

From the Editor's Desk

Classic Grounded Theory: What it Is and What it Is Not

Grounded theory is arguably the most frequently published qualitative research method. Yet it is often misunderstood. Many years ago, I gave a talk on the general tenets of classic grounded theory at a large regional research conference. After the presentation, a professor who taught PhD-level qualitative research at a large research university approached me asking: "Grounded theory doesn't really need to result in a theory, does it? Can't it consist of a list of themes?" In the same way that a pile of threads is not a shirt, a list of themes is not a theory. The purpose of this editorial is to clarify what grounded theory is and what it is not.

Grounded Theory: What It Is Not

Classic grounded theory as described by Glaser and Strauss (1967) and further by Glaser (1978, 1998), differs from all other research methods. The purpose of classic grounded theory, the language, procedures, analysis, and the final product are unique to the method. It has been used, misused, misunderstood, and modified. Following are corrections to some commonly held fallacies about grounded theory.

Grounded theory is not quick and easy. As any experienced grounded theorists will affirm, the method rigorously follows a set of procedures that require humility, scholarship, attentiveness, openness, and skill. Grounded theorists cannot rely upon previously developed instruments nor do they have the luxury of writing up narratives based upon computer generated data analysis. The data gathering and analysis in grounded theory depends solely upon the perceptiveness, skill, and cognitive abilities of the researcher. Stirbys's study in this issue, *Potentiating Wellness in Order to Overcome Generational Trauma* reflects the rigorous nature of classic grounded theory and gives a glimpse of the procedures that assure rigor.

A grounded theory is not a list of themes. By its very definition, theory presupposes relationships between and among elements. Themes may constitute a basket of disparate findings. A grounded theory, on the other hand, provides a focused, parsimonious explanation based upon interrelated concepts, which are developed to higher order of abstraction than raw data or themes.

A classic grounded theory is not a story, nor does it represent any specific participant's story. A grounded theory is a conceptual explanation of human process that a sample of people have in common. It is not intended to present accurate facts. Rather, a grounded theory is derived from participant data that is fractured, compared, and raised from the level of raw data to that of more abstract concepts.

The classic grounded theory method is not based upon symbolic interactionism. Glaser and Strauss (1967) and subsequently Glaser (1978, 1998) were silent about grounded theory's roots. So, through the years various authors have proposed piecemeal explanations of the method's ontological, epistemological, and methodological underpinnings, thus promoting erosion and remodeling of the grounded theory method and creating a variety of notions about the method's philosophical foundation. Novice researchers most often make the mistaken claim that symbolic interactionism is the basis of the method.

Grounded theory is not a preliminary research step in preparation for quantitative research. Although researchers may occasionally attempt to operationalize and quantify concepts discovered in a particular grounded theory, many grounded theories explain processes that are unique, personal, and not amenable to quantitative description or analysis. Many grounded theory concepts cannot reasonably be transmogrified into quantifiable operational definitions. In most cases, grounded theories provide the best explanation of the discovered processes.

Grounded theory is not derived from the positivist paradigm. In fact, grounded theory includes few of the basic characteristics of positivism. Research paradigms represent a philosophical way of thinking and reflect the worldview of researchers. Research paradigms are human constructs that mirror the zeitgeist of a particular time in history with its scientific, political, and philosophical schools of thought. Each paradigm—positivism, interpretivism, constructivism, pragmatism, post-modernism, neo-modernism, critical theory, and so forth—includes a list of essential and immutable characteristics. Those who are critical of grounded theory hurl the accusation that the method is positivistic. It is not. Among others, **classic grounded theory rejects the following positivist assumptions:** 1) theory is universal, allowing law-like generalizations to be made across contexts; 2) context is not important; 3) reality is fixed and measurable; 4) research pursues an objective search for facts, 5) knowledge is objective and quantifiable; and 6) research rests upon testing of hypotheses. One can read any paper published in the Grounded Theory Review to see a clear abnegation of these assumptions. For example, Kellogg and Vander Linden's paper, *Building Up*, in this issue, demonstrates the rejection of these assumptions in their explicit statement of the relativity of the individual, environment, cultural context, beliefs, and experiences. Modifiability, a basic tenet of classic grounded theory, further debunks positivism claims. So, if grounded theory is neither quick and easy, a list of themes, a story, preparation for quantitative research, nor positivistic, what is it?

Grounded Theory: What It Is

Classic grounded theory is a rigorous method of discovery that enables prediction and explanation of behavioral processes. Although the method was originally developed in the field of sociology, it offers all disciplines readily understandable, relevant, and useful perspectives on behavior (Glaser, 1992). The classic grounded theory process includes several immutable elements—emergence/discovery, conceptualization, participant perspective, theorizing, parsimony, and theory development.

A classic grounded theory is emergent. The concepts and subsequent theory emerge from inductively analyzed data. It is the researcher's job to discover the emergent theory. The relationship is reciprocal: In order to discover, the researcher must be open to whatever emerges. Rather than fiercely focused on examining an already identified problem or process, the grounded theorist willingly suspends preconceptions and looks at the data with wonder and curiosity, accepting the possibility that a previously unidentified process will become evident. Gathering and comparing data, the researcher searches for similarities and patterns. For example, in the paper in this issue entitled *Exerting Capacity: Mindsets of Bedside Nurses in Keeping Patients Safe*, Leger and Phillips discovered that nurses' ability to *exert capacity* comes from one of two mindsets: *me-centric* or *patient-centric*, which drive how the nurses meet the demands of keeping their patients safe. In another nursing study in this issue, *Resigning: How Nurses Work Within Restraints*, O'Donnell and Andrews introduce a newly emerged process of *resigning*. Resigning occurs when nurses acknowledge restraints and reluctantly accept compromise to the quality of the care they deliver in the interests of patient safety and maintaining a basic level of care. Leger and Phillips's *me-centric* vs *patient-centric* mindsets and O'Donnell and Andrews's *resigning* are concepts that emerged from those studies.

Grounded theory is conceptual. Concepts emerge through comparison of data, most often derived from participant interviews. Each piece of data is compared with others and patterns quickly emerge. The data bits and behavioral patterns indicate concepts, which become the building blocks of a grounded theory. The data provides indicators of the concepts—indicators that are interchangeable and may later be used to illustrate concepts. For example, in Cashwell's paper in this issue entitled *Coming Home*, the author identifies the concept of the *past self*. This concept emerged from the data of many interviews, but the author illustrates it with one participant's experience as follows: "His physical experience and feelings in the moment did not accurately reflect his environment but,

instead, reflected his painful history.” The incongruous feelings of this participant indicated the past self, but another participant would likely have different types of experiences that indicated the concept. Thus, grounded theory fractures the data and transcends the stories to create conceptual theory. It neither consists of facts nor stories, but concepts.

Grounded theory is perspective oriented. The goal of a grounded theorist is to find out what is going on in a substantive area (Glaser, 1978). This cannot occur if the researcher goes into the field with preconceptions. Thus, as you will read in the Glaser’s paper, *Getting Started*, the researcher should go into the field without an identified problem or specific research question. Rather, the research problem emerges from the data, which is always grounded in the participants’ perspectives. If concepts are the building blocks of a grounded theory, the processes that participants describe provides the structure. Rather than searching for focused evidence of a particular phenomenon, as may be the case in other types of research, the grounded theorist approaches data gathering with a curiosity and openness seeking the answer to two questions: 1) What is the main concern of these people? 2) How do they continually resolve or process this concern? The answer to the latter is conceptualized, named, and identified as the core category. A parsimonious theory is then delimited to those concepts that relate to core category.

A grounded theory is bona fide theory. It provides a substantiated explanation of some facet of the social world depicted through connected concepts that create tentative hypotheses, which further interweave to form the theory. If concepts are the building blocks of a grounded theory and the discovered processes provide the structure, theorizing provides the mortar that holds the structure together. The process of theorizing establishes theoretical codes, which depict the connections between and among concepts, thus creating the hypotheses. In *Theoretical Sensitivity*, Glaser identifies 18 theoretical coding families that put forward possible theoretical relationships between concepts. Some examples of Glaser’s theoretical codes include causes, conditions, stages, phases,

progressions, range, dimensions, strategies, effects, critical junctures, boundaries, typologies, and so forth. For example, in *Transforming Loyalty: A Classic Grounded Theory on Growth of Self-acceptance Through Active Parenting*, Rolle-Whatley and Vander Linden explain the stages through which parents move as they make progress toward “a relational connection with others based upon an evolved outlook of selflessness.” This is the relationship: one concept occurs before the other in a temporal sphere. Though the main theoretical code in this theory is stages, the paper offers examples of different theoretical codes that connect the concepts.

Grounded theory is modifiable. Because it is generated through inductive logic, a grounded theory is naturally modifiable. Using induction, the grounded theorist generalizes from a number of cases in which something is true and may infer that the same thing is true of a whole class, especially if the context is similar. The grounded theory method corrects for error or bias through constant comparison and abstraction, which further clarifies the underlying latent patterns (Glaser, 2002, rev. 2007). Over time, new evidence may become available. Modifiability, a basic strategy to ensure rigor, allows openness to correction and change as new evidence emerges, ensuring the theory does not become static or irrelevant (Nathaniel & Andrews, 2010).

Conclusion

The purpose of this editorial is to begin a conversation clarifying what classic grounded theory is and what it is not. To avoid ending up with piles of threads, those who conduct grounded theory research must have a clear understanding of the method. For those who are interested in learning more, Glaser’s books are available for purchase through the Sociology Press website at www.sociologypress.com.

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Getting Started

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Editor's note: This paper addresses common questions asked by novice grounded theorists about how to avoid preconception when thinking about research problems and research questions. This important chapter has been excerpted and lightly edited for clarity and context from chapter 4 in Glaser's *Basics of Grounded Theory Analysis* (1992).

It may sometimes be said that one of the most difficult parts of doing research is to get started. The making of choices and commitments to a research problem seem less secured and structured when doing descriptive research in quantitative or qualitative research. This occurs because the research problem is chosen beforehand and therefore forces the data, thus the yield may be small or nothing since the problem in fact may not be relevant. A "thought up" problem may sound juicy, but the preconception leads to nowhere.

The underlying principle in grounded theory which leads to a researchable problem with high yield and relevance is that the research problem and its delimitation are discovered or emergent as the open coding begins on the first interviews and observations. They soon become quite clear and structured as coding, collection, and analyzing begin and a core variable emerges and saturation starts to occur. In short, getting started in grounded theory research and analysis is as much a part of the methodological process as are the ensuing phases of the research.

The researcher should not worry. The problem will emerge as well as the manner by which the subjects involved continually process it. As a matter of fact, it emerges too fast most of the time and the researcher must restrain herself until sure if it is core and will account for most of the variation of the action in the substantive areas under study. As categories emerge in open coding, they all sound like juicy problems to research, but all are not core relevant. Only one or at most two. Remember and trust that the research problem is as much discovered as the process that continues to resolve it, and indeed the resolving process usually indicates the problem. They are integrated.

Area vs Problem

There is a significant need to clarify the distinction between being interested in an area compared to a problem. A researcher can have a sociological interest which yields a research problem and then look for a substantive area of population with which to study it. But this is not grounded theory. It is a preconceived, forcing of the data. It is okay and can produce good sociological description, but it usually misses what subjects in the substantive area under study consider, in their perspective, the true problems they face. This kind of forcing with the support of advisor and colleagues can often derail the researcher forever from being sensitive to the grounded problems of the area and their resolutions. A missed problem is a problem whether or not the researcher discovers and attends to it. It does not go away. We find, as grounded theorists, so often in preconceived research that the main problem stares us in the face as the researcher just attends elsewhere and misses it completely in his effort to describe what is going on. Squelching it from focus does not remove its relevance.

In vital contrast, the grounded theory researcher, whether in qualitative or quantitative data, moves into an area of interest with no problem. He moves in with the abstract wonderment of what is going on that is an issue and how it is handled. Or, what is the core process that continually resolves the main concern of the subjects. He discovers that truth is stranger than fiction. If he moves into an area with an interest in studying people in pain, he will discover what problem pain produces and how it is resolved or processed. The social structure of each substantive area can make this resolution quite different. The grounded theorist keeps his mind open to the true problems in the area. A forcing researcher may study risk taking in steeple jack work; a grounded theorist will probably discover that the main problem is negotiating the day's voyeurism, with the risks involved as a minor consideration.

As mentioned in *Theoretical Sensitivity*, it is most advisable to the grounded theorist, when at all possible, to choose an area with a life cycle interest to gain enough motivation to get her through the research to the end product. But even when a researcher has to study an area of lesser interest, it is likely that the conceptualization of it will still be of interest as a general sociological concern and process. Thus, if one has money to study meatpacking, he may be able to study on an abstract level the style of eating patterns in diverse social classes.

Areas of interest are not hard to come by. They abound, and with grounded theory, the research problem emerges easily. Whereas a preconceived problem is hard to come by with the surety it will both yield findings and will be supported by enough data. When a research problem is elusive or hard to come by a lot of people tend to give advice. However, the grounded theorist should be wary since his approach to the research problem is both grounded and easier. The researcher's search for the preconceived problem is subject to the whims and wisdoms of advisors with much experience and of colleagues. He should be careful as he may just end up studying his advisor's pet problem with no yield for him and data for the advisor. And he will likely miss the relevance of the data.

Preconception using the technical literature can have a level of groundedness in it, especially at the end of a piece where the author "appeals to future research." This is, of course, a good lead and the grounded theorist should consider these issues but be careful that they are born out in his own emergence of problems in the area, as later conditions may have changed relevances. Personal experience and or professional experience associated with it can produce strong, life cycle, substantive area interest. But the grounded theorist must be careful not to force data with his or her own problem and keep an open mind to the emergence of the subjects' problem. The researcher's personal problem may be idiosyncratic, but once the general concern emerges, it is almost sure to integrate as a varying property of it. The life cycle interest will be taken care of and be enhanced with understanding coming from the emerging theory.

The Research Question

The need to preconceive is strong when there is no trust in discovery of a problem. The researcher should fight this and learn not to know, when telling himself or others what he is studying. Do not say anything until the core problem has emerged and proves to be a stable focus of the research.

In comparison to preconceived description, there is no dilemma when choosing the grounded theory methodology as to when the problem may become known, whether with quantitative or qualitative data. There is no need to waste time on the debate as to whether or not the research question should dictate the method or the method the research question. The researcher need not be concerned whether or not the data should be

collected quantitatively or qualitatively or in what combination, as required when studying the preconceived problem.

Once choosing the grounded theory methodology this debate is moot. The methodology processes out the emergent problem and all data of whatever type is grist for the mill of constant comparison to develop categories and their properties. The emergent research problem will core out and be delimited by diverse conditions such as the researcher's training, the locale of subjects, funding, etc. Boundaries to the problem will emerge and the one criteria of grounded theory, modifiability, says that a good grounded theory should be readily modifiable to news conditions, new subjects, and perspectives on the same problem, provided that the same problem is relevant in the new area.

Remember that grounded theory research is the study of abstract problems and their processes, not units. Unit analysis is for description. Thus, studying women managing pregnancy is not to focus on women, but to discover their emergent problems and their resolutions for managing the pregnancies. These problems will likely vary considerably with studies in different areas. The problems of middle-class women trying to communicate with an MD who does not favor natural childbirth are far different than that of a lesbian trying to communicate with a macho, male MD. See *Theoretical Sensitivity* page 109-113 on unit vs process for a discussion on this crucial distinction.

The Specific Research Question

To repeat, the research question in a grounded theory study is not a statement that identifies the phenomenon to be studied. The problem emerges and questions regarding the problem emerge by which to guide theoretical sampling. Out of open coding, collection by theoretical sampling, and analyzing by constant comparison emerge a focus for the research.

Even then, when specific questions can be asked without forcing the data or its collection, the researcher never, never asks the question directly in interviews as this would preconceive the emergence of data. Interview questions have to relate directly to what the interview is about empirically, so the researcher maximizes the acquisition of non-forced data. These specific questions are in the thoughts and the analysis of the researcher, to be reviewed later. Think theory, talk everyday common sense English. And this method of qualitative analysis is the same for qualitative as for the quantitative collection of data. In grounded theory there is no preconception of being too broad or global or narrow at whatever stage; the grounded theory process steers the path to bounded focus. And with grounded theory there is also no preconceived relevance as to whether questions to subjects are interactional, organizational, biographical, psychological, or whatever. The emerging questions simply tap the variables that work whatever the field. Obviously, a researcher is trained in the sophisticated use of one or the other variable and will be more theoretically sensitive to his own area. If a major variable occurs in an area outside his training, he may have to call in a consultant. At minimum he will have to report this grounded fact in his theory, not ignore it as having no relevance. Thus, a sociologist may have to consult with an economist or psychologist or political scientist at times to better understand processes in their fields.

In sum, when a researcher flounders in getting started on a research project it is quite often the result of forcing on the data a preconceived problem that ought to take the data apart and give yield, but does not, because of a lack of relevancy. The researcher is lost and sees the data as recalcitrant. The grounded theory researcher bypasses this problem in getting started by simply studying what is to be studied with no preconception of what should be in advance of its emergence. Also, he trusts himself not to know in advance

and forces himself not to pontificate that he knows better than the subjects involved what is most relevant to them.

