AN ETHNOSCIENTIFIC ANALYSIS OF COMFORT: A PRELIMINARY INVESTIGATION

Janice M. Morse

Comfort is the most important nursing action in the provision of nursing care for the sick. Whereas *caring* provides motivation for the nurse to *nurse* and to provide maintenance, restorative, and preventative actions to promote health, *comforting* is the major instrument for care in the clinical setting.

In spite of extensive admonitions during most of the present century for nurses to "make their patients comfortable," research that has focused on comfort has used a limited approach. For example, it has examined separately physiological measures (such as exercise, massage or pharmacology) or technological measures (such as improved hospital milieux or gadgetry). Ironically, there is little known about the human act of comforting per se, or about the nurses' or patients' perception of comforting. The purpose of this paper is twofold. (1) The first task is to explore *comfort* as a construct, in an attempt to understand parameters and dimensions of this act, so that clarifying and defining comfort may stimulate further research in this area. The (2) second purpose is to demonstrate the use of a qualitative methodology, ethnoscience, for nursing research. Thus far few studies in nursing have used this technique (Bush, Ullom, & Osborne, 1975; Evaneshko & Bauwens, 1976). As many nursing problems lend themselves to the use of ethnoscience it is hoped that it will be used more widely in the future.

LITERATURE REVIEW

Comfort

Since the beginning of time comforting has been used by man to alleviate another's psychological or physiological distress. The act of comforting permits observation of the nature of relationships between men: love and loyalty, empathy and sympathy, and cooperation and caring. Although, over the centuries, comfort has been extolled by poets, painters and musicians, these basic emotive responses were ignored by the more objective and rational researchers until the 1950's.

Janice M. Morse, R.N., Ph.D., Associate Professor of Nursing, The University of Alberta, and Clinical Nurse Researcher, University of Alberta Hospitals, Edmonton.

In spite of the fact that the traditional goal of nursing has always been to provide comfort, thereby relieving pain and distress, and restoring health, "comfort" has not been defined, and remains abstract.

Review of the literature shows that research on comfort as a construct has been virtually ignored, but that the two main components of comfort have been separately researched. These are *touch* (Burton & Heller, 1964; Dominian, 1971; Hollender, 1970; Krieger, 1975; Rubin, 1963; and Weiss, 1979) and *empathy* (Almeida & Chapman, 1972; Roe, 1977; and Todd & Shapira, 1974). This research reveals large variations in the use of touch or empathy to relieve distress; and the methods utilized depend on the interpersonal relationship, the sex and the culture of the dyad, and the need expressed by the distressed person.

Touch

Research examining the parameter of touch indicates that in many cultures tactile stimulation is greatest in infancy, and diminishes as the child develops (Leibman, 1970; Willis & Hoffman, 1975). There appears to be quantitative differences in touch according to sex, with females touching more frequently than males. For instance, in Jourard and Rubin's (1968) study, mothers touched their sons more than fathers did, and daughters touched their fathers more often than their sons did.

Within nursing, touch has been recognized as a basic human need (Burton & Heller, 1964; Dominian, 1971; Hollender, 1970). Yet, many care-givers report that they are uncomfortable touching patients. In an informal survey, Huss (1977) found that as many as 60 percent of her colleagues reported discomfort in touching, and some even expressed fear and anxiety. Burton and Heller (1964) note that it is unusual to find a psychiatrist who touches his patient during counselling, and psychiatrists are very often reluctant to examine the patient, even though they have the expertise to do so.

Barnett (1972) and McCorkle (1974) studied touch as it related to non-verbal communication in the area of patient care. McCorkle found that touch facilitated the establishment of a rapport with a seriously ill patient. Her measurement of the effectiveness of touch included four major categories of behavior (facial expressions; body movement; eye contact; and "general response of the patient"), and electrocardiograph changes on the patient's monitor. Krieger (1975) has extensively examined the effects of therapeutic touch, or the laying-on hands with the intent to heal, and found that this touch increased the hemoglobin levels in the experimental group.

Empathy

The second component of comfort, empathy, has been utilized and examined much more extensively in nursing. Two types of empathy are described by Almeida (1972): the articulate and the conscious, as between a nurse and a patient; and the inarticulate and partially conscious, as occurs between a mother and her small child. Most importantly, empathy is an acute awareness of the feelings and emotional needs of another, arising from the "critical element in social understanding and interpersonal transactions" (Roe, 1977, p.493).

