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Inner Strength In Men-A Descriptive Phenomenology

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INNER STRENGTH IN MEN: A DESCRIPTIVE PHENOMENOLGY

by

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A Dissertation

Submitted to the Graduate Faculty

of the

The University of North Dakota

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for the degree of

Doctor of Philosophy

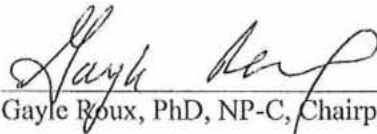
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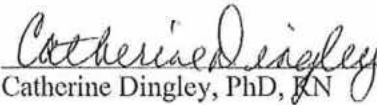
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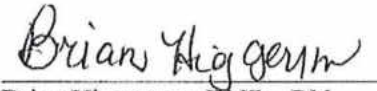
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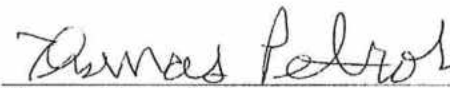
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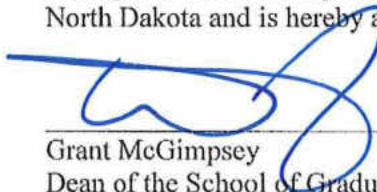

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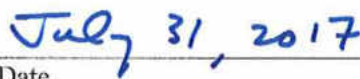

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PERMISSION

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Charles S. Smith
August 1, 2017

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Finally, I acknowledge that my life journey was shaped by all of the experiences I had throughout my life. I learned many life lessons the hard way, but those difficulties helped me to develop the inner strength to keep moving forward with purpose and intentionality, one day at a time, through the glass darkly to emerge on the other side.

DEDICATION

This dissertation is dedicated to my brother and to my nephew.

To Harvey A. Smith (d. 1997),
who was my brother, my friend, my champion and the man
who showed more inner strength in his life
and in his dying than I could ever hope to gain.
You were and are the ever present voice in my head,
the strong spirit in my soul, and
the guiding light that moved me to this finish line.
We did it Brother...Rest easy.

To Christopher Smith,
my nephew, my friend, and the man who allowed me to disrupt his life
multiple times during this process. I can never repay you for the many
acts of love, care and support you provided me at my many times of need. I could not
have survived without your presence and your vigilance.

ABSTRACT

The purpose of this descriptive phenomenologic study was to explicate the eidetic structure and essence of inner strength in men. Based in the philosophy of Husserl (2012) and developed from the methodology of Giorgi (2009), inner strength in men emerged as a unique phenomenon comprised of five structural themes: 1) mentally managing; 2) purposefully moving; 3) intentional normalizing; 4) intentional connecting; and, 5) mobilizing self to get through. The essence of inner strength in men was “purposefully moving ‘through a glass darkly’ to get to the other side.”

Twelve men aged 50 years or older ($m = 60.25$ years) shared their experiences of using inner strength throughout their lives. Their stories were audiotaped and transcribed. The narratives were manually coded for meaning units, sub-themes, and eidetic structure until the final essence emerged.

The findings demonstrated some consistencies with previous research on inner strength in women and in the elderly, yet at the same time demonstrated unique characteristics that have implications for nursing practice. These findings support the need for enhancements to intervention strategies and comprehensive care planning for men. This research adds to the body of literature about inner strength and poses new questions for further qualitative and empirical inquiry, specifically for men with chronic and/or life-threatening health challenges.

CHAPTER I

INTRODUCTION

“Phenomenology is the study of essences; and according to it, all problems amount to finding definitions of essences:...” Merleau-Ponty, (1962, p. vii)

The experience of any particular phenomenon creates the potential for new knowledge for the individual having the experience. The experience is brought into consciousness and made intentional to elicit new meanings for the individual that may or may not lead to personal action. One individual’s experience of a particular phenomenon may not yield a momentous discovery for anyone other than the individual and may even go unnoticed or deemed commonplace by self or others (Giorgi, 2009; van Manen, 1997). However, when a phenomenon stimulates curiosity as to its natural arising, its structures and the potentials for something beyond itself, it creates a call for investigation. A systematic investigation of a phenomenon from the life views of others can provide important information about its qualities and essences, such that new knowledge and understanding about the phenomenon is presented to the scientific community (Starks & Trinidad, 2007). The scientific community can then use that knowledge to solve important problems and inform praxis across disciplines, including nursing and other healthcare professions. This process of revealing hidden essences for understanding human behavior, universal or otherwise, makes the study of any single phenomenon complex and at the same time intriguing.

The purpose of this dissertation is to understand human behavior through experiences of the phenomenon of inner strength in men. Inner strength has been shown to be an important personal capacity for navigating the often turbulent paths for women with serious and life threatening health challenges (Roux, Dingley, & Bush, 2002). The concept of inner strength has demonstrated transformative potential for women as the outcome of inner strength is living a new normal, even an unpredictable or uncertain one. The qualities of inner strength demonstrate potential for interventions aimed at supporting growth in inner strength in women to counteract the negative effects of chronic health conditions and to promote healing. This work is of critical importance to nursing as nurses need a variety of tools to promote positive movements in health, healing and life transitions. Since inner strength has been investigated primarily from the experiences of women, the strategies nurses use to promote inner strength and the instruments used to measure it may be most useful in gender-specific contexts. Inner strength, however, is a personal capacity available to anyone and therefore, potentially useful and beneficial to everyone, especially in nursing and healthcare contexts.

An explication of inner strength from the unique experiences of men had not been examined until this research was undertaken. Men experience the phenomenon in equal measure as women, yet bring it to consciousness in unique ways. There are myriad possibilities for the discovery of the essences of inner strength across age groups, races, ethnicities, cultural groups, populations and gender. Because each individual experiences any phenomenon, including inner strength, in his own unique, contextually situated manner, there are multiple variations possible for revealing the essence of inner strength in men, as well as the interpretations or meanings one attaches to it. Thus, this

descriptive phenomenological study was designed to add one more level of possibilities into the dialogue about inner strength. The context of an alternative gender-specific, and otherwise unrevealed horizon of experience was brought forward for scientific and scholarly discourse as a result of this inquiry.

The first chapter in this dissertation describes both the scientific rationale for this study as well as the natural curiosity about the concept held by this investigator. The background for the study, the purpose of the research, and its significance to science, particularly nursing science, is described. In addition, the relevant questions that were foundational for the inquiry are delineated. The ontological and epistemological paradigm of this investigator is discussed as it directly has influenced this investigation and the methodology employed to conduct it. Finally, definitions of core concepts found in the literature and the assumptions about the study are delineated.

Discussion of the extant literature in this proposal is for the purposes of framing the context for inquiry, as appropriate in the methods for descriptive phenomenology. I was unfamiliar with any of the inner strength literature, but I was very familiar with the resilience literature in great depth. Thus, I found it important to try to understand if the concepts were similar or the same, as well as to identify any gap in the literature that might be suitable for dissertation research. In descriptive phenomenology the investigator must remain in a pre-reflective stance (Giorgi, 2009; Lopez & Willis, 2004; Wertz, 2005), so as not to influence or bias the emergence of the essence of a phenomenon in any way. My reading of the extant literature on inner strength provided context and I was able to identify a significant dearth of research related to inner strength in men. The natural attitude or what Husserl called the epoché (Husserl, 2012) was

attended to as much as possible throughout the research process to keep true to both the philosophy and methods. A beginning discussion of this particular type of rigor in qualitative inquiry is described in Chapter III. The literature is examined in relation to the findings of this research in Chapter V.

Background

From the middle of the 20th Century onward, a central focus of psychological research concerned personality traits that were protective or those that produced the capacity for overcoming stress and enhancing psychological health and well-being. Psychological research was focused on a variety of concepts including psychological strength, power, willpower, autonomy, hardiness, resilience, personal resources, and overcoming, among others (see Dingley, Roux, & Bush, 2000). As noted by Rose (1990) and Roux and colleagues (2002), the majority of academic and clinical research about these concepts was conducted by men on male subjects. Additionally, much of the research that was focused on women had an illness orientation rather than one oriented toward healthy psychological processes. Thus, the previously held androcentric view coupled with an illness orientation provided an incomplete understanding of women's psychological health that prevailed in the literature. In part, to offset the gender disparity found in research reports in the extant literature and to produce more understanding of the essence of women's psychological health, Rose conducted a descriptive phenomenological study of women's psychological strength with an implied grounding in feminist epistemology and feminist theory. She labeled this phenomenon *inner strength* and explored the concept from narratives of women who acknowledged experiencing inner strength in their lives (Rose, 1990).

The systematic inquiry into the nature of inner strength in healthcare contexts is relatively young, beginning with the sentinel work by Rose (1990). Since that early work, the trajectory of research about inner strength has been focused predominantly around the capacity for women to move through and overcome health conditions or other adversities (Dingley & Roux, 2014; Roux, 1993; Roux, Dingley, & Bush, 2002). Scandinavian research on inner strength has been focused on elders and successful aging (Lundman et al., 2010; Nygren, Norberg, & Lundman, 2007). Each orientation has provided significant knowledge and understanding of the concept of inner strength as demonstrated in subsequent theoretical development (Dingley, Roux, & Bush, 2000; Roux, Dingley, & Bush, 2002; Lundman et al., 2010). Further, empirical research has demonstrated that inner strength can be measured in people of varying demographics with a high degree of statistical reliability and validity (Dingley & Roux, 2014; Viglund, Jonsen, Lundman, Strandberg, & Nygren, 2013; Viglund, Jonsen, Strandberg, Lundman, & Nygren, 2014).

Nowhere in the research literature has there been any systematic interrogation of the concept of inner strength uniquely from the experiences of men. From this point of personal and scientific curiosity about the lack of men's voices in past research, I came to understand that there might be a need to further explicate this phenomenon. I pondered my own nursing practice background and wondered if the differences in the way men and women approach healthcare, healing and recovery might benefit from another perspective. I recognize that in my own nursing practice I have witnessed certain qualities in men that are uniquely supportive for the individual, were health producing and ones that promoted well-being, comfort and dignified transitions, but I never

contemplated that it might be some type of inner strength. I pondered my own lived experiences in order to bring the concept of inner strength into my own consciousness. This coming into my own consciousness led me to a place of intense personal and scientific curiosity. I took every precaution to avoid bias during this research. Personal experiences, insights, assumptions and meanings, as required in phenomenological philosophy and method, were bracketed and documented to support an audit trail and overall integrity for this project.

Purpose and Aims

The purpose of this descriptive phenomenological study was to hear the experiences of inner strength from the lifeworld narratives of men, as their voices have been silent in the literature to date. Because this research is a descriptive phenomenology, no theoretical orientation or specific outcomes are explicit or assumed.

The specific aims of this research were:

1. Describe the experiences of inner strength from narratives of men's accountings;
2. Describe the eidetic structure and qualities of inner strength in men as revealed in their narratives; and, to
3. Describe the essence(s) of inner strength in men as revealed from the narratives.

Significance

The context of health vulnerabilities has been front and center in subsequent nursing and healthcare research on inner strength. A focus on the inner capacity to cope with and overcome health vulnerabilities is clearly important for the practice of nursing

and for nursing science. Inner strength has been identified as an important component of well-being, has been conceptually and theoretically examined and tested. However, the actual experiences of men and inner strength have had little attention in the literature.

Gender differences in psychological strength, a concept close to inner strength, have been described well in the literature. Men and women have statistically different rates of longevity and incidences of health adversities (CDC, 2016; Courtenay, 2000) giving rise to distinct psychological capacities over time (Perrig-Chiello & Hutchison, 2010). Men are socialized differently, have a distinct set of role responsibilities, as well as are described as having different coping capacities in the face of challenges and adversity (Carmel & Bernstein, 2003).

Definitions of men's health as clinically focused on men's health problems such as urinary problems or erectile dysfunction have been challenged. Social determinants of men's health are now coming into sharp focus (MacDonald, 2006). Men, like women, have chronic health challenges that require consistent management, yet they may seek health care less frequently or less consistently than women (Doyal, 2001; Galdas, Cheater, & Marshall, 2005; Mahalik, Burns, & Syzdek, 2007) and show increased morbidity at earlier ages than women (Creighton & Oliffe, 2010). Social determinants of health including work, stress, and social support among others play key roles in the gender disparity in health and health seeking behaviors (MacDonald, 2006). Inner strength, as a stimulus for better health behaviors, may also be distinct across genders, as stated by Rose (1990). Health behaviors have been shown to predict men's health (Courtenay, 2000; Mahalik, Burns, & Syzdek, 2007). Since men account for roughly half the population, this study was relevant in order to explore and comprehend the extent to

which inner strength is at play in the lives of men and its potential contribution to health, healing, aging and well-being.

To date, no investigation has qualitatively explored the lived experience of inner strength in men, though men have been included in multiple quantitatively designed investigations of inner strength. Further, the instruments used to test inner strength in quantitative designs have been developed from research on women, or from metatheoretical analyses of related concepts. This research lends a unique perspective to what is known about inner strength and what is yet possible to know about the concept. Thus, at least one prominent gap in the literature on inner strength is addressed.

The voices of men about inner strength are vital to explicate a more complete conceptual understanding of the phenomenon leading to theory that can support the development of interventions targeting inner strength. Rose (1990) called for this type of investigation to discover the gender-specific similarities and differences of inner strength for women. This research provides an added dimension to the body of knowledge about inner strength, so that a fuller understanding of the concept and its potentials for health promotion, healing, living and successful aging for men, can be explored in the future. An appreciation of men's experiences is critical for the development of nursing and health care interventions that are comprehensive in scope in support of outcomes commensurate with the goals of multidisciplinary healthcare, especially the goals for nursing science and practice.

Research Questions

The research questions that this study answered are:

1. What are the experiences of inner strength in the daily lives of men? and,

2. What are the essences of inner strength in men?

These two questions are consistent with the guidelines for human science research questions as described by Moustakas (1994). The questions are qualitative in focus and seek to illuminate the essence of a phenomenon; they are not predictive or causal in intent or structure. Answers to these questions are revealed through rich and meaningful descriptions from participant narratives where the participants were immersed in the experience of dialogue (Moustakas, 1994).

Paradigmatic Orientation

The philosophy of Husserl (2012) regarding phenomena was the paradigmatic orientation for this inquiry. The inquiry was based in both the philosophy of phenomenology and the methods appropriate to investigate phenomena using qualitative methods. Phenomenology, as described by Husserl (2012), is ontologically grounded in the premise that multiple realities exist to comprehend phenomena (Nicholls, 2009), as opposed to the positivist view of one distinct objective reality that can be known through empirics (Giorgi, 2009; Sokolowski, 2000). Further, phenomenology is concerned with the lifeworld of the participant and his interaction with the environment and with others (Lopez & Willis, 2004). The focus for Husserl was on anything that could be examined as it came into consciousness, whether an object, a person or a set of ideas (Giorgi, 2009). The conscious experience gives rise to the “givenness” of a thing and becomes an intentional object suitable for further understanding, either by the one experiencing the thing or by another who seeks to understand the essence of the thing in multiple others.

The experience of inner strength is an intentional object that is uniquely personal, yet as it arises in everyday life it can become an objective reality for the individual

experiencing it. The reality of inner strength can create a context for personal actions to ensue and behaviors to emerge. In nursing and health care contexts, the awareness of inner strength may provide a foundation for behaviors that lead to positive health transitions.

Epistemologically, personal knowing is constructed in the lifeworld of an individual as it is experienced through consciousness and intentionality (Dowling, 2007; Giorgi, 2009). Thus, phenomenology is well suited for human science behavioral research where behaviors often follow in congruence with perceptual, experiential and intentional knowing (Giorgi, 2009; Lopez & Willis, 2004).

Descriptive (eidetic) phenomenology, based in Husserlian philosophy (Dahlberg & Dahlberg, 2004; Giorgi, 2009; Moustakas, 1994), is a qualitative method derived to extract the essence of a phenomenon as it is or was experienced by the participant(s). The essence of an experience, or its eidetic structure, is the characteristic of an experience that is shared by everyone (Lopez & Willis, 2004). Essences arise naturally from narratives, uninfluenced and in a pre-reflective way (Giorgi, 2009; Lopez & Willis, 2004; Wertz, 2005) with “fresh eyes” (Finlay, 2009, p 476), thus achieving transcendental subjectivity (Lopez & Willis, 2004). The phenomenological methods described by Giorgi (2009) framed the methods for this research and are described in Chapter III.

This research was conducted through interviews of men who were able to recount their experiences of inner strength. The resultant narratives served as the data from which themes and essences of the phenomenon were extracted to evoke a deeper understanding of the phenomenon. Narratives about the lived experience of a phenomenon are considered the truth of it from the view of the one who experienced it

and are taken as objective truth (Lopez & Willis, 2004). Participants had new meanings revealed to them during the interviews. A common insight for participants was to acknowledge that they understood themselves a bit better or that they now had a clearer understanding of how they were able to cope with adverse events in their lives. Some participants never spoke about their experiences or thought about them much after the events were over. As investigator, I remained neutral and unbiased, even though my questions stimulated deeper dialogue by the participants that allowed them to recall their experiences in greater detail. This intimate intersubjective reality was formed in the moment between this investigator and the subjects during the interviews and brought forth appreciation of experiences from all of us.

Definitions

This section describes the relevant definitions from philosophical phenomenology, descriptive phenomenological methods, and the existing literature on inner strength.

Definitions in Philosophy and Descriptive Phenomenology

1. Eidetic reduction. "...is a process whereby a particular object is reduced to its essence" (Giorgi, 2009, p 90).

2. Eidetic structure. The invariant meaning of a phenomenon leading to its essence (Giorgi, 2009).

3. Epoche or Epoché. "...the bracketing of past knowledge or nonpresented presuppositions about a given object" (Giorgi, 2009, p 91).

4. Imaginative variation. "...seek possible meanings through the utilization of imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives" (Moustakas, 1994, p 97).

5. Intentionality. "...refers to the fact that mental phenomena are directed toward objects other than themselves..." (Giorgi, 2009, p 17). "Intentionality refers to consciousness, to the internal experience of being conscious of something..." (Moustakas, 1994, p 29).

6. Transcendental phenomenological reduction. "The transcendental phenomenological reduction sees the object from the perspective of a generalized, pure consciousness" (Giorgi, 2009, p 89-90).

Definitions of Inner Strength

1. Inner strength: an internal developmental capacity that supports positive movement through challenging life events (Roux & Dingley, 2011). The experience of inner strength is characterized by the dimensions of anguish and searching, connectedness, engagement, and movement with the outcome of living a new normal (Dingley & Roux, 2014).

2. Inner strength: a personal resource that promotes well-being to overcome adversities. Inner strength is composed of the qualities of creativity, flexibility, firmness, and connectedness (Lundman et al., 2010).

Research Delimitations

The boundaries and assumptions delimiting this research are described in this section.

Research Boundaries

This research is qualitative in design and is founded on the assumption that men were willing and able to recount their experiences of inner strength to an unfamiliar person. This study topic on inner strength in men was of particular interest to me as the investigator. This study was also chosen to provide a framework for comparisons and contrast to the existing Theory of Inner Strength which was previously studied only in women. The study was contextually bounded within one local geographic area near the investigator's home so the participants were easily accessible for face-to-face interviews. Since this study is descriptive, it was not intended to suggest correlation, causality or to infer generalizable outcomes from any of the possible findings. The findings may, however, add to the body of knowledge about the phenomenon of inner strength, specifically in men.

Assumptions

The assumptions concerning this study are described in this section and in part frame the foundation for the research question and methods that were used. The text in italics is an explanation by this researcher as to why the assumption is stated. Each of these assumptions was bracketed as much as possible during the project.

1. Everyone has the capacity for inner strength and the investigation of it has value for nursing science. *This is the basic assumption for the project based on literature findings and the investigator's own personal experiences. Without this assumption, the study had no significance for scientific inquiry.*

2. Men experience inner strength. *If inner strength is a personal capacity available to anyone, men should be able to experience it.*

3. Men are able to recount their experiences of inner strength. *The dialogical process between the investigator and subjects was of sufficient quality to elicit narratives about the phenomenon.*

4. The narratives that are recounted are the individual's personal truth and are not judged by this investigator. *A recounted experience is a post hoc recollection. It is taken as truth in the moment of its recounting and not subject to interpretation or judgement by the investigator.*

5. A sufficient number of men who have experienced inner strength can be recruited to participate so that rich data are collected and the essence of the phenomenon can be revealed. *The sample size needed to elicit rich and varied data as well as to reach data saturation was accomplished.*

6. This investigator is capable of creating a dialogical milieu free of bias, such that the participants recall their experiences without influence. *Descriptive phenomenology requires unimpeded emergence of a phenomenal essence that is uninfluenced by the investigator at all stages in the research process. Reflexive journals and field notes were maintained and scrutinized for potential bias.*

All of the stated assumptions were met. Men were willing and able to discuss their experiences of inner strength in great detail. A sufficient number of participants were recruited to achieve data saturation. The essence of inner strength in men was revealed in the collective narratives of the men who participated in this study.

Summary

Chapter I has included descriptions of the focus for this inquiry, as well as the background, purpose, and significance for the underlying question. The specific aims

and research questions have been delineated. Further, the paradigmatic orientation for this research has been introduced. Definitions from philosophy, methods and research, delimitations, and investigator assumptions have been described.

Chapter II details the extant literature about inner strength in order to frame the context for inquiry. Chapter III describes in detail the qualitative methods for descriptive phenomenology for this study. Chapter IV describes the findings from the study. Chapter V compares and contrasts the current findings with the broader literature. Chapter VI provides implications of this research related to multidisciplinary clinical practice, nursing education, and healthcare research. Future opportunities for nursing research are also offered.

CHAPTER II

CONTEXT FOR INQUIRY

The purpose of this chapter is to review the existing body of literature regarding the conceptual, theoretical and empirical development of the inner strength concept in order to establish the contextual backdrop for the investigation of this complex phenomenon from the experiences of men. In keeping with a descriptive phenomenological study, this literature review is not intended to guide the research. Rather, it is intended to identify a significant gap in the literature that has stimulated interest in this study.

Overview

Since the introduction into the literature by Rose (1990), the phenomenon of inner strength received significant conceptual and theoretical attention, specifically related to women with acute and chronic illnesses (Alpers, Helseth, & Bergrom, 2012; Dingley & Roux, 2013; Dingley & Roux, 2014), and to aging men and women (Boman, Lundman & Fischer, 2015; Fagerstrom, 2010; Moe, Hellzen, Ekker, & Enmarker, 2013). Inner strength is defined as an internal developmental capacity that supports positive movement through challenging life events (Roux & Dingley, 2011), as well as a personal resource that promotes well-being to overcome adversities (Lundman et al., 2011). Both definitions suggest that a positive outcome can occur after mobilization of personal inner strength resources in the face of significant adversity, challenge or health vulnerability.

The value to nursing science and nursing practice rests in the application of holistic nursing interventions to activate, stimulate or grow inner strength to achieve optimal health and healing, or to adapt to new and challenging health contexts. Past research suggests that inner strength may be important to: augment improved health outcomes (Haile, Landrum, Kotarba, & Trimble, 2002); or to move through or to overcome catastrophic medical illnesses toward recovery and improved self-management (Mendes & Roux, 2010, Roux & Dingley, 2011); healing (Roux, Dingley, & Bush, 2002); and, well-being (Lundman et al, 2011). Empirical investigations in specific samples of women and the elderly have supported a positive relationship of inner strength to quality of life (Dingley & Roux, 2014), improved mental health (Moe et al., 2013) and improved self-rated health (Viglund, Jonsen, Strandberg, Lundman, & Nygren, 2014).

To date there has been limited progress toward the development and measurement of interventions to produce consistent and sustainable outcomes of inner strength. However, the progress toward greater conceptual and theoretical clarity concerning the core attributes of inner strength during the past 30 years is noteworthy, even though there is not a large body of work reported in the literature. As context for this study of inner strength in men, instrument development to measure inner strength, as well as previous empirical investigations will be discussed.

Inner Strength—A Nascent Concept

The first work that appeared in the literature regarding the concept of inner strength was a descriptive phenomenological inquiry of the experiences of women conducted by Rose (1990). Using modified purposive sampling, Rose (1990) interviewed nine women with a wide range of demographic characteristics about their

experiences of inner strength. The author identified nine essential themes from the narratives: (a) quintessencing or the process of becoming; (b) centering or clarifying; quiesencing or the inner quiet; (c) apprehending intrication or comprehending complexity wholly; (d) introspection or gaining awareness; (e) using humor; (f) interrelating or mutuality; (g) having capacity or reserve; and, (h) embracing vulnerability or openness to limitations (p. 62).

From the themes the author identified the symbolic structure of inner strength in women as an ocean, where the parts are fluid and can only be understood momentarily when separate, but must be comprehended in relation to the whole. This description implies the contingent qualities inner strength, as well as the notion that not all essences may be revealed at a given point in time. Each essence ebbs and flows, producing a coalescence of inner strength in context and time. The qualities of inner strength as dynamic and fluctuating explicated by Rose were born out in later conceptual and theoretical investigations (Dingley, Roux, & Bush, 2000; Roux, Dingley & Bush, 2002). Further, the interpretation of the narratives indicates that women's psychological health can be viewed from a position of strength, rather than weakness (Maloney, 1995). This notion is of particular importance to nursing practice since a key role for nurses is health promotion. Explication of the factors that support women to achieve health, healing and successful transitions based on their experiences can contribute significantly to a more holistic comprehension of women's health needs.