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Exerting Capacity: Mindsets of Bedside Nurses in Keeping Patients Safe

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Abstract

This classic grounded theory (CGT) study explored the perspectives of bedside nurses about patient safety in the adult acute care environment. The theory that emerged, *Exerting Capacity*, explains how bedside nurses balance their own capacity against the demands of a given situation to fulfill their duty to keep their patients safe. *Exerting Capacity* revealed a typology of two mindsets nurses use to approach the demands of keeping patients safe: *me-centric* and *patient-centric*. Analysis of the study's data revealed no connection between the mindset and the skill level of the nurse, unlike Benner's (1982) "From Novice to Expert" concept. Further, no relationship could be identified between the mindset and the length of time the nurse has been in practice as a bedside nurse. Understanding the mindset nurses use to approach provision of safe care is necessary for understanding how nurses ensure patient safety in the hospital setting.

Keywords: *mindset, patient safety, exerting capacity, classic grounded theory*

Introduction

The World Health Organization [WHO] (2019) estimates that adverse events occurring in the hospital are the 14th leading cause of morbidity and mortality around the globe. The United States Institute of Medicine's (IOM) 1999 seminal report "To Err is Human: Building a Safer Health System," estimated, to the dismay of healthcare professionals, that between 44,000 and 98,000 people in the United States (U.S.) suffer preventable deaths annually due to medical errors. The Australian Institute of Health and Welfare [AIHW] (2018) published data indicating an age-standardized rate of 105 potentially avoidable deaths per 100,000 population and 5.4 adverse events in hospitals per 100 discharges. In 2016, Johns Hopkins Medicine in Baltimore, MD, (U.S.) reported that medical errors occurring during patient treatment in U.S. hospitals led to more than 251,000 deaths, or 9.5 percent of all U.S. deaths each year (Hopkins Medicine, 2016). This rate is significantly higher than the United Nations projected overall rate of 7.645 deaths per 1000 people (Macrotrends, n.d.) Yet despite the amount of research into patient safety ignited by the IOM report and other findings of patient error data, the numbers of adverse patient outcomes continue to be one of the most significant issues facing healthcare today. As recently as 2019, scientists

estimate that more than 161,000 avoidable deaths occur annually in U.S. hospitals (Castellucci, 2019). Why then, if patient safety is deemed a “healthcare priority,” is the global healthcare system unable to make better progress in reducing these potentially preventable adverse events and deaths?

A review of the literature through 2015--the time period ending this research project--related to patient safety revealed a significant gap in the current science. Despite a plethora of research focusing on the data-driven, quantitative outcomes of adverse patient events and surveys that gather information about patient safety, there is a scarcity of qualitative data about the concept of patient safety from the perspective of the bedside nurse, the healthcare worker who is closest to the patient (Author A & Author B, 2017).

In an effort to close this gap in the patient safety literature, the initial study used Classic Grounded Theory (CGT) to focus on the perspectives of bedside registered nurses (RNs) in the U.S., who work primarily in adult acute care environments, as they relate to patient safety. The participants’ main concern--*indemnifying duty*--in keeping their patients safe and guarding them against loss or harm while in the nurses’ care emerged from the study data. Resolution of this concern occurred through the core category that emerged from the data: *exerting capacity*. In addition, analysis of the data led to the identification of a typology of two mindsets--*me-centric* and *patient-centric*--which describe how nurses approach keeping their patients free from harm. Also emerging from the data were two main categories nurses believe positively or negatively impact their capacity to do what they must do to keep their patients safe from harm: *authority* and *work milieu*.

Method, Data Collection and Analysis

Little is known about the perspectives of bedside nurses regarding patient safety; therefore, Classic Grounded Theory (CGT) was selected to discover “what is really going on” (Glaser, 1998, p. 12) with nurses caring for patients in the adult acute units of hospitals and how they define their reality (Glaser, 1992).

The study proposal was submitted to and approved by the university institutional review board. Study participants were English-speaking registered nurses with at least two years of recent experience as a bedside nurse in an adult, acute care hospital setting in the U.S. At the time of the data collection, the nurses were employed either full- or part-time. No nurses were excluded from participation based upon age, ethnicity, gender, geographic location, or level of formal nursing education.

The study began by recruiting nurses using purposive sampling strategies to gather data about the nurses’ first-hand experiences with the phenomenon of interest (Streubert & Carpenter, 2011). Initially, eight nurses participated in the study. At the end of each interview session, the participants were asked to share information about the study with other nurses who they believed would be willing to share their experiences about the topic, otherwise known as snowball sampling. Theoretical sampling was utilized when ongoing data analysis revealed emergence of theoretical ideas and concepts, and a theory began to emerge. Theoretical sampling allowed expansion of the concepts and emergence of new concepts and interrelationships among the concepts (Dudovskiy, n.d.).

After obtaining the nurse's consent to participate in the study, the nurse was asked, "What does patient safety mean to you?" This question was followed by comments or open-ended questions to encourage sharing of thoughts and perceptions, or to "instill a spill" (Glaser, 1998, p. 111).

Data analysis followed the prescribed, yet fluid, steps of CGT: the constant comparative method (CCM), coding, memoing, sorting, developing a theoretical outline, then writing up the findings. Data analysis was an ongoing and iterative process: each transcribed interview was read and coded line-by-line, asking the question, "What is going on?" (Glaser & Strauss, 1967, p. 23) to identify patterns of behavior of the participants. Open coding allowed concepts to emerge from the data; each concept was compared to every other concept and to any new concepts that emerged from the data. Throughout the data analysis and writing up processes, the researcher used memoing extensively to document thoughts and questions related to the developing and evolving patterns within the data. The memos were sorted and became part of the data leading to emergence of the theory.

The Theory: Exerting Capacity

Exerting Capacity, the theory that emerged from the initial study, explains how bedside nurses balance their own capacity against the demands of a given situation to keep their patients safe from harm (Author, 2015). Nurses' ability to *exert capacity* comes from one of two mindsets: *me-centric* or *patient-centric*. These mindsets drive how the nurses meet the demands of keeping their patients safe.

The data also revealed that the nurses identified two main categories – *authority* and *work milieu* – that have either a positive or negative impact on nurses' capacity to do what must be done to keep their patients safe from harm. *Authority* includes elements of formal and informal leadership within the departmental unit and hospital organization and nurses' awareness of their own capacity to impact patient safety. *Work milieu* includes patient safety equipment and technologic resources, as well as practice and communication patterns within the work environment.

Mindsets Used by Bedside Nurses in Keeping Patients Safe

Exerting Capacity describes how bedside nurses balance their own capacity against the demands of a given situation to fulfill their duty to keep their patients safe from harm. Nurses' ability to exert their capacity arises from one of two mindsets: *me-centric* and *patient-centric* (Author A & Author B, 2017). The mindset typology that emerged from the data should not be confused with the levels of professional nurse skill performance, as described in the Dreyfus Model of Skill Acquisition (Pena, 2010), or as a predictor of patient outcomes. Further, the type of mindset exhibited by the nurse does not reflect the number of years the nurse has been a bedside nurse (Benner, 1982).

Me-centric Mindset

Nurses with a *me-centric* mindset place themselves at the center of decision making and actions in fulfillment of their duty to keep their patients safe from harm. Nurses with *me-centric* mindsets tend to be more reactionary and less proactive regarding issues of patient safety; they are task-oriented in their approach to patient safety and describe their capacity to keep patients safe as doing so to the “best of my ability” (Author A, 2015, p. 46). Nurses who demonstrate a *me-centric* mindset can identify a patient in distress and solve the problem before the patient suffers harm but are less likely to be proactive in their approach when attempting to prioritize the many factors that impact a patient’s safety. Nurses with a *me-centric* mindset have a relatively limited view of the healthcare organization’s operations and rely heavily on their working knowledge of departmental policies and procedures or knowledge obtained from other trusted members of the nursing staff to address issues of patient safety. Nurses with a *me-centric* mindset will circumvent a policy and procedure that guides patient care if they believe the steps impede, or are unnecessary, to their workflow in providing patient care.

Patient-centric Mindset

Nurses with a *patient-centric* mindset place a patient at the center of their decision-making process and address patient safety issues by anticipating the potential for harm or injury to patients and formulating preventive interventions. Nurses with *patient-centric* mindsets describe their actions as coming from “intuition, [. . .] that sixth sense, [. . . and going] with your gut” (Author A, 2015, p. 47). These nurses adopt a big picture viewpoint of their work environment and are more likely to raise questions about the organization’s policies or procedures that do not seem compatible with patient safety. Further, nurses with a *patient-centric* mindset are likely to circumvent a policy and procedure if the nurse thinks the policy does not fit the patient’s current situation.

Mindset Responses to Factors that Influence Capacity

CGT data analysis revealed two organizational factors that directly or indirectly impact nurses’ capacity to do what must be done to keep their patients safe from harm. These organizational factors are *authority* and *work milieu*.

Authority

Authority encompasses the healthcare organization’s formal and informal leadership, including communication by the nurse with the leaders. *Authority* also includes nurses’ capability to demonstrate characteristics of their own empowerment.

Nurses with a *me-centric* mindset recognize issues related to *authority* that are, or can, pose a risk to their patients’ safety. These nurses are less likely to be proactive in response to these issues as they tend to avoid communicating with formal leaders about issues surrounding patient safety. Thus, they are likely to avoid opening lines of communication with organizational leaders as they maintain their focus on their respective patient and nursing unit and are less likely to have an awareness of patient care issues facing the leaders and nurses from other areas within the organization. Nurses with a *me-*

centric mindset are aware of edicts reflecting the decision-making process at the leadership level that can, and do, impact patient safety, such as designated staffing levels, patient-to-nurse ratios, and the availability and maintenance of bedside patient equipment. Nevertheless, nurses with a *me-centric* mindset believe leaders' priorities are often misaligned. Nurses with a *me-centric* mindset assert that while leaders may appear to be staunch advocates for providing patients with a safe environment, they see these leaders as less supportive and more likely to respond negatively when nurses ask for resources they contend are needed to keep patients safe. In addition, nurses with a *me-centric mindset* recognize the gap that exists between what patients and organizational leaders expect of them (the nurses) to keep patients safe and what they, as bedside nurses, can do in their role to keep their patients safe. However, nurses with a *me-centric* mindset do not see bridging this gap of knowledge as a priority for themselves because they see them as "things outside of our control" (Author A, p. 64).

Nurses with a *patient-centric* mindset are "comfortable [and] persistent" (Author A, p. 64) when communicating with all levels of their organization's leadership and do not hesitate to make the needs of the patient, as well the nurse, known. Nurses with a *patient-centric* mindset respect the departmental and organizational chain of command, but they do not hesitate to overstep the chain of command if they believe the patient's safety is in jeopardy. Unlike nurses with *me-centric* mindsets, nurses with a *patient-centric* mindset are well-aware of their own capabilities to keep their patients safe. This awareness leaves a much smaller gap between what they believe they can do to keep their patients safe, and the expectations of safety held by patients and hospital leaders. Nurses with a *patient-centric* mindset are aware of limitations faced by the organization, such as financial and human resources, that may interfere with their requests for resources such as equipment, technology, or additional staff, but they often find ways to circumvent such barriers and keep patients safe until their requests can be met.

Work Milieu: Equipment/Technology, Practice Patterns, Communication

Work milieu includes factors that nurses identify as having direct or indirect impact on their capacity to do what they believe must be done to keep patients safe. *Work milieu* also includes factors such as patient safety equipment and technologic resources, practice patterns (policies and procedures), and communication within the culture of the practice environment.

Equipment/Technology. Nurses with a *me-centric* mindset rely heavily on patient safety equipment such as bed or chair alarms, and technology such as bar code scanning devices and software for medication administration and electronic medical records, as their primary strategies to keep patients safe. These nurses are knowledgeable in the use of equipment designed to mitigate injury or harm to patients in the hospital environment. Nurses with a *me-centric* mindset approach the use of equipment and technology understanding that safety equipment should be tested to verify it is in good working condition; they recognize that failure to confirm proper functioning of equipment can result in patient harm. Nurses with *me-centric* mindsets know there are procedures in place for checking the functionality of patient safety equipment and expect the equipment not to fail.

Further, these nurses believe they know how to respond in the event of scheduled or unscheduled equipment or technology downtime.

Nurses with a *me-centric* mindset are very comfortable with trends in technology that are designed to improve patient safety and know that implementing new technology is not easy. Nurses with a *me-centric* mindset depend on the equipment being available, well maintained, and accessible when it is needed to provide safe patient care. Although they rely heavily on equipment and technology for patient safety, they may not use proven behaviors, processes, and actions, such as the “six rights” of medication administration (the right patient, right route, right drug, right dose, right time, and right documentation [Federico, (n.d.)]). They routinely abbreviate or avoid such processes because they see them as time consuming even though such processes have a positive impact on patient safety.

Nurses with a *patient-centric* mindset respect technological interventions and patient safety equipment but see them as supporting safe care of patients (Author A, 2015); these nurses know that equipment, by itself, cannot be trusted to prevent patients from suffering harm. Nurses with a *patient-centric* mindset are less likely to rely solely on patient safety equipment and technology to avoid patient safety risks, viewing these resources as adjuncts to promotion of patient safety. Implementation of technology does not lead nurses with a *patient-centric* mindset to abandon work practices, such as the “six rights” of medication administration, that will protect patients. Moreover, these nurses see over-reliance on equipment and technology as an impediment to nurses’ critical thinking skills and a potential inhibitor of face-to-face communication among the team. In addition, nurses with a *patient-centric* mindset contend that technology results in nurses’ spending less time with their patients and “dumbs things down” (Author A, p. 65) further impeding nurses’ critical thinking.

Nurses with a *patient-centric* mindset understand the necessity of ongoing equipment maintenance in addition to routine equipment checks by the nurse; they do not rely on others to be responsible for the ongoing maintenance of safety equipment. They are aware of the defined process for handling equipment that must be serviced or disinfected after use although they might bypass these processes to meet the immediate needs of their patients. *Patient-centric* mindset nurses see the workflow process of managing equipment maintenance and cleaning as an added responsibility for nursing and blame others for failing to be accountable for the maintenance of safety equipment after they have used it. The *patient-centric* mindset nurse can deal with equipment and supplies that are not readily available by implementing workarounds to avoid a delay in their ability to keep patients safe. Although there are processes in place to correct such failures, these nurses are more likely to handle the situation independently followed by reporting the problem to management.

Practice Patterns. *Me-centric* minded nurses view organizational policies and procedures as dictating how safe patient care should be provided while simultaneously admitting failure to communicate to leadership actual practices that do not follow policies and procedures. While nurses with *me-centric* mindsets admit to making exceptions to the policies and procedures, they view this action as a conscious decision made to facilitate

provision of safe patient care. Nurses using a *me-centric* mindset approach acknowledge they may not follow strictly policies and procedures intended to keep patients safe from harm including hourly rounding (seeing each patient every hour to assess needs are met), use of double patient identifiers (using two patient identifiers to verify patient identity prior to medication administration or beginning a procedure), and the time-out process prior to a procedure (when the team stops to verify that they are about to perform the correct procedure on the correct patient). *Me-centric* minded nurses do not view failure to follow such processes as either right or wrong; instead, they see their choice simply as a manner in which to improve the efficiency of care to the patient.

Nurses approaching practice patterns using a *me-centric* perspective fear retaliation by leaders and "being blamed for" (Author A, 2015, p. 67) failures in patient safety. While *me-centric* minded nurses may report an actual patient safety issue, particularly when reporting such incidents can be done anonymously, they are more likely to report such issues to a more experienced nurse. The *me-centric* mindset nurses believe the more experienced nurse will be less likely to make them feel at fault for lapses in patient safety. Using the *me-centric* mindset, nurses are apt to blame patient safety issues on a faulty process rather than a personnel error or omission believing that process issues require reeducation of the nurse involved instead of disciplinary action.

Nurses using a *patient-centric* mindset recognize the importance of having policies and procedures for patient safety; they also recognize and readily point out the flaws in policies and procedures to managers. Moreover, these *patient-centric* minded nurses know some policies and procedures lack the necessary resources and support for successful implementation. Nurses who use the *patient-centric* approach identify when policies and procedures lack consistency or when they are reactionary rather than proactive for keeping patients safe. These nurses see policies as being more a reflection of the organization's culture and leadership than a reflection of actual nursing practice. In addition, they contend the policies often lack the perspectives of bedside nurses because policies presume that patient safety can be achieved with a top-down, one-size-fits-all approach. Nurses with a *patient-centric* mindset believe a nurse who does not adhere to a known policy or procedure has made a conscious decision between right and wrong and has done so with the welfare of the patient in mind.

Nurses with a *patient-centric* mindset know that potential compliance and/or patient safety issues are more likely to go unreported when nurses work in a punitive or retaliatory work environment. They believe that fear of retaliation contributes to non-collaboration, poor communication, and a higher incidence of patient safety incidents because inadequate or broken processes are not reported and, therefore, they are not corrected. Nurses with a *patient-centric* mindset believe that workplace environments managed by retaliatory leaders will tend to have the nurse "take the fall" (Author A, 2015, p. 68) for a patient safety issue despite having full knowledge that the issue was the fault of a broken process. Further, these nurses believe that adverse patient safety events may not be investigated fully, demonstrating a lack of support from organizational leadership for failing to find the root causes of patient safety events.

Communication. Nurses with a *me-centric* mindset are aware of the unit's and organization's overarching goals pertaining to patient safety but are more focused on the results for their own patients. Although these nurses understand the importance of patient safety initiatives, they consider them as additional steps in their patient care routine, disrupting their workflow, and potentially increasing the risk of errors. They are less inclined to proceed up the organization's chain of command when answers to questions cannot be found at lower levels (Author A, 2015).