Much cultural variation in the acceptance and utilization of empathy has been demonstrated (Borke, 1973; Roe, 1977; and Todd & Shapira, 1974). These differences are a result of the socialization processes and child rearing practices used in the culture (Roe, 1977). For example, differences between U.S. and British self-disclosure, anxiety and empathy were examined by Todd and Shapira (1974). They found that the Americans were more self-disclosing, empathetic, and favorable to psychotherapy than the British, who have been stereotyped as 'reserved'.

Implications for Nursing

The provision of comfort has been the role and responsibility of nursing since the earliest beginnings of the profession. Yet nursing has not, to the knowledge of the investigator, investigated the act of comforting. This research will enhance understanding of this action by providing emic description. With such definition of the construct, further research will be facilitated.

As previously described, there is ample evidence to support the notion that variation in comfort occurs according to sex, culture, and role of the informants, and the circumstances which initiate the need for comforting. However, this paper limits itself to the Anglo-American culture. The question this pilot study will answer is: What are the components and context of the act of comforting?

METHODOLOGY

Ethnoscience

Ethnoscience or "the new ethnography," is a method of "discerning how people construe their world experience from the way they talk about it" (Frake, 1962, p.74). It is a method of eliciting and analyzing information about a certain domain or topic, until the investigator can describe and comprehend the concept from the informant's perception of the domain. Ethnoscience provides an extremely reliable, valid, and valuable tool for obtaining knowledge from a cultural perspective (Spradley, 1979).

The ethnoscience method provides an emic analysis of culture. Cultural systems are determined by examining contrasts and phenomenological distinctions, or "things," that are "real, significant, meaningful, accurate, or in some other fashion regarded as appropriate by the actors themselves" (Harris, 1968, p.571). The main assumptions of the methodology are derived from linguistics, assuming formal patterns of behavior or "mechanical models," rather than probabilistic or statistical patterning (Pelto & Pelto, 1978, p.58). As the data are drawn directly from the informants, the method is most useful, and least biased, when little is known about a domain.

The utility and importance of the ethnoscience method to the nursing profession was first described by Leininger (1969). She noted that it was possible to close the "cultural discrepancies in health norms" by using ethnoscience to try to understand the patient's illness-experience, health problems and concept of health, so that realistic goals may be established in patient care. A complete discussion of the method of ethnoscience for nursing is presented by Evaneshko and Kay (1982).

Definition of Terms: For clarity, the following terms pertaining to the ethnoscientific method are defined as follows:

> Attributes: the contrasting values, or 'components' that differentiate between members of a constrast set (Frake, 1962, p.79).
>
> Componential Analysis: the formal semantic analysis of a set of terms which form a culturally relevant domain, proceeds by recognizing semantic distinctions (components) which apportion the terms of the set into contrasting subsets, so that every item is distinguished from every other item by at least one component (Burling, 1964, p.20).
>
> Contrast Sets: A series of terminologically contrasted segregates (Frake, 1962, p.79).
>
> Domain: The boundaries of a major category or classification system being analyzed (Sturtevant, 1972, p.136).
>
> Emic: Native categorization of behavior. The structural analysis of the purpose, meaning and attitude of the culture (Harris, 1968).
>
> Etic: Features that have been derived from the examination of one or more cultures (Sturtevant, 1972, pp.133-4).
>
> Lexeme: Labels, or 'local names', given to the categories, referring to a meaningful form whose significance cannot be inferred from anything else in the language (Leininger, 1969, p.5).

> Paradigm: A set of segregates which can be partitioned by features of meaning (i.e., a set, some members of which share features not shared by other segregates of the same set) (Sturtevant, 1972, p.140)
>
> Segregate: A terminologically distinguished array of objects, or category (Frake, 1962, p.76).
>
> Taxonomy: A series of complementary names that apply to the same object, or segregates in different contrast sets that may be included in the same category (Frake, 1962, p.79).

The ethnoscientific method evolves through approximately four stages: 1) the identification of the domain; 2) the identification of the segregates and subsets; 3) the analysis of attributes that distinguish segregates at particular levels of contrast (componential analysis); and 4) the formulation of a specific statement, a general statement, and an abstract statement for the generation of hypotheses, theories and etic analysis. Thus the researcher is able to discern the cognitive world of a cultural group, or the emic perspective, about a domain of knowledge.

Procedure

A small sample is commonly used in ethnoscience. Emphasis on depth of knowledge makes the data manageable. For this study a convenience sample of four informants was used. All four subjects were female, aged 23 to 29 years and Anglo-Americans. Two were married and full-time mothers; two were single and nurses.