Two early projects produced the foundation for the subsequent conceptual and theoretical development of the inner strength construct following the seminal research by Rose (1990). These two studies and all of the research that followed for the next 10 years

were accomplished using either phenomenology (descriptive or hermeneutic) or grounded theory methods.

Roux (1993) conducted a descriptive phenomenological study of inner strength in women with breast cancer. This study was reported in the literature in 1994 (Roux & Keyser, 1994). Using a postmodern feminist orientation to the experience of the lifeworld, and a methodological approach described by Colazzi (1978), the author interviewed 18 women with breast cancer diagnoses ranging from 6 months to 20 years. Newman's (1986) theory of health as expanding consciousness (Roux 1993, Roux & Keyser, 1994) provided theoretical support for the thematic discoveries. Four themes emerged from the narratives: (a) "coming to know", signified by the awareness and eventual acceptance of the disease process; (b) "the strength within-she who knows", characterized by a mobilization of inner forces; (c) "connection of she who knows", evidenced by a mutuality of interplay among a stronger self, significant relational others, and her spirituality; and, (d) "movement of she who knows" in the form of a passage through the experience and emerging in a more positive, grounded place (Roux & Keyser, 1994, p 4). The themes suggest self-knowing, increasing consciousness, and person-environment integration consistent with Newman's theory. The authors give concrete examples of nursing interventions that could potentially enhance inner strength for women with breast cancer with the implied outcome of improved sense of well-being. The proposed interventions based in therapeutic communication and strengthened connections were congruent with the stated findings.

Maloney (1995) was also interested in how women experienced being strong. She, however, was interested in the experiences of elder women and their narratives of

strength over their lives. She used convenience sampling to select 12 informants for her project: elder women between the ages of 65 and 87, in relative good health with no physical or mental infirmities that would preclude participation. Using a hermeneutic interpretive approach, three patterns emerged from the narratives: (a) surviving (p 105); (b) finding strength (p 106); and, (c) gathering the memories...seeing the patterns (p 107). Each of these patterns emerged over the length of the women's lives and not necessarily as a result of a sentinel crisis event. The accumulation of experiences, some commonplace and others signifying great adversity and loss, summed to demonstrate the meaning of being strong over a life. Relationships, as in the findings by Roux and Keyser (1994), were important. Reciprocal sharing in community with others was a source of strength during difficult times. Sharing memories with others contributed a sense of strength as wisdom and experience was passed along (Maloney, 1995).

Both of these studies demonstrated the capacity for inner strength as both a personal, inner phenomenon, as well as a relational one that can be engaged to move through difficulty and vulnerability. The divergent finding in these studies concerns the onset of the experience of inner strength. Roux (1993) examined the phenomenon after the onset of a catastrophic illness diagnosis. Maloney (1995), conversely, examined a life pattern of being strong with no singular sentinel event. The research questions posed were similar, but the context and targeted sample of participants for each study were distinct. Research interests and questions, context and sample can potentially explain the temporal fluidity in the development of inner strength. The disparity between the two temporal frames may not, however, be mutually exclusive. As Roux, Dingley and Bush (2002) stated, inner strength is present before an adverse event, but the adverse event

triggers its manifestation for the individual facing a health crisis. Each of these studies contributed significantly to bringing to light a previously unconsidered phenomenon that continues to show promise for informing nursing science and nursing practice.

Conceptual and Theoretical Development

Conceptual development proceeded with the publication of a concept analysis (Dingley, Roux, & Bush, 2000), a metasynthesis of qualitative research on inner strength (Roux, Dingley, & Bush, 2002), and a metatheoretical synthesis of the developed theories of concepts interpreted as having attributes similar to inner strength (Lundman et al., 2011). A time gap of 10 years separated the two literature syntheses. Each of these inquiries supported middle range theory or theoretical model development, as well as the development of instruments to measure inner strength. Conceptual attributes and theoretical relationships were derived in two ways: a metasynthesis of existing qualitative findings by North American scholars; and, a metatheoretical analysis of existing empirically tested theories conducted by Scandinavian scholars.

Using Avant and Walker's procedure for concept analyses (Avant & Walker, 1988), Dingley and colleagues (2000) conducted a literature inquiry into the nature of inner strength. Concept analysis is useful when a mental construct requires explication to advance a common meaning for theory development and practice enhancement (Weaver & Mitcham, 2008). The authors explored the psychology, nursing and business literature and identified the following defining attributes of inner strength: (a) a process of growth and transition; (b) a point of confronting a life experience or event; (c) deepening of self-knowledge; (d) cognition of one's needs and sources to meet needs; (e) connectedness with others; and, (f) focused and balanced interaction with the environment (p. 32).

From their analysis of antecedents, attributes and consequences, the authors concluded that inner strength is a dynamic and complex phenomenon signaled by a sentinel event or set of experiences that generate awareness, growth, and transition within the individual (Dingley et al., 2000). Inner strength is fluid, and stimulates self-knowing, interpersonal connections and an integration of self with the external environment that promotes balance. The consequences of having inner strength produce capacity for adaptation and movement forward, for control of exigent circumstances within a given context and a sense of psychological well-being (Dingley et al., 2000). The authors noted that the defining characteristics and empirical referents are the same and suggested research with a focus on wellness.

Roux, Dingley, and Bush (2002) followed with a metasynthesis of existing qualitative research on inner strength that resulted in formulation of a middle range theory. Metasynthesis is used to describe a phenomenon with multiple contextual layers that allows for an expanded view of specific phenomenon with fresh insights (Walsh & Downe, 2005). Findings from multiple qualitative studies are re-envisioned and interpreted to enhance credibility, leading to stronger theoretical positions than single studies (Roux et al., 2002). Three of the studies included in the analysis have been described. The remaining two studies each explored the experience of inner strength in women with specific health adversities: women with coronary artery disease (Dingley, 1997 in Dingley, Roux, & Bush, 2001) and women with multiple sclerosis (Koob, Roux, & Bush, 2002).

Dingley (1997) conducted a grounded theory investigation from narratives of eight elder women between the ages of 67 and 83 years who received a diagnosis of heart

disease within a time frame of six months and 16 years and were in various stages of recovery. Dingley et al. (2001) reported that the previous research, both quantitative and qualitative, shed little light on the experiences of women with heart disease that promoted recovery or healing. Gender disparity in the recognition and treatment of heart disease was also cited. Based in the theory of social interactionism, grounded theory is a methodology used to understand phenomena within the social contexts in which they arise. The outcome of a grounded theory project is a conceptual model or theory, grounded in the data that explains the related themes that arise from narratives, verbal or otherwise, of an experience (Charmaz, 2006). Newman's (1986) theory of health as expanding consciousness guided the research. Semi-structured interviews were conducted with each participant. Once transcribed, data were analyzed using the constant comparative method described by Glaser (1992) to identify incidents, patterns that led to multiple layers of coding and eventually to constructs. "Growing in inner strength" (p. 47) was the predominant experience of women with cardiac disease as they transformed to "living a new normal" (p. 47) after their diagnoses. The model of inner strength was described by 5 constructs: (a) allowing for nurturance; (b) dwelling in a different place; (c) balancing the search; (d) healing in the present; and, (e) connecting with the future (p. 47-49). As in previous research, relationships and connections were important to the experience of inner strength growth and coming to terms with the health adversity. The transformative power of inner strength to move from one reality to a new one is salient in this research.

Koob and colleagues (2002) reported a hermeneutic inquiry of the experience of inner strength in five women with multiple sclerosis. The original research, examined in

the metasynthesis, was conducted in 1999 with the report in the literature in 2002. The findings from this investigation supported the patterns previously described in women with chronic health adversities. Inner strength signifies transitions and transformations, as well as moving multidirectionally through searching, connecting, experiencing and interpreting. One additional theme, “being abused—knowing that hurt” (p. 26) emerged and was unique in comparison to other studies. Multiple sclerosis is a chronic disabling process that is visible to others (Koob et al., 2002). The participants experienced “insensitivity and oppression” (p. 25) in encounters with nursing and other healthcare providers. All participants worked in healthcare and most likely had knowledge and expectations regarding care they should receive and had relationships with other healthcare workers. The experience of previous relationship patterns and expectations of care may have contributed to the emergence of this theme, but there was no clear discussion of it in the research report. However, the importance of meaningful, positive relationships and connections with healthcare providers can be intuited from these findings.

Based on analysis of the five research reports, Roux et al. (2002) proposed a model of inner strength with five constructs: “knowing and searching; nurturing through connections; creating the spirit within; healing through movement in the present; and, connecting with the future by living a new normal” (p. 86). The model constructs were later refined based on factor analysis of the Inner Strength Questionnaire to: (a) anguish and searching; (b) connectedness; (c) engagement; and, (d) movement (Lewis & Roux, 2011). Living a new normal, a construct found in earlier research, was determined by factor analysis to be an outcome of inner strength rather than a structural element. These

constructs were consistent with those found by Dingley (1997), but reinterpreted based on the coalescence of reported experiences across studies. Five theoretical propositions were suggested for future inquiry, each flowing from and consistent with the identified constructs. The overarching meaning derived from the analysis was “growing in inner strength”. The model demonstrates a state of dwelling in the now with self and others to comprehend and manage uncertainty in order to transform to a new reality with possibilities for well-being. Healey-Ogden and Austin (2011) found similar attributes of dynamism, dwelling in different places, connections to others in co-relational ways and moving forward in their concept analysis of well-being. Thus, there may be overlaps in the concepts of inner strength and well-being. In either case, nurses are uniquely positioned to engage in reflective practice to augment relationships, deeper connections with self and existential well-being in persons with health vulnerabilities.

In a metatheoretical analysis (Lundman et al., 2010), examined existing theory and empirical research on the concepts of resilience, sense of coherence, hardiness, purpose in life and self-transcendence to identify the common dimensions of inner strength. A salutogenic framework of generalized resistance resources leading to health rather than disease (Antonovsky, 1979, 1993) guided the research. Each concept had previous significant theoretical development and measurement across multiple psychological and health contexts. The authors stated that there are conceptual and empirical overlaps in each concept with each reflecting particular aspects of personal inner strength, yet each alone did not explain the phenomenon completely. From the critical review they concluded that inner strength arises from the “...interactions of connectedness, creativity, firmness, and flexibility...” (p. 256). The authors noted the

conceptual similarities of connectedness, creativity and flexibility to the concepts identified by Roux and colleagues (2000, 2002). One concept, firmness, is divergent in the two approaches (Lundman et al., 2011). Firmness indicates the ability to be disciplined, to see the world as predictable, to have courage under adverse circumstances, to gain new perspectives, and to be aware of personal boundaries (Lundman et al., 2011). These attributes that characterize firmness may be more consistent with the research on healthy aging in a salutogenic way than to research on persons with acute and chronic, life-threatening conditions that are inherently unpredictable. Thus, attributes of firmness were not revealed in the qualitative work by North American scholars. It could be stated, however, that anyone facing serious health adversities with an uncertain future, will demonstrate some measure of personal courage as described by Lundman et al. (2011). Personal courage was not revealed in the inner strength of women facing significant health adversities in North American studies.

Instrument Development and Testing

Both approaches to the concept of inner strength have led to development of inner strength scales. Roux and colleagues (2003) constructed a gender-specific, 37-item Inner Strength Questionnaire (ISQ) with five dimensions (knowing and searching, connectedness, physical self-spirit, mental self-spirit, the new normal) and tested the scale on a sample of 154 women between the ages of 22 and 83, with or without chronic health issues. Prior testing with principal components analysis (PCA) was conducted on the items reflecting connectedness in a sample of 207 women. This led to a more parsimonious scale with two factors extracted: connectedness to self and others; and, spiritual connectedness. All factors loaded on one of four factors (>.40 for each), with

corresponding validation by skree plots. The model explained 50% of the variance in inner strength. The fifth factor, living a new normal, did not load on any one factor and contributed to theoretical revisions with this factor placed as an outcome of inner strength (Roux et al., 2003).

Lewis and Roux (2011) conducted further testing of the ISQ on women with chronic health problems. The sample consisted of 281 women aged 15-94 years old from predominantly Caucasian (53%) and African-American (44.4%) heritages. The scale items were validated by a panel of 12 experts using a procedure by Lynn (1986) to measure face validity. Convergent and divergent validity was also measured. Exploratory factor analysis was conducted to test for construct validity resulting in a four-factor model. Confirmatory factor analysis resulted in 10 items being eliminated resulting in a 27-item scale with four factors. All four factors displayed Chronbach's alpha greater than 0.76 with the final total reliability computed at 0.91 for the scale. The final model demonstrated 63% of variance in inner strength. All statistical procedures indicated a good model fit with theoretical consistency (Lewis & Roux, 2011). The extent of inner strength can be measured with this instrument. The higher the score on the summed scale, the more an individual demonstrates inner strength.

Lundman and colleagues (2011) developed a four factor Inner Strength Scale (ISS) to measure inner strength based on their metatheoretical analysis of existing empirical research. The original 63-items were tested with PCA and skree plot analysis. The final instrument contained 20 questions and was evaluated using 391 subjects aged 19-90. Both sexes were represented with men accounting for 39% of the sample. Each of the four factors (firmness, creativity, connectedness, and flexibility) loaded greater than

0.40. The total variance explained was 51%. Cronbach's alpha was 0.86 for the sample. All path coefficients were statistically significant at the $p < 0.001$ level. Convergent validity was evaluated using three well established instruments for measuring resilience, sense of coherence, and self-esteem. The ISS was evaluated as reliable and valid (Lundman et al., 2011). As with the previous scale, a higher summed score indicates higher levels of inner strength. Three weeks after the initial test of the scale, a retest was conducted on 31 of the original subjects with similar results ($r = 0.79$).

Both of these instruments measure a concept that can provide valuable information about individuals' abilities to develop capacity for health and healthy outcomes. Lewis and Roux (2011) proposed that the ISQ can be used for both genders, even though it was developed from research on women's experience of inner strength. No research has been found to date using this scale for research on men. Lundman et al. (2011) developed a gender-neutral and non-age specific scale to measure inner strength. Cross-cultural exploration of inner strength with either scale has been studied minimally in the literature and warrants future investigation.

Empirical Studies of Inner Strength

Dingley and Roux (2014) conducted a descriptive analysis of the effects of inner strength on quality of life and self-management in 107 women survivors of cancer. Reliable and valid measures for quality of life, depression, health activation and inner strength were used. The hypothesized model depicted potential confounding effects of demographic, clinical and health status characteristics of inner strength on health activation and quality of life. Statistical analysis yielded a model that demonstrated inner strength was the strongest predictor of quality of life with additive effects of co-morbid

conditions and time since diagnosis. The effect of inner strength on health activation or self-management did not add much explanatory power to the model and should be studied further. Depression showed high multicollinearity with inner strength and was removed from the model as well. This research provided additional support for the theory of inner strength and its measurement. The authors noted that intervention application is under way (Dingley & Roux, 2014).

Descriptive analysis of the Lundman et al. ISS was conducted by Viglund, Jonsen, Lundman, Strandberg, and Nygren (2013) to explore inner strength related to age, gender and culture in a large sample of 6119 older patients 65, 70, 75 and 80 years of age in Sweden and Finland. The scale is scored from 20-120. Psychometric analysis of the inner strength scale showed a similar four-factor model of inner strength compared with the original scale analysis, with Cronbach's alpha of 0.92 for the total scale (Lundman et al., 2013). Alpha varied between 0.72 and 0.88 for the four dimensions. Results indicated that inner strength diminishes with age and that men's scores were slightly lower than the scores than women on each factor and on the total scale. Further, inner strength was stronger in the elderly who perceived themselves in better health. There were no statistically significant differences between the two cultural groups. Inner strength was strongest in the 65-year-old group (100, SD 11.6) with consistent declines in subsequent age groups. The authors concluded that inner strength may peak at the age of 65, but stated that further testing is needed to validate this finding (Viglund et al., 2013).

In a large sample (n = 6119) cross-sectional study of older persons with five common diseases, Viglund et al. (2014) used structural equation modeling to test the path structure for three latent variables. Disease state was the independent variable,

hypothesized to affect the dependent variable, self-related health, mediated by inner strength. Analysis revealed a strong correlation between inner strength and self-related health, though causality could not be validated due to the descriptive cross-sectional design (Viglund et al., 2014).

Gaps in the Literature

Two separate foci of scientific inquiry in North America and in Scandinavia by nurse scholars have produced a wealth of new knowledge about inner strength, its essences and characteristics. Nursing science now has two theoretical frameworks for further exploration into the benefits of developing inner strength in persons with health vulnerabilities. Further inquiry, both qualitatively and quantitatively is warranted to discover other aspects of inner strength that can lead to interventions and sustainable health outcomes across genders, population, cultures, and other vulnerable groups.

The most prominent gap in the literature on inner strength is the lack of inclusion of men in the dialogue about inner strength and will be addressed in detail. There are other opportunities for research in addition to the study of inner strength in men. For example, only one study has examined inner strength from the life experiences of members of other cultural groups (Rutherford & Parker, 2003). The inclusion of members of other cultures and ethnicities in this research may yield insights for future studies. Future research opportunities will be addressed in Chapter VI of the final research report as they arise from the project.

There is a dearth of literature about the experiences of men and inner strength, except in Scandinavian research on aging and perceived health. Only one qualitative inquiry included both men and women and was focused on aging (Nygren et al., 2007).

Empirical research has elaborated a set of constructs that are theorized to account for the experience of inner strength. None of the research, however, specifically examined men's experiences.

Inner strength has been identified as an important component of well-being and a predictor of quality of life in women and has been conceptually and theoretically examined and tested (Dingley & Roux, 2014; Lundman et al., 2011). Nygren, Norbert, & Lundman (2007), however, noted that inner strength is a personal capacity available to anyone. How it is experienced in everyday living by those of different genders, sexes, ages and cultures is less clear. How inner strength can be activated or drawn upon for improved health universally is also less clear. Improving health and well-being for everyone involved in a caring, healthcare context is an important concern for nursing and other health disciplines.

Gender research on inner strength has not been fully actualized (Dingley & Roux, 2014; Lundman et al, 2011). Specifically the experiences of men and inner strength can lead to more comprehensive theoretical models. Nygren and colleagues (2007) began that line of inquiry by the inclusion of men in their hermeneutic analysis of inner strength. Contributions that were uniquely from men's experiences were not discussed in the findings. The theoretical work performed by Scandinavian scientists has included men, but very little of that work stems from men's actual experiences. Systematic inquiry of inner strength in men using both qualitative and quantitative methods should be undertaken to augment existing knowledge. Elaboration and interpretation of the essences and meanings of inner strength specifically in men would add to the existing

body of knowledge for more complete conceptual and theoretical understanding of a complex, multidimensional phenomenon and to improve practice options.

Nursing is a practice discipline and the roles of nurses in health promotion, healing, aging and transitions in the care of both genders are important, and equally so in men, since the risks to health in men are enhanced statistically. The greatest risk for men's health is being male (Courtenay, 2000). Further, gender socialization and normative behaviors have been shown to predict health outcomes (Mahalik, Burns, & Syzdek, 2007). Nurses are in key positions to exploit social and other experiences to support changes in health behaviors that lead to improved outcomes for men in particular. Nurses are in unique positions to influence men in positive directions for improving healthy behaviors, as well as to influence continued health surveillance by all members of the healthcare team to support health, well-being, quality of life, and successful aging in men.

Summary

This chapter has summarized the existing literature on inner strength. The literature serves as the context for inquiry about inner strength in men. An exploration of inner strength from the experiences of men has not been conducted to date. This research contributed to filling a knowledge void about the phenomenon of inner strength specifically related to men's experiences.

Chapter III of this dissertation describes the qualitative methods that were followed in this descriptive study.

CHAPTER III

METHODS

The purpose of this chapter is to describe the research design for this descriptive phenomenology. The methods that guided this research are also discussed, including: population of interest, participants, participant size, setting, recruitment procedures, data collection procedures, human subjects protections, data analysis, and approaches to methodological integrity in qualitative research.

Research Design

Descriptive phenomenology is the research approach used for this study. Phenomenology is an ontological orientation of multiple realities, distinct from the dualist view of objective truth. The outcome of phenomenologic inquiry is to comprehend and explicate the universal essences of common experiences in the lifeworld of individuals (Dahlberg & Dahlberg, 2004; Lopez & Willis, 2004; Moustakas, 1994).

Phenomenology is grounded in the philosophy of Husserl, who believed that when investigating human behavior, one ought to consider the subjective components of experience in a pre-reflective way (Caelli, 2000; Giorgi, 2009), as most often, one's subjective views become the individual's reality (Lopez & Willis, 2004). Every human comes to know his world and derive meanings of it through his perceptions of the experiences that are encountered (Dahlberg & Dahlberg, 2004). Perceptions in human consciousness become objective reality, are intentional and contingent, and thus, are

worthy of investigation and understanding like any other objective reality (Sokolowski, 2000). The conduct of qualitative research requires the investigator to embrace the subjective view of the world in context in a quest for new knowledge (Moustakas, 1994; Streubert & Carpenter, 2011). For nursing research that seeks to understand the human condition and its meaning in particular contexts, phenomenology is a highly useful approach.

Descriptive phenomenology, one of the many phenomenologic traditions, is used to elaborate the experiences of individuals through narratives that allow for the universal essences to emerge. In this approach, the investigator is the medium by which patterns, new meanings and essences are articulated from collective narratives of those experiencing the phenomenon of interest. In particular, the procedures for descriptive phenomenology delineated by Giorgi (2009) guided this inquiry.

The methods for descriptive phenomenology follow the interpretations of many scholars who have elaborated the methods from the philosophy over time. The philosophy of phenomenology as delineated by Husserl (2012) is rigorous. The methods for conducting phenomenological inquiry are less strict, but at the same time rigorous. As Giorgi (2005, 2009) has pointed out, to do phenomenological inquiry as Husserl intended, would be to conduct philosophy and not research. Thus, this research followed the interpretation of Giorgi (2009) as regards methodological inquiry using descriptive phenomenological methods.

Participants

For this research, a variety of experiences of inner strength from a heterogeneous sample of participants were required to achieve the purpose and specific aims. In this

section the inclusion criteria, participant size and sampling, recruitment procedures, and interview settings are described.

Participant inclusion criteria. The population of interest for this research is men over the age of 50 that live in a large mid-Atlantic geographic area. The inclusion criteria were:

1. men, aged 50 and older who were willing to recount their experiences of inner strength;
2. who lived in a large metropolitan area in a mid-Atlantic geographic service area including the county municipalities that surround it;
3. who self-reported a range of health and wellness with or without chronic health challenges; and,
4. who spoke, read and understood English at least the 8th grade level.

The inclusion criteria stated above were included in a screening instrument (See Appendix A). No other qualifying data were required for this study. The age limits for this research are based on developmental theory. As one ages there is an accumulation of different experiences that shape one's perception of the life world. An older person generally will have had more life experiences than a younger person to aid in the development of personality characteristics that provide capacities for a wide range of developmental tasks. Personality and cognitive traits are developmental over time (Mroczek, 2014). Research on health behaviors in populations over 50 have shown that men, in particular, exhibit fewer health seeking behaviors and engage in higher risk behaviors in later life (Shaw, McGeever, Vasquez, Agahi, & Fors, 2014).

Participant size and sampling. There was no set number of participants for this study. Unlike quantitative methods that require a specific sample size computed mathematically based on the rules of probability, qualitative methods require participant size that provides enough data so that common themes emerge and new, clear meaning is elaborated (Streubert & Carpenter, 2011). Participant size and methods are not static as in quantitative designs, but are emergent (Higginbottom, 2004) as the research process unfolds. Descriptive phenomenology relies on rich and varied narratives to achieve aims. Adequate data collection is dependent upon the depth and breadth of the collective narratives. Demographic data and participant characteristics are found in Chapter IV.

Purposive sampling (Devers & Frankel, 2000; Polit & Beck, 2012; Streubert & Carpenter, 2011) to achieve maximum variation (Higginbottom, 2004) of participants with diverse backgrounds and demographics was used to elicit a range of rich narratives about inner strength. Participants were recruited until data saturation was achieved. Data saturation for the sample occurred when themes became redundant and this investigator found that more data will not elaborate any new information (Polit & Beck, 2012). Data saturation occurred at ten participants. Two more men were recruited to provide further validation of content.

Certain participants were eager to suggest others who might be willing to provide their experiences of inner strength. Two participants recruited in this manner. Snowball sampling, one participant recommending others for recruitment, while potentially expedient, also has drawbacks. There is a higher risk of anonymity and confidentiality compromise with enhanced use of snowball sampling. In addition, variation in types of experiences can be diluted, yielding less rich data or fewer patterns, themes and essences

(Polit & Beck, 2012). Figure 1 shows the participant recruitment matrix and includes men I have known personally at various times, men unknown to me, and men suggested for recruitment.