Nurses with a *me-centric* mindset also are less likely to verbalize their concerns about staffing levels, particularly their own patient assignment, fearing that doing so could be interpreted by leaders as their own lack of skill and knowledge. These nurses are less likely to seek feedback from leaders following an investigation of an unsafe patient event, choosing instead to wait for feedback. They are more likely to participate in anonymous employee surveys that seek feedback about the status of the organization's patient safety culture. Finally, nurses with a *me-centric* mindset may consider attendance at staff meetings as unimportant because the meetings disrupt workflow patterns.

Nurses with a *patient-centric* mindset recognize when staffing levels and assignments might place patients at greater risk, and they are more likely to share their concerns with a manager. They have fewer reservations about utilizing the organization's chain of command when they believe a patient safety issue is not being responded to at lower levels on the leadership hierarchy. Nurses with a *patient-centric* mindset respect the chain of command, but do not hesitate to sidestep the hierarchy to report patient safety issues although they know this could create tension with lower-level leaders.

Nurses with a *patient-centric* mindset do not hesitate to publicly identify co-workers who do not participate actively as team members; they quickly recognize the lack of teamwork on their patient unit and attempt to "lead by example" (Author A, 2015, p. 70) to improve patient safety. These nurses often believe there is inadequate feedback provided to staff following an investigation of a patient safety incident; they want debriefing to occur following the incident so nursing staff can learn from the outcome and prevent future occurrences of similar incidents. Finally, nurses with a *patient-centric* mindset identify it as a failure of management to lack effort in giving credit to nurses for good patient safety results; at the same time, they believe excessive sharing of patient safety data may be overwhelming or seem redundant to bedside nurses.

Discussion

The theory, *Exerting Capacity*, emerged from data provided by bedside nurses that explored their perceptions of patient safety. The theory explains how bedside nurses balance the demands of keeping their patients safe while strategically managing several factors that can impact their capacity to do so. These factors include *authority* and *work milieu*, both of which directly and indirectly impact how the nurses keep their patients safe. *Authority* includes the healthcare organization's formal and informal leadership in addition to the nurse's capacity to demonstrate empowerment. *Work milieu* includes equipment and technology; practice patterns, including policies and procedures; and communication, including work environment and culture.

Within the theory, *Exerting Capacity*, a typology of two mindsets--*me-centric* and *patient-centric*--was identified; these mindsets affect how nurses approach their role in patient safety and make decisions to satisfy their duty to provide safe care to their patients. It is important to note that neither mindset is unsafe; nurses with either mindset can do what is needed to keep their patients safe. The difference is the nurse's approach to accomplishing patient safety. Nurses with a *me-centric* mindset are self-focused in their decision making, more task-orientated in their approach to keeping patients safe and are willing to circumvent policies and procedures if the nurse believes that they hinder the nurse's workflow and ability to provide safe patient care. Nurses with a *patient-centric* mindset place the patient at the center of their decision-making process. They can see the impact of their actions on the organization beyond their unit. While such nurses will circumvent a policy or procedure, they see the decision to do so as arising from their assessment of the circumstances of the patient who may be at risk for harm at a given point in time.

Recognizing and understanding the mindsets of nurses in providing safe patient care are important steps for healthcare organizations' leaders, particularly nursing leaders, and for the bedside nurses themselves. How a nurse perceives the workplace culture and environment provides valuable insight for leaders. Feng et al. (2008) found that a key component of patient safety includes "a non-blame and forgiveness environment" (p. 313). Leaders promoting this type of workplace culture and environment find nurses are more open to communicating errors and more likely to report patient safety concerns. In addition, being aware of the differences and preferences of the nurses with a *me-centric* or *patient-centric* mindset can be beneficial in the development and implementation of patient care policies and preferred communication styles. The bedside nurse, too, should not underestimate the importance of understanding their own approach to keeping patients safe and whether their approach is a suitable fit for their designated unit or, for that matter, the entire organization.

The findings from this study, in particular the concepts that emerged from the theory *Exerting Capacity*, are substantiated by work conducted exploring nurses' activities to promote safety through coordinating care, prioritizing care, and workplace conditions (O'Brien et al., 2019; O'Donnell & Andrews, 2020). Orchestrating, the concept O'Brien et al. (2019) identified as how perioperative nurses minimize patient risk, aims to improve patient outcomes "through the effective managing, pacing and timing of how work is done" (p. 1459) and examines the important role of leadership in using orchestration to promote patient safety. O'Donnell and Andrews (2020) discussed the concept of care accommodation to describe how nurses respond to the challenging aspects of constraints within the healthcare environment to deliver safe, quality patient-centered care.

Limitations

Some elements of this study may be perceived as potential limitations including the number of study participants (n=13), the limited geographic area from which the study participants were recruited (Southeast Texas U.S.), and study participants' self-selection. Nevertheless, the qualitative researcher focuses on the data offered by the study participants. Glaser (1978) contended that demographics are less important than the concepts and categories

that emerge from a CGT study, stressing that findings and the theory that emerges from a CGT study should have “grab” (p. 4), or make sense and be interesting to people with similar experiences; the findings should “fit” and explain the data or “work” (p. 4). Moreover, a CGT study must be modifiable as new data emerges.

Implications

Exerting Capacity, the substantive theory that emerged from the study describes what bedside nurses believe are necessary to indemnify their duty to their patients and how bedside nurses balance their capacity against the demands of a situation to keep their patients safe from harm. Bedside nurses approach patient safety using one of two identified mindsets: *me-centric* or *patient-centric*.

The mindset typology, *me-centric* and *patient-centric*, has several implications for healthcare organizations, leaders of healthcare organizations, bedside nurses, and ultimately, patients themselves. Although keeping patients safe is important to each of these stakeholders, the implications for patient safety can be impacted by the mindset of nurses who provide care and fulfill their duty to keep their patients safe.

Bedside nurses should reflect on their own behaviors and approach to their role so they can recognize their primary mindset and how this can contribute, or detract from, how they keep their patients safe. When bedside nurses recognize which mindset seems to be most predominantly reflected in their actions, they also can evaluate the apparent mindsets of other nurses in their unit in an attempt to determine how their approach, along with the mindsets of their colleagues, can work together to keep patients safe within the existing culture of the unit and the healthcare organization.

The nursing leader’s knowledge of the *me-centric* and *patient-centric* mindsets can help them to identify the behaviors of nurses and consider the optimal mix of nurses for the particular needs of the patients served by that nursing unit. The nursing leader who is aware of the differences and preferences between the two mindsets will have a better understanding of what these nurses will do to keep their patients safe and how the combination of nurses from these varying mindsets can complement each other in keeping different types of hospitalized patients safe based on their respective needs. The recognition of nurse mindsets also can provide unit leaders with insight into how nurses practice and why they make some of the decisions they do when working to keep their patients safe from harm. Despite the differences between the two mindset types, nursing leaders should note that bedside nurses of both mindset types see themselves as the most crucial factor in keeping patients safe (Author A & Author B, 2017).

Healthcare leaders should be cognizant that nurses’ perceptions of patient safety may not be congruent with the perceptions of the leaders within the organization. Further, healthcare leaders’ perceptions of what is needed to foster patient safety can be different from what bedside nurses believe is necessary for keeping patients safe. For healthcare leaders, patient safety is primarily an objective value achieved by technology, policies, and procedures, and is measured by clinical outcomes.

Although the focus of this study was on the juxtaposing mindsets utilized by bedside nurses in their approach to keeping their patients safe, there is an opportunity for further conceptual development, and possibly development of a formal theory, using data generated within other disciplines or jobs.

Conclusion

The use of Classic Grounded Theory methodology to explore the perspectives of bedside nurses about patient safety resulted in the substantive theory, *Exerting Capacity*, that explains how bedside nurses fulfill their duty to keep their patients safe. Bedside nurses exert capacity to protect their patients from harm through their actions and decisions. How nurses approach these actions and decisions arises from two mindsets: *me-centric* and *patient-centric*.

Nurses with a *me-centric* mindset place themselves at the center of their decision making, and their resulting actions, to keep their patients safe from harm. Nurses with a *me-centric* mindset function from a more limited view of patient safety, that of the unit or department level rather than the organization in its entirety. Nurses with a *patient-centric* mindset place their patients at the center of their decision making while maintaining a broader viewpoint of the work environment recognizing the impact that patient safety at the unit level has on the organization as a whole.

Nurses exert their capacity to keep their patients safe within two contexts, *authority* and *work milieu*, each of which directly or indirectly impact bedside nurses' capacity to keep their patients safe. Recognizing the implications of these findings by leaders of healthcare organizations, nursing leaders, and bedside nurses can enhance understanding of how nurses approach patient safety in the hospital setting. Understanding how each mindset type responds to boundaries of capacity within the nurses' environment provides insight into how each mindset successfully exerts their capacity in an effort to protect their patients from harm.

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Declaration of Conflicting Interests: The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding: The authors received financial support for the research, authorship, and/or publication of this article from the following sources:

The Board of the John P. McGovern Foundation

Alpha Delta Chapter of the Sigma Theta Tau International Honor Society of Nursing

Texas Nurses Association, District 9, Houston, Texas

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Coming Home: A Journey Back to the Authentic Self

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Abstract

The theory of coming home is a three-stage classic grounded theory that details an individual's initial exploration of the world in childhood, followed by the subsequent abandoning of their authentic self and then the life-long journey back home to their most authentic being. In the first stage of the process, individuals act and express in authentic ways and receive feedback from the environment about which aspects of themselves are acceptable and which are not. In the second stage of the process, driven by feelings of shame and lowered self-worth or the awareness that certain aspects of themselves are unacceptable, individuals engage in abandoning behaviors to fit in and avoid rejection. After months, years, or even decades of increasing awareness about these behaviors, individuals may enter the third stage of the process, during which they come to re-explore, accept, and embrace their authentic selves.

Keywords: classic grounded theory, authenticity, authentic self, self-exploration, self-acceptance

Introduction

Authenticity has been a concept of interest to humans for centuries. To date, the body of literature on authenticity has been comprised mostly of research on state authenticity (Lenton et al., 2013; Lenton et al., 2015) and trait authenticity (Kernis & Goldman, 2006; Wood et al., 2008). There has been limited research, however, on the possibility or process of becoming more authentic throughout the course of one's life. This research study began as an inquiry into the lived experiences of highly sensitive individuals. Following the steps of a classic grounded theory outlined by Glaser and Strauss (1967) and later by Glaser (1978, 1992, 1998, 2002), I identified the main concern of learning to be and accept oneself. Then, through constant comparison of new data with already discovered concepts, I developed the theory of coming home. This theory addresses the gap in the literature around the process of becoming more authentic across the lifespan.

Methodology

Classic grounded theory (CGT) is a useful method for inductively generating theories about patterns of human behavior that help individuals within a substantive area to understand their situations and take meaningful action to resolve their main concerns (Glaser, 1978). CGT is typically conducted through a series of main stages, which include preparation, data collection and analysis, memoing, sorting, creating a theoretical outline, and writing. The grounded

theorist works on stages sequentially and often simultaneously, with many stages overlapping and insights from one stage informing work on another. This particular CGT was developed during my doctoral research at Saybrook University.

To prepare for this research study, I identified an area of interest, which was the experience of being highly sensitive. In order to minimize preconceptions, I delayed an initial review of the literature. I then developed a grand tour question, which is a broad open-ended research question or statement, that is likely to facilitate participant sharing about the experiences and concerns most relevant to them around the substantive area of interest (Glaser, 1978). My initial research statement was "Tell me about the experience of being deeply affected by people and situations."

I began data collection and analysis while awaiting Saybrook University IRB approval by coding and memoing on four short stories written by people who self-identified as highly sensitive. Once I received IRB approval to begin data collection with human subjects, I set aside the four stories and the memos developed from them and conducted an initial interview using my grand tour statement. I open coded that interview, memoed on the emerging concepts, and then conducted another interview. After open coding three interviews for any concepts that I could identify in the data and combining the new codes and memos with the codes and memos from the stories I had previously analyzed, I discovered a main concern of being and accepting oneself and a tentative core category of embracing the authentic self, which I later renamed coming home.

In the next phase of data analysis, I began selective coding for concepts related to the core category. Using theoretical sampling, I recruited participants whose interviews might help me to fill any gaps in the emerging theory. In total, I collected 50 separate pieces of data, including 28 initial interviews, 14 follow-up interviews, four stories, three videos, and a song. Initial participants responded to recruitment posts stating the topic of the grand tour statement. Subsequent participants responded to recruitment posts stating the topic of other grand tour statements, developed through theoretical sampling, including statements about experiences of feeling different and experiences of being or not being authentic.

As I developed concepts and their relationships through selective coding and memoing, I discovered a good fit for the theoretical code of a basic social psychological process. Applying this overarching code enabled me to begin integrating the theory. In the last stages of the CGT process, having reached "theoretical completeness with parsimony, scope, depth and breadth" (Glaser, 1998, p. 188) of emergent categories and their relationships, I sorted memos into the emergent structure, created a theoretical outline, and wrote up the full theory.

Coming Home

Coming home is a theory that describes a three-stage process, best understood as a journey, that begins in childhood and continues throughout the remainder of each individual's life. The journey involves exploring the authentic self, abandoning the authentic self, and, eventually, beginning the return journey back home to one's authentic self. However, since the authentic self is multi-faceted and changes over time, there is no specific destination of home to which one returns. Coming home, instead, represents the lifelong journey of becoming more of who

one really is.

The Authentic Self

In order to understand the stages of the journey, it is important to first explain the authentic self, as seen in the data from this study. The authentic self is made up of many parts, some consistent and others evolving, that exist together as the ways one experiences oneself. Further, these parts of self are experienced through an individual's current level of awareness, which changes over time as a person grows and reflects. While these parts of self are neither static nor separate from one another, they are named and listed separately for clarity and to demonstrate the complexity of the ways that self is experienced.

The first aspect of the authentic self is the present self. The present self is the way one's authentic self is experienced in any given moment. It is comprised of thoughts, feelings, interests, desires, and preferences, all internal experiences that come and go frequently and may be experienced as unintentional, spontaneous, or happening to the self. This concept was exemplified as participants shared about their thoughts, feelings, interests, desires, and preferences, both in response to events in their lives and when they occurred during the interview. For instance, one participant shared an insight about himself and then said, "I've never thought of it that way before." This shows that he was having spontaneous thoughts at the time of our interview. In another example of the present self, a participant reflected on feelings she had during an argument with her partner. At the time of the argument, she was experiencing her present self through feelings that spontaneously occurred in her.

The second aspect of the authentic self, the past self, is the way one's history may be carried forward through memory. It exists in the present moment as the current self-understanding, shaped by past experiences, through which one interprets their thoughts, feelings, interests, desires, and preferences. This was illustrated by many participants who referenced events and experiences in their pasts and shared how these events and experiences contributed to their current lives. In one example, a participant shared about how his experiences of food insecurity, verbal abuse from caregivers, and his time in the military affected him throughout his adulthood. Demonstrating the way the past self is experienced in the present, he shared about a conversation with a VA representative during which he experienced anxiety and lost his composure. His physical experience and feelings in the moment did not accurately reflect his environment but, instead, reflected his painful history. Even after the conversation, he had a difficult time understanding what had happened and separating it from his anxious interpretation of the experience based on his past circumstances.

A third aspect of the authentic self, the enduring self, is represented by those characteristics of self that are observable by others and may have remained relatively consistent throughout the course of an individual's life, often appearing in early childhood. The enduring self is made up of one's fundamental ways of being, or "patterns of thoughts, feelings, behaviors, desires, interests, and preferences, as well as character qualities, that are inherent to each person" (Cashwell, 2021, p. 37). Multiple participants who identified themselves as highly sensitive shared that others had always noticed and commented on their sensitivity and that, no matter what, it always seemed to be a part of who they were. One self-

described sensitive participant, referencing his lifelong ability to understand both the obvious and very subtle dynamics between people in conversation with each other, stated that the ability was “really the most natural part of how [he] existed in the world.”

In contrast, a fourth aspect of the authentic self, one’s evolving self, represents the parts of the authentic self, such as one’s morals and values, that do change over time in light of growing awareness and new experiences. For example, one participant shared about inheriting morals and values from his family or origin and from his church. Later, as he grew and discovered more about himself, he began to think more about the morals and values he wanted to have as an adult. After years of reflection and changes to his ways of thinking about himself and the world, he was still updating the morals and values he used to guide his life.

A fifth aspect of the authentic self is the constructing self. The constructing self is the part of self that makes meaning of one’s experiences and weaves a cohesive self-story through which one thinks about themselves and others. Unlike thoughts, which arise spontaneously and in which people may not be particularly invested, stories are constructed over time, passed down through families, and often believed to be the truth of how things are. Many participants acknowledged stories they had been told that they believed until experiences caused them to question these stories later in life. One participant reflected on the story she inherited from her family that life is about suffering. As an adult, she realized that the story itself was increasing her suffering, and she began to question that story and decide she wanted to think about life in a different way. Individuals use one particular kind of story, identity, to explain aspects of themselves to others so that others may better understand them.