Each informant was interviewed three times, and data were transcribed, sorted and analyzed between each session. During the first interview session, the domain was identified by asking the informant to describe and define comfort, and to state what it means personally. A tape recorder was used throughout the study and, in addition, all statements were listed on a large sheet of paper which was shared with the informant for clarification and verification. After determining the boundaries and many components of comfort, open-ended questions were used to elicit responses. Examples are as follows:

"Comfort is_____."
"You need comfort when_____."
"You give comfort when_____."
"Situations when you need comfort are_____."

Two techniques were utilized on the second interview: the sentence frame, and the card sort. The sentence frames provided further refinement of the data and were elicited using open-ended questions. For example:

"When you feel_____(feeling)_____you need_____(type of comfort)_____."

"When your_____(person)_____feels_____(feeling)_____I_____(type of comfort)_____."

Next, diadic and triadic card-sort techniques were used to identify contrast sets within each segregate. This was obtained by writing major attributes on cards and asking the informants to sort the cards into two and three piles respectively. The informants were then asked to give a name to each set.

During the last interview, the q-sort technique was used: all cards were presented to the informants to sort and to categorize. Again, each group of cards was then named by the informant according to a common characteristic.

RESULTS

The domain of comforting was shown to have two main segregates described by the informants as *touching* and *talking*. Later in the analysis a third minor segregate, *listening* evolved, which was used for "very stressed" persons. However, one informant was quick to clarify that "comfort was more than just listening — it was doing something: responding, sympathizing, getting a kleenex, making coffee or reaching out (physically)."

Four subsegregates, combinations of the two major segregates were then delineated (Table 1). *Touching* was further described as

Table 1

Major Components of Comfort

Domain	Segregates	Sub-segregates
Comfort	Touching	Touching/Hugging
		Touching/Little talking
	Talking	Talking/little touching
		Talking
	Listening	

"touching only," a non-verbal type of comforting, and "touching-with-little-talking." The "talk" with this latter type of comfort is used sparingly, and consists of consoling sounds, such as "Ah" with children, and "I know" with adults. The *talking* segregate was subdivided into "talking-touching," which is mostly dialogue with brief physical contact, and lastly, *"talking only,"* which is a relationship where touching is perceived to be unnecessary and/or inappropriate.

Table 2 displays the appropriate role-relations between actors for each type of comfort. Generally, touching or hugging may only be used where there is an intimate relationship between two persons. Essential to the relationship is a sense of trust between the two participants. At the other end of the continuum, talking-only was perceived to be appropriate for strangers, and inappropriate for those with whom one has established a relationship.

This pattern is not set, but may be adjusted under extremely stressful circumstances. For example, during a natural disaster it may be appropriate to comfort a stranger using touch, but more frequently in non-crisis situations, one may reduce, rather than increase the amount of touch used.

Table 2

Appropriate Role-relations for each Type of Comfort

Type of Comforting	Role
touching/hugging	husband
	own child
touching/little talk	child (not own)
talking/little touch	friend
talking	self
	stranger

The situation in which a certain type of comfort is offered is clearly prescribed, and this depends upon the perceived need of the person to be comforted (Table 3). Touching without using words or vocalizing is appropriate if the person in need of comfort feels alone or afraid. For nurses, the next category is the most significant: Touching-with-a-little-talking is needed for those who are ill, sick, in pain or in labor.

With children, this talking may be sympathetic vocalizing, or making soothing sounds.

Table 3

Type of Comfort Desired for Perceived Need

Domain	Comfort									
Segregate	touching				talking					
Sub-segregate	touching		touching/ little talking		talking/little touching		talking			Listening
subsets	Unloved	Afraid	pain, in labour	ill, sick	new situations (e.g. moving), insecure, afraid	sad, sorrow, depressed, loss (friendship or death), unloved	alone, lonely	bored, tired	rejected	discouraged, fail, lack confidence	frustrated, angry

With talking-and-a-little-touching, the touching diminishes and personal space between the dyad increases. The touching changes from the hug or the caress, to the brief hand on the shoulder, or the touch on the arm. This is appropriate in new situations, when the person feels ill or afraid, or when a person feels depressed, sad, alone, or unloved.

Talking-alone is used when the person feels lonely or bored, tired or rejected. Listening is needed when the person feels frustrated or angry, and needs to "vent-steam."

Comfort may be offered to a person whose need is perceived because of a life-situation, rather than being requested by the person in need. Examples of these situations are shown on Table 4.

