

Psychologic health of women: A phenomenologic study of women's inner strength

This article describes a phenomenologic research study of psychologic health—the inner strength of women. The research objective was to identify and to describe the meanings, qualities, and structures of the lived experiences of inner strength for women. Nine women were selected who acknowledged and articulated their subjective experience of inner strength. Data were generated using unstructured, in-depth, face-to-face interviews. Data analysis incorporated the methods of Colaizzi, van Manen, and Spiegelberg. The results revealed nine essential themes that add to the cumulative knowledge base of psychologic health by generating new meanings of the nature and essences of inner strength from female perspectives.

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The research literature by men (and by women who have been trained by men) portrays women as basically passive and dependent. This portrayal does in fact reflect the way women tend to behave vis-à-vis men or in the presence of men, so the passive-dependent image seems entirely valid from the perspective of the male world. That is the type of female behavior . . . taken for granted in the male world. Actually, of course, if women *were* passive and dependent they could hardly survive.^{1(p5)}

THE PROFESSION of nursing is committed to the promotion and achievement of health, yet notably sparse is research that describes mental health or psychologic well-being, especially as it pertains to women. For nursing to substantiate and accomplish a health and wellness orientation, there is a need for nursing research to focus on the healthy functioning of individuals rather than on investigations in mental health that typically converge on illness.

Studies that do attempt to describe health-related concepts such as power, autonomy,

and self-actualization frequently have been guided by theoretic frameworks, research methodologies, and conceptualizations reflecting an androcentric bias. Ashley² warns of the effects of misogynistic theoretic implications and notes that nursing has in the past perpetuated this process and thus, "the psychic and physical health of women has been undermined."^{2(p12)}

One area of health virtually unexplored in nursing is the healthy functioning of women's psychologic strength—inner strength—from their own perspective. Research, descriptive and otherwise, focusing on healthy psychologic functioning of women has been limited. Perceptions of women's inner strength based on women's own ideations and experiences are absent to this writer's knowledge. Miller³ notes that descriptions of women's psychologic strength predicated from their own experiences will yield new understanding and definitions of psychologic strength as yet not realized by academe or by clinicians. To gain authentic and valid understanding of inner strength requires a study grounded in female experience that elaborates, describes, and explains women's behavior in an androcentric world.

This article reports health-focused nursing research findings from a phenomenologic study of nine women's experiences of inner strength. The research question was: "What is the meaning of inner strength for women?"⁴ The lived experience of inner strength was defined as the personal experiences of inner strength described by the participants. The purpose of this study was to identify and describe the qualities, structures, and meanings of the lived experience of inner strength for women. The study pro-

vides descriptions of the nature and essence of inner strength from female perspectives.

THEORETIC CONTEXT

Scientific standards that are androcentric and ethnocentric such as objectivity, neutrality, reduction, and control permeate the literature,⁵ and voids exist in knowledge relating to healthy functioning of women.⁶ Also, there is a scarcity of female perspectives in the literature,⁵ and much of the development of psychologic theories has been based on men's lives.⁷ Although the majority of mental health clients are women,⁸ research about women's health is frequently labeled sexist, gender-biased, or stereotypic.^{5,9-12} Available research reveals a medical orientation, an acontextual methodology, and an illness focus.^{2,12}

Bernard states that "research devoted to understanding the nature of the female world—its structure, its culture, its functioning—can counteract the tendency to see the female component in societies as somehow deficient, deviant versions of the male world. It may raise consciousness about the strengths of the female world available for dealing with male misogyny and oppression."^{1(p31)} Gilligan⁷ revealed women as inappropriately understood because women's experience does not fit into models of human growth and development that focus on men's lives.

Attributes associated with males have been repeatedly studied, especially as they pertain to strength, power, and authority.¹³ However, male baselines for these concepts are not acceptable for women, and women have been misread because they have been

compared to them.¹³ Belenky et al stress the need to reexamine scientific findings and theory "through the lens of women's perspectives" so that "new conclusions can be drawn and new directions can be forged that have implications for the lives of both men and women."^{13(p8,9)}

In Miller's highly esteemed text, *Toward a New Psychology of Women*, she describes women as having developed "the foundations of extremely valuable psychological qualities"^{3(p26)} and says that women's strengths in the past have been labeled weaknesses from the male perspective. Miller further asserts that women's psychologic strength is not perceived by the male population and suggests that women's "weaknesses" have been misunderstood. She states, "when women begin to perceive forms of strength based on their own life experiences, rather than believing they should have the qualities attributed to men, they often find new definitions of strength."^{3(p36)}