A sixth aspect of the authentic self, the relational self, is experienced specifically in relationship to others. Others reflect and develop stories about themselves and the world as well and then share some of those stories with the people in their lives. When a person hears what others think about them, and particularly who others think they are, they experience themselves through the eyes of those others. The relational self is the part of oneself that is made up of the reflections of others that have become part of one’s own self-understanding. Most of the participants in this study who identified as highly sensitive were first made aware of their sensitivity when those closest to them reflected it to them. One participant was frequently told as a child that she was “too” sensitive. Another recalled her mother saying, with dramatic emphasis, “you’re just so sensitive.” In both cases, the participants learned at a young age that they were viewed in a particular way.

These aspects of self description are known to the self because one may observe their own internal experiences. A seventh aspect of the authentic self, the observing self, is the part of self which notices these experiences and watches them come and go over time. This part of self represents “the space between experience and a different point of view within the self” (Cashwell, 2021, p. 42). This concept was exemplified when participants spoke about noticing their thoughts or feelings as they arose in response to specific situations. For instance, one participant shared about watching her thoughts in response to text messages she was receiving from a man she had dated. She was having spontaneous thoughts in response to her text conversation, and she was also observing her thoughts and letting them come and go within a larger space of awareness. Demonstrating the separate reference point of the

observing self, she was able to share both about her experience of thinking and the experience of observing her thinking.

Finally, an eighth aspect of the authentic self, the transcending self, represents the part of self which is the highest expression of one's own goodness or one's relationship with a higher power. The transcending self is "pure, fundamental, and unchanging" (Cashwell, 2021, p. 43). Thus, the transcending self may be understood as the deepest level of one's most authentic self or who one is at the core. Referencing the transcending self, one participant spoke about her relationship with God. Her journey of learning to live authentically has been to become "who it is that God intends for [her] to be." Another participant described "a soul or energy that gets to move [the] body," and he emphasized that "anytime you put a label to it, it's limiting." Though participants viewed the transcending self in varied ways, many shared the understanding that it represented a part of them or a connection they had which was deep, sacred, and which made them inherently worthy.

Contextual Factors

In addition to defining the authentic self, it is important to understand the contextual factors that influence each person's journey home to themselves. The most influential contextual factors are norms, values, expectations, messages, and relationships. These factors influence different individuals to different degrees and generally exert less of an influence the further one travels on the journey home. Next, I will discuss each of these contextual factors. Then, in the sections that follow, I will discuss how these factors affect the process of coming home.

Norms are "common standards of thinking, feeling, and, especially, behaving" (Cashwell, 2021, p. 45). They are communicated directly, using words such as "appropriate" and "normal," or indirectly in the form of teasing or questioning. One male participant shared a memory of being teased as a child for crying by another girl on the playground; this memory stood out to him as one of many times he understood that it was not normative or appropriate for boys to show emotion. Norms exist in groups of all sizes. Larger social norms, such as societal norms, are often distilled into family norms, which are then passed on to children. Specific kinds of norms, benchmark norms, set standards for which milestones should generally be met by certain ages in a given culture, community, or family.

Values represent those things which are considered important or worth one's time. As with norms, societal values tend to influence family values, which, in turn, tend to influence personal values. Values necessarily emphasize some things over others, and individuals may grow up understanding that societal and family values are not always well aligned with their own unique ways of being, thinking, and behaving. For example, one participant shared about being athletically and musically talented. Despite these gifts, she grew up with the awareness that she did not possess the specific skills or excel at the jobs that were most valued in American society.

Expectations are the "stated, implied, or perceived ideas that one should think, feel, or behave a certain way" (Cashwell, 2021, p. 48). Expectations may be expressed directly, with words such as "should," or subtly, such as by praising specific feelings and behaviors while ignoring or criticizing others. For instance, one participant remembered his mother praising

specific things about another individual in their lives and receiving the implied message from her that those qualities were ones she valued and expected of him. Societal or family norms and values may be internalized in an individual's own self-expectations.

Norms, values, and the expectations of others are known to individuals because they are expressed through messages. Messages are communicated and received through language or inferred through observation and interpretation. They are incessant; people are exposed to messages in every stage of life from many sources, including friends, family, teachers, colleagues and peers, art, entertainment media, and advertising. One participant reflected on the messages he received about what it meant to be a boy just based on the toys he was given to play with in his childhood. It is through both direct and subtle messages that people learn who their peers, family, and society want them to be.

While coming home is a journey that occurs within the self, it is also greatly influenced by others and may serve to deepen one's relationships. In relationships, people receive frequent messages indicating acceptance or rejection of their feelings, behaviors, and ways of being. One participant told a story about reaching out for support in his church group as an adolescent. In response, the group leader read him quotes from the Bible. No matter the intention of this act, the participant experienced it as a rejection and learned that his authentic feelings were unacceptable within the group. In relationships, individuals may also be motivated to caretake the feelings of others in order to avoid disappointing them or to experience acceptance. On the journey home, relationships both hinder and support individuals in various stages of the process.

Stage 1: Exploring

When people are young, they may not have a strong sense of what makes them who they are. Throughout childhood and adolescence, they begin the journey by exploring their inner worlds, which consist at any moment of various thoughts, feelings, preferences, interests, and desires. As they explore, they are subjected to constant messaging about the norms, values, and expectations of their families, other groups to which they belong, and the larger culture. These messages may be either direct or subtle and often vary by social category. At this stage, messages from one's environment are not easily distinguished from one's own thoughts. Demonstrating the ways messages may be integrated into one's ways of looking at the world, one participant stated, "as a woman in this day and age, you grow up, you know, thinking you need to look a certain way. . . ."

Simultaneously, as individuals explore and express their authentic selves, they receive feedback from those closest to them about whether or not they are accepted for the ways they authentically think, feel, express, and behave. Rejection may be expressed in the form of judgement, expectations, or through censoring. One participant recounted an indirect expression of judgement, teasing, that was particularly impactful to her; she was sobbing on a drive home with her family when her family began to make mooring noises back at her. Though her behavior was not criticized in words, she clearly received the message that her authentic feelings were unacceptable.

Since children wish to avoid rejection from those they love, they may develop the habit

of caretaking the feelings of others during this stage of the journey and may attempt to fulfill the expectations of others to avoid disappointing those closest to them. One participant stated that when she was younger, she had a "strong responsibility feeling" for others and that she "had to make them happy." In addition, while exploring themselves and their environments, young people may simultaneously compare themselves to others and to prevailing norms.

In the context of constant messages about who and how they should be, feedback from the environment about which parts of themselves are acceptable and which are not, and through comparison with others and with norms, young people begin to develop stories that aid them in understanding themselves and the world around them. Since messages, feedback, and one's own comparisons may emphasize the ways one does not meet norms or is not acceptable, many self-stories may be negative, and feelings of shame and low self-worth may develop. Even children and adolescents who are not aware of pervasive feelings of low self-worth may have received messages or created unconscious stories that certain aspects of themselves are unacceptable. These feelings and stories about aspects of the self then become catalysts for stage two of the journey.

Stage 2: Abandoning

During the exploring stage, young people have no real sense of a path in life but continue to learn about themselves, those closest to them, and the world around them. The second stage of the journey is marked by finding a path, albeit a path that leads away from the authentic self. Having experienced feelings of shame and low self-worth or unconscious stories about the lack of acceptability of aspects of themselves as well as pervasive messages about who they have to be to be acceptable, an individual steps foot onto the path of abandoning.

On the path of abandoning, an individual engages in one or more abandoning behaviors, each aimed at becoming more acceptable to others but none of which fully expresses one's authentic self. One abandoning behavior, reshaping the self, involves changing one's behavior, expression, or appearance to match prevailing norms or expectations. This concept was exemplified by a participant who decided to become a cheerleader, something that did not align with her authentic self, to fit in. Another behavior, making safe choices, involves making practical life choices that align with the expectations of others but which are not in alignment with one's authentic interests and desires. Illustrating this concept, one participant shared about her choice to pursue the same career as her mother--a choice that was practical and would please her family, but which did not bring her fulfillment. A third abandoning behavior, sacrificing, involves putting others before the self and, thus, deprioritizing one's own authentic desires. A fourth behavior, suppressing, involves hiding or repressing parts of the self, especially feelings, in order to earn the acceptance of others. Lastly, people at the stage of abandoning may engage in filtering, which is choosing to emphasize only the parts of self that they deem acceptable to others.

While on the path of abandoning, individuals may continue to caretake the feelings of others in relationships, a behavior that is likely at this point to become habitual and to reinforce further abandoning. Some individuals at this stage may actually lose any sense they had of themselves as unique, while others may simply act and express themselves inauthentically in relationships in order to fit in and avoid rejection. One may find respite on

the path of abandoning with the few people, animals, or environments near which they feel safe to be themselves. Overall, however, the second stage of the journey is accompanied by feelings of being unaligned, or fundamentally uncomfortable and insecure as oneself. Describing the feeling of being unaligned throughout the stage of abandoning, one participant stated that she was “never quite calm with [herself];” another shared that she had been “painfully uncomfortable in [her] skin.”

An individual may walk the path of abandoning for years or decades, habitually attempting to fit in, whether consciously or not. However, over a period of time, an individual may experience one or many catalysts, each increasing their self-awareness. When experiencing a catalyst, an individual pauses on the path of abandoning, questioning their basic stories and becoming aware of their own self-abandonment. The first catalysts may be small moments of insight; however, many small moments increase one’s awareness and skill at questioning. Demonstrating this concept, a participant shared about the stories he developed about the world growing up in his religious, conservative household. After going to college, he met someone who identified as a pacifist. Interested in this young man’s differing opinions, this participant asked questions of him. At first, the participant was defensive and argued with each point. However, over time, he became more open and curious, and he found the man’s points had merit. Eventually, he began to question many of his own stories about the world. As one experiences more catalysts and continues to question the stories they hold about themselves, about others, and about how the world works, that individual may begin to veer off the path of abandoning altogether.

Stage 3: Returning

As one veers off the path of abandoning, which in itself may be a slow, incremental part of the process, another path becomes visible. This is the path of returning, and it is the path which leads one home to their most authentic self. On the path of returning, there are three main tasks that one may undertake sequentially or in tandem: re-exploring, self-accepting, and embracing.

The first task, re-exploring, involves continuing the exploration of one’s authentic self that was so natural in early childhood. While an individual’s exploration of the authentic self in childhood may have been hindered by the simultaneous desire to caretake the feelings of loved ones, individuals on the path of returning recommit to discovering more about who they are, even when others may not approve of their choices. Participants shared about exploring different interests, careers, courses of study, identities, and sexualities, knowing that it was more important for them to learn about their own authentic interests and desires than to live their lives making only practical choices or choices that would be acceptable to others. In one example, a participant described the liberation she felt exploring various sexual identities and relationship structures when she left home for college. Another participant, after earning a degree in business administration from a prestigious school, decided to completely abandon her safe and practical career path and re-explore her authentic self through travel.

The second task, self-accepting, involves sourcing acceptance from within rather than seeking external validation for being who one is. Self-accepting may occur with different aspects of the authentic self, including feelings, desires, interests, and one’s natural ways of

being. It may also include the realization that it is ok not to fit in and to be different. Illustrating the awareness gained through the task of self-accepting, one participant stated, "I am who I am, and I understand that some people won't like me, or won't like parts of me, but that is life and that is ok."

Self-accepting is accomplished and reinforced through three main behaviors: restorying, integrating, and showing up. Restorying involves questioning the stories one has inherited, both from society and from their families and peers, about themselves, others, and the world. Particularly, it involves rewriting stories that certain aspects of themselves are unacceptable. In one example, a participant worked with a therapist to identify and then retell specific stories about herself enough times that they were ingrained as the new ways she thought and spoke about herself. Integrating involves "becoming aware of, accepting, and bringing together the parts of the self that were abandoned" (Cashwell, 2021, pp. 92-93). Describing his experience of integrating, a participant shared about starting to acknowledge the aspects of himself of which he had been most ashamed and slowly beginning to express those parts of himself to a community of others. Showing up involves the physical and emotional acts of focusing on oneself and one's needs. One participant described learning to offer herself love and compassion and to prioritize her own needs, while another participant started a yoga practice to engage in a physical act of self-care.

The third task of returning, embracing, involves a commitment to being who one is. Beyond simple self-acceptance, embracing involves aligning one's life with who one is, surrounding oneself with others who are supportive, and being authentic in each moment as well in one's life as a whole. Many participants described expressing their authentic thoughts and feelings more often, including setting boundaries that they had not previously set with others. For instance, one participant described finally telling her son that she was not going to drive him around everywhere; something she had previously done and was expected to do. In addition, she began to tell her partner how she felt in response to his expectations of her, and she asserted the boundary that if he wanted something other than what she was making for the family for dinner, he could make it for himself.

The path of returning runs parallel to the path of abandoning, though it runs in the opposite direction, which is back into a deeper knowledge of and relationship to one's authentic self. Nonetheless, the path of returning still has familiar challenges. While one does not end up on the path of abandoning again after veering off and committing to an authentic life, specifically because it is not possible to unknow what one has discovered on the journey, it is very common to stumble on the path of returning and momentarily engage in abandoning behaviors or caretake the feelings of others in order to fit in or earn acceptance. However, the awareness one gains on the path of returning becomes the foundation on which an individual discovers they have stumbled into old habits and recovers their footing by re-engaging with the tasks of re-exploring, self-accepting, and embracing the authentic self.

Though on the path of returning one no longer regularly seeks external sources of acceptance; relationships at this stage are often supportive and fulfilling. At this point on the journey, one may cut ties with others who do not accept them or who are not themselves committed to an authentic life. Further, one may meet new people with whom they can share

an authentic relationship or find communities within which they experience belonging, or acceptance for being who they are. These relationships and communities then serve as sources of strength and inspiration on the journey home.

While the path of abandoning evokes feelings of being unaligned, the path of returning evokes the opposite: a sense of alignment, or a sense of comfort in one's own skin. Describing this state, one participant stated, "I feel so secure and confident with myself." Another shared that she had "become more comfortable in [her] own shoes." Other feeling states one may experience on the path of returning are increased self-worth and a sense of empowerment, or a "strength and permission from within to be who one is and do what one wants to do" (Cashwell, 2021, p. 109). These enjoyable states may be used as barometers which help people to assess when they have stumbled. Fleeting feelings of being unaligned may be the first sign that one is again abandoning. Also, these states make the third stage of the journey somewhat self-reinforcing; the more aligned, worthy, and empowered one experiences themselves to be, the more committed they may be to the tasks of the third stage, and both the feelings and commitment to the journey grow over time.

Discussion

The original substantive area for this study was highly sensitive individuals. Through application of the CGT methodology, emergent concepts and theoretical sampling revealed a larger, overarching process of which sensitivity, as one of many authentic ways of being, was just one part. This mid-range theory explains how people, including highly sensitive individuals, come to explore, accept, and embrace who they are across their lifespans despite the varied messages they receive about who they should be.

The theory describes a life-long journey home to the self, though the second stage initially draws one further away from oneself. However, the stage of abandoning is essential to the overall process of coming home, as it is through self-abandonment that people develop the insights necessary to change course. Through the discomfort one may feel in being unaligned with the authentic self and through the catalysts that come one moment at a time over many years, an individual may come to realize that the safety of fitting in is not worth the sacrifice of their true self and the opportunity to belong just as they are.

Since the authentic self is multifaceted and people continue to receive messages about their inherent worthiness and who they should be throughout their lives, the journey of coming home does not lead to a specific destination. Home is, instead, a deeper relationship with oneself. Accordingly, coming home is a process that may continue until the day of one's death.

Three broad psychological theories share similarities with the theory of coming home. Rogers' (1961/2004) theory of becoming a person describes a similar trajectory of personal growth, in which people eventually move away from the ideas that they should be a certain way or that they need to please others and eventually become more self-responsible and internally-directed. Since Rogers worked with adults in his psychotherapy practice, he worked mostly with people who were already experiencing catalysts and questioning and, eventually, who would veer off the path of abandoning throughout the course of their work together. The theory of coming home compliments the theory of becoming a person, as it describes how one

initially comes to abandon their authentic self.

Maslow (1962/2014) also developed a broad theory of human growth. Like the theory of coming home, Maslow's theory of self-actualizing begins in childhood and can be applied across the lifespan. He described a similar process of exploring in childhood and emphasized the impact of parental rejection, including a child's choice to earn the approval of others over continuing to experience their own delight. Maslow also described a turning off of the path of self-actualization when one experiences hidden guilt associated with self-betrayal. While the overall growth trajectory described by Maslow shares many similarities with the theory of coming home, it is first and foremost a theory of meeting basic human needs and fulfilling one's potential. The theory of coming home focuses more on becoming who one is with less emphasis on the concepts of motivation and potential.

A final broad theory that shares conceptual similarities to the theory of coming home is self-determination theory (Deci & Ryan, 1980, 1991, 2000). Self-determination theory (SDT) is a metatheory that covers many topics, including motivation, personality, and basic psychological needs. Deci and Ryan (2012) emphasized the importance of an individuals' multiple identities; this idea is somewhat similar to the multifaceted self description in the theory of coming home, though identity in this theory is more conceptually similar to self-concept (Oyserman et al., 2012). Another similarity can be found between the basic needs of competence and autonomy described in SDT (Deci & Ryan, 2000), which may be conceptually similar to empowerment as described in the theory of coming home. Finally, Deci and Ryan (2012) described six main types of motivation from a complete lack of motivation to an extrinsic motivation to an internalized motivation, whereby individuals make choices by following their own inner directives. The theory of coming home shares a similar trajectory, with individuals first modifying their behavior and expression to earn the acceptance and avoid the rejection of others and then later finding acceptance and direction from within. While SDT and the theory of coming home have some overlapping concepts and trajectories of development, SDT is primarily a theory of motivation and personality and, thus, focuses on different aspects of psychology and development from the theory of coming home.