The differences reported between comforting an adult and a child were on the dimensions of touch, talk, time, trust and place. The type of comfort needed by a child required more touching than an adult. Children need physical comforting by being held, caressed, patted and picked up. The comfort-talk does not have to be a rational argument,

Table 4

Situations Where Comfort is Administered to Others

Comfort														
TOUCHING					TALKING							LISTENING		
touching	touching/ little talking				talking/little touching			talking				listening		
to a son who has bumped his head	to a person in sorrow	to ill persons	to persons in pain	when a new baby comes (child)	to a person who asks	to a person who "has his face dragging on the ground"	to a quiet, subdued person	to a person who is alone, lonely	to a bored, tired person	to a person who lacks confidence	to a person who looks embarrassed, rejected	to a person who "talks in negative terms"	to a frustrated, angry person	

rather soothing sounds or the use of distraction is preferred. On the other hand, comfort for an adult was reported to be more verbal with less touching. Arguments must be rational, and, if the person was very stressed, nodding agreements and such statements as "That's right" and "I understand" are helpful. For the "time" dimension, comforting a child is a much shorter process than that for an adult, with the distress being quickly relieved. However, the children's needs were immediate and could not be delayed, or "put off." It was reported that comforting children was also an easier process, because they were more trusting than adults. Also one "must get inside the person's realm of privacy" and establish rapport before comfort can occur. Lastly, whereas the child may be comforted anywhere, the places where an adult may be comforted were limited to areas which had a sense of privacy.

Comfort may occur without the presence of a comforter. Self-comfort measures most frequently cited were: (1) praying; and (2) talking to oneself, saying, "It's o.k. to cry," "It will be all right tomorrow," or, "Why me, I don't deserve it," and "Those horrible people out there." Distraction self-comfort measures included: (1) not thinking of the problem, or putting it off; (2) keeping busy (cleaning the house); (3) going to bed early; and (4) giving oneself a treat (buying something or having a drink).

In response to the question "How do you know when you have been comforted?" the informants responded with such descriptors as "assured," "brave," "confident," "communicating and extraverted," "at ease," "in peace of mind," "in touch with self," and a "warm feeling of relief."

The next phase of the data analysis was to derive propositions or statements from the data. These are presented as follows:

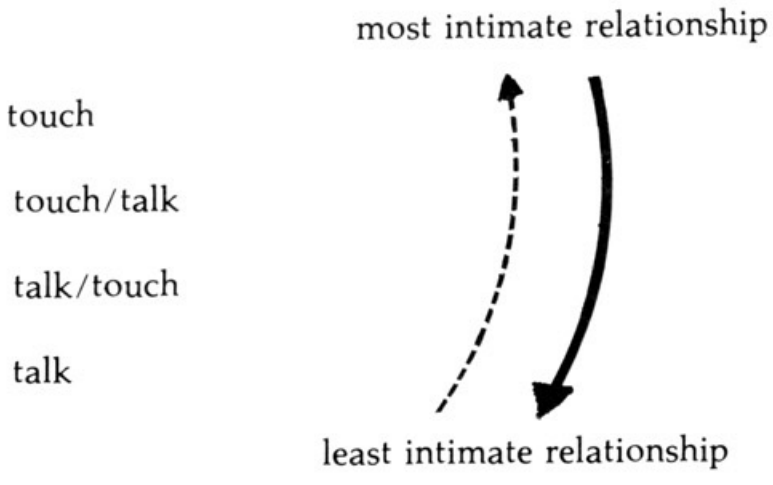
1. *Specific Statements:*
   a) Touching and hugging is the appropriate mode of comfort to use with the most intimate relationships, such as with one's husband or child.
   b) Touching, with a little talking, may be appropriately used to comfort a child that is not one's own.
   c) Talking, with a little touch is appropriately used when comforting a friend.
   d) Talking, without touching, is appropriate behavior when comforting a stranger.

2. *General Statements:*
   a) The two types of comfort, touching and talking and combinations thereof, are distinguishable under specific circumstances with specific people.
   b) The touching/talking ratio may be arranged in a hierarchy so that the amount of each variable utilized in the process differs according to the interpersonal relationship between those involved.
   c) The touch/talking components may be arranged in a hierarchy, so that the amount of each variable utilized in the process differs according to the needs of the preson being comforted. For example, touching and a small amount of talking is appropriate for physical problems such as pain and illness.