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Feminist theorists are providing new thoughts for consideration in the concepts of strength and power. To replace power as control, mastery, or "power over," Miller defined power as "the capacity to move or to produce change"^{14(p2)} and states that women are most comfortable using power "if it is in the service of others."^{15(p2)} She views women as having demonstrated tremendous powers in "fostering the growth of others."^{15(p1)} Surrey describes empowerment through relationships and proposes that powerful action

understood in a relational mode can offer alternative perspectives or paradigms to traditional modes of action as "agentic for his/her own interests."^{14(p1)}

Traditional patriarchic views of women typically designate the woman as the "patient" and the "problem," which translates into the mental health field as sex-specific diagnosis, sex role stereotyping, and sexist treatment.⁸ Mental illnesses commonly diagnosed in women are depression,¹⁶⁻²² hysteria,^{18,23} agoraphobia,^{16,24,25} and eating disorders.^{16-18,24,26-29} Feminist theorists and therapists claim that although the aforementioned diagnoses are prevalent in women, they may be misidentified as psychiatric problems when in fact they are due to other problems of living in today's society.¹⁸ Penfold and Walker have recognized that many of the theories of psychiatry are "worse than irrelevant for women"^{21(pxi)} and call for an examination of women's reality to appropriately identify, understand, and treat their mental health problems.

Benoliel described the formal health care system in the United States as a "masculine-oriented, male-dominated system organized around the medical imperative to diagnose and treat disease and disability."^{30(p35)} Unfortunately, this remains true to a great degree today. However, nursing proposes a health focus and nurses are encouraged to generate new knowledge for health-seeking behaviors that enhance quality of life.^{31,32} Knowledge about women that not only describes their unique health care needs⁶ but also describes the reality of women without gender bias is required in nursing. At the present time many nurses are not aware of the special needs of women.² Current medical practices and the use of acontextual theoretic frameworks and research methodologies continue

to diminish our understanding of women. A medical focus and an illness orientation predominate in nursing studies; the voice and experience of women have been excluded from much of the knowledge about women.⁵

METHODOLOGY

The phenomenologic research approach was chosen for this study because it is ideally and logically suited to contact, to evoke, to describe, and to elaborate the qualities and meanings of inner strength for women from their own perspectives. Phenomenology seeks to understand more fully the structure and meaning of human experience,³³ to study the lived experience of the world as it is immediately experienced, to come to a deeper understanding of the nature of everyday experience, and ultimately to search for what it means to be human.³⁴ As such, phenomenology can embrace the feminist research features of using women's experiences to provide resources for research, designing research for women by accessing their explanations of phenomena, and placing the researcher "in the same critical plane as the overt subject matter."^{35(p9)} In addition, phenomenology as purported by Husserl³⁶ obstructs the imposition of the researchers' personal and theoretic bias on the generation and analysis of data through the process of bracketing. To fulfill the requirements of bracketing, the researcher set aside (in writing) her personal and theoretic assumptions of the phenomenon of inner strength at the commencement of the study and rigorously attempted throughout the research process to not impose this prior knowledge on the emerging data. For the study of women's

experiences, bracketing served as a way to grasp their fullness of living and to gain understanding of their experience in the world without tainting research data with biased theoretic ideations that do not fully discern women's worlds of experience.

DESCRIPTION OF PARTICIPANTS

Participants for this study were selected if they met Colaizzi's³⁷ criteria of being able to acknowledge that they have the lived experience of a specified phenomenon and of being able to articulate their experience as they live it in their daily life. Nine women who met these criteria were accepted. They responded positively when asked whether they have the experience of inner strength in their lives and responded distinctly when asked to articulate examples of their lived experiences of inner strength. In addition, Lincoln and Guba's³⁸ criteria for purposive sampling were partially adapted for use. Their criterion of selecting a sample that would provide the broadest range of information possible was implemented. This was accomplished by including participants from both Canada and the United States who were representative of diverse educational backgrounds, a broad range of ages, differing occupations, and variation in habitation. The participants were chosen from women identified in literature and the media; from recommendations made by faculty and colleagues at The University of Texas at Austin; and from clients, colleagues, and friends known to the researcher.