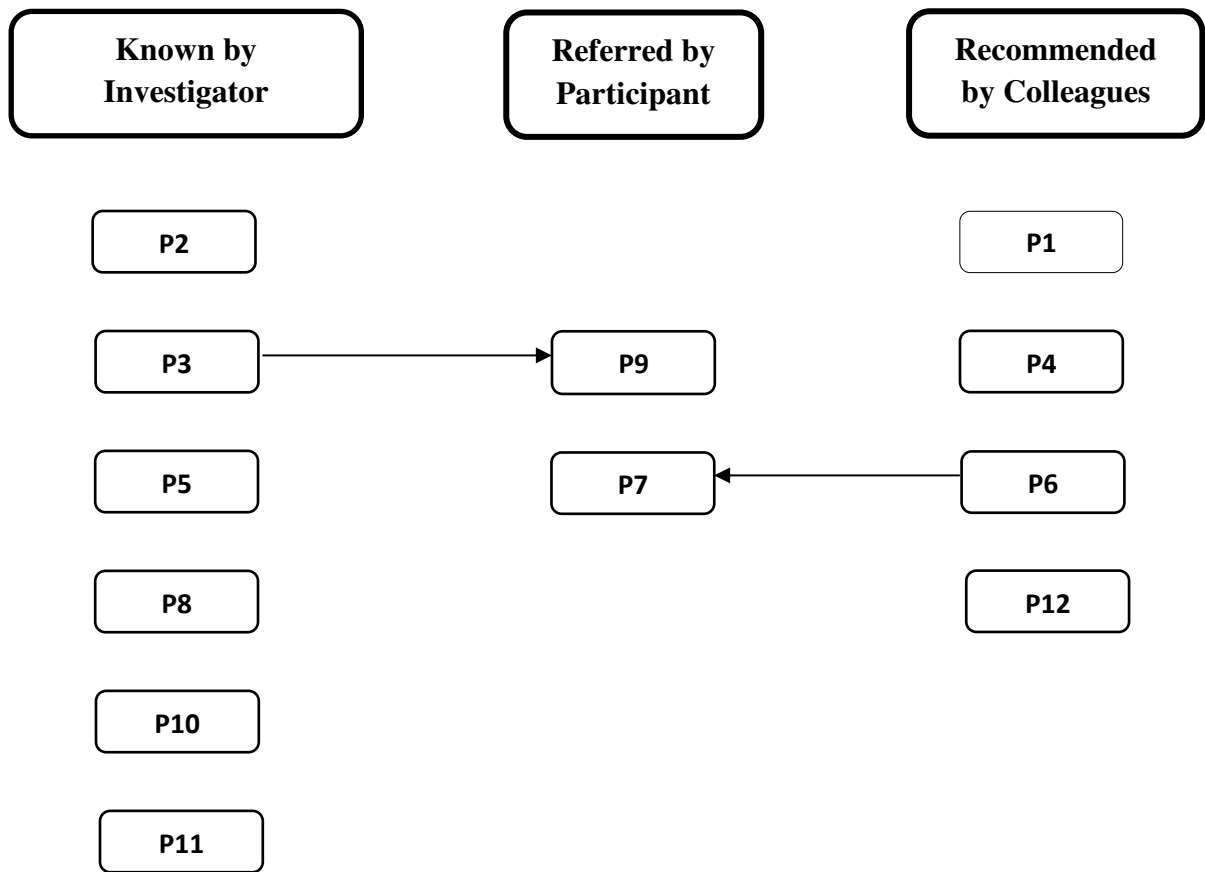


Figure 1. Recruitment Matrix demonstrating how participants were entered into the study. Men known to the investigator were directly recruited.

Four African-American men were approached for this study. Each indicated he would be willing to discuss inner strength, yet declined to be interviewed when recording the narratives was discussed. They did not want to be recorded. This occurrence is not unusual when the cultures of the investigator and the participants are dissimilar. Gaining trust is more difficult in the short-term.

Recruitment procedures. The initial recruitment procedures described in the proposal for this research were predicated on the notion that it might be expedient to recruit from men's social groups in the area. In addition to expediency of the process, maximum variation might have been achieved in subjects with unique experiences. Group recruitment was not needed as there were willing participants that were individually recruited. In many casual conversations with men known and unknown to me, there was a sense of interest engendered for the research and a keen desire to participant in the research process. There were many interesting accounts of difficult situations or adversity elicited from the experiences of the participants. There was a great deal of variation in their accounts, yet the fundamental structures of inner strength and its essence still emerged.

There was no hesitation on the part of the subjects to divulge difficult experiences and to discuss their thoughts, feelings, emotions and processes related to those experiences. I assume that their ability to disclose these experiences was, in part, due to a sense of mutual trust that might not have been present with participants who were otherwise recruited in settings where this investigator was an unknown. Trust is an essential component of this type of experiential inquiry (Schmied, Jackson, & Wilkes, 2011). Enhancing trust minimizes the social power differential that may be perceived by the participant, and allows for more disclosure in the interviews (Schmied, Jackson, & Wilkes, 2011). The first two interviews resulted in rich data and I decided to continue the recruitment of subsequent participants in this personal manner.

Recruitment setting. Recruitment of participants occurred in casual conversations related to my ongoing dissertation process in random settings. Either face-

to-face or telephone recruitment occurred. In both cases, the men in this study were eager to learn about my progress and to offer their experiences of inner strength. The screening criteria were evaluated during these conversations. There were no individuals who did not meet the screening criteria previously listed above.

Data Collection Procedures

After eligibility was determined each participant was asked to schedule an interview time in accordance with their schedules, comfort needs, and safety and security. Interviews occurred in private in either homes or offices. No public spaces were used for any interview.

Once comfortable and the recording instruments set up, the participants completed the demographic survey (Appendix B). All of the participants met the demographic requirements. Once demographic surveys were completed the informed consent process began. The informed consent provisions are described below. Each interview began with conversational questions to promote ease of dialogue. Each participant was also asked if he had any further questions before beginning the interview. Interviews lasted between 35 and 72 minutes in length. Participants were informed that the interviews might take up to 120 minutes in length with flexibility built in to allow for more in-depth interviews as needed. Field notes about context, investigator reflexive thoughts, time, and events were documented after the interviews in either written form or audiotaped thoughts. This process allowed for an audit trail (Mulhall, 2003).

An open-ended, semi-structured interview followed. The interview approach optimized the ability of the investigator to invite a "...rich, detailed, first-person account..." of an experience (Smith, Flowers, & Larkin, 2012, p 56). Open-ended, semi-

structured interviews are appropriate for descriptive inquiry as they allow for maximum flexibility in data collection; allow for follow-up questions and probes as dictated by the narrative; and, support discovery of previously unknown insights by the participant (Ryan, Coughlan, & Cronin, 2009; Schmied, Jackson, & Wilkes, 2010).

The opening query for this study was: “What is your experience of inner strength in your daily life?” (adapted from Rose, 1990). This probe or a variant of it were used in each interview. Subsequent probes and questions were led by this opening question to elicit concrete descriptions rather than interpreted ones (Wertz, 2005) until each interview was exhausted. Questions or probes arising in one interview could have been used in subsequent one. However, this procedure proved unnecessary across the interviews. Probes or follow-up questions for each narrative arose out of the dialogue occurring at time of the narration led by the participant’s languaging and recall of his experiences.

At the end of the interview, a debriefing session of approximately 10-15 minutes occurred to allow a natural end to interview and to allow the participant to add any new experiences remembered during the session. Only one participant offered any further reflection and this reflection was noted in a field note. No follow-up interviews were conducted, as the length of time between interviews and follow-up could allow for more reflection on the part of the participant, thus potentially changing the original narrative or diluting its richness. Descriptive phenomenology relies on pre-reflective data for essences to emerge (Moustakas, 1994).

Human Subjects Protections

Protection of human subjects is an ethical undertaking and proscribed by the University of North Dakota (UND) Institutional Review Board (IRB) procedures. Ethical

protections included procedures to protect anonymity and confidentiality of participants through informed consent, data protections, and the risks and benefits of participation. Included in the risks and benefits were protections for safety and security of the participants. Informed consent was based in the Common Rule (Protection of Human Subjects, 2009). Appendix C contains the UND IRB approval letter.

Informed consent. Written, informed consent was obtained prior to the beginning of any interview process. The informed consent document is included in Appendix D. The investigator was identified, as well as the purpose of the research. The guarantee of anonymity was described in terms of proxy participant code that was used to identify participants by this investigator. In most cases, the men chose their own proxy names. Anonymity was protected by the investigator. This investigator did not divulge any participant name to another participant. However, the participants who referred other men to the study did share their participation. Confidentiality was achieved by data protection procedures and by the use of licensed and bonded transcriptionists described below.

The informed consent document described the rights of the participants, including the ability of the participant to discontinue participation at any time during the study as deemed appropriate. If a participant decided to cease participation prior to the analysis of the data, all data would have destroyed and not used in the final analysis and report. All recruited participants completed the interviews and none of them asked to be removed from the study.

The risks and benefits of participation were described (see the next section for a description), including the absence of compensation for their time. Contact information

for this investigator, the research project supervisor, and the IRB office were offered. At least two possible outside sources for counseling were provided, in case participants needed emotional support from the recollection of experiences that produce distress. The complete informed consent document (Appendix D) was reviewed. Participants initialed each page of the document. All participants agreed in writing to have their interviews recorded, as well as to have specific quotes used in the final report. The participants signed and dated the last page of the document. The investigator then signed and dated the completed document.

Risks and benefits to the participant. There were no known risks to the participants. There was the possibility that unsettling memories could have been recalled and the participant might have experienced distress during the interview process. If distress arose, the investigator was prepared to cease the interview and determine with the participant if an outside source needed to intervene. This situation never occurred during the interviews.

Comfort of the participant was important. Men with chronic health conditions could experience fatigue or other somatic discomforts. Participants selected their interview environments and were able to rest as needed during the interviews. Postponement of the interviews was an also an option if somatic difficulties precluded focus on the interview. These issues also did not arise.

The benefits to the participant included the discovery of new meaning about inner strength for himself. Recollection of past experiences was in a sense, revelatory. A clear benefit, consistent with the aims of this research, was to inform the public about a phenomenon that has great potential for nursing and healthcare science. From this

research, new knowledge about inner strength in men will serve for the development of interventions to augment inner strength, promote positive health outcomes, and to provide a foundation for additional research on inner strength.

Data security. The procedures for data collection have been described. Once data were recorded, the highest quality recording was uploaded to a .wav file and stored on a separate computer used for research only. The computer was protected with antivirus and anti-malware software. The .wav file was electronically transmitted to a bonded, licensed and insured transcription service for transcription to written narratives. One audio file was maintained during transcription for context, reflexive practices, and verification of field notes by this investigator. Audio files will be erased at the time they are no longer useful or after data analysis, whichever time occurs first. At this time, all audio files are intact.

Transcripts of narratives are maintained on a removable drive under lock and key in a fire proof safe. This investigator's personal office in his home environment is sufficiently secure to preserve the data safely, as it was only available to him. Written data will be maintained with secure procedures until three years after conclusion of the research, including dissemination of the findings in the literature. At that time, data will be destroyed by shredding.

Data Analysis Plan

Recorded narratives. The complete interviews were recorded using a bi-directional Zoom TM H1 digital audio recorder. The original audio recording and one copy were made. The second recording was made on this investigators cell phone to prevent data loss from equipment malfunction or operator error. The highest quality

recording was supplied to the transcription service and destroyed after the transcription was completed. The copy was kept during transcription so this investigator can hear the narratives multiple times for context.

Transcribed narratives. Recorded audio data were transcribed to text by bonded and insured transcriptionists. Narratives were transcribed in a format that allows for electronic analysis as needed. All recordings and transcripts will be maintained under lock and key and will be destroyed at the completion of the research process including the dissemination of the research findings. Data were manually coded and are in a locked filing cabinet. Data analysis software was not used for this research.

Data analysis. Analysis of the data was congruent with the philosophical requirements of Husserl and the procedures set out by Giorgi (2009). From a philosophical orientation, this investigator assumed the transcendental phenomenological attitude to view all experiences from the perspective of consciousness without limiting what they might be (Giorgi, 2009). The process for discovering the eidetic structure and essence of inner strength in men is described below. The structure and essence of inner strength in men emerged from the narratives and is reported in Chapter IV.

At each stage in the research process, including data analysis, this investigator bracketed his own assumptions, prior knowledge, and experiences to allow the descriptions of experiences to emerge from the participants unimpeded and without prejudice (Levasseur, 2003). Bracketing is a conscious, reflexive posture taken on the part of the investigator to document biases and presuppositions in a descriptive phenomenology project. The process of bracketing stems from Husserl's position that new meanings should emerge from the things themselves naturally without a priori

interpretations or influences (Levasseur, 2003) from outside theoretical sources or common biases (Moustakas, 1994). Bracketing does not require the investigator to forget past knowledge, but it does require that engaging with it is suspended during the investigation (Giorgi, 2009, p. 92). While there is controversy, both philosophically and methodologically with bracketing, to remain true to the Husserlian tenet of meaning arising from the data, bracketing was employed (Georgi, 2009; Levasseur, 2003). Bracketed thoughts and reflexive analysis were documented in the field notes and audiotaped notes, constituting an audit trail to enhance overall trustworthiness of the data.

The strategies for analysis of the data for this research were more prescriptive. The first step in analysis was to read each transcript to intuit a sense of the entire phenomenon of interest without resorting to explanation or interpretation. Once a sense of the whole is intuited, each transcript was read again to decompose the narratives into meaning units as they emerge from the perspectives of the participants. Meaning units are the constituted elements of a narrative that delineate meaning changes (Giorgi, 2009). Meaning units were highlighted in the text as they occurred.

The second step of the process involved the determination of meaning units found within the descriptions based on the discrimination ability of the investigator. Meaning units were then further clarified by relating each meaning unit to the whole of the narratives from the perspectives of the participants based on re-reading the narratives. Meaning units were then linguistically coded based on participant language and reflected against the complete narratives for consistency and shifts. Codes were placed in text boxes in the margins of each narrative.

The third and fourth steps included the process of eidetic analysis and reduction. Meaning units and codes provided for more in-depth eidetic analysis. The process of eidetic analysis involved a constant movement from the parts in relation to the whole to intuit the essences of a particular experience, where characteristics, structures and meanings emerged (Georgi, 2005, 2009; Wertz, 2005). Eidetic reduction satisfies the requirement for universality; that is, the universal essence of a phenomenon is made objective (Giorgi, 2005).

The fifth stage of analysis was to examine the data in relation to existing concepts and theories and to transform them into the language of science. Once this analysis was completed, the insights were integrated and synthesized into a descriptive structure constitutive of essences and new meaning (Georgi, 2009; Streubert & Carpenter, 2012) in preparation for the final stage. The final stage in the process will be the submission of the research report for publication. One could consider this dissertation as a preliminary step to the final report dissemination in the public domain.

Approaches to Methodological Integrity

The process of ensuring methodological integrity or rigor in qualitative research designs continues to be a source of debate in the literature (Tobin & Begley, 2004; Whittemore, Chase, & Mandle, 2001). For the purposes of this study, the usually agreed upon standards of rigor in qualitative research were employed and included: credibility, transferability, dependability and confirmability (Thomas & MaGilvy, 2011; Tobin & Begley, 2004). These four criteria helped to establish the overall “goodness” (Tobin & Begley 2004) and “trustworthiness” (Sandelowski, 1993) of the research project in

conjunction with an alignment of the ontological, epistemological, and methodological foundations (Watson & Girard, 2004) that have been previously described.

Credibility. Credibility in qualitative research refers to the ability of the reader of research to recognize the findings as consistent with the experiences of a phenomenon (Thomas & Magilvy, 2011). Credibility also refers to the fit between the descriptions of a phenomenon and the investigator's interpretation of them (Tobin & Begley, 2004), as well as the extent to which a phenomenon is recognized when read by those not familiar with the study (Sandelowski, 1986). To achieve credibility, I immersed myself in the data, read and read again the narratives, and interpreted meaning units and themes consistent with the experiences as narrated. Since this investigator is a novice and the research is supervised, collaborative triangulation (Tobin & Begley, 2004) between the investigator and the committee members was employed. Member checking, where participants review the data and the interpretations of them is controversial and was not employed (Angen, 2000). The narratives were accepted as the truth of the experience from the recollections of the participants. Other forms of data triangulation can enhance credibility (Halcomb & Andrew, 2005), but were not be employed in this research as is consistent with the philosophical underpinnings of phenomenology.

Transferability. Transferability concerns the transfer of findings or methods in one qualitative research to another (Thomas & Magilvy, 2011). The data, as described in Chapters IV and V, are in some ways consistent with the previous research on inner strength. There are similar, but not exact findings. However, the descriptive phenomenological methods that were employed for this research are transferable to other groups. Thick descriptions of context (Creswell, 2007; Lincoln & Guba, 1985) were

described to allow for transferability to other settings. Rigid adherence to the methods described previously enhanced transferability and adequacy of data collection and analysis (Watson & Girard, 2004).

Dependability. Dependability is the extent to which the decision trail in all aspects of the research can be followed (Thomas & Magilvy, 2012). A report is considered dependable if the report is aligned with the specific aims for the research and if the methods and processes carried throughout the report can be easily followed by the reader. Dependability was accomplished through a comprehensive audit trail formulated through attention to a complete description of all processes that occurred in this study. This study followed all protocols established in the research proposal from recruitment, to interviews, through data analysis. Eidetic reduction followed a complex process of back and forth between the narratives and the transcribed data, and among all of the transcriptions, with constant attention to reducing the extraneous data that were not consistent across participants. Data were examined for polarities and maintained as part of the analysis if the polarities contributed to the emergent themes. These occurrences were described as they occurred in the data analysis.

Confirmability. Confirmability in qualitative research refers to data neutrality; the interpretations presented are not contrived, but emerge from the data (Tobin & Begley, 2004). Themes emerged and corresponding participant direct narratives were supplied to support the data. The foundation for confirmability is laid when the other three criteria are achieved. Further, the reflexive posture of the investigator contributed to enhanced confirmability. For this research a reflexive journal and field notes were

maintained in an effort to reduce bias and allow for the fullness of new insights to emerge.

Summary

Chapter III has described the philosophy of phenomenology and the methods of descriptive phenomenological inquiry that flows from the philosophy. The participant recruitment procedures, inclusion criteria, sampling technique, data collection procedures and all data analysis methods have been explained, including approaches to methodological integrity. Lastly, protections of human subjects have been described consistent with the University of North Dakota Institutional Review Board requirements.

The purpose of this chapter was to delineate all research processes regarding the systematic inquiry into the phenomenon of inner strength in men using descriptive phenomenological philosophy and methods. In Chapter IV, the findings that emerged from the narrative data are described.

CHAPTER IV

RESEARCH FINDINGS

The purpose of this chapter is to describe the findings that emerged from the rich and varied narratives of the 12 participants who graciously shared their experiences of inner strength over their lives. The demographic characteristics of the participants are thoroughly detailed. Next, the subthemes, themes, eidetic structure of inner strength are elaborated including data elements in the voices of the participants that support each of the elements. Finally, the essence of inner strength in men is presented.

Participant Demographics

Descriptive statistics related to the participants' demographic data are illustrated in Table 1. Demographic data were collected only as they pertained to the research methods, or as they were needed for the study in order to conform to ethical considerations for research (Gibbs et al., 2007). These demographic characteristics were used to support the presence or absence of maximum variation related to participant characteristics. While the participants did not have variation in education, social living arrangements, and ethnic or racial diversity, there was a great deal of rich variation in the experiences described by each participant.

Table 1. Participant Demographics.

	<i>n</i>	%
Age (years)		
50-55	1	8.3
56-60	6	50.0
61-65	3	25.0
66-70	1	8.3
>70	1	8.3
Race/Ethnicity		
Caucasian	12	100.0
Current Marital Status		
Married	10	83.3
Previously Married	2	16.7
Social Living Arrangements		
Live Alone	2	16.7
Married	10	83.3
Education		
High School Graduate	1	8.3
Some College	1	8.3
College Graduate	4	33.3
Completed Graduate School	6	50.0
Work Status		
Retired	1	8.3
Part-time	2	16.6
Full-time	9	75.0
Residence		
Urban	1	8.3
Suburban	8	66.7
Rural	3	25.0
Chronic Health Issues	6	50.0

Note. Mean age = 60.25 years

Age

All of the participants met the minimum age criterion of at least 50 years of age. The mean age of participants was 60.25 years. Ages ranged from 50 to 74 years of age. The minimum age requirement was based on developmental theory and the assumption that men of at least aged 50 would generally have had more life experiences than men who were younger. The men who participated recounted multiple and varied life experiences of inner strength. Thus, for these participants the minimum age supported the accumulation of rich and varied data and the assumption of life experiences held. However, this research does not support the limitation of inner strength research to men 50 years of age or older for future inquiry.

There was no maximum age limit for this research. Scandinavian empirical research suggested that elder men past retirement age demonstrated a peak of inner strength at 65 years old with inner strength showing declines thereafter (Viglund et al., 2013). The majority of men in this study had not reached retirement age and continued to work.

Race/Ethnicity

All of the participants identified as Caucasian, Non-Hispanic. There was no variation in race/ethnicity. Entering the field of research with these Caucasian participants was not difficult regarding methodological issues or delays in data collection. Four African-American men were approached to participate in the study. Entering the field with these men provided more challenge and was not achieved. All four were willing to talk about their experiences, but subsequently refused to participate when they were informed the interviews would be audio recorded. I reassured the men of

anonymity and confidentiality precautions, but those assurances did not change their decisions.

Trust seemed to be the issue with their decisions. This phenomenon may not be unusual in qualitative research where the race, ethnicity, gender, and/or cultures are distinct between the investigator and the subject. The investigator may be viewed as the “other”. The other is usually defined as anyone outside of the dominant culture, and in racial studies as anyone non-white (Emirbayer & Desmond, 2011). Participants from disparate social backgrounds than the investigator may require more time to develop trust in the investigator as well as trust in the process of research (Streubert & Carpenter, 2011). Given the short time frame for this research, having more time to spend building a trusting relationship with the African American men would be suggested for future studies.

The men who did participate in the study demonstrated trust in me as the investigator, as well as in the research process and its protections. At the conclusion of several of the interviews, I asked the participants what contributed to their ability to share life experiences that they may not have shared with others. These discussions were documented in reflexive notes, as they were not germane to the research itself.

P9 noted during his interview: “It felt good to talk about these things again. I didn’t know it would be cathartic, but it was.” P2 stated that he knew I would keep everything confidential and did not worry about saying what was on his mind. P5 and P6 both stated that they felt they could trust me. I knew or had known all but five of these men in some capacity. Only one did I know very well. Since we were all of the same race and ethnicity, there may have been an implied facility to establish trusting

demeanors. In addition, since there was a general non-research conversation that preceded each interview, there was also a sense of comfort with the general flow of dialogue. The similar cultural and social contexts between this investigator and participants were important to set the stage for the rich sharing that occurred (Streubert & Carpenter, 2011).

Marital Status

All but two of the men in the study were married, most for over 20 years. Two participants were currently single, though both had been previously married and divorced. One was in an ongoing long-term relationship with a woman. Two men were in their second marriages; one after the death of his spouse and the other after a divorce. These spousal relationships played a significant role in the inner strength of the participants as described below.

Social Living Arrangements

All of the married men lived at home with their spouses. Four of the men had children living at home. One man had two children still at home, but the children lived with his ex-wife. He had custody every other weekend for his children. Only one man had not had any children during his life. There were no extended family members living in the homes, though there were responsibilities for elder parents described by two of the participants. Social living arrangements with supportive spouses did contribute to the experience of inner strength for many of the men.

Education

The men in this study were educated. All but one man had completed at least some education at the college level. Two men held doctoral degrees, four men held

masters' degrees or technical degrees equivalent to the masters, four held baccalaureate degrees, and one held an associate degree. Educational attainment did not emerge in the data for this research as a part of the inner strength phenomenon across participants. Educational attainment, however, may have had an impact on how well the participants were able to articulate their experiences of inner strength. One participant discussed an unrealized doctoral goal, as he had to make choices to support his family, both financially and emotionally, rather than continue in school (P10). In another example, a negative educational experience contributed to a participant finding a source of inner strength early on. Working through this early challenge helped to "set the tone" for the rest of his life.

What comes to mind first is going to Virginia Tech for my chosen career and going through four years and then being rejected when I applied for that position, for that next career move. So my whole focus for four years of who I was, who I was going to be was just dropped in a bombshell. It took a lot of strength and faith at that point to regroup, emotionally, devastated, embarrassed, that whole thing. I quickly got my act together, applied to do graduate studies and attempted to apply the next year for this career move and got rejected the second time because they misplaced my application (P11).

Work Status

Nine of the men were currently working in long-term positions. One of those nine men had recently been informed that he was slated for early retirement due to reduction-in-force initiatives at his workplace. Three men were retired, one for eight years and two for less than one year. The men who were recently retired had continued

to work part time. Work played an important role in the inner strength of these men. Work became a refuge, a distraction from unpleasant events, and a purposeful part of the men's identities. Retirement proved to be significant in the findings as well. Retirement became a loss of purpose for one participant (P10).

Primary Residence Location

All participants were domiciled in Richmond, Virginia or the surrounding counties bordering it. Richmond is an urban center with many contiguous urban, suburban and rural municipalities that contribute a blending of cultures within the geographic service region. Only one participant lived in the urban center. Eight men lived in the suburbs and three lived in more remote areas of the counties.

Chronic Illnesses

The men in this study self-reported good overall health. One man had a cancer diagnosis that was considered cured after ten years. One man had coronary artery disease, corrected by cardiac revascularization. Four men reported taking "blood pressure pills" for hypertension. One man reported gastric banding surgery for obesity. The three men with the most significant medical histories recounted using inner strength during their health adversities as described below. Medical history self-reports were included in the demographic data based on previous research of inner strength and health adversities. Further, since this research may have potential impact on healthcare for men, it was prudent to include self-reported health history as a potential source of data and insights during the narratives and for data analysis.

