family, and perceiving abusive dynamics and dissatisfaction in mutual process with romantic partners and individuals outside the family.

Being in environments perceived negatively is that dimension of dwelling in suffering in which the survivor remains in toxic settings that were associated with exacerbated suffering. These settings include poverty; environments characterized by alcohol, drugs, and chaos; and being exposed to community violence. The settings also include being embedded in a masculine culture with much silence about male CM, denial or non-acceptance of male survivors, and societal expectations about what it means to be masculine. Within this environment, the survivor may be terrified of denial, stigma, and judgment.

Inadequate male resources for healing from CM are within the dimension of dwelling in suffering in which the male survivor faces a dearth of male-specific resources and support for healing from CM. Not having access to high quality resources and support tailored to the particulars of men's experiences and challenges limits the male survivor's ability to acquire knowledge and help for surmounting the difficulties associated with the events of CM.

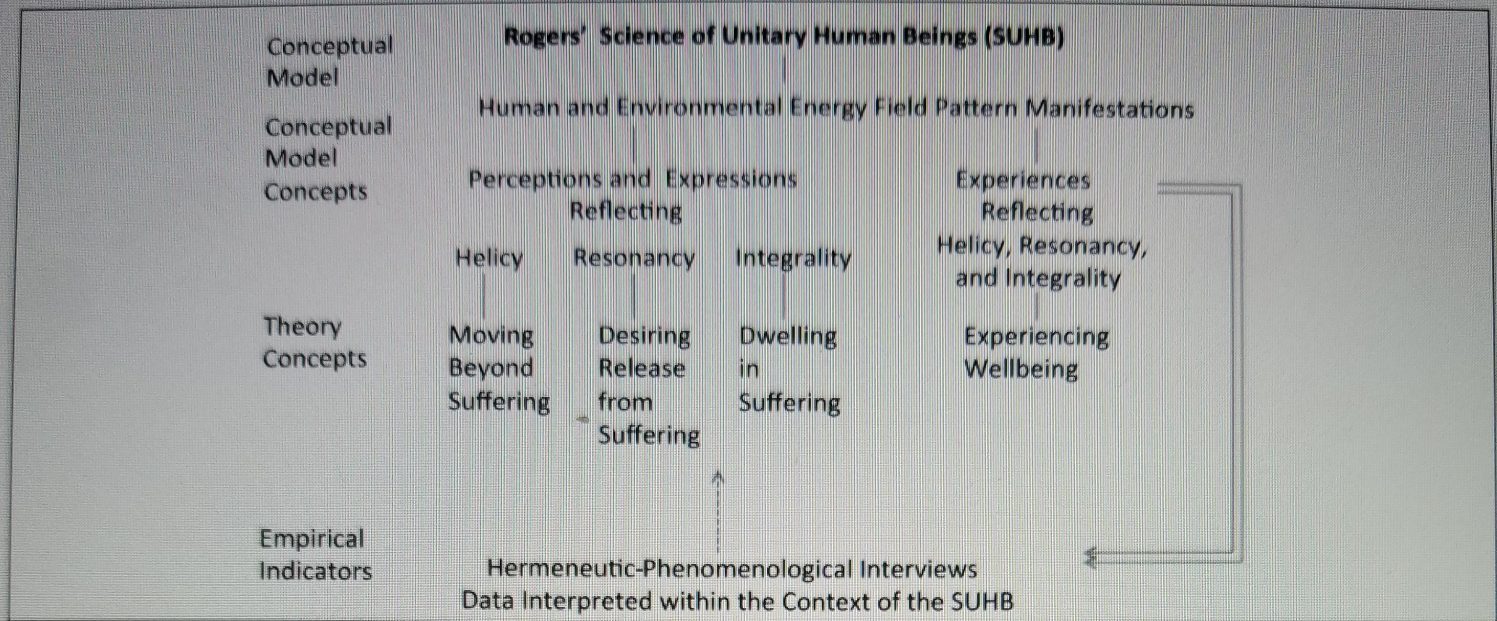


Figure 1. Conceptual-theoretical-empirical structure for the situation-specific theory of men survivors' healing from childhood maltreatment.

Pattern Manifestations: Reports of Experiences

Energy field pattern manifestations of reports of experiences are represented by our situation-specific theory's multidimensional concept of experiencing wellbeing, which reflects the homeodynamic principle of integrality. The concept of experiencing wellbeing is the men's experiences of healing, which the authors interpreted as mutual human and environmental energy field process that is experienced as the male survivor evolves toward healing from CM. The four dimensions of experiencing wellbeing include experiencing compassion, experiencing peace, experiencing meaning and purpose in life, and experiencing mutual process.

Experiencing compassion is that dimension of experiencing wellbeing whereby the survivor is aware of loving kindness and acceptance of self and the suffering of others, including understanding the suffering of the abuser(s). Accepting and appreciating suffering with loving kindness, recognizing others' suffering and the need to help them, as well as empathy for one's abuser(s) is the basis for compassion in experiencing wellbeing. Experiencing peace is that dimension of experiencing wellbeing in which the survivor feels harmonious and free from feeling trapped in abuse and strife. Peace is a harmonious state of being that involves calmness and serenity. Experiencing meaning and purpose in life is that dimension of experiencing wellbeing whereby the survivor experiences life as meaningful and purposeful. Meaning and purpose in life are based on the survivor having evolved beyond the CM events, experiencing integration of all life events, and valuing his life. Experiencing mutual process is that dimension of experiencing wellbeing whereby the survivor is aware of the coextensive experience of self, others, a higher being, and/or the universe.