Each participant was identified by a name agreed to by her. These names are Jacquelyn, Rene, Beverly, Anne, Margaret, Peggy, Juliette, Katherine, and Elizabeth. Their ages

were 52, 23, 39, 53, 51, 47, 32, 49, and 35 respectively. Of the nine women completing the study, eight were white and one was black.

GENERATION OF DATA

Women who agreed to participate in this study were informed of the purpose of the study, the risks and benefits of participation, the data generation method, and the assurance of privacy and confidentiality. The researcher conducted an in-depth, unstructured, face-to-face interview with each participant. The nine interviews were audiotaped with permission from the participants. Eight of the audiotapes were transcribed verbatim while one transcription included only the significant statements pertaining to the phenomenon of inner strength. The interviews were held in a natural setting or a site chosen by the participants, and there was no time limit placed on the length of each interview. The interviews continued until the participants felt that they had finished or exhausted their descriptions of the phenomenon. The range of length of interview time was from 1½ hours to 2½ hours.

Two initial questions were posed. They were: (1) What is your experience of inner strength as you experience it in your everyday life? and (2) What is inner strength like for you? Each participant was asked to discuss her lived experience of inner strength—her feelings, thoughts, and perceptions. The participants were asked to set aside personal theorizations of the concept and to describe inner strength only as it manifested in their lives. The participants' responses guided the next question, and the interview was directed toward gaining clear understanding of the

lived experience of inner strength that the participant shared.

The following assumptions and approach of Colaizzi's dialogic interview were implemented:

- The researcher realizes the participant is more than a source of data—she is exquisitely a person;
- The researcher makes contact with the verbalized experiences of the participant only when listening with her total being and entirety of personality; and
- The dialogue is between two persons of equal level without social or professional division.³⁷

ANALYSIS OF DATA

A combination of Colaizzi's³⁷ method of data analysis, van Manen's³⁴ methodologic outline, and Spiegelberg's³⁹ steps of the phenomenologic method were used in this study to analyze the audiotaped interviews and written transcripts. Additional procedures were created by the researcher to ensure a deep and full elaboration of the phenomenon and, thus, the following 10 steps were employed:

1. Seven audiotapes were transcribed verbatim by a typist; one audiotape was transcribed verbatim by a participant; and one audiotape, which contained only significant statements pertaining to the phenomenon, was transcribed by the researcher.
2. Each audiotape was listened to by the researcher to verify completeness of the written transcripts.
3. Audiotapes were listened to once or twice again to acquire a feeling of familiarity for each participant's expressed or implied meanings and to sensitize the researcher to

the tonality of language and the way in which each participant spoke.

4. The researcher intuited and reflected on each participant's audiotape and transcript separately to grasp the uniqueness of her description of the phenomenon.
5. The written transcript of participant 1 was reread. Significant statements and thematic descriptions were extracted. Themes were identified as they emerged from the data. Significant statements, thematic descriptions, and verbatim quotes were organized around each theme.
6. The procedure in the above step was repeated for each participant. Each participant was compared and contrasted with the descriptions before and the ones following. The essential themes emerged more clearly as this process continued.
7. Essential themes from the aggregate of thematic descriptions, significant statements, and verbatim quotes were identified and supported with the appropriate data.
8. Each participant was contacted by telephone and reengaged to
 - clarify, where necessary, the meanings of significant statements and thematic descriptions;
 - validate descriptions within the essential themes that had emerged; and
 - validate specific individual significant statements and thematic descriptors that supported the essential themes.

Eight participants clarified meanings and validated the aforementioned. One participant would not proceed at this stage but gave the researcher permission to include her data. The researcher decided to retain this participant's information because of its richness and depth.
9. Descriptions of essential themes were written and rewritten, organized and reorganized several times.
10. A statement of the formulated structure of inner strength was written from the descriptions of the essential themes.

The data analysis procedure was not a linear process as it might appear. The process of intuiting, analyzing, and describing continued throughout each phase of analysis. The researcher returned numerous times to the original transcripts to ensure that she understood them. In this way, the essential themes were in an emerging state until the researcher terminated her analysis and description. The researcher allowed the phenomenon to direct and guide the process of analysis so that the essence and nature of the phenomenon might reveal itself and speak in the way that it needed to. This was accomplished by an unrelenting dialectical encounter between the researcher and the data and a sense of the phenomenon that the researcher intuitively felt.⁴

FINDINGS

Inner strength was revealed by the participants of this study to have many interwoven and interconnected aspects. As such, it is a dynamic and complex phenomenon that transcends the sum of its parts. Existing within the meaning and essence of this phenomenon is a paradoxical coalescence of vulnerability with safety, tenacity with flexibility, resolution with ambiguity, movement with stillness, and emotion with logic.