Data Analysis

Analysis of the recordings and the transcribed narratives provided by the 12 participants revealed the eidetic structure of inner strength in men and its five structural themes: 1) mentally managing; 2) purposefully moving; 3) intentional normalizing; 4) intentional connecting; and, 5) mobilizing self to get through. Transcripts and recordings were reviewed multiple times for a sense of the whole and the contribution of the parts to the whole. Data were compared and contrasted repeatedly to eliminate alternate or competing sub-themes that did not contribute to inner strength in men as described in their stories. Figure 2 depicts the eidetic structure and essence of inner strength in men that emerged from the data.

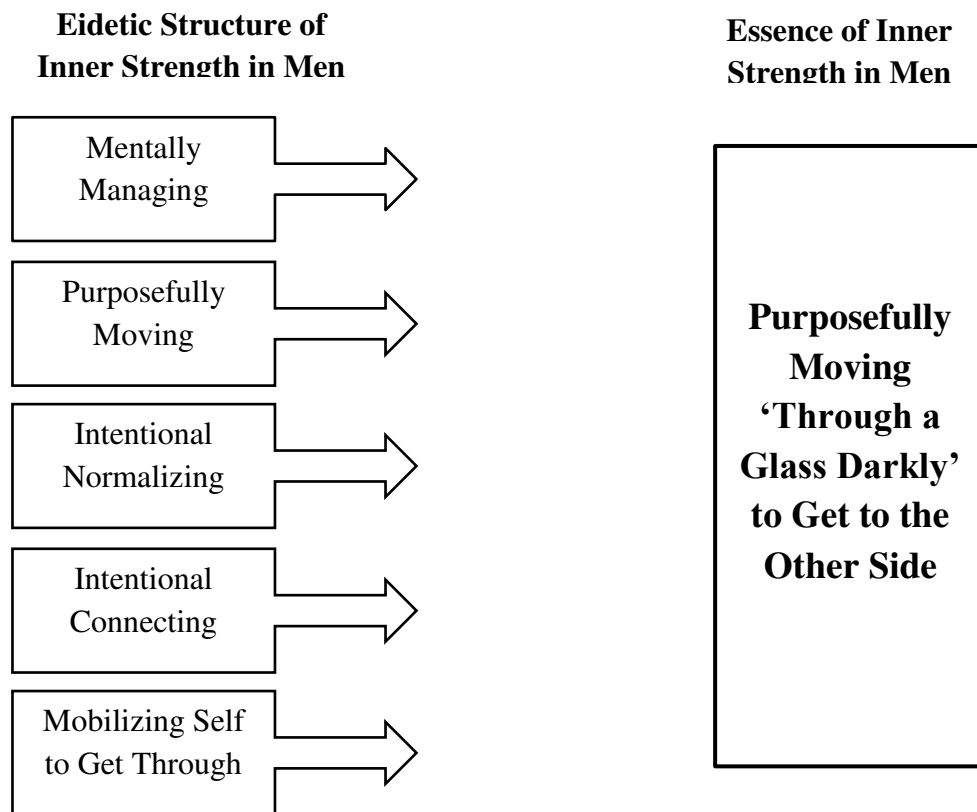


Figure 2. The Eidetic Structure and Essence of Inner Strength in Men.

Five figures (Figures 3, 4, 5, 6, and 7) describe each structural element, its sub-themes and the focal language used by the participants to describe their experiences.

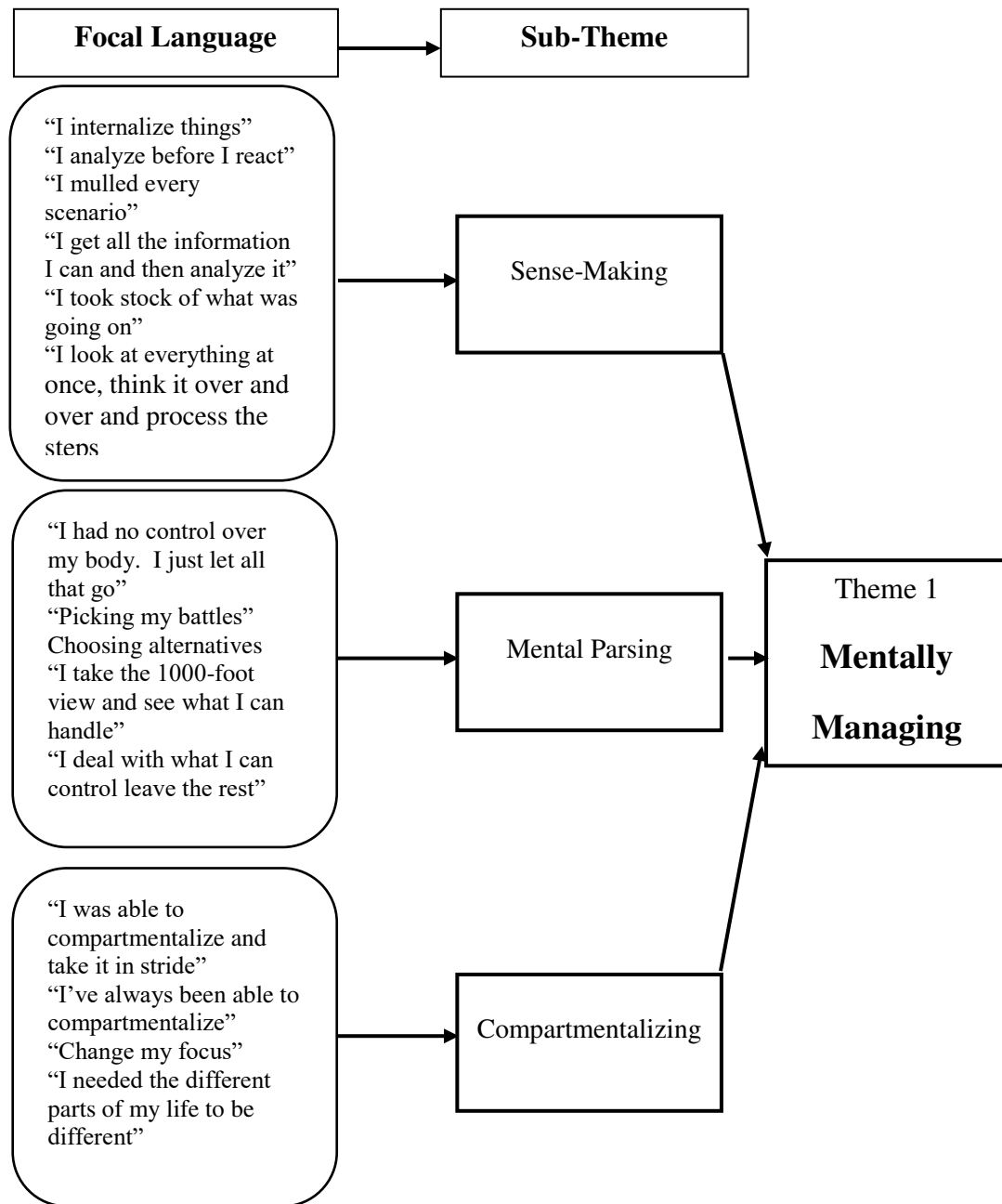


Figure 3. The *Mentally Managing* major theme with sub-themes and focal language exemplars.

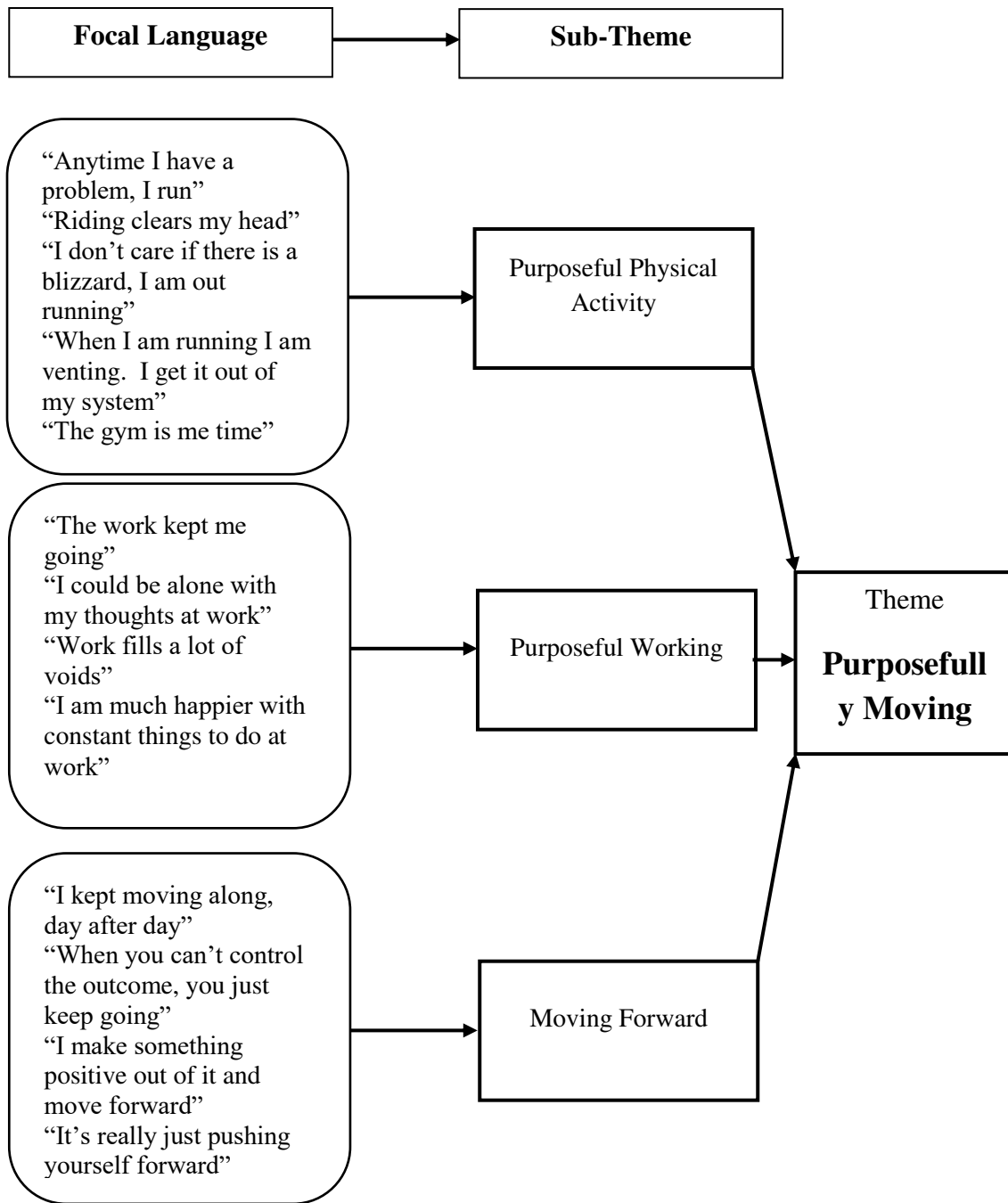


Figure 4. The *Purposefully Moving* major theme with sub-themes and focal language exemplars.

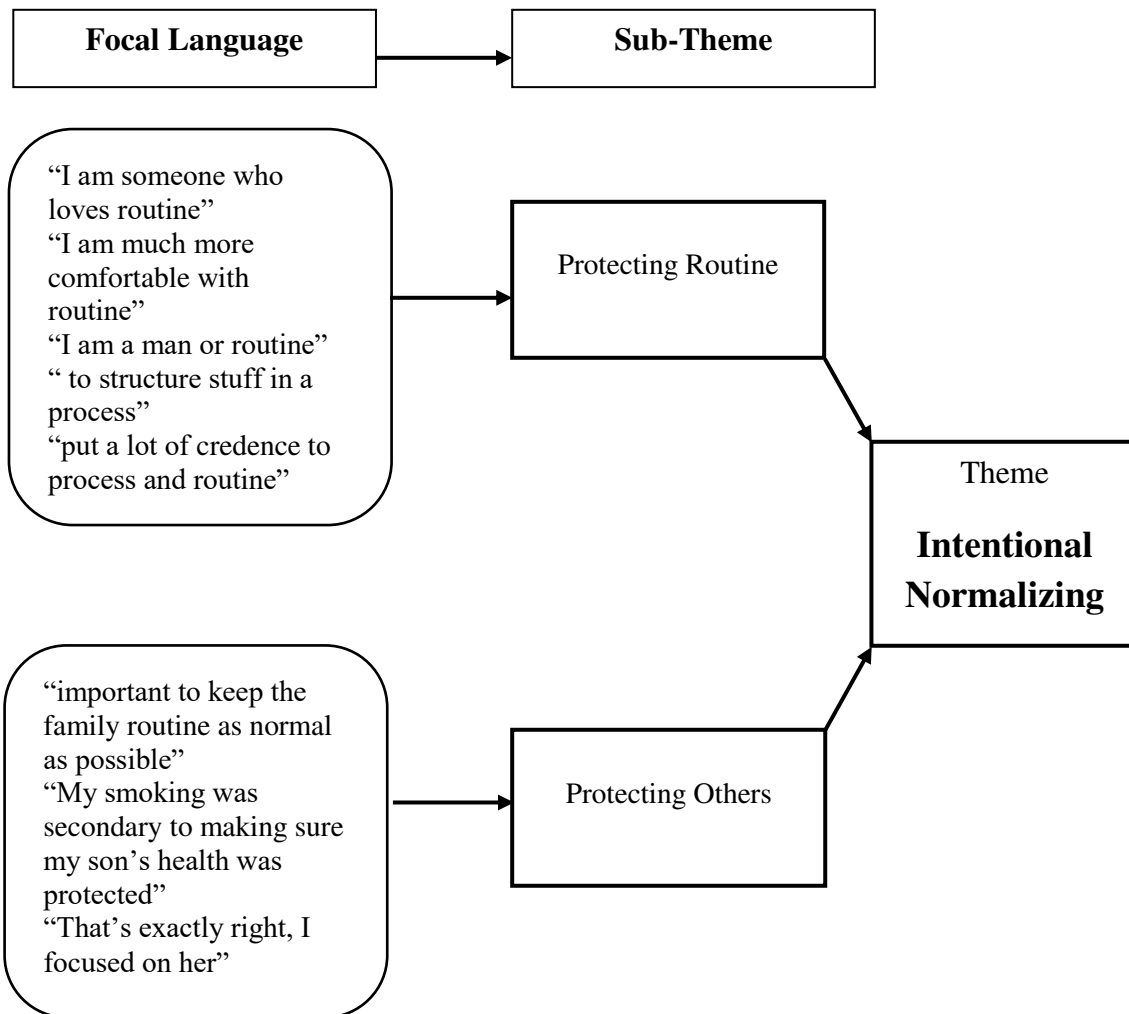


Figure 5. The *Intentional Normalizing* major theme with sub-themes and focal language exemplars.

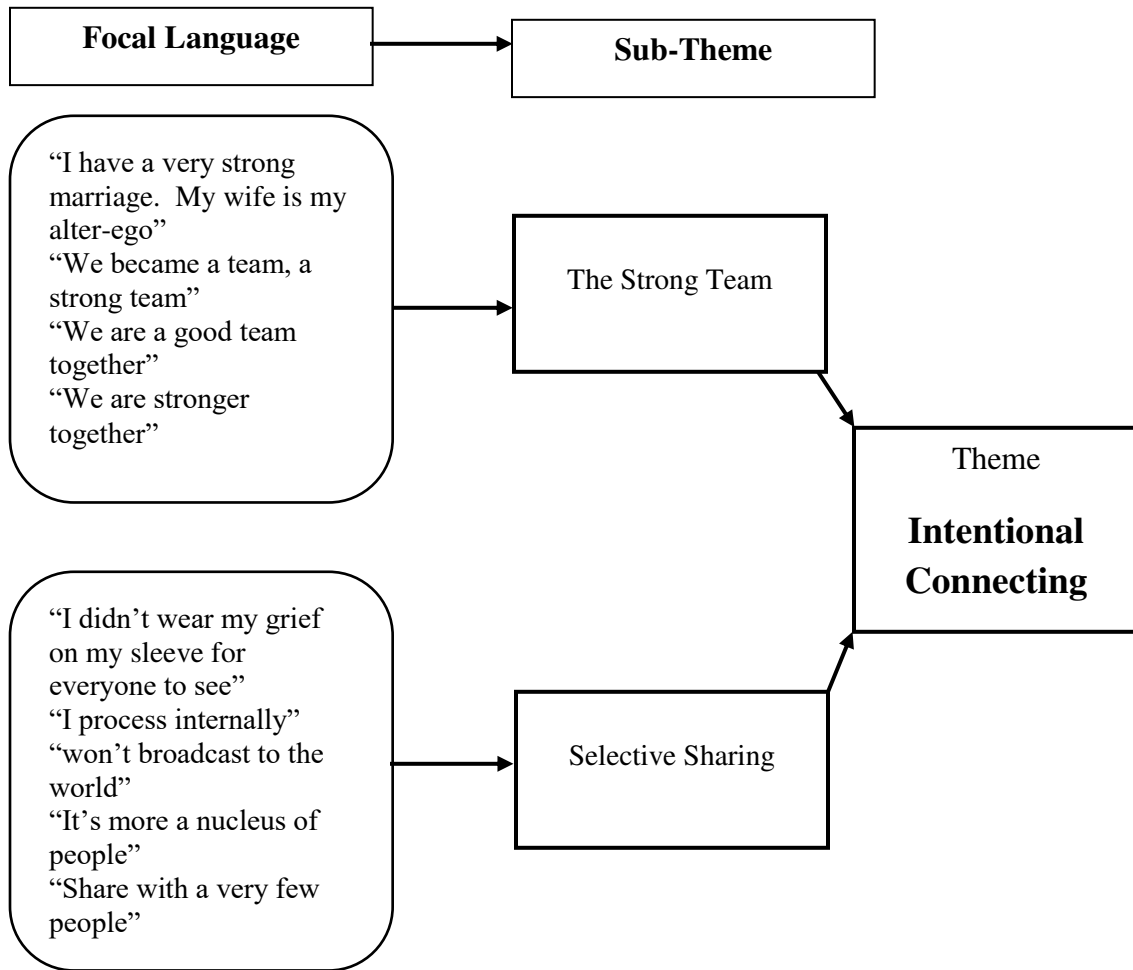


Figure 6. The *Intentional Connecting* major theme with sub-themes and focal language exemplars.

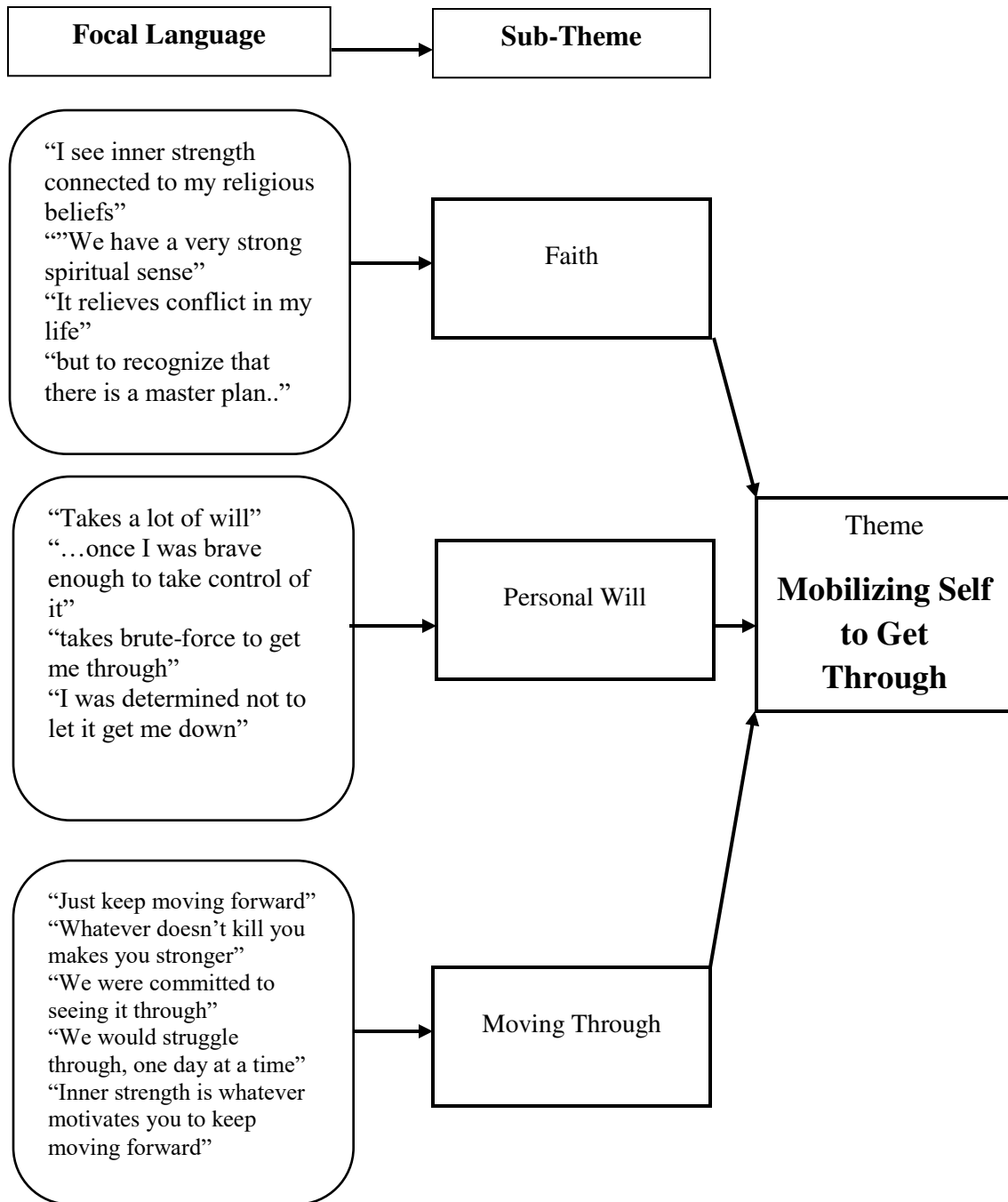


Figure 7. The *Mobilizing Self to Get Through* major theme with sub-themes and focal language exemplars.

The essence of inner strength in men was distilled from the eidetic structure: purposefully moving ‘through a glass darkly’ to get to the other side.

Findings Related to Specific Aim 1

The first specific aim of this study was to hear the experiences of inner strength from the voices of the men who shared their stories. The opening question: “What is your experience of inner strength in your daily life?” was sufficient to allow the participants to respond in a variety of ways. All of the participants could recount their experiences readily. There was little to no hesitation on the part of any participant when recounting their stories. Each had multiple and varied stories of experiences where they had called upon their inner strength.

Five participants began their narratives with their own definitions of what inner strength was to them. The definitions were similar in that they related to the need for inner strength to face life’s hardships as they occur, as well as being a personal resource available to them for continued forward movement through their lives.

Inner strength is being able to deal with some of life’s adversities. I think all of us on this planet have unique ways of dealing with it (P4).

Four other men commented in a similar vein:

I think of resilience in the face of hardship that causes you to reach down and find it within yourself to continue with whatever that is (P5).

Being able to deal with disappointment or failure (P2).

I think inner strength would be whatever is that motivates you to continue to move forward, whether you’ve been knocked down and you are trying to get back

up or you are just trying to keep the momentum going forward would be digging into your own inner strength (P7).

P8, however, equated inner strength with his personal self-identification as well as his gender role identification.

It's what drives me to be me or drives me to be a man (P8).

Other men began recounting specific events in chronological order as they moved through their lives. They started in early childhood experiences and progressed through to adulthood. Adverse events in childhood were all related to dysfunction in relationships or in the home; alcoholic fathers, emotionally and verbally abusive fathers, or parental divorce.

It was clear from all of the stories that some sort of sentinel event predicated the experience of inner strength or the need for more strength in that moment. Participants described sentinel events across a broad temporal range; from early childhood, to adolescence, early adulthood and beyond. The participants described their processes for mobilizing their inner strength in the face of a broad range of personal and shared adversities. Their descriptions suggested that they were able to find the strength they needed to overcome the adverse events.

Table 3 describes the sentinel events that were recalled in the interviews. Some of these events were unique only to the participant himself, such as P11's description of his rejection twice from the university. The majority of events, however, happened not only to the participants, but also to the spouses and family units. Involvement of others in an adverse event, either directly or peripherally, contributed in a meaningful way to

two of the emergent themes in this analysis: purposefully moving, and intentional connections as described below.

Table 2. Sentinel Events Recounted by Participants.

Sentinel Event	<i>n</i>
Parental divorce	4
Bullying	2
Emotional abuse by a parent	2
Death of a parent	4
Personal divorce	3
Death of a spouse	1
Death of a child	1
Spouse critical illness	2
Children critical illnesses	3
Personal health crisis or illness	5
Financial crisis	2
Potential or actual job loss	4
Alteration in family life due to extraneous circumstances	3

Note: Sentinel events are duplicated. Participants recalled multiple events.

Findings Related to Specific Aim 2

The second specific aim of this research was to describe the eidetic structure and qualities of inner strength in men as revealed in their narratives. The participants' focal language provided the foundation for identification of sub-themes and eidetic themes.

Inner strength emerged as a process for each participant, rather than a singular event.

Abstraction and reduction of the themes to the eidetic structure of inner strength in men is written in the language of the investigator (Giorgi, 2009).

Theme 1: mentally managing. The initial acknowledgement of an adverse event in the men's lives prompted the usual responses of shock, disbelief and disruption that would normally accompany negative news.