3. *Abstract Statements:*
   a) The less intimate the roles between the actors, the less appropriate is the use of touch.
   b) The greater the perception of the seriousness of the problem, the greater the amount of touch required and the less amount of talking required to provide comfort, regardless of the interpersonal relationships between the persons.
   c) Comfort measures vary according to situations, context and *meaning to each subject.*

DISCUSSION

From this study many suggestive ideas emerged. First, informants often stated that the type of comforting administered depended on the cause and severity of the problem, as well as to whom the comfort was to be administered. Further examination of the apparent "looseness" and flexibility of these categories, revealed the surprising consistency in which they were classsified. The following findings were revealed: One often utilizes comforting measures with less touch and more talking than has been specified; extenuating circumstances (such as a serious road accident) are required to appropriately increase the amount of touch used. Therefore, it is more acceptable, and easier, for one to move down the touch/talk hierarchy, than to move up. This may be illustrated as follows:



Second, the type of touching described by the informants was not the physiological, purposeful, "deep massage" touch that is often perceived to be administered by nurses. Instead touch resembled the type used in counseling — a touch of the hand, or shoulder, or a brief hug. Touch to relieve pain in a therapeutic manner (as massage) was

not described, and the touch component appeared to meet psychological rather than physiological needs.

There was surprising agreement between the nurses' and the non-nurses' perception of comfort suggesting cultural consistency with this behavior. The variable that differentiated the two groups was marital status. The relationship between husband and wife differed greatly from the relationship between the informant and the rest of the family, with other family members (sisters, brothers and children) being categorized less intimately and in the same class as "friends." One informant explained this apparent discrepancy as an attempt or need to "maintain face" and not sharing one's inner self with the family.

LIMITATIONS OF THE STUDY

The art of comforting is a learned response, culturally learned and transmitted largely through non-verbal mechanisms from earliest infancy. The study of comfort using ethnoscience was therefore a difficult and stressful task for the informants. Behavior that occurs unconsciously does not have a system of lexemes (or colloquial labels) to describe or analyze. It is recommended that this research be continued, incorporating other methods, such as participant observation and role play, to incorporate the non-verbal components.

The intimate nature of comfort, or the personal and private associations that the informants had with comforting, also added stress. All informants reported feeling moved during the interviews. One stated that it felt "as if you were going inside of my person — and that is much worse than invading my personal space — it is as though you are inside me."

In spite of the purported reliability and validity of emic analysis (Spradley, 1979) some authors question the etic analysis and formation of the abstract statements. The concerns are of reliability and external validity. Can the results be replicated using other informants and can the results be generalized? In grounded theory, the series of propositions or hypotheses that were derived from the data must be tested and confirmed. Only then may the theory building proceed. If these propositions are not supported, then the researcher must return to the original data to duplicate or extend this study so that new propositions may be derived and tested (see Glaser & Strauss, 1967). This inductive research method is an ongoing and evolving process, rather than a hit (and perhaps miss) operation. Thus, the sharing of preliminary results with the informant (and with others) for confirmation is an important part of this process.

As the responses from the four informants met with intra- as well as inter-subject agreement, the results are probably reliable and valid. However it is recommended that this study be replicated. As the two segregates of comfort, touch and talking, vary interculturally, it also recommended that the study be extended to investigate other cultural groups' perception of comfort. Further research to investigate the propositions presented is also recommended, so that we may have increased understanding about this essential part of nursing care.

CONCLUSION

This study was an attempt to define or to understand the act of comforting. For nursing, given that comfort is nursing's main instrument to assist the sick, research in the area is important.

Although ethnoscientific methods are used generally for the analysis of linguistic categories, the technique enabled the understanding of the cognitive domain of comforting. Two major segregates (*touching* and *talking*) and one minor segregate (*listening*) emerged. Furthermore, each of the four types of comforting in the subsegregates was categorized according to the appropriate context: the situation, the perceived need, and the role-relations between actors.

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RÉSUMÉ

Une analyse ethnoscientifique de la notion de confort: étude préliminaire

Malgré l'importance de la notion de confort dans le cadre des soins infirmiers administrés aux malades, la notion de confort en soi n'a pas, jusqu'ici, fait l'objet de recherche. L'auteur étudie les composantes et le contexte de l'acte de réconfort dans la culture anglo-américaine; à cette fin elle se sert d'une méthodologie ethnoscientifique. L'analyse révèle que l'acte de réconfort comporte deux principaux aspects distincts (le *toucher* et la *parole*) et un aspect mineur, l'*écoute*. On divise ensuite ces aspects en quatre sous-aspects selon des dimensions principales. Les composantes, les situations, et les rapports de rôle appropriés entre les acteurs, ainsi que le besoin perçu pour chaque type de réaction de réconfort, sont présentés. On n'a trouvé aucune différence entre la perception du confort chez les infirmiers et chez les non-infirmiers. Des suggestions d'études plus poussées sont proposées.