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Each theme can be separated only momentarily before it merges with other themes. A symbol of this phenomenon that came to mind for the researcher was that of the ocean.

The ocean has beauty, depth and is mysterious. It contains life and is essential to the universe. As a wave rises up to be identified, it soon retreats back into the ocean wherein it is enjoined by additional substance, and another wave is formed with yet more substance and once again rises higher to be identified. The ocean must have its own way—it is naturally what it is. It does not exist in isolation; it is of the world. It meets and interrelates with, and is in response to, its environment. It has an awesome beauty and strength beyond complete human imagination or understanding . . . Its secrets are many.^{4(pp74,75)}

The following nine essential themes emerged. They cannot be fully grasped in isolation; they must be viewed and understood within the context of the whole phenomenon.

Quintessencing

In this study quintessencing signifies the act or process of becoming and being the combination of one's purest, most concentrated real qualities or essence—the most perfect embodiment of self. This theme emerged in the participant's descriptions of recognizing, becoming, accepting, and being their real selves. It appeared to lay the ground on which the participants could realize their inner strength.

Recognizing

The impetus that appeared to propel the participants into being their real selves came from varied life experiences. When consid-

ering her achievements in rising to top management with status, money, and prestige, Beverly recounted, "A visceral part of me knew . . . I recognized that those things I believed would bring me happiness—were not it." Stemming from the realization that Beverly had "aligned herself with the wrong forces," she stated that "I learned to listen to myself because deep down . . . I know what is best for me."

Becoming

Peggy described "trying to live and be a woman in the world all my life . . . and an awareness of [inner strength] grows out of being aware of how difficult it is." Rene began having a sense of herself and knowing what she needed and then meeting those needs. Elizabeth began to "make sense of things myself." Peggy used her inner strength to affirm and assess what her own reality is both inwardly and outside of herself. Beverly disclosed, "It's about acting from an interior truth that defied or went against that which I thought I needed to be safe and loved . . . to come from an authentic sense of me . . . despite what anyone else would think."

Accepting

For many participants, accepting themselves appeared to be interrelated with the discovery of their own set of values and embracing those values as right and true for them. Accepting was experienced by learning who the true self was, listening to and respecting the self, believing in and trusting the self, and by acting according to what the self needed and wanted.

Being

The participants' descriptions of being their true selves lucidly portrayed what the lived experience of inner strength is like for them in their daily lives. For Rene, it was being able and willing "to deal with problems as they arise," in addition to saying exactly what she thinks. Elizabeth explained, "It has to do with knowing who I am and what I want . . . the inner strength does what it needs for itself." For Jacquelyn, being her true expanded self was evidenced by her statement, "I would sacrifice my life before I would give up my inner nature . . . if I ever had to make a choice between societal rules that I thought were wrong . . . or I was having to do something that was against my nature."

Centering

The essential theme of centering revealed itself from the participants' descriptions of inner strength as a process of focusing and balancing between the outside events and the inner self. This process enables them to clarify, to center, and to see, so that their actions are more appropriate to their situations and their true selves. Katherine described not feeling centered as being off-track; "So what I find is that my decisions are not very good decisions and not very helpful to me or other people." By labeling her own process (that which she is thinking, feeling, and doing), she helps herself maintain her center and inner strength. "Without the awareness (of your own process, of what is happening for you) it knocks you off-balance . . . without the labels you waste tremendous amounts of energy." Beverly related that in order to be

centered at all she has to focus on the situation and be aware of "the me or not-me." Anne focuses her mind so that she can realistically know what she can and cannot do. Jacquelyn described her process: "Centering for me . . . just means I pull all of the fragments of me back from the [world] conditions . . . into myself There's a great peace that comes over me, and I just know that everything is the way that it should be."

Quiescencing

Quiescencing refers to the process of becoming, seeking, and being quiet, calm, and at rest. This theme was variously described by the participants as: "going back into what felt like a dark place . . . but it was safe"; "gaining strength from the . . . calm in my belly"; connecting with "inner wisdom"; going back "inside of myself and saying OK, there's no rush, you can just be with yourself again . . . acknowledging and accepting that there needs to be a going into the quietness"; and withdrawing to the quiet inner place and identifying with the part that is watching. The inner quiet is accessible, wise, and safe. The participants recognize the value of quiescencing, are aware of the resources of this process, and therefore engage in it. Their movements within it add renewed clarity, energy, and understanding.