I was shocked (P1)

I couldn't believe this was happening to me (P11)

I didn't believe it until I got to the hospital (P2)

I was in disbelief that I didn't get the job (7)

Men did not dwell in this place, but began to cognitively process the event to make sense of it. They described "thinking about it", "pondering", "turning it over and over in my mind", "analyzing", finding out what I could control and what I couldn't control", "gathering facts", and "compartmentalizing" the problem. These rich process descriptions led to three sub-themes.

Sub-theme 1-sense-making. When faced with an adverse event, the men in this study described having to think about the event to understand it, sometimes multiple times and for varying periods of time. P6 stated:

I internalize things, I process things a little more privately, and most of that comes from my time riding. I get on my bike and hit the woods and will ride for hours in the woods and I think about things and think about what I can do next. Sometimes I'll stop and record it in my phone so I don't forget it.

In facing day-to-day problems as well as bigger issues, P8 stated:

I absorb what's around me and have been told many times by people that I take a very pragmatic approach to everything, that I analyze things before reacting. I have learned that reacting for me is not a good thing. I am being methodical about things.

P1 spent a great deal of time thinking about the loss of his job:

I thought about it a lot, what did I do wrong, what did they do wrong. I mulled every scenario over in my head until it made some sense to me.

When faced with problems they did not understand, two participants actively sought out information to make sense of the problems:

Yeah, I'm an analyzer. My vocation, avocation, training or whatever it is, people tell me that is one of my strengths; it certainly has done very well in my career. I've been on many instances where stuff is happening and I have the ability to come in and find the critical issues that have to be addressed to kind of deflate or whatever through the process. If I get all of the information and analyze, I can usually find an answer and keep going (P5).

I didn't totally buy into the diagnosis. I think the experience of having been to two different neurologists and watching how they evaluated you, I picked up on the better neurologist. I kept pushing for better answers until I got them (P4).

Regarding finding out that he had cancer at age 40, P10 described his need to find out everything there was to know about the diagnosis so he could follow the treatment plan.

Of course, I read all the information I could, followed instructions. I didn't argue with the professionals. I had questions, but I just think inner voices were saying 'you need to take stock of what's going on.' 'You need to think about it.'

P2 and P12 had similar remarks:

I think I'm the one who walks through every process, thought processes, no quick decisions. I go for the long quiet walk or go sit and contemplate the consequences or whatever. I have to think about things (P2).

I have to see everything at once and then think about it over and over again and process all of the steps. I get to a point where I can't see any new paths and I have to put it aside for a while (P12).

The men in this study were actively involved with the mental processes associated with sense-making of their life events. There was an active search for focal meaning and at the same time, a search for facts. Their mental processes were mobilized to analyze the problem from multiple perspectives. The men in this study did not impart any emotional content related to their mental processes. Rather, they recalled the events and their mental processes in a systematic and often strategic manner. Part of the sense-making for them was the need to segregate the information and their thoughts with some sort of order.

Sub-theme 2-mental parsing. As the men were thinking about the issue confronting them, they also took stock of what they could control in the situation and what was not under their control. This act of parsing the phenomena into segregated components supported other areas of inner strength for them and helped them to find solutions to things they could control and let other issues go. Letting go of uncontrollable parts to problems allowed the men to focus on and solve parts of the issues where they could produce tangible outcomes.

It's there and you can't do a lot about it. It's kind of a different situation than a situation where you have more of the variables that you have direct control over, so it was a different kind of a process (P9).

I had no control over what was going on in my body. I was concerned, but I knew that I was in the right place and I had to let it go. I could not control any part of what was happening. In a way, letting it go was comforting (P12).

Regarding everyday life and its issues, P6 stated:

I think sometimes with the short term stuff I'm trying to figure out if it's short term or long term or if there's something in the middle. There is some triage that occurs. I think what I try to do is if there is something that I'm concerned about, short term or long term, that I have a strategy from day one. I'm going to take this time to think about it and decide what I'm going to do; and also, being able to pick my battles. This is not about my enforcing my vision of the world on everyone else. There are just times when I have to say, 'you know what, I'm not going to take this particular issue on.'

P10 described this process as "gaining perspective" as he described having to prioritize his life when his youngest child developed terminal cancer:

I had to gain a little perspective there and said it's more important to spend time with the family than it is to always be gone and working on something.

P9 also spoke of his strategy for viewing problems and putting them into perspective.

First of all, I try to look at life problems the same way I look at problems at my everyday job. I try to look at them from what I call the 'thousand-foot view', and

not get into the weeds and try to fight your way out. Sometimes you realize from the thousand-foot view that it's bigger than what you can handle.

Parsing was an active component of gaining insights and perspective. Parsing allowed the men to take action of the things that they could control and put the uncontrollable parts of a problem aside. Parsing also set the stage for the next sub-theme of compartmentalizing.

Sub-theme 3-compartmentalizing. The concept of compartmentalizing allowed men in the study to put boundaries around an issue and mentally segregate it from the other parts of their lives. Compartmentalizing served both to minimize distractions when they needed to focus on the problem at hand, yet supported other distractions when they needed to put the problem aside and focus on other priorities, such as work. Compartmentalizing a problem provided space for them to continue to function in multiple areas of their lives, including family life. Regarding his cancer diagnosis, P10 discussed compartmentalizing the diagnosis so he could continue on with work and his daily life.

One thing, I never really stopped and thought about this could be fatal or this was terminal, I just kept plodding along. I thought about it; I was able to compartmentalize, and was able to take it in stride. I don't know. It's hard to say how I got through that, but I did. No, I probably pushed it out of my mind. I pushed all that out of my mind.

P5 also used the term "compartmentalize" when he was discussing everyday problems. When probed for clarification, he expounded on what it meant for him.

I've always been able to compartmentalize. Sometimes that's helpful. To compartmentalize it you say, 'I'm here for this, I don't have time for that, and I'll get to that later, maybe, whatever.'

When he and his wife struggled with the potential premature loss of a child in utero, P9 recalled that he would use work to "change his focus".

It would not have been good for me to have not had a job to go to, to change my focus. I could work and put the other stuff out of my mind for a while.

All of the men in the study recalled continuing to work and do their normal routines during times of adverse circumstances as both a distraction from the problem and/or as a way to continue on with their social role responsibilities of provider and employee. The ability to compartmentalize different aspects of their lives functioned to reduce the burden of their circumstances until they needed to deal with them. Work was one area of compartmentalization that emerged as a significant sub-theme of purposefully moving as described in the next theme.

Theme 1 summary. When faced with an adverse event, the men in this study actively engaged in mentally managing the situation as a first step. They would process until they made sense of the problem, sorted it into controllable and non-controllable parts, and ultimately compartmentalized it so that they could reduce its impact on their daily lives as much as possible.

Mentally managing emerged from the stories men told in relation to events that occurred later in life. The participants that described early life events, such as emotional abuse and alcoholic fathers, did not describe any mental processing of the adverse events.

They accepted the events and tried to move beyond them rather than to cognitively understand them. Two participants stated:

I learned not to count on my father. He didn't pay any attention to me. When he was drinking, I would go out and play or go into my room to read and ignore what was going on (P1).

He was the typical father. He would never note we were doing something well; he tended to focus on negative things and can remember to this day running around the track in California into the wee hours and I would hear him barking across this track and I would say, oh, god. I kind of put up with that. I just ran harder and faster to drown him out. I would run harder and faster so he would not yell at me (P4).

P3 was bullied as a child and described how he coped with it.

I certainly developed a tough exterior. I think that is where I developed my sarcasm, because often times the only way I could fight back was to zing them, if you will, with sarcasm or comments of that nature because I certainly didn't feel like I could physically defend myself. I think it developed in me a pretty quick wit and a protective mechanism that way. [laughs].

While these exemplars were important for the men to recount, they did not directly relate to the structure and essence of inner strength in men. These early life events were related more to the development of resilient personality character traits as discussed in Chapter V.

Theme 2: purposefully moving. Men in this study engaged in a process for mobilizing their inner strength. In addition to mentally managing the adverse event, the

participants described their inner strength as purposefully moving with three sub-themes; purposeful physical activity, purposeful working, and intentional normalizing.

Sub-theme 1-purposeful physical activity. The men's stories were filled with descriptions of purposeful physical activity. Physical activity provided time to reflect and think, a safe place to be with their thoughts, space to problem-solve, and an outlet to let go of stress. Several men were very clear that each time they face a problem, they will, as soon as possible, go out and run, bike, walk or go to the gym. Physical movement was part of their routines and it was important for them to keep their routines to support their inner strength. Routines emerged as a separate theme in this analysis. Further, physical activity allowed them to either think about problems in an unimpeded way, or to be distracted from the problems. In all cases, purposeful physical activity served an important functional outlet for the participants and an important part of the process of mobilizing their inner strengths.

When faced with a problem or a challenge, P7 got on his bike to ride:

I've never finished a ride where I didn't feel better, and always, riding clears my head and helps me process whatever is on my mind.

P4 was challenged to run track at an early age and used the track to improve himself and compete in school, but also to prevent his father from emotionally and physically abusing him. He found happiness at the end of his runs and runs when he faces challenges. He stated that he has continued to run or ride his bike for long distances today.

Although I will say I certainly enjoyed winning, but that doesn't necessarily have to be the reason you are doing it. You can do it for your own self-improvement.

If I am having problems, I go out and run. I just love to run, I always have, and I

can still run even at my age. Maybe I am running away from things or maybe I am running through them. [laughs].

Running was part of a routine for P4, P12 and P6. For P6, running allowed problems to “wash off me” and to put things into perspective. In regards to why he runs, he stated:

I don't care if there is a blizzard or rain or whatever. I'm out there running in the morning. I'm being kind to my coworkers and my kids. There are times when we're all under stress and they know it, I know it. Obviously, there are times when it feels like it's not going to get better. I think letting that wash off me, flow off, and say, OK, you've got another day here, make the most of it.

Another participant uses physical exercise to vent and to problem-solve.

I love going to the track. I used to go run three or four miles at a time, I now will go up and do, maybe, four, five, six miles, but I'm running a lap and I'm walking a lap. It's like I can be very healthy without killing my legs at this point, and that's where I do thinking. I like a track because I don't have to worry about traffic, dogs, holes. Any of the physical activity is the way I can think and vent a little bit. That is the big part. If I have an issue with particular insurance companies that I think are being extremely unfair and I'm probably over reacting with it, I can go up to the track and the time that I'm walking, I don't try to figure it out, the brain just kind of sorts it out, and then when I'm running I'm venting. I get it out of my system and I come home and go 'that was pretty good' (P11).

When asked if his physical activities contributed to his inner strength, one participant described gaining mental clarity and a sense of accomplishment with running.

Yes, it keeps my mind sharp and it gives me a sense of accomplishment and I just feel better. Now, when I'm here and I go do my little exercise thing or I'm at the beach, it's a wonderful feeling to come back to the house and go, I'm done for the day with this—now, I can chill out.

P9 attended the gym regularly and explains its benefits during stressful times:

I try to go to the gym on a regular basis and there are a couple of reasons for that. It is the physical need and the mental need, because when I'm there, I'm on what I call [Bob] Island. It's my time to think and I focus and it helps me tremendously. Some people get that salvation when they go attend church. I get that when I'm alone at the gym. That's my time.

P12 also used running as a means to gain clarity about work problems and personal problems.

I began running in high school. I get that endorphin feeling when I run. I always feel better afterwards. If I have a problem that is troubling me, I go out for a run and the unimportant stuff falls away and I can usually see a new and better solution by the end of it.

Other men used different kinds of activities, not necessarily strenuous ones. P10 blogged about his experiences with his daughter as they continued to search for a cure for her cancer. Blogging was an activity that he found cathartic as well as a source of support from others.

It would be like comments she would make. I remember this one time, the church was very supportive, the minister and everything. We were riding back from [the hospital] and [she] looked at me. She is four and a half or five years old, and she

said, 'Daddy, I'm afraid of God.' I said, '[name redacted], I am too.' I quoted that on the site and got fabulously attacked by the church, but that was a real concern. To me that was a very profound statement because we had no control of what was going on. The prayers were giving us strength, but not curing her. He [the minister] had all kinds of health healers and people coming around offering to pray, but nothing really was turning it around. That was the last step, but that helped me express what we were feeling and that was very cathartic.

P1 and P3 immersed themselves in reading. P8 played video games on the computer. These activities provided some sort of stress relief or distraction from their problems. Physical activity was distinct from, but related to, the next sub-theme of purposeful working.

Sub-theme 2-purposeful working. Working was also a purposeful endeavor. Work as described in the previous section provided multiple functions. Work was a distraction from the stressful events unfolding in their lives and helped to focus some of the men on other priorities. Work was also a safe place where they could keep to their routines and have informal support of others in the workplace. Finally, work contributed to the provision of financial stability for self or for the family during stressful times. Continuation of work during adverse events supported men's inner strength. Work contributed to their role self-images as provider and colleague, as well as provided an environment where they could gather support for their continued struggles. For a few men in the study, actual or potential loss of employment created the impetus for stimulating their inner strength to find other meaningful employment. Thus, the concept

of purposeful work became a double-edged sword; work as refuge and loss of work as the struggle itself.

Regarding his work as part of his routine, P10 stated:

It helped. The work was what kept me going. I think that kept me going, and most people didn't even realize what was going on with me. I think most people were shocked. I have to say the college was cooperative, because I would have five days of the month, or every four weeks I would have to leave at one o'clock. I still went to conferences; I still did most everything, and continued to babysit when my wife was working. It didn't really disrupt the daily routine, but it did cause a reevaluation of some of the long-term goals.

P9 and P7 described using work as a distraction during stressful times. When P9 and his wife were dealing with a potential negative outcome with their pregnancy, he recalled:

For the first few weeks or early months, it would have had for the two of us to have been there together. I needed separation and I needed something else to focus on. I could be alone with my thoughts, sometimes too much because of work, but it worked for me.

P7 discussed what it would be like to lose a job. He had spent three years working toward gaining a new position in another organization and he was denied the position. He could have lost his current position as a result, but he did not.

It would be difficult, too. In this other scenario I had a job. To be laid off and to not have anything, I hope that I'm never in that position to know how I'm going to deal with it, but I understand how that can be devastating for people, in how you see people who decide the only way out is to end everything. I understand

how that can happen. I've never been there. I've never come close to feeling that way, but I understand how it happens. Work fills lots of voids and keeps my family going. I don't know, if that happened it would be probably extremely emotional. And faced with that same choice of what do you do now, do you let it beat you or do you find your support?

The personal satisfaction of seeing results at work provided motivation for P8 through difficult times. His perceived role as "fixer" provided tangible results, purpose to his work life, and contributed to his role self-concept.

Right, this opportunity where I'm at now was presented to me and it was quite similar to the fact that it was taking something that had been knocked down and built back up and there's a certain satisfaction to that. In my previous situations, I've always been put into situations where I was not so much a problem solver, but I would go into situations that weren't very good, turn them around, and then generally after time move on. I was sort of forced to in those jobs because I knew it was a short-term thing. I was a fixer, if you will. I like to work and see results. Fixing things gave me results. Every job I have ever had professionally has been about turning some things around. I fix one thing and move to the next one, or the next job.

When he was building his practice over five years, P11 recalled "being extremely tired of not working". For him, work served to contribute to his happiness as well as his security.

He went on to say:

Even to this day, I'm much happier with constant things to do at work. When I'm not working it's whatever I want to. A backed-up day is much more fun than a

half empty day. I'm much more secure, but still it's very competitive what I do and they are always looking at different ways to encourage people to come to the practice. It never ends, but I have to say the game of it is kind of fun, but you fight and you don't rest much. I don't even know what it's like to have a salary, guaranteed income, whether you are working on a certain day or not working on a day. A busy day pays the bills better than a not busy day, and that is all related to the security.

Only one participant was not currently working at the time of the interviews. All of the other men worked in full or part-time positions, either employed or self-employed. P2 had retired some years back, had several part-time jobs after retirement. Work had been "an escape that occupied most of your day" after his wife's sudden death. He stated:

Yeah, I would like to work a little now. There was a lot of social there at the garden center.

P10 had retired within the past year, but found that he needed to work, so he took a part-time position where he was previously employed full-time. Work for him was an important part of his life related to who he was as a person. His description of loss of work demonstrated a loss of purpose and social connections that work provided.

The biggest frustration of retirement is you lose a big compartment of your life. Because I have always been so committed to work, that my life was work and my friends were work, so I'm just totally at a loss. The problem is I don't hunt, I don't fish, I don't play golf, I don't own guns, and I'm not interested in bunny rabbits.

P12 retired six months ago and he knew he had to keep working and “ease into” full retirement.

I couldn't just stop working altogether. I wasn't ready to give up all of my routines. I still haven't gotten to the place that I don't want to work. Work is part of my routine and I am going to have to ease into full retirement. I don't know when that is, but I am planning for it gradually. For right now, part-time work keeps me challenged enough.

Sub-theme 3-moving forward. The sub-theme of moving forward was articulated persuasively by many of the men in the study at some point in their interviews. There was a need to continue to move and to keep mentally and physically active as discussed in the previous two sections. Moving forward, however, emerged as a metaphorical phenomenon for the individual and his family unit. The physical movement gave them energy, while the metaphorical movement provided direction for the next day onward and a touchstone for eventually seeing a problem through to its natural end.

P1 suffered the loss of employment suddenly. He recalled being “devastated” by the disruption in his career. It took him six months to find another position that he felt would meet his individual need for growth and satisfaction, as well as his family's need for a stable financial situation.

I looked for positions every day and went out to talk with people just about every day. I kept searching and interviewing so I did not get despondent, because I could have gotten despondent. I kept moving along day in and day out, doing what I knew to do to get a good position. We all kept on with life as usual.

P2 suffered the sudden death of his wife in an automobile accident. He had one son away at college, a daughter who was leaving for college, and a younger son at home. He recalled keeping life moving for himself and his son at home:

I used to say to him, [name redacted], if we keep the house neat then on Saturday we will be able to not spend the day doing housework that we could go out and do things. I usually worked from eight in the morning to four in the afternoon. I was home a lot more than other fathers, at four o'clock. A lot of times he and his friends were waiting for me to get home to take them somewhere. We would go to comic book shows, paint ball, basketball. Home wasn't the same, of course; but then again, I had to get home and had to make sure that he was in the shower and out early in the morning before I went to work and that he checked in with a neighbor before I got home from work. It made him a lot stronger.

During the interview about his daughter's cancer diagnosis, P5 was asked if he had ever thought about giving up, he responded:

When you can't control the outcome, you just keep going. Fortunately, I've never had a situation where I've not been able to function. I've not had that type of thing happen. Even situations which ultimately and emotionally hit me hard, after the fact I allow myself to think about it, analyze it or whatever, they don't shut me down.

A former coach gave P7 advice that he still uses:

I remember a coach that came from Georgia, who pitched for the Red Skins years ago. I'm paraphrasing it, but the idea was 'it's not what happens to you it's what you do about what happens to you'. I will often think about that if something

didn't go as well as I hoped it would go or there's some form of rejection, as an example, not getting the professional position I applied for I would look at it as I have two choices: I can feel sad and give up or I can make something positive out of this experience and move forward.

He continued talking about that advice after losing a key position that he had planned for and wanted:

It still bothers me, but it's not holding me back. I understand that had I not made a conscious choice to continue to move forward I could have easily just given up and felt, well, screw it, this is kind of it and I might as well give up. I think it goes back to the two choices, whether it beats you down or do something and push through it; sometimes it's just, really, pushing yourself forward, maybe not thinking too much about it, just going (P7).

One participant has chosen to not to live his life as a series of problems that arise daily. He viewed a positive approach to daily life as supportive of continuing to move forward. There were dual sentiments of optimism and pragmatism in his statements.

What I tend to experience in terms of problems that come, those kinds of mid-level problems, not necessarily the big ones that take longer, is as soon as a problem is resolved something else comes up. I can't see my life as 'every day I have to deal with challenges,' in that something is going to whack me hard enough that one day I'm just not going to come back from it. I can't live my life that way. I have to live it as let's just move forward; let's try to stay positive, but always looking at what is it that's upsetting you (P6).

On getting through difficult times, P6 also recalled his wife's advice:

My wife has always said to me that one of the big tasks in life is just showing up in life every day and giving it your all every day. If you can do that, others will realize that, they will see your integrity, and you will get through those difficult times. So I show up every day at home, at work, at church.

P11 found that he had to keep going for his terminal daughter, even when he was sick.

I remember being so sick with the flu or something and still going. I probably killed off several other patients at the time with my germs, but you just had put all your efforts and energy into getting this done.

Moving forward for these men did not have a specific pace. Some “plod along” (P10), others “pushed forward” (P1 and P7), while others “keep things going” (P6 and P9).

What was important was moving through one day to the next with some semblance of normalcy for them and their families.

Summary-theme 2. Purposefully moving was characteristic of the experiences men had regarding their inner strength. They physically moved with some sort of exercise to support mental clarity, provide solitary thinking time, and to free their minds from the distractions facing them. The men in this study moved with work. Working became a way of continuing to provide for their families, a social outlet, and a way of providing distraction so they could compartmentalize the adverse events in their lives to minimize its disruptions. Physical activity and working provide a sense of routine that kept life normal for them as they described normal.

Moving forward was activity in more of the metaphorical sense. It was important to keep moving forward for them and their families until they could emerge from the weight of their stressors. Men moved forward, progressively each day as they provided

steadiness for themselves and their families. Protecting routines for self and others demonstrated steadiness and became an overarching purpose that allowed them to get through their stressful circumstances without accumulating additional stressors.

There were different kinds of purposes described by the men in the study based on the type of adverse event they and their families may have experienced. Reducing conflict, finding solutions to problems, getting to the other side of an adverse circumstance, and in some cases surviving a critical event were shared. A purpose emerged for many of the men as the overarching reason for moving forward during adversity. These purposes were served to propel them to move through the event with as few alterations in normal day-to-day living as possible. These purposes are tied to the theme of intentional normalizing.

Theme 3: intentional normalizing. There are two components to the theme of intentional normalizing. Men in this study found it essential to maintain and protect their daily routines for themselves and for others in their family units, especially for their children. Protecting routine became part of their purpose to keep things normal for themselves and for others. Participants discussed “normal” with some regularity in the conversations. Normal, however, was not defined by any of the men. Rather it arose out of their descriptions of their routines, the need for routine, and the need for protecting the routines of others in their family unit.

Sub-theme 1-protecting routine. Personal routine provided a measure of predictability in their lives that allowed them space either to be distracted from the upheavals in their lives, or gave them meaningful work to continue living their lives unimpeded as previously discussed. Routine provide a sense of comfort as described by

a few of the participants. Routine symbolized life as normal for them. It was important to keep life as normal as possible, so the stress of the adverse event was not compounded. Personal routine was intimately connected to protecting routine for others in the immediate families.

In discussing inner strength and what supports it, P6 and P12 both described routine as important.

I am someone who really loves routine. You look at professional athletes and they have a whole routine they go through to get ready for a game. I try to do the same thing with my life. I try to get enough sleep, focus on exercise, focus on nutrition, and so when any of these kinds of stressors come up, I try to keep the constant of those routines for when I have to deal with them (P6).

I am much more comfortable with routine. It helps me control most areas of my life. If I can stick to my routine I know I can get through the day and move onto the next one (P12).

P5 also talked about how routine is important in his life.

I am a man of routine. It's comforting to me. It's successful for me to think through things in a process, to structure stuff in a process, but in my entire adult career life has been into trying to figure out what a process should be to be successful with whatever that is. Learn the rules, whether it's science or whatever, learn the rules, figure out how it works; do these steps, learn this mnemonic, go through this process, whether it's a patient assessment or whatever, and you will be more successful in reviewing things or looking, constantly thinking, did I change my process? Did I not recognize something? Did I give the drug in the

wrong way? I put an awful lot of credence to process and routine and the steps to giving a medication, all the time, every time. So, if somebody were to say, 'I think you gave the wrong drug,' I would look them square in the face and say, no, I did not. Unless somebody put something else in that, I did not. And that serves me very well.

Continuing to function as he had done during non-stressful life events is how P10 described a facet of his inner strength.

I think continuing to function, in other words, to be able, in spite of things that are happening in your life, to be able to continue to function effectively and meet your obligations and responsibilities, and not turning it inward to make it a health crisis because of excess stress, getting adequate nutrition and all that stuff.

P2 had a different way of keeping life at home routine. After the death of his wife, he recalled:

I had never written a check. She was the manager of the house, cooking-wise and everything that was involved. She took care of everything.

He took over the finances for the home, but close friends stepped in to help with cooking, cleaning and some child care, so that routines were disrupted as little as possible.

As a newly married couple, my wife and I lived in a two-family house and the landlord became extremely close. They were like grandparents of my kids. As soon as the accident happened, I was talking to her. She called me up and said, 'I'm all packed and ready to go; come and pick me up.' She was so funny. She said 'I've got my pots and pans,' and she had all her things that she used at home that she was bringing with her. And she stayed with us for a long time.

Sub-theme 2-protecting others. Protecting the routine for other family members, as well as protecting children from unnecessary information that could have been disruptive characterized this sub-theme.

P1 kept up his normal family routines while he was searching for another position. He made his job search a routine and kept his family “normal” in the process.

It was really important that the family kept up its routine and kept as normal as possible.

He went about his business during the day and he did everything with the family that he usually did in the evenings and on weekends and he let the troubles go.