The existing empirical literature on authenticity has focused mainly on state authenticity (Lenton et al., 2013; Lenton et al., 2015) and trait authenticity (Kernis & Goldman, 2006; Wood et al., 2008). Therefore, while the psychological theories described in this section share some similarities with the overall developmental process of coming home and the empirical literature on authenticity covers the experience of being authentic and the tendency of some people to be more authentic, there is a large gap in the research around the process of becoming authentic across the lifespan. This research offers a thorough, integrated theory on becoming more authentic to the existing body of literature.

Implications of the Theory

The theory of coming home has relevance for a variety of populations, including individuals who are highly sensitive, the initial population of interest. The theory may also be useful to other individuals with marginalized identities who have received messages throughout their lives that they are not acceptable as they are. It may additionally be relevant to parents, teachers, and caregivers of children who wish to protect children from self-abandonment and

encourage the exploration and expression of their authentic selves. Further, it may be of particular interest to adults in later stages of life or those with terminal illness to assist them in reviewing their life choices and offering a structure through which they may explore living the rest of their lives as authentically as possible. Finally, the theory may be particularly applicable to a therapeutic setting, where it may be used to support clients through an inquiry into their choices and a guided process of coming home.

Limitations and Areas for Future Research

Since grounded theories are both grounded in data and conceptual, they may be more broadly applicable than other theories. However, they are not without limitations. The most obvious limitation to this theory is sample size. While participants were demographically diverse, it is possible that the journey of coming home does not apply to all people. A second limitation is that all participants in this research lived in the United States. Therefore, one cannot conclude that this research applies to people living in other countries or to people from collectivist cultures. However, there is some existing research suggesting individuals in collectivist cultures still experience authenticity (Slabu et al., 2014). Hence, this may be an interesting area for continued sampling. A third limitation is that participants in this research volunteered in response to recruitment posts stating the topic of study. It is possible that individuals less interested in the topic of authenticity might have contributed different ideas, from which other concepts and insights for the larger theory may have been developed.

There are many concepts that emerged from this research that may prove to be interesting and important topics for future study. Data from this study indicate that veering off the path of abandoning within a relationship may negatively impact the relationship when one's significant other or spouse is not also at the same point in the journey. While people may meet others with whom they can be authentic on the path of returning, there is still much to be discovered about coming home within established romantic relationships. Another potential area for future research is the influence different parenting styles have on the first two stages of the process, exploration and abandoning of the authentic self. While abandoning is important in generating opportunities for awareness which eventually catalyze the next step of the journey, considerable suffering may be avoided if parents are equipped with the necessary tools to remain vigilant of messages they communicate about their acceptance of their children's authentic selves. Along these lines, research is warranted on the potential protective role that teachers, parents, and caregivers may play against children's self-abandonment and the strategies they may employ to carry out that role. Lastly, data from this study indicate that the use of social media may inundate people with negative messages, encourage comparison, and make it challenging for people to figure out how to be and express themselves among friends, family, and community in a virtual environment. Therefore, coming home within the context of modern culture, particularly for people who rely heavily on virtual environments for socialization, is another area of potentially valuable future research.

Conclusion

People have been interested in the concept of authenticity for centuries. Despite this fact, the current research is comprised of a number of broad theories (Rogers, 1961/2004; Maslow, 1962/2014; Deci & Ryan, 1980, 1991, 2000) that cover the overall trajectory of human growth

and development towards a more inner-directed, authentic life and many empirical studies focusing specifically on state authenticity (Lenton et al., 2013; Lenton et al., 2015) and trait authenticity (Kernis & Goldman, 2006; Wood et al., 2008). The theory of coming home overlaps with and complements the broad theories named above by contributing an organized and thorough road map of the journey home that is useful both to academics and, most importantly, to individuals in the process of figuring out how to be themselves in the world. Further, the theory of coming home adds to the empirical literature by suggesting that, beyond state and trait authenticity, any individual may develop greater authenticity over the course of their life. While this research study began as an inquiry into the experiences and concerns of highly sensitive individuals, it transcended the initial substantive area and is, thus, potentially beneficial to a wide-range of individuals on their journeys to live more authentic lives.

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Declaration of Conflicting Interests: The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding: The author received no financial support for the research, authorship, and/or publication of this article.

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Building Up

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Abstract

The theory of building up, developed using classic grounded theory (CGT), explains how the fit between an individual and a transformational opportunity impacts the extent to which an individual is empowered by that experience. Classic grounded theory identifies and explains human behavior patterns using an inductive, iterative process of data collection and analysis. Theoretical sampling guided data collection and constant comparative analysis of data, which yielded building up as the core pattern of behavior in negotiating challenges through transformative opportunities. Building up summarizes the potential outcomes of participation in an opportunity based on the fit of the interaction of variables in the individual and in the opportunity. An optimal fit is ideal; however, most relevant for practical applications are the variables that most frequently contribute to a good enough fit, which are deconstructing limiting beliefs, feeling supported within the experience, a sense of agency, and the timing of the opportunity.

Keywords: classic grounded theory, transformation, empowerment, beliefs, agency, skills

Introduction

This study began as an inquiry into the sociological and psychological mechanisms contributing to the healing, empowering, and sometimes dramatically transformative effects of adaptive surfing. The benefits of participation in adaptive sport programs have been established (Arslan, 2013; Lundberg et al., 2011; Lundberg et al., 2011; Yazicioglu et al., 2012). However, there is not a substantial amount of research about adaptive surfing that identifies the specific mechanisms of these positive outcomes that might inform program development in order to maximize limited resources. Classic grounded theory (CGT) methodology is well suited for a phenomenon that is not well understood, as the theory emerges from lived experiences in the substantive area and is practically applicable (Glaser & Strauss, 1967; Glaser, 1978, 1998). As happens with CGT, the substantive area expanded as data was collected, analyzed, and abstracted, eventually encompassing transformative opportunities more generally, such as rehabilitation programs and higher education. What emerged was a mid-range theory describing the impact of the fit between the individual and the opportunity on the extent to which an individual is built up within an opportunity.

Building up is empowering individuals by deconstructing limiting beliefs and developing internal and external resources within a transformative opportunity. The fit between an individual and an opportunity influences the extent to which an individual is likely to be built up. An optimal fit is ideal, but a good enough fit may be sufficient for building up. The key components of a good enough fit are deconstructing limiting beliefs and building resourceful beliefs and skills, being cared for, agency, and the timing of the opportunity. As one study participant, a motivational coach by trade, stated, "There are key components, not all of them need to be in place." For some in the study it was "someone who believed in me," for another it was "being able to accomplish something much bigger...as far as my physical limits, I amazed myself." The key components of a good enough fit may be the most relevant for practical application of the theory.

Methodology

This classic grounded theory study was conducted in an attempt to explain the activity within a system using CGT's iterative, systematic, six-step process (Glaser, 1978, 1998; Glaser & Strauss, 1967). These steps, often simultaneous, are preparation, data collection, analysis, memoing, sorting, and writing (Simmons, n.d.).

Per CGT protocol, preparation was minimal in order not to impose preconceptions about "the patterns of behavior which are relevant" (Glaser, 1998, p. 117). The phenomenon or topic of interest was identified, adaptive surfing, but a theoretical structure in the form of a research question or hypothesis was not (Glaser, 1998). In this case the initial grand tour question was: *What is your experience of adaptive surfing?* The first participant had attended an adaptive surfing clinic shortly after losing their leg. The concepts that emerged from open-coding directed theoretical sampling beyond the adaptive sports community. Subsequent data collection and constant comparative analysis served to identify and verify theoretical patterns in the data (Glaser, 1998). The conceptual insights and relationships between concepts derived from constant comparative analysis of the data were recorded as memos (Glaser, 1998).

Substantive coding of the data revealed the core variable, or the concept that best accounts for the primary system of action, which then became the focus of the research (Glaser & Strauss, 1967). Initially, the core variable identified was *possibilizing*, reflecting the tremendous impact of deconstructing limiting beliefs and reconstructing possibility. However, this did not encompass the development of skills and community within the opportunity, and the concept became a key variable in the core variable. Further collection and analysis of data from a total of 16 interviews and related literature yielded building up as the core variable in transformative opportunities. When the data was saturated, or nothing new was derived from the data, theoretical coding connected concepts to the core variable and to each other in the form of theoretical memos. Memos were then organized relationally into an outline, which became the first draft of the theory (Simmons, n.d.). At that point, literature was integrated into the write up in the same way the data is integrated; categories and properties were compared for relevance and fit (Glaser, 1978, 1998).

Building Up

Building up occurs when the fit between an individual and an opportunity is optimal or good enough to facilitate transformation by deconstructing limiting beliefs and building up internal and external resources, such that an individual emerges from an opportunity empowered with beliefs, skills, and connections. Such opportunities may be provided and/or undertaken to facilitate healing or growth, to build resources for specific goals, to manage an existing challenge, or to mitigate an expected difficulty or challenging transition. The fit refers to the multifaceted interaction of the variables of an opportunity and the individual participating in it. Fit generally falls into three categories: optimal, good enough, and insufficient. The theory of building up focuses on the impact of the fit between the individual and the opportunity on the outcomes of participation: not yet built, still building, and built up.

Both a good enough fit and an optimal fit may lead to still building or built up, outcomes in which the individual may emerge from the opportunity empowered with a fuller, richer, more extensive set of internal and external resources with which to manage challenges. Still building is a continued need for scaffolding or further opportunities, whereas an individual who is built up is more likely to be self-sustaining. Paying it forward may result from either of the latter and is when an individual chooses to participate in building up others. The outcome of not yet built up is very little change in pre-opportunity individual variables due to an insufficient fit.

The Fit

The fit influences the extent to which the individual is built up. As the fit gets closer to optimal, the breadth, depth, pace, and intensity of building up increases. An optimal fit occurs when an individual's unique combination of existing resources and challenges; their path to the opportunity; the timing of the opportunity relative to the timing of the challenge(s); and the opportunity variables are synergistically aligned, often by leveraging the struggle with the challenge itself. For example, the participant described earlier, who had recently had a leg amputated, improved physical symptoms and mobility as well as deconstructed beliefs about limitations and disability, and made meaningful connections within the community through participation in the opportunity. The greater the challenge and the fewer internal resources an individual has, the more likely the need for an optimal fit. An optimal fit is most likely to result in the outcomes of being built up and paying it forward, described by one participant as "a dramatic, whiz-bang effect," but a good enough fit may also result in building up. The critical components of a good enough fit for building up are altering beliefs and developing skills, being cared for, a sense of agency, and the timing of the opportunity.

The goal of building up is empowerment. Building up can be conceptually reduced to a before and after the opportunity progression, however the complexities of the variable combinations are interdependently layered. The interplay of individual variables and opportunity variables are relevant to both the fit and outcomes; the interaction of these in the context of the fit will be described as each of the variables is introduced.

Individual Variables

Individual variables are beliefs, challenges, resources, and the pathway to the opportunity. The salience of a resource or challenge to an individual's experience is relative to the

individual, the cultural context, and the environment. Beliefs may determine what is a resource or a challenge in certain contexts. The terms resourceful belief or skill and challenging belief or skill are used to distinguish the two. For example, one participant's persistence was productive in adapting to their situation, "I am the type of person that will make it work." For another study participant, that particular skill contributed to resisting, saying of a substance use rehabilitation program, "I don't even know why I was there. I don't have problems like those other kids." As that participant did in the previous statement, comparing oneself or one's situation to others may be a resourceful or a challenging skill. The skill that produces "it could be worse," said by one participant, is the same skill that might result in "everything is so hard and stressful for me," said by another participant. Beliefs, whether limiting or resourceful, are central to the theory of building up. Beliefs impact each variable in the fit. Deconstructing limiting beliefs and reconstructing resourceful beliefs that underpin resourceful skills may be critical to a good enough fit.

Beliefs

Beliefs are conscious and unconscious assumptions or understandings that an individual holds as true. Information, or the lack thereof is a critical piece of the development of beliefs, because it can provide or limit a framework for conceptualizing possibilities. Several study participants described having no knowledge of possibilities and unconsciously having assumed that those possibilities do not exist, for example "You can't surf in New England." As one study participant said of being unaware of possibilities: "You don't know what you don't know." Beliefs include "limiting statements and assumptions regarding what exists and what does not (either in actuality, or in principle), what objects or experiences are good or bad, and what objectives, behaviors, and relationships are desirable or undesirable" (Koltko-Rivera, 2004, p. 4). Self-referential beliefs about possibility and accessibility are the most salient to building up. Commonalities in participants' limiting beliefs reflect the influence of stigmatized or marginalized social identifiers on self-referential limiting beliefs, expressed in statements like "black people don't ski," "I'm too old for that," or "I'm almost 30, I am supposed to have a career." One participant believed themselves to be a "bad student" and expressed limiting beliefs about material resources and the accessibility of education. They retrospectively described the development of these limiting beliefs as an ongoing self-fulfilling narrative informed by everyone around them, often based on a desire to protect from harm, failure, humiliation, or heartache. For example, another study participant was discouraged from pursuing higher education by her father, based on his beliefs about what was possible for a working-class, black woman at that time.

These types of limiting beliefs may also be associated with or trigger particular emotions. The emotional salience of a limiting belief is particular to the individual. Sometimes, a limiting belief is an assumption based on a lack of information and is relatively emotionally neutral, described by one study participant as "I can surf on one leg in Maine, it doesn't have to be on two legs in California." More often, emotions associated with limiting beliefs are often unpleasant or negative. Sometimes the belief is limiting because of the emotions associated with it, particularly fear and shame, expressed by study participants in statements such as "I'm too dumb for college" or "You know you try to ignore it, but people stare."

Of particular relevance to a good enough fit in building up is providing an individual with different information to facilitate deconstructing limiting beliefs and building new beliefs, described by one participant as having the “courage to challenge the stories.” This progression of deconstruction was expressed by study participants as “I never thought I would” or “I never thought I could” reconstructed to “If I can do this thing, then I can definitely do that. And if I can do that, then that, and what is next?”

Resources

Resources are an individual variable impacting the pathway to the opportunity and the fit, an opportunity variable, and an outcome of building up. Internal resources are resourceful beliefs and skills that an individual can harness to leverage external resources, whether material or being cared for.

Internal resources. The internal resources of existing beliefs and skills influence the pathway to the opportunity. Resourceful beliefs allow for the development of skills useful to managing a challenge. Skills are areas of competence or mastery. Skills may be task-specific or more generalized meta-skills, patterns and habits of thoughts, attitudes, and behaviors developed through intentional practice or unconscious repetition.

Skill development may be more easily facilitated if the beliefs that underpin those skills are already in place. For example, going to Harvard “coming from a blue-collar family” was described as a process in which the participant believed that they “had choices: continue on dead end or do something different,” which also required persistence. Another described making a choice about her emotional response to having her leg amputated, “I couldn’t have a pity party. I lost my leg, not my life.” Participation in the opportunity may provide the setting or situation needed to build up these resourceful beliefs and skills, if they are not already present. Often, these shifts in self-referential beliefs are the result of comparing within the opportunity, expressed by several participants as “if that person can do it, so can I.”

External resources. There is variability in the degree of awareness of, access to, and utilization of resources. External resources may be material, such as money, tools, equipment, or human resources: supporters, communities, or organizations. External resources will be further discussed in the context of the opportunity variables.

Challenges. Challenges are areas of vulnerability or difficulty, such as limiting beliefs, loss, or conditions of the mind, body, or spirit. Challenges are generally what brings an individual to an opportunity, because navigating the challenge requires more than an individual’s existing resources to accomplish. Study participants experienced challenges such as lifelong and acquired physical and psychological disabilities, racism, and surviving abuse. Building up is about empowering an individual with beliefs and skills that may improve the experience of a challenge and/or build the resources to navigate the challenge or accomplish goals.

Timing of the opportunity. The degree of fit that is needed to be built up is influenced by the timing of the opportunity relative to the timing of the challenge, the individual’s developmental stage, and the nature of their challenges. Some opportunities are

specific to non-normative or unplanned challenges and others prepare for reaching goals, and/or overcoming or mitigating challenges by preemptively developing resourceful beliefs and skills. For example, the mother of a son who had significant neurological challenges sought out opportunities so that they might not ever fully experience some of the challenges associated with the condition. Another participant described Pirate Camp, an opportunity for children to intentionally construct resourceful beliefs, as “a place they can go that everyone is like them and not only do kids not have limbs, counselors don’t have limbs. They can say I want to be like him. This guy is training for Para Olympics.” An optimal or good enough fit may result from addressing challenges within a certain window of time or within appropriate developmental periods, particularly if the opportunity arises at a critical juncture or turning point in the challenge. One study participant, who acted as a supporter, described the change in a friend, who had also recently lost a leg, that she brought to an opportunity. “She was so depressed, just so down. I knew what it did for me, so I talked her into coming. On the way home she was a whole different person, just bubbling and giggling.” The timing may be especially relevant for opportunities designed for recovery or rehabilitation after a life-altering or traumatic event, expressed by one participant as “I had to turn this into something good.” An insufficient fit may result if a window of opportunity has passed or has not yet opened, expressed by participants as “I wasn’t ready” and “it was too late.”