Apprehending intrication

Apprehending intrication evokes inner strength from the knowing, seeing, and understanding complexity—the inner, the outer, and the whole both personally and situationally. Apprehending relates to the process of knowing, discovering, sensing,

appreciating, and understanding that which is complicated. The participants included the considering of intricacies involved in a situation, the valuing and attending to the needs and ideas of people, the significance of viewing multiperspectives of an occurrence, and the value of having tolerance and patience to allow complication so that an event can "run its course."

Katherine saliently exposed the nature of this theme when she stated that one must have the strength "to value sufficiently other external pieces of information from other people about how you're going to get to where it is you now hope you're going . . . for me it takes a lot of inner strength to work it through."

Elizabeth described seeing the connectedness of elements within a situation and having the ability to consider all the parts as well as the wholeness of a happening. She related her experience of her wound perforating after having a Caesarean section and the ensuing physical therapy. She described how she had to comprehend and be aware of all of the elements that affected her experience—the necessity of going through the pain of physical therapy, the love she had for her baby, her feelings of respect for her doctor, and the wanting to be able to let go of her fear of pain in the moment. By focusing on and understanding the complexity and meanings of the whole situation, she was able to face and go through her pain. Inner strength was made available to her when she grasped the wholeness of the predicament.

Tolerance for an appreciation of the "complicatedness" of situations was viewed in the participants' perceptions of the phenomenon of inner strength. The ability to let complication and complexity run their courses so that the various factors within a

situation were allowed to manifest and then come together was valued.

Introspecting

Introspecting involves the participants gaining awareness of themselves and their own psychologic processes. It concerns itself with being curious and wanting to risk and grow psychologically regardless of fear.

Katherine labels what is going on for her at the time so that she can be there for others. Introspecting for Elizabeth is "learning about the layers of my personality and getting to know what the layers are so that I can get through to my inner strength." Beverly talked of learning "to allow answers to arise from within and not be so eager to act or . . . to come out on top," of "walking the desert and facing [her] worst fears." The meaning this had for her was of confronting her whole self—"both the parts we don't know of and the parts we don't approve of"—and, by acknowledging them and allowing them some expression in her life, she began to feel "those weights lifting from me that I never knew were there."

Beverly has learned through introspecting to be open, trusting, curious, and responsible. She stated that it requires that "we notice, stay awake during our daily lives and notice [our] patterns, emotional reactions, recurring themes of [our] difficulties that are connected to earlier beliefs [that are no longer useful]." For Beverly, through increasing self-knowledge she discovered the strength that comes from not having all the answers and pushing willfully.

Peggy, through her own introspecting, gained empathy for her struggle and validation of her own (and other women's) reality as she knows it. From examination of her

own reality to enactment of what she wanted and needed to do for herself, Peggy profited from her introspecting and continues to do so. She recounted: "We are socialized as

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women to have an acquired identity . . . by virtue of being somebody's mother, somebody's wife, somebody's partner or employee or whatever. . . . But when we begin to realize that, yes, we are those things, but most essentially we are our true selves, then our ability to act in the world becomes very, very different."

The rigorous attention to becoming aware of themselves was evidenced in the majority of the participants' descriptions. Introspecting appeared to provide the opportunity to discover their authenticity from which they realized their inner strength.

Using humor

Inner strength was experienced through humor for five of the participants, and they addressed it directly in the interviews. Although humor was not discussed with the other participants, it was felt and experienced by the researcher in all the interviews except one. Having the ability to laugh presented itself as a way for the participants to freshen their perspectives, to release energy, to gain distance in order to keep focused, to feel lightness in intense situations, and to see both sides or the paradox in life.

Margaret described her experience of humor: "I guess my biggest strength is how

I laugh at stuff . . . like . . . no matter how deep the pain is, I nearly always can find something humorous in it . . . that somehow I've got the resilience or that ability to see two sides at least . . . and then there's that bubble that comes up and makes me laugh."

Beverly, in realizing that she cannot do it all herself and in becoming aware that she is repeating a pattern of behavior wherein she attempts to control a situation, described being able to laugh at events not turning out the way she "intended." Laughing at (with) herself in this way allowed her to accept and appreciate her humanness, her foibles, and her regressions. Elizabeth learned to develop a sense of humor at the time of recovery from her emotional breakdown: "The humor came—it came with the rebuilding of self I identified a sense of humor as being key to survival and growth."