P6 also looked for normalcy in facing problems:

I know that life goes on. I think I’m looking for that normalcy... I would, if it’s not running, it’s walking, and the creature habits like reading the newspaper and stuff that that continues. I’m not one of those people who would necessarily go on some grand trip with my family. I think we’d try to keep things as normal as they should be.

Protecting their children’s routine was equally important. As children are developing, there is a host of developmental milestones and tasks that could potentially be impeded if their life space is interrupted by serious family events. The men in this study not only protected the children from disruptions in their routines, but they also protected them from extraneous information that could produce emotional turmoil. By reducing the information given to children, the children were able to go about their daily lives in as normal a manner as possible. The protector role is part of the gender-role functions of both men and women.

P1 spoke of an early life event with the birth of his first child. He had smoked cigarettes for 12 years and had been unable to stop. When he brought his son home, he was able to stop smoking to protect his child.

My smoking was secondary to making sure my son's health was protected. There was something bigger than me at stake.

P2 did not discuss many of the details of his wife's sudden death with his youngest son. He answered questions asked by his son, but tried to keep all of the details away from him. He further protected him by not showing how much he was hurting from her death. He had to be strong for his son.

Raising him, being there for him... Sure, I tried to be strong for him. I'm sure I wasn't that strong, in his eyes. I was down a lot, but recently he sent me a letter saying he didn't know how he would deal with it, now that he's married with four kids and how he appreciated it.

For P6, protecting his children from "a hard thing" was balanced with his children's need to see his parents modeling how to handle problems and challenges. He described helping himself and his children to continue moving forward when faced with life's adversities.

...obviously if it's a hard thing, my kids are not going to know about it. It's like they don't need to know about something like that. I'm obviously going to share with them disappointments and challenges I have because they need to see their parents working through those things because they need to work through those things, but something kind of major, I think continuing to pray for guidance, knowing that I don't always have all the answers and knowing that I'm a good

person trying to do the right thing and so move them forward just hanging in there.

In a related way, P5 did not view his role as protective during his daughter's diagnosis of cancer or his son's diagnosis with PTSD. He viewed his role more as supportive for them. However, when his son had hallucinations from the trauma of personal gun violence, P5 said he was glad he was there and not someone else.

I was comforted by the fact that he was not in physical danger and that I was there to do what I could. I would rather him have that experience with me being there than have that experience and not being with him. I was there, but he was responding, like somebody with pain. You are there. You can see the physiologic response to it, but I didn't have a shot, didn't have medication; there was nothing I could do to make that go away. It just stopped on its own and I was there. I validated it for him. I could see that there was a very real response, and I'm sorry and we can see what we can do, but it was really weird. It's very much like having somebody with pain and knowing that they are in pain, seeing that they are in pain, and not being able to... It's kind of a powerless feeling.

P10 protected his dying daughter by developing a strong bond with her.

That's exactly right and I focused on her. I often thought about it and I used say that rarely does a father spend that much time with their child, and I spent a whole lot of time with [her]. There were times when she would not let me out of her sight. I was a hostage in the hospital room. The nurses would bring me supplies and she wouldn't let me leave. The more she had experience there and got to know people, the social worker, she was OK, but never did we leave her there

without one of us being there. I felt that was a special bond that I had with her, and hadn't really thought much about it.

P10 did not protect his daughter from information about her condition. He stated she was aware of what was happening until she lost the ability to be alert three weeks before her death. He tried to let her be as normal as possible and cited the following anecdote:

Yeah and she never would wear the hair or a hat. She was OK. We were in McDonald's one day and a little boy called her a boy and she jumped on him and started beating him up. She was plenty feisty. She was very assertive and she had a lot of strength. That too was an inspiration to see that. I also have a picture of her riding her bike with a morphine pump strapped on her side.

P5 discussed the need to make his daughter his focus when she was battling a cancer diagnosis:

It's an incredible validator for our lives, and I think that provides me with—yes, it does—it provides me with a drive, I guess, to stay strong for her. She needed me and I made her my focus. Does that make sense? ... it was a purpose. It was important for me. I was very aware that when I was talking to her that I sound upbeat, that I sound, even if I didn't necessarily feel, like when some of the comments that had been made by clinicians, and you go in your mind: why would you say something like that?! You didn't say that. You didn't validate that thought; you always try and find the good things.

Summary theme 3. Protecting routines for self and others was a mechanism for which men found strength in the familiar. Protecting self and others emerged as a purposeful and intentional act for men in this study. Routine provided some semblance

of “normal” for the men and their families. A focus on protecting routines for self and others and protecting others from stressful events emerged as an important part of the process for demonstrating their personal inner strengths.

Theme 4: intentional connecting. The men in this study describe connecting with others as an important component of their inner strength. Connecting with others became an intentional act for problem-solving, reflection and sharing a burden. Some married men recounted the strength of the marital dyad as important to moving forward when faced with an adverse life event, especially when the wife was also affected. Likewise, the one participant who lost his wife found a surrogate for connecting, but not in the same way as the married men. One participant found that he did not have the strong marital dyadic connection and had to compensate in other ways.

The men in this study also described how they shared their circumstances and the people in their lives with whom they shared. Consistently, men were very selective about the individuals who were brought in to share in the unfolding of the events. A few men in the study did not actively deny sharing some information with those outside of their close circle, but they also did not actively seek support from them with one exception. Connecting with spouses and selected others provided a sense of enhanced strength within a close circle of trusted others. Most of the men in the study described sharing problems as very personal. They found it unnecessary to share with many and reserved sharing of personal struggles with others with whom they had strong connections. One participant commented on men’s inability or unwillingness to share with other men:

Men just have a hard time. The times that I have played golf or have done the traditional men things they just don’t deal with things at the feeling level, at the

empathy level, but they don't even realize it because they are so encultured to be the way they are, what society expects them to be (P10).

Sub-theme 1-the strong team. The marital dyad became a source of strength during adverse events. Men described their marital relationships as strong and as a "team". Conversely, men who did not have strong marriages or those who thought their wives could not support them, had to determine other strategies to get their needs met.

I have a very strong marriage. My wife is my alter-ego. She's my supporter, we were each other's best friends. She puts up with me; nobody else would. Yeah, I think that was very important (P5).

My wife and I had a strong foundation and we would work it out. She was definitely of that mindset, and when we became a team, we were a very strong team, a very united team, and that gave both of us a lot of resolve. I can say that (P9).

She was a strong support then and is now. We are a good team together. She lets me do what I need to do to get through a problem and it all works out (P1).

P6 was very clear about sharing challenges with his wife.

The other thing is I have a very strong relationship with my wife that if something really challenging comes up I'll bring her in the conversation. She's a great sounding board. At the end of the day we respect one another in terms of decisions that each of us make. Those are autonomous decisions, but a lot of times having that sounding board just gives you another perspective.

P11 and P12 discussed being strong and the complementary connection of that strength as husband and wife by being together.

I actually think we are two strong people that complement each other. She does her thing and I have no problem with that. She's very involved in things. I do my things and she's all right with that (P11).

We are stronger together. There is nothing we can't get through together. We have been that way throughout our marriage (P12).

P2 lost his spouse in a tragic accident. As previously recounted, his landlady moved in with the family to support the household functions during this transition. Shortly thereafter, he developed a closer sharing relationship with one of his wife's friends. This relationship eventually progressed to a strong marriage.

I think when I met [name redacted]. She knew my wife from high school and I was extremely comfortable with her. I think being able to talk to her really eased a lot of social kind of connections. We stayed in touch and for about six years we would get together a lot. We eventually got married.

P3 is in a long-term relationship with a woman. He recalled that his strength is related to her strength.

Partly, with my relation with [name redacted], I think part of the reason is she is strong as I am in a different way, but she appreciates that. She knows that I get it done when I have to.

Two men had unsuccessful marriages and did not have supportive relationships with their wives. When P4 was undergoing diagnosis for a neurological condition, he recalled:

Finally the day comes and [the doctor] finally does a diagnosis on me and says "you have MS." I thought, huh? I never believed her, but the worst thing about it was [my wife] is right there hearing this, and as given as she is, neurotic, she

believed that I did have it. So she believed that doctor entirely. Being as she is, we researched MS drugs. There were hardly any that any insurance would cover at that time. So given the timing and everything, for her, she allowed her mind to go forward to think this is going to become a huge medical cost. It's going to ruin our family. I think that made her easier with the idea of getting a divorce.

P10 recalled not having the support of his wife when their daughter was undergoing treatment for cancer. He shouldered most of the responsibility for her outpatient and inpatient visits. Shortly after his daughter's death, his marriage ended.

I have to admit that I never thought that she provided the support that she should, because she said 'I just can't go watch them stick needles in her,' or, 'I don't like going in the hospital at night, even though I am a nurse.' She said all that. There were times I felt like she could have been there with her more. My wife quit working, and although she quit, we had two small children, and she could not handle going to chemotherapy and radiation with [our daughter] or to the hospice. She did stay some in the hospice, but generally I would end up going. I had to double up on everything I was doing to take care of it all.

Many of the experiences the men shared involved events that happened to more than just themselves. When the marital or emotional relationships were intact, being strong became easier. Conversely, when those relationships were not strong, the burden of stress related to the experiences had to be handled alone. Men showed strength in overcoming the lack of support as they continued to move forward through the adverse events in spite of the lack of spousal support.

Sub-theme 2-selective sharing. Most of the men in this study described connecting with others to share their adverse circumstances. Sharing however, was also an intentional act as they shared only with a select few people who were closest to them. The men in this study did not share frivolously or indiscriminately. Men were careful about sharing. While they indicated that sharing was helpful, they sought help only from close others. In some cases, sharing did not occur with family members outside of the home. Men in the study did not report attendance at support groups or self-help groups with one exception. The one man who did attend a support group stopped after the first night.

I went to the help group for people who had lost wives or husbands. I wasn't there long. I told them to 'tear up my application' and I never went back (P2).

For most of the men in the study, their sharing was a communal activity among immediate family, close friends and trusted others. For a few of the men, the purpose was to have a sounding board to dialogue about possible courses of action, but the number of friends was limited.

I mourned my mother, but I didn't wear my grief for everyone to see. A few friends and my wife knew what I was going through (P1).

I'm slightly more extroverted, but when it comes to things like that I'll process things internally. There aren't too many people that I will quite open up to. Even my wife knows some, but I'll still process more internally than I will externally (P7).

P7, P9, P8 and P12 were very clear about the need for selective sharing. P7 also discusses protecting the significant relationships in his life, as well as the semblance of a normal routine that he enjoyed with others.

I typically won't broadcast to the world I'm feeling such and such. I'll talk to my wife, I'll talk to my parents or someone, talk to a friend as a sounding board, but it's not about other people finding out I'm going through this hard time. It's more a nucleus of people. I want to keep doing what I'm doing with other people, they don't need to know, and you probably are in the same situation I'm in and many others that you spend more time with a few people you work with than with family, your work family. And you need to do anything you can to protect those relationships. That is one of the challenging situations that come up, either work related or outside of work. At times things come up it's like 'I cannot believe this is happening.' I will not wear that on my sleeve, and also keep in mind, with some sort of Zen thinking that this is just a part of life and you need to embrace those challenges (P7).

I think we found strength in each other and we were afraid to being someone in that might be overly excited one way or the other. There is a very small group that we share with (P9).

I'm not a person who wears everything on my sleeve. Some people say that I can be a little aloof or distant, but I think a lot of that is due to the fact that I process things (P8).

I have a few friends that I would share with. Most of the time I share with my close family members only. I don't need to have everyone involved in my

problems. I am more introverted when it comes to talking about my problems and I don't open up to many people. My wife knows it all (P12).

One man did have a close personal connection with a co-worker. He described being emotional for the first time.

I remember one of the faculty members coming in and I cried on his shoulder. I was able to do that, I was able to show emotions, which I think I did for the first time. Yes, I think having that support was very helpful.

Summary-theme 3. Rather than reaching out to others in a global way, men in this study were more apt to bring others in selectively. They were intentional about whom they brought into their inner personal sphere. The most fundamental connection was to their wives. The strength of the marital relationship increased personal strength greater than the men had alone.

Theme 5: mobilizing self to move through. Participants described what it looked like to them to face a long-term problem without knowing the outcome. They described “the dark place”, a “blank TV not turned on”, “low time”, “floating”, “a powerless thing”, or “feeling numb”. When they were experiencing these feelings, they knew they had use their faith, their own will and determination, and keep moving through the circumstances until there was a resolution. None of the men discussed predicting any outcome. They had hope for good outcomes, but they described the process of getting to the end of the event regardless of the outcome. Once they were through the event, they could get on with the rest of their lives. Mobilizing their inner resources, keeping their routines, protecting “normal” and taking each day as it came helped the men get to the other side of adversities and move on with their lives.

Sub-theme 1-faith. Several of the men discussed their faith and the foundation it laid for their inner strength. Faith was both a personal resource and a shared one within the family unit. Faith was not directed at a specific outcome, but was more focused on emerging on the other side of an adverse event. Faith supported the process of being steady through adversity. One man discussed his loss of faith after his sentinel event. Loss of faith for him supported a stronger inner will to move on by himself. Other men, however, discussed their faith as central to their inner strength.

I see inner strength connected to my religious beliefs. I am an Episcopalian so I see that very much grounded in my faith. In terms of dealing with challenges today,...to know that this is a hard time, but I will get through it, having the faith to get through all of that (P6).

We have a very strong spiritual sense and I have a very personal relationship and she does as well with our God. There was a lot of prayer. I don't need to necessarily know why things happen, but to recognize there is a master plan, and that we all fit in it and that it was crafted by a loving God (P5).

We did, but our prayers changed. In the beginning, we prayed for a healthy child and then prayed for nothing to be wrong, for none of the worst cases. Then we prayed for whatever is best for our family and for us, because sometimes I did feel that these things happen as a way to help couples become stronger (P9).

P3 discussed his exploration of Eastern philosophies in this quest for inner peace. He had read many Eastern and Western religious texts and found that the Tao de Jing was most compatible for him.

I find myself that I will deal with a problem as gently and as yin and yang, if you will, as much as I can...it relieves conflict in my life.

Regarding his wife's breast cancer diagnosis, P11 recalled:

Also, I have strong faith, and a few days after hearing it I had on my mind Ephesians 1:2. I had no idea what Ephesians 1:2 said. It was very clear that I supposed to look it up. I was afraid to look it up, and I look it up and it was "Peace to you, from the Lord Jesus Christ", so I hung on that every day and everything went well.

Sub-theme 2-personal will. Personal will emerged for some of the men in terms of a determination to see problems and issues through to their natural ends. Will was a conscious calling forth of extra reserve capacity in the face of heightened challenge.

It takes a lot of will to not let things overwhelm me sometimes. I put things aside and get back to them when I am ready. Sometimes it is trial and error, sometimes it is planned. These are things I use on a daily basis that I know I am using inner strength (P2).

Yes, I would say that I tried to live my life, once I was brave enough to take control of it, without regrets (P3).

Sometimes it takes brute-force to get me through. That is hard for me to do, but I somehow find the strength to keep going (P12).

I can remember to this day that I felt "maybe I'll just run the hell away." I thought it through...I realized that there was value staying there and I was determined not to let it get me down (P4).

Some people might want to retreat, but my feeling is if I can get to work, have that routine and hang in there and know that things will get better...but just keep moving forward. Whatever doesn't kill you makes you stronger (P6).

It was a difficult time, we would win in the end if we just kept knowing that we would accept whatever happened and move on. No matter what the result was we would be fine. We were committed to seeing this through (P9).

Regarding his daughter's cancer diagnosis, P5 recalled looking for different kinds of strength based on context:

It feels differently at different times. When I am afraid I'm reaching down for courage. When I'm despairing I look for hope. It's different at different times. Falling through the floor of a burning building, you are looking for something different, if everything seems to be going to hell in a handbasket and you are trying to find equilibrium. Those are all different types of things; it's different at different times, probably different times in life, too. I get whatever I need at the time.

Sub-theme 3-moving through. Getting through an adverse event was a hallmark of most of the descriptions by the men in this study. Getting through was centered on the need to keep moving day in and day out, sometimes with hope, but more often a knowing that they would emerge on the other side of the event regardless of the outcome. They rarely predicted an outcome, but were more willing to pick up and keep going regardless of a positive or negative effect.

One day she asked me when the darkness would be gone for me. I told her I couldn't see that far ahead. It was all dark. She asked me what my expectations

were for the next year. I couldn't visualize a year. There was so much sadness and so much to get through. It was hard to think of how you would advance that year (P2).

We came to the conclusion that we would play the cards we were dealt and we would struggle through, one day at a time (P9).

For three-plus years that particular position I was working toward achieving, there is almost a blank space, like looking at a TV that's not turned on—it's just blank at the moment—and figuring out what's next and how to fill in. It's a dark screen and trying to figure out, let it beat you down or do you find a new paradigm? So I start to focus on what I'm doing now (P7).

When you can't control the outcome, you just keep going (P5).

After my heart surgery, I kept feeling different, I was numb. I knew I had to get better, so I just did a little today and tried to do a little more the next day. Over time, I noticed that I wasn't thinking about it much and then after about a year, it was gone (P2).

It was a six-month period, a very dark period. I reached a low point and I was more despondent and I knew I was stuck. I just kept doing what I normally did, one foot in front of the other, and then out of the blue, I got the job I wanted. I was shocked (P8).

I would have to take it a day at a time, look for short term resolutions each day until whatever it is is over (P6).

There was a sense of optimism in pushing through adverse circumstances. The ending of the event was rarely predicted by the men in this study. However, they knew they had to keep going in spite of the ambiguity or unpredictability of the outcome.

I always think things are going to work out in the end. I don't know the ending, but if I go through my process, I eventually get there. I cannot think of a single moment in my life where I felt I cannot overcome this, I can't beat this. It doesn't have to be perfectly defined, but I need to know there is something else I'm working toward achieving (P7).

I sometimes don't care how it turns out. I keep moving to a resolution. It does not have to turn out to my benefit even, but as long as there is a resolution to whatever the conflict is (P3).

...going forward, that the challenges that I've faced have helped to meld me into who I am today and that notion that 'whatever doesn't kill you makes you stronger.' I really do believe that, and dealing with these hard challenges that we have in our lives, I really think that helps going forward to make us be better people and be humble about what happens...(P6).

Summary-theme 5. The men in this study mobilized their internal resources of personal faith, will, and progressive movement through events to provide some measure of equilibrium and steadiness during stressful times. The overarching goal for these men during adverse situations was to get through the event with as little upheaval in their lives and the lives of others. This theme demonstrated the steadiness that the men needed to persevere, the determination to get through, and the variety of resources they needed to enable the process of inner strength.

The Essence of Inner Strength in Men

The phenomenon of inner strength in men emerged from the study data with a structure comprised of five themes: mentally managing; purposefully moving; intentional normalizing; intentional connecting; and, mobilizing self to get through. These five themes support an interpretation of the essence of inner strength in men as: purposefully moving ‘through a glass darkly’ to get through. “Through a glass darkly” is a biblical reference from the writings of Paul, who helped the Corinthians to know that they could emerge victorious from their adverse circumstances even though they did not know what to expect in the future, nor could they predict an outcome.

Inner strength in men serves to keep them in purposeful movement for themselves and for others while they step into an adverse circumstance without knowing what is ahead for them. They stepped into the dark glass because it was there and they had to. They knew that they had to get to the other side of it. In the process of moving through the dark place, they mobilized internal mental and personal reserves, as well as the resources of close others to have the strength to move day-to-day until the adverse circumstance has past. They controlled what circumstances they could and let go the things they could not control. Many of the men expressed that they knew they would emerge on the other side and ultimately go on with their lives, regardless of a positive or a negative outcome. The overarching goal was to go on with their lives.

The essence of inner strength in men is both a process and product. A full range of personal resources were described as the men in this study faced situations that varied in time from one or two months to many years. They each used a systematic process that

worked to keep them moving forward regardless of the time frame. Their processes were remarkably similar.

The product was two-fold: there was awareness that they had the strength to face adversity with responsibility; and, their personal inner strength would serve to support them through the adversity and they would emerge on the other side of it. The product of inner strength was also a developmental milestone. As men faced sequential challenges, they were confident they would be able to overcome them as they drew on their inner reserves for resolve and action.

Chapter IV Summary

Chapter IV described all of the relevant descriptive data for this study. Men shared their rich experiences of using inner strength across a wide variety of personal adversities. Their voices have been captured in these descriptions. From these descriptions, five themes emerged from these data, each with two or more sub-themes. The themes supported the interpretation of the essence of inner strength in men as “purposefully moving ‘through a glass darkly’ to get to the other side.

Chapter V compares and contrasts these findings with the findings of other published studies found in the literature.

CHAPTER V
COMPARISONS OF FINDINGS TO THE LITERATURE

Introduction

The purpose of this chapter is to compare and contrast the findings of a descriptive phenomenology of inner strength in men with previous studies of inner strength in women with health adversities and inner strength in elders.

The literature on inner strength over the past 35 years has been described in Chapter II to support the context for inquiry for this project. The study of the phenomenon of inner strength has been systematically explored using qualitative methodologies to clarify the concept, as well as to generate middle range theories to support subsequent empirical investigations. Two dominant approaches to the study of inner strength emerged in the literature and have been described in Chapter II.

Gender, Age, and Inner Strength

This research project is a novel approach to understanding the phenomenon of inner strength. There have been no published reports in the literature regarding inner strength in men using qualitative methods. Research by North American scholars has focused on the unique view of women and how they used their inner strength when faced with significant and often life-threatening health challenges. The Scandinavian approach has been to measure inner strength in both genders, but in elder populations, usually the oldest old. Studies that focus on both age and gender are relevant as the gaps in inner

strength research and knowledge are narrowed. The literature on inner strength was described in detail in Chapter II.

Gender

The label “gender” was used in this study to identify participants who identify as male. Gender, rather than sex, was used because the concept carries social role ascriptions that are important for examining how men view the world and take their place in it. More importantly, gender was used to examine the experience of inner strength in an androcentric way to provide comparisons and contrasts to previous research of inner strength in women. Traditional social roles of men were evident in their stories. Men were husbands, fathers, providers, supervisors, and problem-solvers. They described their inner strength in terms of the contextual relationships of these roles to their self-concepts and the purposes that compelled them to move forward through adverse circumstances.

Based on the normative socialization of men in society (Garfield, Isacco, & Rogers, 2008; Courtenay, 2000) and personality traits that are gender-specific (Abele, 2003), men are likely to view problems and their solutions differently than women. Personality characteristics been shown to influence the approach used to face life challenges (Wiegold & Robitschek, 2011). Agentic-instrumental personality traits for men and communal-expressive personality traits (Abele, 2003) for women help to explain some of the key differences in the experiences of inner strength between the two genders, especially as they are related to connections with and connectedness to others. The men in this study connected very selectively to anyone outside of their close family units, consistent with agentic personality traits. Men view their independence in decision-

making as an expectation of their masculinity. Studies of inner strength in women, however, indicated that women engaged their friends and families more openly and more extensively (Dingley & Roux, 2014; Roux, 1993; Roux & Keyser, 1994), consistent with communal-expressive personality traits usually associated with the female gender.

Women tend to seek out communion with others during times of adversity or stress.

The magnitude or extent of men's inner strength was not a focus for this research, but it is important for the future. Previous studies have demonstrated possible differences in the magnitude of inner strength scores for each gender, as well as different correlations to the same outcome. For example, in empirical research on inner strength, one study found inner strength scores to be higher in women than men (Lundman, Alex, & Jonsen, 2012; Viglund et al., 2013), while Moe and colleagues (2013) reported no difference in overall scores of inner strength using the Scandinavian Inner Strength Scale (ISS). Thus, gender is an important variable to consider in inner strength research.

Age and Inner Strength

A variety of developmental task accomplishments accrue over a lifetime at different times for different people. These developmental accomplishments are in part related to the challenges one faces at varying points in time, as well as to the frequency and severity of the impetus for developing them. Inner strength as a personal capacity to meet and overcome life's challenges is available to anyone, yet in this study the descriptions of early adverse life events had more in common with the concept of resilience. As described above, men kept facing the same kind of challenges in their youth and early adulthood and they learned how to adapt and cope with these challenges. They were not able to solve the problems, but they were able to minimize the negative

effects stemming from the problems and keep going. These early events and their responses to the events set the stage for facing more difficult problems later in life in a more profound existential manner.

Inner strength has been investigated across age groups in women with health challenges and in the elderly. The empirical studies have had mixed results; some older adults have demonstrated higher inner strength scores related to better self-reported health and better relationships (Lundman, Alex, & Jonsen, 2012), yet other results indicate the inner strength wanes later in life (Viglund et al., 2013). Viglund and colleagues (2013) also found that scores on inner strength were lower for elderly men than for women. Dingley and Roux (2014) reported improved quality of life related to inner strength in 154 women, aged 20-83 years ($m = 56.5$) who had survived cancer.

In the present study men described facing myriad challenges to their personal health, family health, productivity, and work life, among others. Their experiences they shared of their personal inner strengths generally occurred later in their lives. How they approached these circumstances was a function of their previous life experiences that shaped their ability to manage the issues.

Themes and Literature Comparisons

The phenomenon of inner strength in men that emerged from this study is both similar to and distinct from earlier studies in specific areas. The men in this study were very matter-of-fact and straightforward in their stories. They shared openly and honestly, yet with little to no emotion. Their descriptions were crisp and succinct with only as much detail as needed to convey a thought or an explanation. I experienced no hesitation on the part of the participants to recount their stories. They were willing to answer

follow-up questions and probes, to give important nuances and substance, yet they were consistently concise in their responses. My impression was that they had said what needed to be said and were ready to move on to other topics.