The Pathway to the Opportunity

The pathway includes the means of discovering the opportunity, the motivation for participation, and the conditions of the opportunity. Discovering may happen through stumbling across, seeking it out, or being required. Motivations may include curious, proving it, getting better, and obliged. Structural conditions include accessibility and eligibility, and may influence motivation and discovery positively or negatively. The most salient variable in the pathway to a good enough fit is the impact of pathway variables on an individual’s sense of agency.

Discovering the opportunity

The means of discovering the opportunity may influence engagement in the opportunity. Stumbling across is randomly encountering the opportunity, whether through random observation or receiving unsolicited information. For example, one study participant insisted that a friend, previously described, who was experiencing debilitating depression after losing a leg, go to an adaptive surf clinic. Stumbling in also occurs by participating in an opportunity unaware of the potential for building up, for example, one participant said “I had no idea what I was getting into or how it would change me.” Individuals seeking an opportunity tend to recognize a need for building up, which is more likely to lead to an optimal or good enough fit because of the relationship to motivation and existing resourceful skills and beliefs. Required is being mandated or otherwise given little choice in participating, for example, being committed to a drug rehabilitation program or pressured to go to school. The lack of agency in being required may adversely impact other variables in the fit. The motivation for participation may impact whether or not required participation may result in building up.

Motivation

Motivation is the reason for participating in the opportunity. The primary interaction between the means of discovery and the motivation may be the degree of agency. There may be more than one source of motivation and motivation may shift during participation. Deci and Ryan (2000) noted that intrinsic motivation, rather than a response to external controls, increases engagement and confidence, which may enhance persistence.

Curious is often the result of stumbling in and a lack of knowledge, described by one participant as “what the hell, why not? It’s free!” and another as “I thought it might be fun. I didn’t think it would help anything.” Getting better is trying to improve and is often the result of existing skills and recognizing a gap between resources and challenges. For example, one study participant described participating in multiple opportunities until finding the right fit to build up resources to manage mental health issues. Proving it is intentionally deconstructing beliefs. Some participants expressed a need to change self-referential beliefs, for example, “I had to see if I could do it.” Others expressed a desire to deconstruct others’ limiting beliefs, “there were people who said that I couldn’t do it.” For example, the participant who believed that they were a bad student was motivated by “showing them” and ultimately by proving it to themselves. Proving it may be the result of any means of discovery. If required participation results in a motivation of proving it, building up is more likely to occur, even if the participant initially was motivated only by obligation. Obligated is usually the result of required participation but feeling obliged also may be rooted in beliefs rather than external consequences, such as one study participant who went to college “because I was supposed to.”

Structural conditions. Structural conditions are the requirements or parameters for participation, including accessibility and eligibility. Accessibility is whether an opportunity is available to an individual and/or the individual’s belief that it is available, as in cost, time, and/or who participates in the activity. For instance, one participant with vision impairment had difficulty registering for a clinic due to compatibility problems with her adaptive technology and the organization’s website. Additionally, they had to arrange to be driven twenty miles to get there. Minimally, an individual must have access to sufficient knowledge and resources to get on the pathway to the opportunity, for example knowing that scholarships exist and how to apply for them. Eligibility refers to the requirements for participation and may include qualifying needs, social identifiers, or particular challenges, often defined by the organizations that provide opportunities. Structural conditions may promote or discourage participation, particularly if conditions of eligibility activate stigma around the identifiers, such as claiming disability status to participate. For example, one study participant described hesitating claiming disability status for her son to gain access to certain services because she feared the stigma of “being labeled.” Another didn’t want to think of themselves as a disabled Veteran.

The Opportunity

Opportunities are made up of two main components: the nature of the activity (or activities) and resources available within the opportunity. Any given activity may have unique and specific attributes or characteristics, the activities within building up tend to have key

features in relationship to fit and building up, particularly the focus of the activity, which may be primarily one of mind, body, or spirit, and the temporal qualities of the activity.

The nature of the activity

The types of activities or endeavors involved in an opportunity may include the full range of human activities and interactions, from writing to extreme sports. For example, some of the opportunities that study participants described included adaptive sports clinics, yoga teacher training, substance use programs, and college, with varying degrees of intentional building up within the opportunity. Often the focus of the activity is an intentional feature of the opportunity. For instance, the mind is primarily the focus of education, whereas often yoga is intended to engage mind, body, and spirit. In an optimal fit, the nature of the activity actively improves the challenge. As one participant said, "It is so fun and it helps so much, I mean, the confidence, it even helps with standing in the kitchen cooking." This type of alignment is not necessary to a good enough fit. The intended or manifest focus per the organization may not reflect the actual experience of an activity for an individual. For example, activities focused on the body or mind may also be a spiritual experience for the individual, such as expressed by several participants about surfing, hiking, and other activities in nature, even though the organizations that provided the opportunities may not have an explicit spiritual focus. An optimal fit may include this unexpected impact beyond the intended focus, for example, having a transcendent experience, which may be more likely to have dramatic results, as one study participant described, "a thunderbolt moment." Even an optimal fit between the activity and the challenge may result in an insufficient fit if other factors are not aligned, expressed as "it just didn't do it for me," and "The whole thing was stupid. They wanted us to do dumb s**t, like that was supposed to help someone."

Positive emotional experience of and absorption in the activity may also contribute to building up. Engaging in an opportunity often involves being vulnerable and/or fear of the risks inherent to the activity. There is an inverse relationship between the extent of the fear(s) and the extent of the deconstruction of limiting beliefs and creation of resourceful beliefs, related to the unexpectedness of positive emotions resulting from participation. A good enough fit may include some fear(s) around participation and an overall positive emotional experience of participation. Communities and organizations often explicate overcoming fears with phrases described by participants such as "going outside your comfort zone" or "being courageous," which may be particularly fertile ground for building up. One participant said, "I like that it scares me. I had to overcome so much fear to even try it."

Temporal qualities include the duration, frequency, and recurrence of the activity. Temporal qualities may affect accessibility through increased costs (both time and money) for longer programs. Frequency and recurrence tend to affect the extent of the development of resourceful skills and connections.

External resources. External resources are the total combination of material and human resources. The quality and quantity of the material and human resources may interact with individual beliefs to impact fit and outcomes. It may be expected that the

individual access resources independently within the opportunity in some cases, such that the individual is presumed to already have internal resources. For example, one participant was not aware that study abroad scholarships were available or that they might qualify, despite that they were already engaged in the larger opportunity (attending college). It was through guidance from a supporter that they began seeking, and ultimately learned to leverage, external resources within that opportunity.

Material resources. Material resources include the tools, equipment, and physical space required for the activity. Quantity and quality of the material resources may influence the extent to which the individual feels cared for and engages in the opportunity. One study participant described feeling special and treated well at a multi-day event for Veterans that was well-equipped and planned out. Multiple activities were offered in several different prestigious (to them) venues. Another participant described playing sled-hockey at the Bruins practice rink with excitement, saying, “how awesome is that?” Material resources available to an organization may influence the extent to which that organization can provide human resources that contribute to being cared for, which is critical to a good enough fit.

Being cared for. Being cared for is being provided for, nurtured, or supported by individuals, a community and/or an organization. In an optimal fit, the individual feels cared for by several supporters, the community, and the organization. Being cared for is a critical component of a good enough fit, and ultimately, it is the supporters that provide being cared for within the opportunity.

Supporters. Supporters encourage, teach, advocate, and nurture. A good enough fit may require being cared for by at least by one supporter. The defining feature of a supporter for a good enough fit may be that the supporter truly believes in the individual’s capacity for success and effectively communicates or demonstrates that belief, such that that the individual trusts the supporter. One study participant, who is a supporter, described unwavering confidence in getting anyone on a surfboard and riding a wave, “with the exception of assisted breathing, anyone can surf.” Study participants often mentioned the importance of supporters, regardless of whether or not they were built up by their experience. Several participants explicitly discussed feeling “taken care of” and “safe,” both physically and emotionally, as a vital part of their experience.

Supporters’ knowledge of the process of building up may enable them to facilitate transformation more effectively, such that the right amount of encouragement, support, or pressure can be applied at the right time in the right amount for the individual at that moment of building up. One study participant described this as “personalized attention and instruction from all of these people who really know what they are doing.” This may require being “tough” and not taking resistance personally or reacting to anger. One participant, a supporter, explained, “it pisses people off when you challenge them, you have to have the courage to get over yourself.” Supporters who explicitly share the same or similar challenge(s) and are intentionally modeling possibility may be more likely to establish trust and reconstruct beliefs. One study participant, who is an amputee said, “My instructor had one leg, she didn’t let me get away with anything...she was so good with me.” Bandura (1977) noted that modeled behavior may have more impact if similarity to the model “increases personal relevance” (p. 197).

Community. A community is a group of people connected by one or more commonalities, such as beliefs, challenges, or the opportunity. Several study participants described lasting friendships and community built within the opportunity that developed into external resources relied on long after participation. Study participants described feeling “at home” and like they had “found their tribe.” Communities provide a sense of belonging, which is a fundamental human need (Baumeister & Leary, 1995), whether through the shared feature that binds the community or the shared experiences within the opportunity. One study participant described feeling supported and encouraged by the “50 people there to make the day work for the Vets, and that is what you need, to go out and do it.” One supporter described this as, “Same people, same problem, same page, all week. They get each other.” Lundberg et al. (2011) noted that building social networks is both an outcome itself and a catalyst for additional positive outcomes within opportunities.

Organization. Organizations are the formalized communities that provide opportunities, whether a small, grassroots, volunteer-based organization or a large hierarchy, such as a university. Organizational belief systems are explicitly expressed in the form of a mission statement, however, the formalized belief system may or may not be enacted implicitly in the everyday interactions of the organization. A disconnect between explicit organizational beliefs and enacted beliefs may decrease the goodness of fit. One participant described not fitting into or understanding the “WASPy [white, Anglo-Saxon, Protestant] competitive ways” of a small, elite liberal arts college. They described limiting beliefs developing, rather than being deconstructed, within the opportunity. DeRosa and Dolby (2014) found that students’ experiences of a university are influenced by the culture of that institution, as expressed in social interactions, policies, and practices.

Ultimately, the organization’s role in the fit may depend on the individuals within the organization. Extensive resources may be more likely to contribute to an optimal fit but are not necessary to a good enough fit. Adequate material resources to provide the conditions for supporters to safely and effectively administer the opportunity are sufficient for a good enough fit, as long as enough individuals within the opportunity are supporters.

Outcomes

The outcome of built up occurs when limiting beliefs are deconstructed and resources developed to manage current and future challenges. Built up may result from a good enough fit but is most likely to result from an optimal fit. Built up does not necessarily mean that an individual will not require support or resource development in the future, but that the individual is able to recognize gaps between resources and challenges and leverage external resources to address those gaps. Those who are built up tend to be self-sustaining. One study participant described this as “I can sort myself out now” and another described it as “I can handle it.” Developing skills facilitates developing more skills. Appraisal theory posits that cognitive appraisals of stressful events involve both an assessment of the event, whether or not it is stressful, and an assessment of resources, whether or not the individual has the resources to cope with it (Folkman et al., 1986). Deconstructing limiting beliefs and building resourceful beliefs may change the initial appraisal; building both internal and external resources may change the second appraisal.

Paying it forward is complex and may serve to provide a sense of purpose; enact beliefs, such as optimism or gratitude; and/or make meaning of challenges. Participants expressed these functions in phrases like “I just love giving back,” and “I did something good in this life.”

Still building, or progress in building up, does not preclude the need for continued opportunities. It is movement toward being built up. A study participant described himself as “lost and searching” and still building through several opportunities in which the fit was not quite right. When he found an opportunity that was closer to an optimal fit, he was built up.

The outcome of not yet built up may occur when participation in the opportunity has very little impact on beliefs, resources, or challenges. Thus, there is very little change in the individual’s relationship to challenges or means of managing challenges or achieving goals. This is most likely to occur as the result of an insufficient fit, often because of a lack of agency or the timing of the opportunity. This does not mean that building up is not possible. In some cases, it may take multiple opportunities to become receptive to being built up. Active resisting or entrenched limiting beliefs may require an optimal fit, or a different type of opportunity, at a different time, or in another context.

As previously stated, built up does not necessarily mean that an individual will no longer experience gaps between resources and challenges or experience difficulty applying previously developed skills to new goals or unexpected challenges. This may include further participation in opportunities or paying it forward as a way of continuing building up. Built up may mean actively seeking and leveraging further opportunities to continue building up. Subsequent opportunities may not have the same “whiz-bang,” “life-changing” impact as the initial opportunity described by study participants. One study participant described continually finding ways to challenge their own beliefs and build resources, for example, participating in yoga teacher training. They commented on the profound impact that the training had on fellow yoga instructor trainees, stating that “it wasn’t that dramatic for me.” However, their intentions for participating in the teacher training were to continue building up in order to pay it forward by becoming a supporter.

The theory of building up describes the conditions necessary for transformation to occur, or an individual to be built up, within an opportunity. Building up is a process of empowerment through deconstructing limiting beliefs and developing internal and external resources through participation in a transformative opportunity. Ideal conditions, or an optimal fit between the individual and the opportunity, yields a “whiz bang effect,” as described by one participant. An optimal fit between the individual and the opportunity is the most likely to result in being built up, described by one participant as “it changed everything!” A good enough fit may be sufficient and more practically applicable and achievable in programs as it is less individually nuanced.

Discussion

The critical variables of a good enough fit are most notably supported by the literature on possible selves theory, self-determination theory, and character skills, also referred to as soft skills, or non-cognitive skills. A brief overview of the literature in these areas follows.

Possible Selves Theory

Beliefs influence every variable in building up, most critically, self-referential beliefs. Possible selves theory posits that individuals must first imagine possibilities for themselves before actions can be taken toward realizing that self (Markus & Nurius, 1986). In other words, as one participant said, "if you can't see it, you can't be it." An optimal or good enough fit between the individual and the opportunity in building up experientially deconstructs limiting self-referential beliefs and provides new information with which to imagine a possible self. Possible selves theory highlights the importance of exposure to information to "individuals' views of what is possible" (Stevenson & Clegg, 2011, p. 233), reinforcing Bandura's assertion that modeling a behavior has a greater impact if the model is similar to the observer in some aspect (Bandura, 1977). Lundberg et al. (2011) found that participation in adaptive sport opportunities facilitated an identity negotiation process that shifted limiting self-referential beliefs about disability and stigma toward a more positive self-image. Their findings mirrored study participants' statements like "there is a whole universe of things that I can do." Imagining a possible self and establishing goal directed behavior toward that self may require beliefs about possibility, which may in turn influence developing skills pertinent to that goal (Markus & Nurius, 1986). "A focus on possible selves is broadly construed as an effort to tie self-cognition to motivation, but as a consequence it also relates self-cognitions to self-feelings or affect" (Markus & Nurius, 1986, p. 958). In other words, altering beliefs may preclude the skill development that contributes to the outcome of built-up.

Self-determination Theory

Self-determination theory (SDT) posits that motivation is based on three basic human needs: competence, relatedness, and autonomy (Deci & Ryan, 2000). Competence in SDT loosely corresponds to skills in building up. It refers to an intrinsic need for developing mastery. Relatedness in SDT corresponds to being cared for in building up. Supporters, in self-determination theory, provide "a sense of security that makes the expression of this innate growth tendency more likely and more robust" (Deci & Ryan, 2000, p. 235). Autonomy is self-directed behavior, or agency. This is critical in building up as "autonomy occupies a unique position in the set of three needs: being able to satisfy the needs for competence and relatedness may be enough for controlled behavior, but being able to satisfy the need for autonomy is essential for the goal-directed behavior to be self-determined and for many of the optimal outcomes associated with self-determination to accrue" (Deci & Ryan, 2000, p. 242). This sense of agency is a critical piece of the individual's motivation and therefore engagement in building up. Self-determination theory supports several critical elements in a good enough fit: skill building, being cared for, and agency.

Skills

Sometimes called character skills, non-cognitive skills, or soft skills, skills have been given considerable attention for their importance in lifetime outcomes such as employment and well-being (Gutman & Schoon, 2013; Heckman & Kautz, 2013; Kautz et al., 2014). These transferable meta-skills are a key outcome of building up. Petersen and Seligman (2004)

noted that even traits that tend to be more stable are “also shaped by the individual’s setting and thus capable of change” (p. 10). Likewise, Gutman and Schoon (2013) suggested that non-cognitive skills are malleable and that the plasticity of different skills varies developmentally throughout the lifespan. Of particular importance to being built up is developing or enhancing resilience, or the ability to recover from adversity. According to Gutman and Schoon (2013), resilience involves exercising a particular set of skills that comprise adaptive coping. Peterson and Seligman recognized that “some settings and situations lend themselves to the development and/or display of strengths, whereas other settings and situations preclude them” (p.11). Supporters may be vital in the development of these skills. Fitzgerald and Laurian (2013) found that caring and trust in the teacher-student relationship is critical, particularly in developing skills such as grit, which has been shown to be predictive of retention in education and achieving long-term goals (Duckworth et al., 2007; Eskreis-Winkler et al., 2014). Heckman and Kautz (2013) argued that skills “enable people... [and] give agency to people to shape their lives in the present and to create future skills” (p.5).