Being able to laugh at experiences of both good and bad was evident in many of these women. They encountered strength in using humor, through not reflecting on themselves and their situations as so intense and serious at all times.

Interrelating

The theme of interrelating includes mutuality to describe interrelating as personal, intimate, open, and reciprocal. The knowing and valuing of relating to others in a meaningful and deep way permeated all the themes in this study.

Contactful interrelating with others is a rich and meaningful nexus to inner strength for the participants. A multitude of dimensions evolves from this theme—relating to and being related with, believing in and being believed in, opening to and being

open, giving to and receiving from, energizing and being energized, loving others and being loved—that mutually and intimately connect authentic beings to authentic beings.

Inner strength is like a “running rosebush” to Anne, and it is in relationships “that it blooms . . . it’s giving and receiving.” Anne receives from others when she sees them feel good about themselves. Beverly, in describing her valuing connection with others, spoke of the expanded energy of authentic connection between two people. She enjoys nursing because “it brings you into other people’s lives during crisis . . . you get down to essentials rapidly.” Elizabeth draws on her inner strength to be open with others because “situations, life, . . . you know there’s mean people out there, and yet I continue to risk to be open, be warm, and to be loving.”

Being with others and in concert with their needs and wants further describes this theme. Elizabeth finds herself energized by real contact with others, as does Jacquelyn, who experiences herself as validated by others of “like minds and experiences.” Katherine spoke of taking time out to become energized by seeking out special people, “where it takes so little energy to gain so much . . . [like] recharging my batteries.” When Peggy talks to another woman who is having a similar experience to her own, sharing the thoughts about the pragmatics as well as the feelings gives her strength, “It’s passing on a reality that any woman can have for herself . . . it’s sharing my own inner strength.”

Having capacity

Among the participants this essential revealed the ability to heal, to solve problems, to stay present, to face pain, and to recognize

when one does not have capacity. They also recognized an ability to continue with an apparent reserve of energy in spite of adversities or disadvantages.

At 22, when Margaret faced the personal loss of a family member she realized “that I too had this reserve to go to . . . somehow I learned to go into the pain. I learned to become the pain and nobody helped me or anything . . . I just knew how to do that.” Peggy described having the strength to proceed in the face of messages that cause you to struggle, drain your energy, and invalidate your reality. Recognizing the explicit or implicit harmful messages for you, realizing that they are not true, and learning not to let them become part of you and, in spite of them, having “the strength of being able to know who I am” is an example of having capacity.

Jacquelyn described having capacity when working with people undergoing “spiritual emergencies.” Even if someone experiences psychosis, she is able to remain calmly with them and has confidence that they will come through it. Rene disclosed that her inner strength comes out when it is most needed: “The insecurities . . . and the fear go away . . . I can deal with anything that comes along.” Anne recounted how she seems to have “inner strength that everyone pulls on.”

Embracing vulnerability

The essential theme of embracing vulnerability is defined as the process of accepting, acknowledging, and integrating one’s imperfections and humanness as valid parts of self, to learn from, to grow with, and ultimately to develop inner strength.

For the participants of this study, embracing of vulnerability and "weakness" was viewed as intrinsic to inner strength. They valued being open to their own and others' limitations as opportunities to grow and learn. Remaining flexible and allowing themselves not to be perfect, to make mistakes, and to trust their ability to move beyond immobility were implicit in their descriptions.

Anne related inner strength to the importance of being open to what is going on and that keeping an open mind initiates her process of being vulnerable. Juliette reiterated how inner strength is "opening yourself to your emotions . . . allowing yourself to be human . . . to be imperfect, and have problems." Being open and vulnerable to herself and her illness permitted Juliette to seek the help she needed to recover from anorexia nervosa.

Allowing themselves to make mistakes and to move through that process was related by Rene and Elizabeth. Katherine added the significance of being willing to fail and to be vulnerable. Beverly felt that strength emanates from vulnerability, from not having all the answers, and from a willingness to grow through mistakes. When she stops trying to control a situation, her inner strength is made available to her.