Mentally Managing

Three sub-themes emerged that accounted for the theme of mentally managing; sense-making, mentally parsing and compartmentalizing. The men in this study universally recounted how they began the process of dealing with a difficult or painful situation. There was a need to understand the issue and its component parts. They engaged in many different mental processes to comprehend their situations and recalled spending a great deal of time “analyzing”, “problem-solving” and “sorting”. They sought information for facts and did not display any emotions when describing the facts and how they came to know them. Only one participant questioned why an event was happening to him and his wife.

I had to ask God why this was happening to us. I realized pretty fast that I didn't need to know why, I just needed to see it through (P9).

The need to understand the issue confronting the men in this study was similar to the original theme that emerged in the descriptive study by Roux in 1993. She found that “coming to know” was a significant theme for women as they faced a breast cancer diagnosis. This theme implies an acceptance of the diagnosis. Similarly, men accepted an issue confronting them at face value. In contrast, however, they expressed little to no need to understand the “why” of their situations. They moved quickly into understanding what the issue was and developing strategies about how to move through it, solving parts of the problems as they were able. There was a need to begin working on the problem so

it could be resolved as quickly as possible enabling them to get on with their lives. These descriptions were closely related to the concepts of “comprehensibility” and “manageability” in the theory of salutogenesis (Antonovsky, 1993, 1979) used as a foundation for the work of Scandinavian scholars on inner strength (Lundman et al., 2010; Lundman et al., 2011; & Nygren et al., 2005). In order to have a healthy life, one needs to be able to understand and manage one’s personal resources and how they protect against stressors. Together with “meaningfulness”, these dimensions produce a sense of coherence toward a life orientation and support problem-solving and stress reduction in the individual (Antonovsky, 1993).

The experiences of men when facing significant life issues including health were in contrast to descriptions of women facing significant health issues. One construct in the Roux et al. model of inner strength (2002) was identified as “knowing and searching”. The concept of “knowing” is similar to the experiences of the men in this study as they looked for facts, but dissimilar in that the men did not describe any type of new self-knowing. They already knew how they processed problems and used the same methods for different situations. Men used their mental processes to order problems in a manner that was manageable. Men also did not describe an active search for meaning of the events in their lives. They did describe active searching for facts. Facts were the foundation for determining their abilities to control or not control situations. They confronted adverse events by internally focusing and coming to terms with the event with their close family members. The sense of realism about the life events is consistent with the defining attribute “point of confronting a life experience or event” described by Dingley et al. (2000) in their concept analysis of inner strength.

After the middle-range theory of inner strength in women appeared in the literature, the theme of “knowing and searching” was modified to “anguish and searching” (Lewis & Roux, 2011). This theme was characterized by expressions of fear, anxiety and worry about a significant health issue. Seven scale items were developed in the Inner Strength Questionnaire (ISQ) related to this theme and were tested in empirical studies of women with health adversities. Cronbach’s alpha for this construct was 0.76 in their research indicating an acceptable level of internal consistency reliability for the sample of women with health adversities. Lewis and Roux (2011) stated that the ISQ could be used to measure inner strength in men. However, there was little similarity to the sentiments captured in the ISQ related to anguish and searching and those that emerged in the narratives of the men in this study, possibly due to the differences in focal contexts for the studies in women facing serious health challenges.

Theories of masculinity suggest that men should be tough and independent, among other attributes (Douglas, Greener, Teijlingen, & Ludbrook, 2013). Men did not recount the sentiment of anguish over life events even when they faced potential loss of life from a health crisis. There was a measure of uncertainty in some of the narratives, but not to the extent that men lost the ability to function or were hampered in their forward movement through their daily lives. None of the men related hopelessness about an outcome or fear for the future. One participant even stated that he could not “despair” about his children’s serious health problems because that would indicate that he had lost hope. Further, men did not express any need to dwell on a particular issue at the expense of other people and priorities in their lives, even though at times, the issues were pervasive.

Men in this study needed to find the parts of the problem they could control and manage them to minimize the overall effects. The participants described parsing the component parts of a problem into those elements that could be controlled and began to deal with them or manage them. Those elements that were not controllable were moved aside and dealt with as they manifested at later points in time. This sub-theme, as well as the sub-theme of “compartmentalization” did not explicitly emerge in any other qualitative or empirical research on inner strength. There is a subtle similarity, however, to the “creativity” concept found in the Scandinavian research typified by adaptive agility at problem-solving (Boman et al., 2015; Lundman et al., 2012; Nygren et al., 2005). Compartmentalization is a creative solution to organizing problems; however, it was a standard approach by many of the men.

As previously described, compartmentalization allowed men in this study either to actively deal with the problem at hand without distractions, or allowed them to be manage other priorities in their lives, such as work and family obligations without the distraction of the sentinel event. Compartmentalizing was similar to putting a problem in a box and shelving it until it was needed or until something had to be done with its contents. Mentally parsing and compartmentalizing are unique findings in this study of inner strength in men.

Purposefully Moving

Men engaged in continual and steady movement throughout adverse events. Movement in physical activity, work as movement, and a metaphorical moving forward emerged consistently in these men’s stories. There was purpose to their physical moving, as it kept them mentally and physically agile so they could process the negative situations

and in some cases achieve mental clarity about them. There was purpose in their working as it kept them occupied or distracted, fulfilled the social role of provider for the family, provided socialization outside of the space where the problems were, and provided a sense of balance with work accomplishments to offset the lack of movement toward problem resolution. Subsequently, there was the moving forward that allowed the men to know they were making some sort of progress in some areas in their life, even if they were not making tangible progress in the problem area.

Movement in previous research was important for health and healing for women with health issues. Roux (1993) identified physical activity as a component of inner strength for women with breast cancer. Similarly, in subsequent qualitative studies on women with various health problems, activity supported life balance, as well as provided an indicator that they were maintaining a measure of health or not deteriorating (Dingley, & Roux, 2014; Koob, Roux, & Bush, 2002; Roux & Dingley, 2011). Related to women with cancer, Roux and Dingley (2011) suggested incorporating activity into their daily lives to augment emotional and physical strength. Koob et al., (2002) noted that women with multiple sclerosis used activity to strengthen their bodies, but also as an outward expression that a disease outwardly visible to others was manageable.

Lewis and Roux (2011) incorporated seven items about movement in their ISQ. The items varied and captured a range of expression from the need to relax and rest, work-life balance, to staying active. Staying active and on the move was important to men, with rest and relaxation taking a secondary role in their experiences of inner strength. With ongoing cancer treatment and post-operative cardiac revascularization,

two men in this study felt that had to keep going as their bodies allowed. They may have slowed, but they did not stop.

Physical activity has profound effects on the body's neurochemistry. Physical activity increases the amount of circulating neurochemical hormones dopamine and norepinephrine, raises endorphin levels, reduces cortisol levels, and moderates the effects of inflammation in the body (Moylan, Eyre, Mayes, Baune, Jacka, & Berk (2012). Physical activity, as described by the men in this study, produced a sense of well-being, helped to clarify mental processes, improved their outlook on problems, and generally made them "feel better". These findings are consistent with the neurochemical effects described in the literature. The majority of men in this study engaged in physical activity in some form on a routine, regular basis. It was central to their overall functional ability to keep to a routine and normalize their lives in the face of difficult times.

Ten of the men in this study fell into the "baby boomer" generation, those born between 1946 and 1964. Baby boomers typically are identified with a strong work ethic, as demonstrated by the men in this study. Further, the desire to work continued on for these men in order to meet financial obligations, provide for family support, and to find personal meaning from the processes and outcomes of work (Gilley, Waddell, Hall, Jackson, & Gilley, 2015). Most of the men in this study were actively employed, so purposeful working was described as an important component of their experiences of inner strength. Working satisfied many different functions for the men in this study. The ability to keep a job, maintain a position, provide financially for their families, and to continue being productive were signals to themselves and signs to others that the men had strength and could keep moving forward. Work became a refuge from the stressors of the

adverse events they faced. Work also provided a measure of social functioning, but more often as not, was a distraction from the problems at hand. These distractions allowed the men to find balance, to regroup, find a different focus, or to shift perspectives, if only temporarily. Working also fit into their overall purpose for moving forward while normalizing their lives during the adverse events.

Scandinavian research on inner strength has been focused on the elderly and their quality of life. Most of their subjects were the oldest old and retired. Working was not a focal point for this research. Likewise, in North American studies of inner strength, patterns of work and working did not emerge as themes. Purposeful work as a dimension of inner strength is a unique finding in this research.

Moving forward was similar to the early findings by Roux (1993) and Roux and Keyser (1994) regarding “movement of she who knows”. This theme signified successful passing through the breast cancer experience and emerging in a more positive place. Physical movement was also a characteristic of this pattern for women. Moving forward for men was also about passages through an adverse event. The day-to-day activity of living with all of its vicissitudes served to signal that the men could keep on the journey, no matter the outcome. While men may have hoped for positive outcomes, they did not predict them. The men showed inner strength by not giving in or giving up. They kept moving each day and the day after until they achieved some finality regarding their circumstances. Moving in all of its dimensions was a purposeful and intentional act for the men in this study.

Intentional Normalizing

Intentional normalizing was characterized by maintaining routines for self and others. Routine became a comfort for men in this study as it provided a measure of predictability in their lives when much else in their lives may have been unpredictable due to the adverse circumstances facing them. Predictability is a hallmark of “firmness” identified in Scandinavian research (Boman et al., 2015; Lundman et al., 2010). Men were very protective of routines in their lives. Routine became a safe haven for men, a place of familiarity where the events going on in their lives could be bracketed away for a time, so they could attend to self-needs, including health, mental clarity and stress reduction. Protecting routine for others, especially children became a purpose as the men strove to reduce potential stressors that would have otherwise interrupted a sense of normalcy. Routine provided a sense of steadiness for all concerned.

Intentional normalizing is consistent with the “firmness” dimension of inner strength first identified by Lundman et al. (2010). Firmness is described as the ability to approach adversity with steadiness, with resolve and to maintain important connections with others. Descriptions of routine provided by the men in this study clearly were attempts to be systematic and steady in their approaches to their circumstances. They were also resolved to move through circumstances regardless of the outcomes. Protecting others and the relationships with selective others also demonstrated firmness. Men adapted their approaches to problems to include needed information, but were consistent in their actions to keep day-to-day live as normal as possible for everyone involved.

Intentional normalizing shares some of the attributes with the defining attribute “focused and balanced interaction with the environment” elaborated in the concept analysis of inner strength (Dingley et al., 2000). The balanced environment is evident in the experiences of men’s need for routine and the focus on normalizing their daily lives. Men continued to find the means to balance self-needs, work life, and family obligations against the upheavals that were occurring in their lives.

Intentional Connecting

Connectedness is a consistent theme in all inner strength research. Meaningful connections have been shown to support and catalyze inner strength and posited to stimulate growth in inner strength over time. Connection to self, to others and to one’s spirituality was a hallmark of the research conducted by Roux and Keyser (1994), Roux, Dingley and Bush (2002), and Dingley, Bush, and Roux (2001). Lundman et al., also identified “connectedness” as a dimension of inner strength found in all five concepts they examined to construct their model of inner strength. Social support has been shown to moderate the effects on positive dispositions in other research (Kahn & Husain, 2010), thus may augment inner strength by supporting a positive outlook in the face of personal challenges.

The men in this study were also connected. They connected to self in their mental managing of exigent circumstances. They connected strongly to their spouses and identified the strong marital team as central to their experience of inner strength. They, however, connected sparingly to others to share intimate details. This finding is distinct for the experience of inner strength in women. While women tend to move outwardly to connect to others, men tend to draw selective others in to them to share sparingly. Men

did experience social interactions with work and other activities, but these activities did not typify the strong connections that were found in other research. These types of social connections signified a routine and sense of the normal for the men that provided balance to their lives, while at the same time protecting them and their families from unwanted or unnecessary intrusions into their intimate lives.

Mobilizing Self to Get Through

A component of men's inner strength identified in this research is the ability of men to mobilize self to get through a situation and emerge on the other side. Their faith, their will and the ability to step into a situation and move forward without knowing an outcome typifies this theme.

Spirituality was identified early in research in women and their inner strength. Connecting to the spirit within and with a deity was expressed by women with cancers and heart disease (Dingley et al., 2001; Roux, 1993). Scandinavian researchers, however, did not identify spirituality as such, but discussed self-transcendence as a connection for communion with the universe and others (Boman et al., 2015; Lundman, 2010). Self-transcendence is an existential response typified by expanding self-knowledge through connectedness (Haugan, 2013) and is a way of enduring through health adversities (Lundman et al., 2009). Self-transcendence has been shown to be positively correlated with well-being and negatively correlated with depression (Lundman et al., 2009). The experience of spirituality and faith support inner peace, unity and harmony. Nygren et al. (2007) found that feeling competent in oneself was a function of personal strength and trust in God.

For men, faith was the foundation for building their inner strengths. Faith was a personal experience from which they could connect all of the loose ends during troubled times. Faith was a touchstone for them to know that they would get through the adversity. Thus, it was a foundation for enduring through challenges. It served to mobilize them to go forward yet anchored them in a truth they could count on. Faith for the men in this study was similar to spiritual connections, the spirit within, trusting God and to some extent, to self-transcendence discussed in previous research.

Men also had strong wills. Their strong wills were identified in the texts in their courage to continue moving forward in spite of the events happening in their lives or in their fight not to get broken by the challenges they faced. Men are supposed to be strong, to have courage and to rise to challenges (Weigold & Robitschek, 2011). These agentic personality characteristics were prevalent in this study, as men would not give up or give in. Strong will in these men can be equated with the firmness quality of inner strength identified in Scandinavian research. Strong will and firmness are similar in that both indicate a posture of a grounded stance toward problems. The drive for men was to not give up and they were steady in that resolve. In this study, men's attitudes emerged as more resolute than being firm or intractable, because they could shift their approaches as the situations changed.

In earlier research, women experienced courage as they underwent treatment for cancers. Courage gave them determination and a strong will to overcome. Men's narratives equally described determination as a force that propelled them forward and through adversity. Determination and will supported a stronger resolve, thus enhanced the perception of inner strength. Men felt stronger after emerging from their life events.

In a study by Koob et al. (2002), negative experiences with members of the healthcare team stimulated the development of more resolve and “fight” to overcome the physical challenges of multiple sclerosis and to get stronger. Men did not identify a fighting mentality, but they did identify determination to persevere. The strong will was an internal force that moved the men through challenging times, even if the movement was slow or incremental.

A key difference in the experience of inner strength between women and men is in the outcome of inner strength. Women viewed inner strength as promoting a transformation from the old self to a new normal. Multiple studies by Roux and colleagues (2003, 2002, 1994) have supported transformations after health crises. Men, conversely, do not view themselves as new or transformed after a challenging life event. Men simply viewed the situation as resolved signaling the resumption of their lives as normal. They viewed their situations as transitioned to something different, in part based on the multiple contexts surrounding their adversities. As they moved through their events, the contexts changed, but they themselves did not indicate personal transformations. Their purpose was to get through the circumstances and they plodded along day after day, kept their routines, and finally moved beyond the adversity. For example, the man who lost his daughter to cancer did not see himself as different after she died. His situation and life context were different in that she was no longer physically present. He transitioned to living his life without her physical presence. Inner strength in men supports transitions in life, but not necessarily transformations of the existential self that were identified by the men in this study.

The ability to persevere and to keep moving forward is similar to the concept of hardiness evaluated by Lundman et al. (2010). Hardiness is a protective factor like inner strength. However, a focal disposition of hardy individuals is that they believe they can control situations through their own efforts (Kardum, Hudek-Knezevic, and Krapic (2012). Men in this study acknowledged there were forces in their lives they could not control and they let them play out naturally. The dimension of creativity in Scandinavian research speaks to this dispositional affect as a key aspect of creativity is the “struggle to influence outcomes” (Boman, 2015, p 10). Men did not predict outcomes, nor did they attempt to control them. They moved purposefully through them and adapted to changing situations as they occurred.

Imaginative Variation

In the process of this analysis, there were reflections by the participants that caused me to wonder if their experiences were specifically about inner strength. There are conceptual overlaps among related concepts to inner strength. There were parts of narratives, where I had to I made a conscious effort to review the transcripts and listen to the narrations in specific parts where I had question. At times the exemplars from the men in this study seemed to be parallel to other concepts. The concept of resilience was the most challenging to reconcile.

In their concept analysis of inner strength, Dingley, Roux, and Bush (2000) identified the related concepts of mastery, sense of coherence and coping as having similar attributes. They also reviewed the resilience literature and determined that inner strength was a deeper, more profound personal capacity that leads to growth for the individual, rather than a “bouncing back” after some sort of negative event. Resilience

creates motivation to persist and provides protective plasticity (Lundman et al., 2011; Richardson, 2002; Rutter, 1985), so there may be conceptual overlaps with inner strength. Resilience promotes movement through an adverse event to recover to a previous predictable state (Richardson, 2002; Wagnild & Young, 1993). Lundman et al. (2011) used the Resilience Scale (Wagnild & Young, 1993) as one measure to test convergent validity in the development of their Inner Strength Scale. However, inner strength was defined by Dingley and colleagues (2000) as a developmental process that moves the individual from one state to a new state that may or may not be steady. Thus, inner strength as explored in women has shown properties that are more personally transformative than those of resilience. In this study, however, transitions rather than personal transformations emerged in this study as men moved through their adversities.

Some of the participants in this study recalled situations from early childhood that caused me to investigate whether these experiences were inner strength or resilience. They recalled instances of bullying, of emotional abuse by a father, the death of a mother, alcoholism in the immediate family, and early divorce. The descriptions of these situations in their earlier years demonstrated that in most cases, the men could predict the negative behaviors on the part of others based on the accumulation of experiences with them. Further, they had developed mechanisms to shield themselves until the events were over and everything went back to some semblance of normal. These characteristics more closely identify the concept of resilience. Men's narratives provided early evidence that they had developed some resilient behaviors early in life to react and respond to negative stimuli. As they recounted events from later in life, there was an intentionality with their actions that was focused, well thought out and more consistent with a deeper,

more profound personal resource. This change in approach is the difference between a reactionary stance in youth to becoming proactive in later life as life experiences accumulated. This deeper, more profound resource is consistent with the phenomenon of inner strength.

Resilience and inner strength are related. Context is important to understand to distinguish both concepts. Learned responses to previous, but recurring negative stimuli may produce a short-term protective response that arises immediately or perhaps superficially. A superficial response is still protective as it acts as an immediate shield against a negative stimulus. Developing a personal system to deal with adverse circumstances, especially if they are new or novel such as a diagnosis of a life-threatening illness, may require accessing resources that come from a lifetime of development. Inner strength has been shown to be developmental in previous research and there is evidence in this study that men have developed clear systems for facing significant challenges over their lives.

Chapter V Summary

The purpose of this chapter was to compare and contrast the extant literature on inner strength to the findings in this project. Each of the structural elements of inner strength in men was discussed and compared to previous inner strength research or relevant research from other disciplines. While all inner strength research shares some attributes or similarities, the phenomenon of inner strength in men revealed in the narratives has unique properties that should inform and guide future research, enhance practice and influence how healthcare practitioners engage men in preventive or restorative health practices as they face health challenges.

CHAPTER VI

CONCLUSIONS AND IMPLICATIONS

The purposes of this chapter are to review the overall research process for this descriptive phenomenological study of inner strength in men and to describe the conclusions I reached throughout the data analytic process. There are theoretical implications related to the findings in this gender-centric study and they are discussed. There are also implications for future research, nursing and healthcare education, and practice. These considerations are discussed in relation to this study, but also as they relate to the broader state-of-the-science in inner strength inquiry.

Summary of the Research Process

This descriptive phenomenology of inner strength in men examined the experiences and narratives of 12 men in order to identify the eidetic structure of this phenomenon and intuit the essence from their stories. I was challenged by my advisor to explore the literature about inner strength and determine if there was a part of this research that could be examined in a unique way. I soon learned that inner strength had not been studied in men. I was very curious to know if inner strength in men and women was experienced in similar and/or in different ways. The literature review provided me with what I considered to be a significant gap in the research on inner strength, as well as the context for my inquiry. The literature was comprehensively reviewed in Chapter II.

Since there was no foundational research about this phenomenon in men, I decided that the best way to approach this topic was descriptive phenomenology. Husserl's (2012) phenomenology grounded this research in philosophy and Giorgi's (2009) method provided the structure for the research process and analysis. The protocols for this study as described in Chapter III were rigorously followed throughout the research and dissemination.

Participants were contacted individually and invited to participate in this study. Two participants were referred by other participants. Colleagues interested in my research referred other participants. The 12 men who shared their stories over a 10-month period provided a wealth of rich data as described in Chapter IV. Protection of human subjects as described in Chapter II was rigorously maintained in this research to protect the anonymity and confidentiality of the informants, and to protect the integrity of the entire research endeavor.

The most challenging aspect for this research was to maintain a posture of bracketed preconceptions and maintain a reflexive posture. I knew the literature in some depth. I knew the literature of other concepts thought to be similar to or related to inner strength. I waited until the data were collected to again revisit the literature so I could accomplish the final analysis related to the literature described in Chapter V.

I also had overcome great personal adversities over the course of my life and it was tempting to frame someone else's descriptions of inner strength with my reflections of my own experiences. My response to these temptations was to be true to the philosophical precepts of phenomenology and let the data arise naturally from the participants and to let it be what it is—nothing more and nothing less. A second

protection was to jot my thoughts and feelings in reflective notes or to dictate them into my audio recorder in order to get them out in the open, rather than remain in my consciousness. I was then able to shelve them away. I jotted a few field notes after some of the interviews. Early on, I wrote a few notes during the interviews when I wanted to remember context and body language. However, I discovered that this process took me “out of the moment” and became more of a distraction, so I did not continue the process after the second interview. I relied on post-hoc notes if they were needed.

A third consideration regarding reflexivity was that I was most likely considered an insider for the men I interviewed. I had previous professional connections to half of the men in the study. The remaining men were referred by individuals with whom I shared various roles: educator, nurse, and work colleague. This positioning afforded me a mutual exchange in our dialogue that may have been predicated on our collective social roles (Blythe, Wilkes, Jackson, & Halcomb, 2013). The disadvantage, however is that I had to assure that any assumptions about the individuals were bracketed away and were not allowed to affect the interviews or the analysis (Blythe et al., 2013).

The recorded interviews were reviewed at different times during the data analysis. I listened to them immediately after each interview and then again, while waiting for the transcripts in order to “hear” key word codes. Once transcripts arrived, the interviews were compared to the written transcripts for accuracy and I began the process of segregating the meaning units followed by active data coding. Coding occurred more than once during the analysis. Initial codes were completed after the transcripts were received. Once all of the transcripts were received, the data were evaluated again for changes in codes. This process was needed to assure that I had comprehensively viewed

the whole of the documents in relation to the parts and back again (Giorgi, 2009; Moustakas, 1994).

Reducing the data to patterns, constructing the sub-themes and themes was an arduous process requiring multiple iterations until this final product was completed. It was incumbent upon me to tell their stories faithfully, yet to be intuitive in the analysis of their personal histories. I continually had to examine the parts of narratives in relation to the whole of that narrative, then to the whole of all of the narratives and back again until the “noise” of extraneous data floated away and clearer patterns emerged. I actively challenged myself during this process to maintain a reflexive posture to not bring in my preconceptions or personal experiences.

Often, I let the data rest and came back to it at another time when I was fresher. My own personal contexts of energy and fatigue were important to discovery. When I had energy, thematic emergence seemed almost effortless. When I was fatigued, the process was a struggle. I learned to engage with data during my high energy peaks and not force it at other times.

The product of this research process is an elaboration of the phenomenon of inner strength in men with five core structural elements and an essence unique to men based on 12 interviews, each with a specific existential life-world context. I was fortunate to find 12 men who were interested in my research, who wanted to share their stories, and who were not hesitant in the least to share the intimate details of their personal histories and allow me to be the steward of them.

Conclusions

The findings of this study indicate that the phenomenon of inner strength in men is a unique existential experience. It is similar to, yet distinct from inner strength in women and inner strength in the elderly as described in Chapter V. Inner strength for men is a mobilization of personal resources that supports a process for being strong in adverse circumstances. Inner strength in men is characterized by continual purposeful movement throughout adversity. This definition is consistent with the definitions for inner strength found in the literature (Lundman et al., 2010; Dingley & Roux, 2014). Inner strength did not emerge as one tangible characteristic from these narratives. Rather, inner strength is a core host of five personal strategies used to promote purposeful and continual movement in and through difficult times. Inner strength in men is both process and product.

Men often viewed their inner strength as a process for getting to the other side of an issue and resuming their lives. They displayed confidence in their forward movement by counting on parts of their lives being controllable and manageable. Their processes were purposeful rather than passive and demonstrated intentionality for getting through each day, managing it as best as possible. The product of inner strength for these men was emergence from an adverse circumstance to get on with their lives. A by-product of telling their stories was that some men recognized that they were stronger than they thought they were as they faced the challenges depicted in their stories. In this case participation in the research produced new meaning for these men and can be considered a product they can use going forward into other personal challenges.