Applications of the Theory

The fit may be of practical interest for the design, structure, and delivery of opportunities to maximize the potential for building up within the constraints of limited resources. Many of the key components of a good enough fit depend on supporters ability to facilitate the experience. Agency is a critical piece of a good enough fit and can be facilitated in a myriad of ways in even the most restricted settings. Behan (2014) noted that agency was a primary motivator for people who are incarcerated participating in educational opportunities within a prison facility. As described in the literature above, supporters are critical to facilitating the experience of agency in order to develop competence through skill building. Certain roles are associated with being a supporter, such as parents, teachers, or coaches. However, individuals in these roles may have limiting beliefs of their own. Limiting beliefs about an individual’s ability may interfere with building up or contribute to an insufficient fit. Hochanadel and Finamore (2015) connected lack of grit to fixed mindset, or the belief that one’s abilities and traits, such as intelligence, are innate and immutable, rather than flexible and capable of growth. A good enough fit may not occur if these limiting beliefs are held by the people who are supposed to be supporters. Student achievement outcomes are influenced by teacher expectations (Brault et al., 2014; Gershenson et al., 2016) which are sometimes rooted in “limited information, incorrect beliefs, and biased expectations” (Gershenson et al., 2016, p. 209). Programs that intentionally deconstruct limiting beliefs and explicate building meta-skills for supporters as well as opportunity participants may be more effective. This may be critical not only to program design, but also to staffing and training.

Limitations and Future Research

Future research might further investigate accessibility to being built up, whether tearing down instead of building up is a possible outcome, and the phenomenon of paying it forward. Classic grounded theory methodology focuses on activity within a system, not individuals per say. Individual attributes, such as race, age, or gender are relevant when and if they indicate or verify a concept (Glaser, 1998). For example, in the case of building

up, aspects of identity, such as class, race, and age, emerged as individual variables that contributed to challenges or were challenges in and of themselves. Ultimately, in this study, it was the limiting beliefs related to these aspects of identity and/or the impact on accessibility, rather than the particulars of it, that were relevant to building up. Accessibility for all to being built up may be presumptive. A study with more diversity in study participants, particularly as related to class, might reveal differential pathways to building up. For example, a few study participants described having experienced poverty in the past or coming from a working-class family. These individuals had already overcome challenges associated with poverty. Inclusion of participants who are currently experiencing poverty may reveal further conditions that preclude accessibility.

Many study participants described being torn down, some could clearly remember the person, place, and timing of the creation of some limiting beliefs, often within an opportunity intended to build up. Further studies might investigate those in roles that are presumably supporters who are tearing down by enacting their own limiting beliefs. Several participants relayed experiences of “feeling dumb” or like a “bad student” based on interactions with teachers and that the feeling was intensified by the belief that a teacher is “supposed to” be a supporter as well as the belief that the teacher is an authority and expert. Further study might reveal attributes of such supporters, their communities, and/or organizations that might mitigate tearing down by those who should be building up.

Finally, it may be that an optimal fit for supporters is paying it forward. Paying it forward may also provide opportunities to continue building up, which may look more like renovating. Some study participants described continually and intentionally finding ways to challenge beliefs, build resources, and to pay it forward. Another CGT study might begin with the relationship between being built up and paying it forward, particularly since supporters emerged as a key variable in the fit of building up, regardless of outcomes.

Conclusion

Ultimately, building up empowers the individual. Built up individuals have developed the skills and beliefs to navigate challenges and pursue goals. The extent to which an organization can provide at least a good enough fit for most individuals may maximize resources invested into opportunities. A good enough fit may offer enough through participation that the individual realizes the potential for experientially developing beliefs and skills to continue accessing internal and external resources. “Greater levels of skill foster social inclusion and promote economic and social mobility. Skills give agency to people to shape their lives, to create new skills and to flourish” (Kautz et al., 2014, p. 8).

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Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding: The author(s) received no financial support for the research, authorship, and/or publication of this article.

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Potentializing Wellness to Overcome Generational Trauma

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Abstract

The Indian residential school (IRS) system is part of Canada's colonial history: Indigenous children who attended IRS suffered immensely at the hands of the school administrators, staff, and students. How Indigenous females cope with the intergenerational transmission of trauma was explored. Indigenous women in this classic grounded theory study aimed to resolve their main concern of *kakwatakih-nipowatisiw*, a Cree term used to identify learned colonial (sick) behaviours that weaken familial ties. Analysis resulted in a substantive theory of potentializing wellness, which explains the varied behaviours of how Indigenous women cope with the legacy of IRS. Discoveries suggest that effective strategies to deal with trauma can emerge when (w)holistic health is followed by, or accompanies reclaiming cultural norms grounded in community and spiritual life. With the generalizability of this substantive theory, this paper concludes with implications for future research.

Keywords: Indian residential schools, Intergenerational trauma, Indigenous women, classic grounded theory, and potentializing.

Introduction

In Canada, when settlers first arrived, it was part of the colonial governments agenda to clear the land of all Indigenous Peoples. Part of this agenda included development of different assimilation policies aimed to eliminate Indigenous Peoples' rights and Treaties, eliminate Indigenous governments, and cause Indigenous peoples "to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada" (TRC Summary of Final Report, 2015, p. 1). Given these on-going attacks, Indigenous Peoples have been dealing with compounding trauma at the hands of church and state for well over 150 years. When assimilation did not happen fast enough, Indian residential schools were mandated. Residential schools were part of Canada's assimilation policy intended to civilize and convert Indigenous children towards Eurocentric ideals (Milloy, 2006). As a result, the residential schools' grim realities and conditions of constant abuse, malnutrition, and neglect, coupled with the children's need to survive had many children conforming to the "might makes right" (Stirbys, 2016, p. 127) mentality that subconsciously was carried into their family and community life.

Underlying this study is the assumption that Indigenous peoples have an on-going unease regarding the intergenerational transmission of trauma. My interest to support Indigenous Peoples comes from my personal and professional life. I am a fourth generation descendant of three gen-

erations of Indian residential school survivors and I worked in Indigenous health where I regularly heard the (literal) cries of Indigenous Peoples wanting to address trauma from the residential school experience. Prior to starting my PhD, my mother and I attended a residential school survivors gathering in August, 2009 but we were not wholly prepared for the ways in which trauma could emerge as many felt a level of pain manifesting itself physically, emotionally, and/or spiritually.

That experience never left me. During the years leading up to my thesis proposal I began to learn more about what a grounded theory was; I also began questioning what it is that Indigenous women *do* to overcome the traumatic legacy of Indian residential schools. More specifically, I wanted to uncover Indigenous women's main concern regarding their experiences at IRS as a direct survivor or as a descendant of a survivor. A basic social process (BSP) conceptualized as potentializing wellness was discovered and explains the changing and evolving behaviours of what Indigenous women do to cope with intergenerational trauma. That is, Indigenous women focus on building personal competencies, moral compassing, and fostering the virtues. The three separate but interrelated phases of this social process have sub-processes and a typology that explains the motivation to move between these phases and is one of reaching beyond mere survival mode and finding the potential within themselves to live a quality life.

Methodology

Following a recommendation from my Ph.D. supervisory committee to learn grounded theory, I eventually chose the *classic* grounded theory (CGT) methodology to complete my doctoral degree from the University of Ottawa. CGT is a methodological process in which the discovery of theory is systematically obtained from and analyzed through social research (Glaser & Strauss, 1967). Utilizing the CGT method allows the researcher to uncover the participant's main concern and how they go about resolving it (Glaser & Strauss, 1967), which can be summed up by the discovery of the core variable (Christiansen, 2005a).

The core variable in this study was found to be potentializing wellness and begins to explain Indigenous women's main concern of *kakwatakih-nipowatisiw*, a Cree term used to explain learned colonial (sick) behaviors that has broken relational family bonds. Through constant comparative analysis, the emerging core variable is what guided further data collection, theoretical sampling, and analysis (Glaser & Holton, 2004).

When a novice grounded theorist embarks on new research, they should begin without preconceiving what they may discover. This is the rule, as a grounded theory should be free from assumptions or "forcing rhetorical arguments and demands of other fields" (Glaser, 1998, p. 94) otherwise, the researcher risks having an undeveloped theory due to the dilution of its "generative power" (Glaser, 1998, p. 94). Choosing a substantive topic without having prior knowledge or without "using a preconceiving procedure" (Glaser, 1998, p. 94) is best, to avoid preconception.

According to Glaser (2013), the researcher should not preconceive: 1) the general problem, 2) the specific participant's problem, 3) what theoretical perspective applies, 4) the interview questions, 5) what existing concepts in the literature will explain the current behaviour, and 6) what theoretical code will integrate the theory. But admittedly, with my previous graduate study, I studied the history of Canada and I knew about the legislation that created mandatory attendance of In-

Indigenous children attending Indian residential schools. My supervisory committee expressed concern that I already “knew too much” about my chosen area of study given that it was also part of my family’s history and I worked in Indigenous health. Consequently, there was some worry that I was putting my study at risk of preconceiving the general problem. My interest in pursuing a PhD stemmed from my work with Indigenous communities who had been calling for “culturally appropriate” models to deal with intergenerational traumas stemming from the IRS experience. A question came to mind, “What does ‘culturally appropriate’ mean and can that even be defined?” I was unaware of any models that “could be utilized by community members or administered without a clinician or a mental health practitioner” (Stirbys, 2016, p. 60). It was worth considering how I could halt any preconceptions, which I believe I successfully accomplished in this research study.

Along with the GT procedures of how to conduct a study, I followed Glaser’s guidelines so “I could begin to ‘see’ what I thought I knew about IRS . . . , but with a different focus” (Stirbys, 2016, p. 61). In the first step towards not preconceiving the general problem, I could take a strength-based focus as opposed to doing descriptive research that more often reports on the deficits of Indigenous people. In this way, I could neither preconceive a theoretical perspective nor develop pre-defined interview questions. Without an interview guide, this also meant that I could not predefine the participant’s specific problem; every interview would have their distinctive data. So, as a novice grounded theorist, there was no preconception in studying and learning the process.

Also, utilizing existing concepts taken from doing an extensive literature review must be avoided, as this would only influence how I conceptualized the data. However, in order to satisfy the university standards for writing up a thesis, a partial literature review must be completed. A second and final literature review was also completed, but only after the theory was discovered. According to Glaser (1998), a relevant literature review is done and integrated into the study to round out the emerging framework only when the researcher is about to embark the sorting and writing stage. The theory can then be compared to “conceptually related literature” (Christiansen, 2005a, p. 9).

Memo writing was another way of keeping my preconceptions at bay. At times when I found contradictions to what I thought I knew, I would memo my concerns. For example, feeling overwhelmed from time to time, also left me feeling uncertain how to conceptualize the behaviours emerging in the data. I felt fearful that I would inadvertently stereotype Indigenous women. But this is where I learned the whole purpose of grounded theory is not about telling the stories of the participants. Instead, discoveries in the substantive area are not about the people themselves but “about the patterns of behaviour in which people engage” (Breckenridge et al., 2012, p. 65) but might not even be aware (Glaser, 2001 as cited in Stillman, 2007).

After writing the memo, I would continue the process of coding, analyzing, and conceptualizing the data. What also brought me relief regarding my fears was following the process of GT: if my memo had relevance, it would be taken up in the data; and if no relevance were found, it would just fall away (Glaser & Strauss, 1967). Albeit there were many moments of frustration and confusion, a code would eventually emerge that would explain the behaviours emerging from the data. Viewing the data differently and coming up with conceptualizations was like a feedback loop. Taking on new ways of viewing the data helped develop new conceptualizations, which in turn helped me take on a new perspective yet again. Being open to new viewpoints, helped bound any preconcep-

tions.

Last, a researcher should never preconceive what theoretical code will integrate the theory. Since I was learning the method of grounded theory, I was also unaware of the numerous theoretical codes that could apply. Preconceptions could simply be put aside, when the goal was to find the patterns in the data and to constantly compare incidents and concepts that generate codes in search of the core category (Glaser, 1978).

Before coding begins however, a grounded theory starts with the researcher collecting data. Instead of following an interview guide, a grand tour question was asked of the participants. Depending on whether they were an Indian residential school survivor or a descendant (of an IRS survivor), I simply stated, "Tell me about your IRS experience" or I asked: "How did the IRS phenomena affect your life?" Following the interview, the iterative process of open coding incidents in the data, conceptualizing these incidents, and putting these concepts into categories continued. The goal with these processes is to discover the core category.

In tandem with the process of discovering the core category, *theoretical sampling* occurs as the researcher "jointly collects, codes and analyses the data and decides what data to collect next and where to find them" (Glaser, 1978, p. 36). The on-going task and general procedure of theoretical sampling is to "elicit codes from raw data" (Glaser, 1978, p. 36) and compare all data incident to incident. In parallel fashion, asking basic questions like, "What are these data telling me?" and "In what category does this incident fit?" (Gatin, 2009, p. 17) are guiding the researcher to enrich the concepts and take them to a deeper level. Initially, I ignored the raw data found in the first interview. The raw data were telling me what the main concern was of Indigenous women and yet I missed it until I saw the pattern in the fourth interview. The in vivo term "sick" was found in every interview that I somehow overlooked because of its simplicity. Going back over the data guided by the questions directed me to what was already in the data but was waiting to be revealed. It is with asking these questions that the researcher remains "*theoretically sensitive*" (Glaser & Holton, 2004, p. 13) to the data.

The Main Concern

Andy Lowe, a Grounded Theorist Fellow of the Grounded Theory Institute, had stated early into data analysis, that I had "an embarrassingly abundant amount of rich data to work with" (personal communication San Francisco, June, 2013), which also meant this study could go in any direction. He was so right! And in that overwhelm of rich data, my on-going challenge was how to relate the substantive codes. I kept asking, "what is it that Indigenous women do to overcome their main concern?" which was found to be "overcoming (colonial) sick behavior." I found it necessary to go further with conceptualizing as my thesis supervisor kept asking, "Why are Indigenous women pathologizing themselves?" This question was problematic because intuitively I knew that this was not what Indigenous women were doing but how could I further nuance what was already in the data? I decided to speak with my uncle and Elder Noel Starblanket as I believed the English language was limiting how I could explain the main concern. And, without his help, I could not simply attempt to translate from English into the Cree language.

Cree is part of the Algonquian verb-based language family (Redish, 2020). It is also polysynthetic, characterized by long words “containing affixes to express syntactic relationships and meanings” (“Polysynthetic,” 2021). English is considered fixed when the actor noun is identified by its position before the verb. In contrast, a grammatical feature of Cree is the free or unregulated word order (Wolfart & Carroll, 1981). Because of this feature, “a single word in Cree” (Wolfart & Carroll, 1981, p.86) would take many more words to convey in English--if conveyed at all.

Dorothy Thunder from Alberta, Canada who is a Cree language teacher, explains that words formed in Cree are a derivation of other words. For example, “the color green – ‘ehaskihtakwâk – is derived from the word ‘askiy’ or land – which has a connection to Mother Earth” and, “the colour blue, or ‘esîpikhwâk’ derives from the word ‘sîpiy’ for river” (Aboriginal Multi-media Society [AMMSA]. 2021, May 28, para. 9). *Nîhiyaw tâpisiinowin* (Cree worldview) is complex and is shown through the language as it also expresses the sacredness of Indigenous Peoples’ values, ceremonies and connections to their cosmology (Napolean, 2014).

According to Napolean (2014), a literature review would not help with translation of Cree ways of knowing and understanding, as there are no English equivalents and “no context for important nihiyawîwin terms” (p. 26). More importantly, the EuroChristian history and paradigm of research would likely reveal literature filled with “Christian missionary biases and misinterpretations” (Napolean, 2014, p. 31). For these reasons, the best option was to seek an original language speaker.

Understanding the connecting and holistic nature of the language, I believed that the main concern could better be nuanced and explained in our Cree language. After explaining my conundrum, my uncle quickly provided three Cree words. The hyphenated Cree term of *kakwatakih-nipowatsiw* is explained as a two-sided coin as it represents both the conditions of Indian residential school and the consequences of children having attended for years. One side cannot exist without the other as this codependency depicts the sickness behind the cycling of the conditions and then the consequences of the institutionalized environment. Elder Starblanket explained that “kakwatakih” goes beyond any psychological, physical or emotional abuse but in fact means “torture” with the eventuation and death of a healthy mind and spirit. Consequently, the harm of kakwatakih against Indigenous children burdened them with carrying “nipowatsiw” that is, they carried their own deadened spirit into their adult years. With this, the added consequence is that many children began to model the behaviours of former IRS staff or what Elder Starblanket called the *okakwatakihiwew* or the one who torments and/or tortures (Stirbys, 2016).

It should come as no surprise that initially I found Indigenous women were “moral compassing” to overcome their main concern of katwatakih-nipowatsiw and corresponding sick behaviours. Yet as I was writing up the theory, I found that Indigenous women were doing even more than moral compassing. While the core category of moral compassing did indeed capture many of the latent behavioural patterns of Indigenous women, it did not fit perfectly with the emerging typology. Perhaps as my CGT mentor suggested, “there could be several core categories” (Memo, March 7, 2014). I continued with the iterative process and through the constant comparative method, I aimed to lift the descriptive nature of data to a higher conceptualization. Eventually, a new core variable

emerged and seemed to have the *best fit* and met all the criteria for a grounded theory conceptualized as *potentializing wellness*.