Margaret recounted diving into self-doubt "where I'm going to find most of my inner strength is in my weaknesses, because it's where I think I'm weak that I have to go to my inner strength . . . But it's usually where I have self-doubt." She added the importance of honoring when she is not ready to face or work through something and trusting that it is all right. Jacquelyn's comments conclude the description of the theme:

We have to get to the place we believe and know that it is OK to be weak, it's OK to be hurt, and it's OK to be angry . . . accepting those . . . as being part of who we are . . . and be willing to risk and work through. . . . Once something is felt all the way through, once something is completely let go of, there is an emptiness and that matches this feeling I'm calling strength.

IMPLICATIONS AND RECOMMENDATIONS

The results of this research inquiry add breadth and depth to the limited body of knowledge circumscribing the concept of inner strength and add new understandings and knowledge to the nature and meanings of this phenomenon from a female perspective. The descriptions and interpretations herein contribute to the cumulative knowledge of women's mental health. The study demonstrates the value of the phenomenologic research approach to generate knowledge of women that is untainted by androcentric ideology and exposes the worthiness of gaining and integrating women's views into current psychologic and nursing theory. Consequently, the conceptualizations revealed from women's view of realities can be synthesized with present theoretic abstractions so that deeper understandings can be generated of the phenomenon by including both male and female views. Inclusion of female perspectives can fill voids existing in current knowledge relating to the healthy functioning of women and can amend misinterpretations and misunderstandings of psychologic theories that have been based on men's lives.

The participants have explicated the psychologic health of this phenomenon. They

have articulated the inner strength of embracing vulnerability, of intimate authentic interrelating, of using humor, of being true to themselves, of centering and balancing, of becoming self-aware, of being quiet and calm, of knowing and experiencing capacity, and of seeing and understanding the whole of situations while remaining cognizant of the intricate compounding factors. As well, they describe the phenomenon as holistically inclusive of these interrelating essential themes. Inner strength thus described shows promise for the future development of nursing theories and research. In place of viewing women's vulnerabilities as weakness, they could be examined for strengths. From the position of depicting women as dependent, their intimate, authentic interrelating can be studied. The so-called passivity of women can be investigated to discover meaningful ways to access inner resources and energy. From women's ability to view events holistically, the value of synchronistic capabilities could be investigated. In addition to study of the negative effects of oppression for women, capacities and abilities that may have developed in the face of adversity warrant further study.

Nursing practice in mental health settings currently reveals a strong illness focus in assessment, diagnosis, and even in health promotion. The research findings of this investigation provide new knowledge of women's perceptions of inner strength from a health focus. The participants describe behaviors, attitudes, beliefs, and experiences that are reinforcing and helpful to them. With additional research and theorization, this information could prove useful for devising innovative and comprehensive psychologic health assessments and interventions, health-promoting activities, and education for both men and women.

A new view of psychologic strength, of inner strength, is put forward in this study. A female baseline of reference for this phenomenon is delineated. Illness-oriented medical models that keep clients in limited and stereotypic modes of reality need to be carefully reexamined by nurses. Additional perspectives, such as those provided by the findings in this study, can be analyzed and researched for potential use in nursing practice. Thus, new behaviors and acceptable ways of being may be embraced as normal for all human beings.

Ultimately all research and theories of women's psychology, women's mental health and illness that have been developed from theoretic frameworks and research methodology biased by the traditional androcentric view of reality need to be reexamined, understood, and realigned to include women's perceptions. Examples of conceptualizations warranting such action include self-esteem, self-identity, vulnerability, intuition, emotionality, anger, power, authority, and relating. Voids existing in nursing knowledge relating to the healthy functioning of women need to be replenished by nursing research that reflects a health focus, wherein social contextual factors and the voice of women are included in order to propagate new understandings and definitions of women's real psychologic strengths.

Within nursing and medicine, mental illnesses commonly diagnosed in women, such as anorexia nervosa, bulimia, obesity, agoraphobia, hysteria, and depression, require continuing and extensive study that is unaffected by gender bias. It is important to the health care of women that female perspectives are acquired. Research designs inclusive of phenomenology, ethnography, grounded theory, and feminist research strategies are uniquely suited for these purposes.

The major findings of the essential themes require further research investigation and analysis. They show promising potential to generate new knowledge of women's strengths, and of healthy behaviors that are successful for attaining and maintaining inner strength. Finally, qualitative descrip-

tions of the differences and similarities of inner strength of men from those of women could generate useful data for the development of a theory of inner strength that not only is comprehensive, whole, and complete but also appropriately and genuinely reflects both female and male points of view.

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