The temporal frames for emerging from adverse circumstances depended heavily on the context surrounding the issue. Some issues were resolved early, while others took years. The process was similar regardless of the perceived magnitude of the problem, how much of their lives and the lives of others it consumed, or how long the problem lasted. They demonstrated a steadiness toward a resolution, regardless of time frame and whether the outcome was a positive one or a negative one. Men transitioned through adverse circumstances until they were done. They did not indicate that they were transformed by the experiences. On the other side of their problems, they got on with living their lives. Men kept moving physically and metaphorically in purposeful and meaningful ways ‘through the glass, darkly’ to get to the other side.

Limitations

The limitations for this study are based on design and findings. The methods underpinning this research were followed, yet there were limitations that emerged that could strengthen future research. These limitations involved the participant demographics. Men in this study were very similar in terms of demographic characteristics. Maximum variation was not achieved in this study related to several areas:

1. One hundred percent (100%) of men in this study were Caucasian, Non-Hispanic. Inclusion of men with varying racial and ethnic backgrounds may have provided different experiences of inner strength based on divergent cultures.
2. The geographic area for this study is a very small area in one part of the country. Men were long-standing residents of this area. While circumscribing

the geographic area was utilitarian and expedient for the conduct of this study, there was the possibility of a shared cultural experience of living in the same area. Similar studies to this one in multiple geographic areas may produce unique results based on varied cultural normative behaviors.

3. The majority of men in this study were educated at the collegiate and graduate levels. Their experiences at times were products of their career choices that were afforded them based on advanced education. Further, their ability to articulate their stories in compelling ways was also at times, a product of their skillful use of the English language and the nuances that accompanied their choices of vocabularies. It is not clear how more variation in education levels might have influenced the findings of this research.
4. All of the men in this study were married or had been married at some point in time. Strong marital dyads emerged as a sub-theme in this research. Inclusion of more men who had not been married or partnered may have yielded a different finding related to connections with others. Particularly in the area of intentional connections, men without strong marital or intimate connections may seek connections more openly or more outwardly. There is also a possibility that men without strong marriages or partnerships may remain insular in their struggles and not connect outwardly any less selectively than the men in this study.
5. Men in this study were relatively healthy. The illnesses that were described were either corrected or deemed under control. Inner strength in women has demonstrated distinct properties for women facing serious health issues.

Inclusion of men with chronic health issues or life-threatening ones may provide unique contexts for mobilizing inner strength.

Similarity of demographic characteristics notwithstanding, this research provided a unique view of how men experience their inner strength and count on its process to overcome adversity in their lives. Yet, this is only one study about inner strength in men. The findings of this research were intuited as faithfully as possible from the rich stories shared with me. There are many other stories of inner strength. These findings are germane to the experiences of the 12 men who participated in this research. Utilizing other research methods, and recruiting men from a variety of cultures and ethnicities, different health contexts, and other demographic variabilities, will most likely provide new insights into this complex and multidimensional phenomenon in the future.

Implications for Research, Practice, and Education

Inner strength as an existential phenomenon is a personal capacity that can motivate an individual to face challenges in a more positive way and move them through life transitions with enhanced facility. Every human has the capacity for some degree of inner strength. Likewise, as demonstrated in this research, men show great capacity to know their inner strength and to mobilize it to overcome challenges. Men need to know their inner strength on an existential level, but more importantly they need to know its importance in the overall context of their health, well-being and developmental life transitions. Nurses and other healthcare practitioners need a full arsenal of tools at their disposal for promoting positive health outcomes including knowledge and therapeutic use of inner strength resources.

Inner Strength and Future Research

The men in this study were healthy. A relevant question for future research then is to determine if inner strength manifests itself in similar ways in men with life-threatening or chronic health conditions. The essence of inner strength in men found in this study is about purposeful movement through adversity and encompasses physical movement and working. Men in this study were by and large active, in contrast to previous research that men are less likely to engage in physical activity (Garfield et al., 2008). Inner strength in men with chronic health challenges may be experienced differently when men's mobility and physical functioning are limited or impaired. Grounded theory is a potentially useful approach to understanding inner strength in men with chronic diseases and/or life-threatening ones.

The men in this study had the benefit of a strong teammate in overcoming adversities. A strong marriage was a sub-theme that emerged in this research. There are many men who are single for a life-time, widowed, or live alone in solitary lives. Inner strength may also manifest differently for men who do not have strong personal companionships. Future research in men should include men who do not have strong companionships to determine if there are social connections that offset the lack of an intimate connection.

A key limitation in this research was the absence of racial and ethnic variability. Efforts should proceed to gain entrance to key racial and ethnic cultures to examine inner strength from the experiences of men in those groups, especially in men of color. There is a dearth of data and information regarding inner strength and cross-cultural variations. There is currently no research that examines inner strength in men using culture as a lens.

Focus group and emancipatory qualitative designs might be appropriate methods to conduct this research.

Inner strength research has previously shown positive relationships to quality of life and overall well-being. Patient activation has been examined in previous research (Dingley & Roux, 2014). However, men do not readily seek healthcare as a routine (Garfield et al., 2008), may resist reducing risky behaviors (Hooper & Quallich, 2016) and may delay treatment or interrupt treatment prematurely (Courtenay, 2000). Further research is warranted to determine if inner strength is a motivator for improvement in men's abilities to access the healthcare system, to reduce illness-producing life choices, and to engage with the healthcare team for full and comprehensive treatment plans.

Theoretical Implications

One middle-range theory (Roux, Dingley, & Bush, 2001) and one model of inner strength (Lundman et al., 2010) have been developed from multiple studies of the phenomenon in women and in the elderly of both genders. The findings of this descriptive, exploratory research are not consistent with either of the models in total. Inner strength in men does demonstrate some theoretical consistency with certain dimensions of each of the models as has been described. In order to elaborate a more comprehensive global theory of inner strength, more qualitative investigations with men need to be completed to facilitate a multiplicity of worldviews and insights. Examining inner strength across genders, cultures, ages and contexts with varying methods will provide more clarity about the phenomenon. Until then, a full appreciation of complexities of inner strength requires further study.

The findings of this study also partially support the theory of Salutogenesis (Antonovsky, 1993, 1979). It is plausible to label inner strength as an additional “resistance resource” that reduces stress and promotes health and well-being. In this study, men overcame adverse events using their inner strength and got on with their lives. They resisted the impulse to give in or to give up. They managed their stress and learned to count on processes that motivated them to keep moving. Since inner strength is a positive force and has shown to be correlated with better health and well-being, it is logical to conclude that this personal capacity is health producing for everyone. Thus, inner strength is consistent with a salutogenic orientation.

The most prominent characteristic of inner strength across all of the research has been the importance of relationships with others. As a personal resource, reliance on others for inner strength seems antithetical. However, when support of others is viewed as energy exchange, as in simultaneity paradigms, the connection to others to augment and enhance personal inner strength is theoretically consistent. What is not clear is the relative magnitude of connectedness in relation to other dimensions, whether it is causally linked to the development of an inner strength potential or if it varies cross-culturally.

There is currently no theory or model of inner strength in men. The Scandinavian model of inner strength is gender neutral, yet it does not comprehensively relate to the findings in this study. Additional research, particularly research using grounded theory methods (Charmaz, 2006), may yield a more comprehensive understanding of inner strength in men. Accumulated knowledge from all inner strength

research past, present and future can then be analyzed for a set of variables that more universally describes the core dimensions of the concept.

Empirical Testing

Two instruments have been psychometrically developed and evaluated to measure inner strength. The ISQ (Roux et al., 2003) and the ISS (Lundman et al., 2011) have been subjected to reliability and validity testing with favorable results. Both have been used in descriptive, correlational research in large samples as previously discussed. The ISQ was developed from qualitative analyses of inner strength in women. This scale is gender-centric. The ISS was developed from analyses of previous theoretical concepts thought to be similar to inner strength. This scale is gender neutral, but its translation to English from Swedish may have lost some of the face validity that was achieved in its native language.

There are no instruments to directly measure inner strength in men. One might argue that where dimensions of inner strength in men are correspondent to similar dimensions in other theories, the items from each of the instruments discussed previously might be altered in language and tone to capture the men's experience. There are dimensions found in this study, however, that are unique to men. Thus, new items would need to be constructed to measure these dimensions. In reality, it is premature to develop an instrument from one study. One or more studies with varying contexts of health disparities, culture and social living arrangements would support a more comprehensive understanding of the phenomenon and lead to more accurate scale items and psychometric testing to establish a more accurate measurement of inner strength in men.

There is currently no research in the literature that examines inner strength longitudinally. Previous research from North American and Scandinavian scientists has measured inner strength at single points in time. Since inner strength has been shown to be a multidimensional phenomenon, it is possible that changes to one dimension may affect the others, thus affecting the magnitude of the inner strength resource that is used at any particular time. Inner strength may wax and wane depending on the severity of situations, as well as on superimposed health problems such as depression. If individuals have the capacity to enhance their inner strengths, research should be conducted to determine the change in inner strength over time. Some men in this study indicated they were stronger after their adverse events. This sentiment, however, is a felt response and has yet to be demonstrated empirically.

Inner Strength and Practice

Nursing, medicine and allied health disciplines are practice disciplines. As such, practitioners are obligated to provide some benefit to the recipients of care or at least to use resources to promote and restore health and well-being if possible. The findings from this research indicate that there are elements of inner strength that could serve healthcare practitioners when assisting a man toward health maintenance and improvement. These suggestions are based in the themes that emerged from the experiences of men in the study and are specific for basic nursing care and advanced practice.

Nurses and healthcare practitioners should be aware of the underlying capacity for inner strength in men to augment all stages of health and illness. It is prudent to assess each individual to determine if these capacities can be mobilized as part of the therapeutic treatment plan. The following five suggestions for individualizing patient care with a

focus on inner strength are common-sense, yet in the harried healthcare environment with multiple and competing demands on time and energies, they may be missed and bear some discussion.

1. The men in this study analyzed issues. They spent time mentally manipulating issues to identify areas where they had control and circumstances or situations where they had no control. For issues related to healthcare challenges, nurses and other healthcare practitioners should carefully assess the extent of knowledge the patient has related to the issue. Once the knowledge base is determined, a careful assessment of how the patient prefers to increase his knowledge base is warranted. It may be productive to identify how the men want to learn about their health issue and assist them to identify resources they find useful. Finally, the healthcare providers should afford them the time they need to digest and mentally manage the healthcare challenge.
2. Men in this study identified purposeful movement as important in their inner strength. For men with health challenges, nurses should identify with them the types of activities they prefer and explore alternatives to these activities based on the limitations of the health condition. Moreover, nurses should recognize that employment may be therapeutic for men and closely related to their gender self-identity. The men in this study valued productivity and valued the social outlet that working provided. Thus, a more effective treatment plan in certain cases may include modified work schedules rather than a “rest to recover” plan.

3. The men in this study were protective of their routines and the routines of others in their family units. Nurses can help men to maintain routine and use stress reduction strategies to support a sense of normalcy. A major health crisis is not normal. Nurses and other healthcare providers should explore with men how to achieve some semblance of routine even in the face of aberrant situations that are personally disruptive. Part of their inner strength was the identification of a purpose for what they were doing in life. It may be helpful to anchor nursing and treatment decisions to a purpose identified by the individual in one's care.
4. The men in this study showed intention and selectivity in their need to share intimate details of personal trials. Men did not share freely with others outside of their intimate circle. Men may need time to learn to trust their bedside nurse or advanced practice nurse before they are willing to disclose much beyond the superficial. They may also need to involve their spouses before any major decisions are made. It may not be as helpful for men to engage in support groups where intimate sharing is required. It may be more purposeful to identify key confidantes in their lives and encourage support from them. Nurses and other healthcare providers should give men an opportunity to adjust to an outsider who needs to know more than he is usually willing to share.
5. Lastly, the men in this study needed to mobilize all their resources to get through dark places and emerge on the other side. Men may not know what inner strength is or that they have it. Men need to know they have inner

strength and that inner strength is a powerful internal energy force that can keep them steadily on the move to an outcome. Further, inner strength may provide the foundation for self-management practices for men across the healthcare continuum. Nurses are in unique roles that enable them identify inner strength with men and explore how inner strength may manifest in their health, recovery, well-being and successful aging.

These considerations can become part of a comprehensive treatment plan for men regardless if the healthcare encounter is a wellness visit, a screening visit or an episode of treatment for illness. The openness of dialogue is a form of intervention. Nurses at all levels need to develop and demonstrate authentic communication that is caring and trustworthy. Above all, nurses across practice environments need to understand what inner strength is and how to have the discussions about it with men in their care. In selected cases inner strength can be measured and it should become a routine screening tool to provide one more tool for decision support in treatment and care planning.

Inner Strength and Education

The preparation of nurses in the country is by and large predicated on knowledge and skill acquisition based in the medical paradigm. Existential concepts like inner strength may rarely, if ever, be included in learning to provide holistic care for everyone. Most likely, some related concepts may be covered in topics related to mental health nursing practice. Inner strength has demonstrated negative correlations with depression (Lewis & Roux, 2011), so the concept has specific utility in learning principles of mental health nursing. Nurses preparing for advanced practice roles would benefit by understanding how this concept can be assessed and mobilized for all patients. Nurses in

doctoral preparation may have the most opportunity to explore inner strength and its relationship to health outcomes. Nursing education programs need to recognize that mental health is a variable in all areas of nursing and include more in the curriculum on assessment and interventions to assess, use and strengthen inner strength. For future graduate students, both the Doctor of Nursing Practice as well as the PhD, further theoretical exploration of inner strength is a fruitful area of inquiry.

Inner strength is available to everyone. Nurses need to more aware of personal resources that can promote health, healing and well-being in all patients. Personal resources like inner strength cost little and potentially add great benefit to holistic care. Undergraduate nursing curricula should include the concept of inner strength as a core dimension of holistic care. In preparing nurses for professional practice an understanding of inner strength and its role in personal self-management is also warranted. Nurses in bedside practice need a great deal of inner strength to manage in busy healthcare environments.

Summary

This chapter has concluded the descriptive phenomenology of inner strength in men. The researcher's conclusions have been presented, as well as the implications for theory, research, practice and education. This study was not exhaustive and has only begun to tap into the complexities of inner strength in men. There are many more avenues that have opened up as a result of this study.

Throughout this process I learned volumes from the men who graciously gave their time and stories for this research. This type of research is a shared experience. There is an energy exchange that creates new meanings at each encounter and at the end

of each step in the process. I learned about inner strength and its many manifestations. I learned about my personal inner strength and how it may be similar to or distinct from all of the exemplars in this research and in those in past studies. I now know that inner strength is a personal manifestation of possibilities available to each of us. I also believe that further emphasis on inner strength as a preventive health strategy and in the management of chronic conditions or life-changing events is imperative to sustain quality of life for clients and their families. The rapidly changing and often chaotic healthcare environment has created a need for simple, effective and cost-saving interventions to impact health, healing, well-being, quality of life and successful aging. Fostering inner strength has great potential to improve health outcomes across the spectrum.

APPENDICES

Appendix A
Screening Instrument

Thank you for considering participating in the study of INNER STRENGTH IN MEN. To be eligible for this study, you must meet the following criteria. Check each box, either YES or NO to help me determine if you qualify for the study.

- 1. I am male ___ YES ___ NO
- 2. I am at least 50 years of age ___ YES ___ NO
- 3. I read, write and speak English ___ YES ___ NO
- 4. I live in the Richmond greater metropolitan area
including the counties that border Richmond ___ YES ___ NO
- 5. I am willing and able to share my experiences of
inner strength in an interview that will be recorded ___ YES ___ NO

Contact information: You may complete this information or notify the researcher by phone or email as stated below and give the information privately. This information is confidential.

Name _____

Phone number contact _____

Email address _____

Contact information for the researcher:

Charles Smith, Doctoral Student at the University of North Dakota
Phone: 804.839.3536
Email: InnerStrengthResearch@gmail.com

Appendix B
Demographic Data Collection Instrument-INNER STRENGTH IN MEN

The information on this form is needed to describe the characteristics of all participants in general. No specific information about you will be shared or reported. You may choose to answer all of the questions or omit questions that you are not comfortable answering. All of the information is confidential.

1. Choose a code name you want to identify you: _____
2. Your age in years: _____
3. What is your race?
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - I prefer not to answer
4. Ethnicity
 - Hispanic or Latin
 - Not Hispanic or Latin
 - I prefer not to answer
5. Current Marital Status
 - Married
 - Previously married
 - Partnered
 - Previously partnered
 - Never married or partnered
 - Widower or domestic partner died
 - I prefer not to answer
6. Social living arrangements
 - Live alone
 - Live with spouse or significant other
 - Have a non-related roommate
 - Live with extended family
 - Live in an assisted living facility
 - I prefer not to answer

7. Education—Choose the highest education level you completed
- Less than high school
 - High school graduate
 - Some college
 - College graduate
 - Some graduate school
 - Completed graduate school
 - I prefer not to answer
8. Work Status
- I am retired
 - I am looking for a job
 - I work part-time
 - I work full-time
 - I prefer not to answer
9. Please choose the city or county of your primary residence:
- Richmond City
 - Henrico County
 - Chesterfield County
 - Hanover County
 - Colonial Heights
 - Other (please write in where you live)
 _____(5)
10. Please state whether you have any chronic medical conditions or not.
- I have no chronic medical conditions
 - I have one or more chronic medical conditions
 - List your chronic medical conditions if you have any:
 - _____
 - _____
 - _____
 - _____
 - I prefer not to answer

Appendix C
University of North Dakota IRB Approval Letter



DIVISION OF RESEARCH & ECONOMIC DEVELOPMENT

UND.edu

Institutional Review Board
Twamley Hall, Room 106
264 Centennial Dr Stop 7134
Grand Forks, ND 58202-7134
Phone: 701.777.4279
Fax: 701.777.6708

June 20, 2016

Principal Investigator:	Charles Smith, MS, RN
Project Title:	Inner Strength in Men: A Descriptive Phenomenology
IRB Project Number:	IRB-201606-407
Project Review Level:	Expedited 6, 7
Date of IRB Approval:	06/16/2016
Expiration Date of This Approval:	06/15/2017
Consent Form Approval Date:	06/16/2016

The application form and all included documentation for the above-referenced project have been reviewed and approved via the procedures of the University of North Dakota Institutional Review Board.

Attached is your original consent form that has been stamped with the UND IRB approval and expiration dates. Please maintain this original on file. **You must use this original, stamped consent form to make copies for participant enrollment. No other consent form should be used.** It must be signed by each participant prior to initiation of any research procedures. In addition, each participant must be given a copy of the consent form.

Prior to implementation, submit any changes to or departures from the protocol or consent form to the IRB for approval. No changes to approved research may take place without prior IRB approval.

You have approval for this project through the above-listed expiration date. When this research is completed, please submit a termination form to the IRB. If the research will last longer than one year, an annual review and progress report must be submitted to the IRB prior to the submission deadline to ensure adequate time for IRB review.

The forms to assist you in filing your project termination, annual review and progress report, adverse event/unanticipated problem, protocol change, etc. may be accessed on the IRB website:
<http://und.edu/research/resources/human-subjects/>

Sincerely,

Michelle L. Bowles, M.P.A., CIP
IRB Coordinator

MLB/sb
Enclosures

Cc: Gayle Roux, Ph.D., RN, NP-C, FAAN

**Appendix D
Informed Consent Document**

TITLE: Inner Strength in Men: A Descriptive Phenomenology
PROJECT DIRECTOR: Charles Smith, MS, RN
PHONE # 804-839-3536
DEPARTMENT: College of Nursing and Professional Disciplines

STATEMENT OF RESEARCH

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for your understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be in a research study about **Inner Strength in Men** because you most likely have had experiences of inner strength over the course of your life, yet you may have been unaware of it. The purpose of this research study is to describe your experiences of inner strength to me, so that the experiences can be analyzed with other descriptions to determine what inner strength is for men.

HOW MANY PEOPLE WILL PARTICIPATE?

Approximately 12-18 people will take part in this study at the University of North Dakota. The interviews for this research will occur in the area where you live. You will take part in the research at a location that is convenient and comfortable for you. You will not have to travel to participate in this research, unless you choose a private location away from your home.

HOW LONG WILL I BE IN THIS STUDY?

Your participation in the study will last between 30 minutes to two hours. You will need to be interviewed only one time. Each visit should take no more than two hours.

WHAT WILL HAPPEN DURING THIS STUDY?

Once you meet the study criteria from the screening sheet, I will set up an appointment with you to meet in a private location of your choosing. The location should be quiet so that the interview is accurately recorded on the digital recorder. You should also choose a location that is comfortable, safe and secure for you.

When we meet, several things will be asked of you:

- I will make sure you are comfortable and ready to share your stories;
- I will discuss this consent form with you and ask if you have any questions.
- You will need to sign and date this form before anything further occurs.

- You will fill out a simple survey asking you general information about you: your age in years, race, your ethnic background, your marital status, work status, and whether you have any chronic illnesses that you manage. You may skip any question that you feel uncomfortable answering. You may ask any questions you need to.
- After this consent form is signed and the survey is completed, I will test the audio recording equipment and we will have a general chat about anything you want to discuss. During this time, you can choose a name that you can remember for use in the recording and all other documents. This protects your confidentiality. If you can't think of one, I will give you one. You may write it down so you can remember it.
- Once the audio is set up, I will turn on the recorder and ask you if you agree to all of the points in this document and if you willingly give your consent to participate in the study.
- I will begin the interview with a general question about your experiences with inner strength during your life.
- I will listen to your stories and occasionally make notes where I need to. These notes are to help my memory and are not intended to relay any other information about what you are saying. I will limit my note taking, so it is not distracting for you.
- During the interview I will ask other questions that might stimulate other memories of the events you are describing. Some questions might be:
 “What were you thinking then?”
 “What was going on at the time that made you aware of your inner strength?”
 “How did that help you with what you were going through?”
 “Say more about this time in your life”
 These and other questions that occur during our conversation will be to help you recall the events in a deeper way.
- You are free not to answer any question. You may also stop the interview at any time if you are tired or have an unpleasant memory.
- The entire process may take up to 2 hours to complete, but may end earlier.

WHAT ARE THE RISKS OF THE STUDY?

There are no foreseeable risks from this study. However, if your memories make you uncomfortable or cause you any emotional distress, you may want some follow-up support. If so, you may use your own private medical team members or you may seek help from Commonwealth Counseling at <http://www.commonwealthcounseling.com> or 804.237.8030. There are four convenient locations in the area. Follow-up counseling is at your own expense.

WHAT ARE THE BENEFITS OF THIS STUDY?

You may not benefit directly from being in this study. However, you may become more aware of your own strengths as you recall your stories. We hope that other nurses and scientist may benefit from the new knowledge that is generated from this study.

ALTERNATIVES TO PARTICIPATING IN THIS STUDY

The only alternative to participating in this study is to decide not to participate. That is your right and you may choose not to participate at any time, with no questions asked.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?

There are no costs to you for this study other than your time.

WILL I BE PAID FOR PARTICIPATING?

There is no compensation for participating in this study.

WHO IS FUNDING THE STUDY?

The University of North Dakota and the research team are not receiving any payments from other agencies, organizations, or companies to conduct this research study. No member of the research team will receive any compensation during or as a result of this study.

CONFIDENTIALITY

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies, the UND Research Development and Compliance office, and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will not be disclosed. You should know, however, that there are some circumstances in which we may have to show your information to other people. For example, the Institutional Review Board at the university may conduct an audit of consent forms and your consent form may be disclosed to them. Confidentiality will be maintained by means of a code name (different from your own and easy to remember) that you may pick. If you can't think of one, I will give one to you. This name will be added to any audiotapes or written documents of your interviews. All of your interview documents will be identified with the code name only. Any form that has your real name or other information on it will be kept in a locked, fire proof filing cabinet at my home address, with access only by me, unless it is required by an outside regulatory agency, such as the university.

If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified. Direct quotations from your interviews may be used. This consent form gives me permission to use direct quotes without identifying you personally.

Your experiences of inner strength will be audiotaped using two different recorders. The recorders will be checked to make sure they are in working order in your presence. You may stop the interview process at any time. You may also decide to withdraw from the study at any time. If you withdraw from the study, your data will not be used. All audio recordings will be erased once the written transcripts of the interviews are received, or when I have listened to them enough to understand them fully.

IS THIS STUDY VOLUNTARY?

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which

you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota. If you decide to leave the study early, we ask that you call me at the number included on this form and let me know you want to withdraw from the study. Your data will not be used and will be destroyed.

Your decision to withdraw is final. You will not be pressured in any way to continue the study.

CONTACTS AND QUESTIONS?

The researcher conducting this study is Charles Smith, MS, RN, a student at the university in the College of Nursing and Professional Disciplines. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Charles Smith at 804-839-3536 at any time. You may also contact Dr. Gayle Roux, my advisor for this study. Dr. Roux may be contacted at 701-777-4555 during regular business hours.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279 or UND.irb@research.UND.edu.

- You may also call this number about any problems, complaints, or concerns you have about this research study.
- You may also call this number if you cannot reach research staff, or you wish to talk with someone who is independent of the research team.
- General information about being a research subject can be found by clicking “Information for Research Participants” on the web site:
<http://und.edu/research/resources/human-subjects/research-participants.cfm>

I give consent to be audiotaped during this study.

Please initial: Yes No

I give consent for my quotes to be used in the research; however I will not be identified.

Please initial: Yes No

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subjects Name: _____

Signature of Subject

Date

I have discussed the above points with the subject or, where appropriate, with the subject's legally authorized representative.

Signature of Person Who Obtained Consent

Date

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