Discussion

The conceptual-theoretical-empirical structure for our theory is depicted in Figure 1, which displays the links of the pattern manifestations and homeodynamic principles with the concepts of situation-specific theory. Moving beyond suffering, especially the dimension of choosing to live well, desiring release from suffering, and experiencing wellbeing resonate with Barrett's (2010) theory of power as knowing participation in change. Dwelling in suffering reflects periods of suffering similar to despair as described by Cowling (2004, 2006) and dispiritedness as described by Butcher (1996). The non-relational propositions of the situation-specific theory are the descriptions of the concepts and their dimensions given in the previous section of this paper. The relational proposition of the theory is: The relation between moving beyond suffering and experiencing wellbeing is moderated by desiring release from suffering and dwelling in suffering, such that the stronger the desiring release from suffering increases, the faster the rate of evolution of moving beyond suffering to experiencing wellbeing, and conversely, the stronger the dwelling in suffering, the slower the rate of evolution of moving beyond suffering to experiencing wellbeing decreases or is perceived as not occurring (Figure 2).

The development of our situation-specific theory emerged from a synthesis of our thinking about and interpreting the findings from a hermeneutic phenomenological study of men's experiences of healing from CM with the context of the SUHB. The next step in development of this theory is empirical testing with sample drawn from the same population of men as the sample for the hermeneutic phenomenological study. An examination of extant measurement tools that may be congruent with the concepts of our theory must be completed or, perhaps new tools need to be developed, prior to empirical testing of our theory.

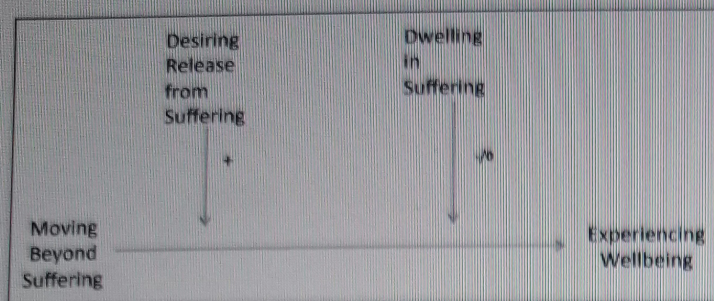


Figure 2. Diagram of the Situation-Specific Theory of Men's Healing from Childhood Maltreatment.

Implications for Nursing Practice

The concepts and propositions of the theory provide an orientation to the complex evolving nature of healing as lived by men suffering from CM. Applying this theory to practice within the context of the SUHB, nurses and the men will engage in the first step of the SUHB practice methodology: *pattern manifestation knowing and appreciation—assessment* (Fawcett & DeSanto-Madeya, 2013) to determine where each man is in his evolution from moving beyond suffering to experiencing wellbeing, and determine the strength of desiring release from suffering and dwelling with suffering.

Then, nurses and the men will engage in the second step of the SUHB practice methodology: *voluntary mutual patterning*, as the men evolve toward experiencing well being. During this step, "the nurse helps create an environment where healing conditions are optimal and invites the client to heal himself ... as the nurse and the client participate in various [non-invasive] health patterning modalities" (Fawcett & DeSanto-Madeya, 2013, p. 239). Based on the findings of the hermeneutical phenomenological study, the health patterning modalities could include: meditation, guided imagery, rhythmic movement, energy methods, leisure activities, calming environments, and artistic creative expression.

As nurses and men participate in voluntary mutual patterning, they also engage in the third step of the SUHB practice methodology: *pattern manifestation knowing and appreciation—evaluation*. During this step, the pattern manifestations of evolving from moving from suffering to experiencing wellbeing are explored and decisions made about the use of different non-invasive modalities.

Conclusion

The situation-specific theory of men's healing from CM focuses on an understudied phenomenon and widens the scope and specificity of theory within the nursing discipline to include men healing from all types of CM. The uniqueness of men's healing from CM as specified in the theory equips nurses with knowledge to structure their practice of creatively promoting "well-being for all human beings, wherever they are" (Fawcett & DeSanto-Madeya, 2013, p. 242).

The situation-specific theory advances understanding of men's healing from CM and can be used to guide nursing practice, education, and research endeavors within the context of the SUHB. The theory is a comprehensive SUHB-based theoretical rendering of men's healing from CM. The theory captures men's perceptions, expressions, and experiences of their healing from all forms of CM that are likely to be applicable to many adult male survivors who are members of the same population from which the sample of men for the hermeneutical phenomenological study was drawn. Inasmuch as the theory was developed from research with a purposive and maximum variation sample of ethnically, racially, educationally, and socioeconomically diverse men in the north-eastern region of the US, the authors recognize that a different situation-specific theory could emerge from study of other populations of men who were exposed to CM.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this editorial.

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