Discovered Theoretical Codes

The two main building blocks of theory development in classic GT are substantive concepts (codes) and theoretical concepts (codes). The researcher always begins a study with substantive coding, which is comprised of both open coding and selective coding procedures (Holton, 2010). Substantive coding are the yet undiscovered latent patterns that “conceptualize the underlying meaning, uniformity and/or pattern” (Christiansen, 2005a, p.9) of behaviours emerging from the data. Glaser (1978) described open coding as “coding the data in every way possible” (p. 56). Open coding ends however, when selective coding begins and this is the point at which the researcher delimits the coding to focus on a particular variable (or problem) (Stirbys, 2016). More specifically, the researcher begins to “selectively code for a core variable” (Glaser, 1978 p. 61). Substantive coding (open and selective coding) is a process of conceptualizing the empirical data and is the focus at the start of any study while the researcher seeks to discover the core variable (Stirbys, 2016).

Once the core category is discovered however, it is time to take up theoretical coding, which conceptualize “how the substantive codes . . . relate to each other as hypotheses to be integrated into the theory” (Glaser, 1998, p. 55). For instance, I conceptualized several behaviours: volitional awareness, self-awareness, learning to emote, and self-esteem. These codes were substantive concepts found in the data. The concepts eventually “became properties of a higher conceptualization of building personal competencies” (Stirbys, 2016, p. 67). Theoretical codes are emergent and shows the relationship between the substantive concepts. I soon found that building personal competencies with the four (4) aforementioned behaviours was part of a larger basic social process directed by the core variable potentializing wellness. In addition to the basic social process, other theoretical codes also emerged through the constant comparative process: conditions and consequences and a typology of behaviours.

Structural Conditions

The (structural) conditions at IRS were conceptualized as regimenting, exerting force or power, and perpetuating harm. Regimenting refers to the numerous ways that school authorities used militant control and intimidation tactics in the educational environment and daily lives of Indigenous children. Exerting force or power is another structural condition that undergirded all relationships and rules to be obeyed. For example, the rule of “might makes right” (Stirbys, 2016, p. 127) justified the behaviours of school staff, authorities, and students who enacted the rule. As a result, children at IRS were abused, bullied, controlled, sexualized, endured violence, shamed, blamed or discarded after being killed on school property (many children were killed by school officials and yet not prosecuted for their crimes) (Annett, 2016). In concert with exerting force or power is perpetuating harm and conceptualizes how the conditions of IRS led to long-term consequences for the children born to female survivors of residential school. Perpetuating harm is broken into four properties and these additional behaviours, discussed in the next section, were carried into family life, weakening the familial bond affecting the next generation of females. Thus, structural conditions culminated in ‘no reality’ relationships (Stirbys, 2016).

Generational Consequences

The generational consequences of living with the structural conditions of perpetuating harm resulted in generational behaviours of the “no talk” rule, arresting development, cocooning, and denying the truth. These conceptualizations respectively speak to how mothers/grandmothers passed on the trauma through their own behaviours. The “no talk” rule was intended to keep the trauma at bay but it resulted in older Indigenous females having an inability to emotionally relate to their daughters and granddaughters. Arresting development speaks to how mothers and grandmothers remain emotionally repressed due to their trauma and were often, at times, unable to comfort their children (because they too needed to be comforted). Cocooning explains how mothers and grandmothers in their attempts to protect their daughters and granddaughters from predators, inadvertently continued to cause emotional harm. For example, when young teenage girls are getting excited to start dating, mothers and grandmothers are finding ways to keep their daughters locked indoors or find ways to keep their daughters from meeting teenage boys. Aligning with these properties is denying truth about the realities of home life, as it was difficult for mothers/grandmothers to accept and take responsibility for their aggressive behaviours that seemed to be fueled by fear. But for some, there was a degree of recognition. One mother stated that she and others like her, could not effectively parent without role models and as result, they were creating new conditions in the home that eventually caused maladaptive behaviours to emerge in their own children. The next generation of conditions-consequences began as daughters of survivors began exhibiting low self-worth to the point female family members believed they were unlovable.

Typology of Behaviours

The next theoretical code that emerged from the data was a typology of behaviours, which revealed how Indigenous women perceive the on-going generational effects of IRS differently (see Table 1). The typology explained the extreme nature of behaviours. Some behaviours were shown to be abusive, and others expressed as love and kindness. The three behavioural typologies emerging from the data were: living the norm, between the norm, and escaping the norm.

The “living the norm” type speaks to the belief that aggression and controlling behaviour are accepted as a part of normal family life especially between female members. While this behaviour became normalized, the “norm” is a paradoxical term since these behaviours are not traditionally part of the cultural life of Indigenous peoples but the legacy of IRS. Those whose behaviours fall under the living the norm type exhibit low self-awareness not recognizing how their own behaviours bring harm to others. Ironically, this type may also have feelings of helplessness and/or they may also lack the capacity within themselves to change their behaviour (but how could they without role models?). There are two sub-types within living the norm: the one who wants to control others and in so doing, benefits from this control and the other, who is controlled by and conforms to the controller out of fear. The ones being controlled are deprived of the opportunity to live an autonomous life. The controller and the controlled are both bound by their lowered emotional metre. Neither can express a fuller range of emotions and corresponding behaviours, thus they are unable to feel a real sense of freedom and worth.

Similarly, the “between the norm” type may also comply out of fear. The person in this typology finds ways to manage the norm, within themselves and from others, and so part of the time,

they are living autonomous lives. In this typology, individuals are open to learning new behaviours so they are moving away from living the norm. They have awareness of their own behaviours yet at the same time, they demonstrate restraint in showing emotion whether it is expressing anger or love. The challenge is maintaining healthy behaviours, and (re)learning how to be expressive with their emotions. As their self-worth increases, they are better able to draw the boundaries in order to keep those who are living the norm, at a distance.

Individuals who fall under the third typology of "escaping the norm," can sufficiently change their own behaviours that they have escaped living the norm behaviours. These individuals live without fear of either being controlled or attempting to control others. They have a high ability to emote, high volitional awareness and in their process of relearning Indigenous ways of being, they are also able to (re)create a loving family and develop strong kinship ties. The next theoretical code that showed how the higher conceptualizations related to the emerging framework was a basic social process.

Table 1

Behavioural Typologies (Stirbys, 2016)

	Living the norm	Between the norm	Escaping the norm
Behaviours	Aggressive	Sometimes aggressive but wants to be less so	Empathizes with those <i>living the norm</i>
	*Controlling	Sometimes controlling but wants to take more control of their life	Taking control of their life; achieving autonomy
	<i>Low emotional meter:</i> Inability to emote a range of behaviours	<i>Medium emotional meter:</i> Beginning to emote but cautiously	<i>High emotional meter:</i> High ability to emote; learning a range of emotions
	Cannot express love	Learning to express love	Feel love for themselves and others
	Low self-esteem	Increasing self-esteem	High self-esteem
	Low volitional and self-awareness (not able to take action)	Increasing volitional and self-awareness (ability to take action is increasing)	High volitional and self-awareness (takes action to create change)
*Note: As observed in this study, Indigenous women internalize the oppression and it manifests as either controlling behaviour or victim behaviour (e.g., being controlled by others).			

Note. Reprinted from *Potentializing Wellness through the Stories of Female Survivors and Descendants of Indian Residential School Survivors: A Grounded Theory Study* by C. Stirbys, 2016, (Doctoral thesis: University of Ottawa, ON). ©Cynthia Darlene Stirbys, Ottawa, Canada 2016.

Potentializing Wellness

It was the basic social process (BSP) of potentializing wellness that helped Indigenous women address: their main concern of *kakwatikih-nipowatisiw* (sick behaviour), along with the legacy of IRS's conditions and consequences, and the typology of behaviours that maintained controlling and aggressive ways between females. There are three dimensions within the BSP: building personal competencies, moral compassing, and fostering the virtues.

Building Personal Competencies

For Indigenous women, resolution of their main concern has a beginning point in the BSP. That beginning point is found in the dimension of building personal competencies. Substantive concepts that became properties of the higher-level conceptualization of building personal competencies were volitional awareness, self-awareness, learning to emote, and self-esteem. These four properties refer to the range of behaviours that Indigenous women engage in, albeit in differing degrees (as shown in the typologies above).

As part of building personal competencies, Indigenous women reach the point of escaping the norm type behaviours by first recognizing their own maladaptive behaviours through *volitional awareness* (emphasis by author). In tandem, Indigenous women strengthen their self-awareness of how they relate to others (females) and recognize that they may need support in (re)learning to emote since showing any kind of expression at IRS was disallowed. Indigenous women practice building their capacity to express emotion by saying, "I love you" or "I am upset." Increasingly, the process of building their self-esteem is possible through any phase of the substantive theory of potentializing wellness, which helps Indigenous women continually address the trauma that began in childhood.

Moral Compassing

One of the emerging core categories that came through the data was moral compassing. And, while it did not fully meet the criteria for a substantive theory to emerge, it had explanatory power of what Indigenous women do to address their main concern. Moral compassing is an important phase in the BSP and encompasses movement (i.e. positive changes) in the emotional, spiritual, physical, intellectual, and social dimensions that are then modelled by Indigenous women who are potentializing. Indigenous women may work on any dimension at any one time and often the women will work multiple dimensions simultaneously. For example, being physically outdoors on the land and engaging in spiritual activities such as building and participating in a sweat lodge automatically entails the intellectual (building the sweat lodge) and social dimensions (working with other Indigenous women) since this cultural activity is not a solitary one. The win-win game can be found in the gains that all Indigenous women have made emotionally via the act of participating together in this cultural activity. As Indigenous women make positive gains in one dimension, it follows that they are strengthening one or more of the other dimensions in the phase of moral compassing.

Throughout this study, and from the women's stories I heard, I learned that what was most important to the women was to have their freedom back to live a life of their choosing. Indigenous women are concerned with morality and "doing the right thing," because what they see in the world (in their communities and in larger society) is how people are being controlled. This control is being facilitated via sick behaviour intended to create distrust and fear of one another. Along with fear, shame, guilt, and violence are also being directed towards one another. Indigenous women recognize these patterns of behaviour and how they have been affected through their IRS experience. Through the process of moral compassing, Indigenous women can create boundaries against threats to their autonomy and sovereignty of being as they begin a new way of living.

Fostering the Virtues

The next dimension of the BSP is fostering the virtues. At this conceptual level, Indigenous women begin to model the virtues of respecting (respect oneself, showing consideration and deference to others), listening (supporting others' need to be heard), loving (practising self-love and helping others to feel safe), truth-telling (exposing the secrets of the perpetrators), trustworthiness (being accountable and changing one's own behaviours), and supporting others (supporting in all ways to build trusting relations) as they actively move through the other dimensions of the BSP. Where volitional awareness and self-awareness were the catalysts for change for Indigenous women when building their personal competencies, each of these virtues is shown to be continuously utilized and happens concurrently while working the other dimensions. It is in this third dimension of potentializing that Indigenous women learn and practise healthy behavioural patterns and releasing any behaviours that no longer serve them. Thus, potentializing becomes the process by which Indigenous women foster virtuous behaviours and (re)learn to focus their moral compass. In doing so, they simultaneously cultivate their personal competencies in order to resolve their main concern and create more meaningful and loving relationships within their families and communities.

Discussion

Conducting a final literature review is an opportunity to examine any new data that may be relevant for comparison to the concepts in the emerging theory (Glaser, 1998, Glaser & Strauss, 1967). Dr. Scott's (2007) study along with her mentorship was instrumental in further developing these typologies to explain what Indigenous women do to resolve their main concern. I had too much data and overlap, which Dr. Scott explained was an indicator of under-conceptualization (Stirbys, 2016). Lifting the description by moving to a higher conceptualization helped solve the problem by merging the concepts that came from the data. The results were the emergent three typologies. Indigenous women were then found to be moving along a continuum from living the norm to escaping the norm. Where violence and aggressive behaviours became normalized amongst Indigenous females (Stout & Peters, 2011), Indigenous women wanted to create a new normal in order to re-establish loving and trusting relationships.

Extant Literature

Review of the extant literature helped me make comparisons to the concepts found in the literature: finding a new normal; spirituality; ecological models, morality, and autonomy; virtues; gender; wellness motivation; and empowerment.

Revealed in my study was the notion of "finding a new normal" and it was also found in the literature (Atkins et al., 2012; Sandsund et al., 2013; Shannonhouse et al., 2014). Each of these studies developed theories related to "finding a new normal" following hospital rehabilitation. In one study, the effects of "pathologizing recovery" (Atkins et al., 2012, p. 138) meant that many families felt a societal pressure and norm of recovery that left them having difficulty discussing their experiences with anyone outside of their family. As a result, feelings of isolation emerged and impeded families' social and psychological recovery. Similarly, this result was also found in my study when feelings of isolation became one of the "crippling conditions" (Stirbys, 2016, p. 177) preventing many of the Indigenous women from finding their new normal. In contrast, another study found that having family support makes all the difference. Sandsun et al. (2013) found that family encourages recovery as the "individual confidently and systematically paces through the different phases of recovery" (cited in Stirbys, 2016, p. 177). Likewise, in the Shannonhouse et al. (2014) study, it revealed how group processes encouraged women despite their health crisis.

Therefore, when supports are offered via families and/or group processes, individuals experience a sense of empowerment and recovery from trauma. Yet, a level of caution and care should be taken to ensure that an individual's autonomy is not overtaken by societal expectations of recovery, as it could potentially hamper the recovery process. The contributions of the potentializing wellness study to the literature shows how the BSP of potentializing allows Indigenous women to choose how they create their new normal. Individually, they decide how to work the process of change in one or two phases and at a time, and at a pace, that is appropriate for them.

Many studies showed how culture was used to overcome systemic barriers, maintain cultural identity (Cameron, 2010), and by incorporating spirituality (Glenn, 2014; Shannonhouse et al., 2014; Kirlaw, 2012; Fleury, 1991), enhanced one's ability to learn coping strategies that strengthened resilience and healthy behavioural change. These studies in turn, support the discoveries of this research and how Indigenous women become change agents in their own lives by identifying their main concern and then setting out to resolve it.

Other studies were found that spoke of the importance of spirituality as it relates to social/human capital, guiding moral consciousness (Bainbridge, 2011), fostering self-determining behaviour by increasing one's skills and knowledge, which supports how individuals participate in change processes (Bainbridge, 2011; Fallot & Harris, 2002; Fallot et al., 2011). These studies support the dimension of building personal competencies that begins with volitional awareness and self-awareness that change begins with one. In this case, it is the Indigenous women who identified their own agency to create change and that they felt empowered by their own cultural knowledge and possibilities to catalyze that change.

Additionally, in the Shannonhouse et al. (2014) study, women reported that spiritual growth was the most salient factor in achieving wellness and from an Indigenous perspective, is viewed as an essential part of (w)holistic healing (Cameron, 2010; Kirlaw, 2012; Ren, 2012). Thus, spirituality becomes an important factor to reinforce a strong tribal identity through (re)learning Aboriginal culture (Cameron, 2010). Correspondingly, "strong Aboriginal identity, cultural reclamation, spiritual wellbeing, and purposeful living" (Gone, 2013a, p. 89) is what indicates overall wellness for Indigenous Peoples.

Five of the studies reviewed for the final literature review have a gender focus wherein women (including Indigenous women) learned new skills and attitudes to address their trauma as it relates to health, life, and trauma (Bainbridge, 2011; Fallot & Harris, 2002; Fallot et al., 2011; Kirlew, 2012; Ren, 2012; Stout & Peters, 2011). In the potentializing framework, learning new skills and attitudes parallels gender re-socializing as part of the social dimension found in the category of moral compassing (Stirbys, 2016).

In the psychology/psychiatry literature, the potentializing study corresponds with Ren's (2012) conclusion that psychotherapy is not the process that Indigenous women utilize to process their trauma. The colonial regime of IRS having been identified as the etiology of trauma in the lives of Indigenous people, suggests that another approach like culturally sensitive therapies (a strength-based approach), is what will support Indigenous people's recovery from historic trauma (Gone, 2013a). Finally, Elizondo-Schmelkes's (2011) study helped round out the dimension of moral compassing. Moral compassing is a main feature of the potentializing framework as it is book-ended by building personal competencies and fostering the virtues. These "book-end" dimensions strengthen the ability of Indigenous women to live by their moral ethic. Moral compassing is in large part, what Indigenous women do to overcome colonial socialization of "sick behaviour" and any Eurocentric model that stigmatizes, stereotypes, diminishes, diagnoses, and pathologizes Indigenous women would not be considered a culturally appropriate intervention.

Potentializing wellness theoretical framework promotes the idea that recovery is more than attaining a clinical intervention that entails merely coping with trauma (a Western approach) but that there are many more (w)holistic cultural processes that are more appropriate to deal with the effects of historic trauma. This grounded theoretical framework of potentializing wellness has a decolonizing lens that considers both the historical context and the cultural relevance to address ongoing colonial and intergenerational effects of the IRS phenomena. Thus, the multi-dimensional processes of building personal competencies, moral compassing and fostering the virtues provides Indigenous women a process to purge behaviours derived from the effects of a colonial agenda.

The net result of Indigenous women's intentional behavioural changes that come about by engaging in the different dimensions of the BSP of potentializing wellness is the ability to express empathy for others especially those who are still engaging living the norm behaviours. When Indigenous women (re)learn to emote and to empathize with those who have caused them harm, they have aptly demonstrated that they have made substantial behavioural changes and are moving closer to escaping the norm. Thus, being able to emote and express empathy becomes a marker of the notable changes wherein Indigenous women have released trauma and can also release their controlling behaviours. Indigenous women also learn to put up boundaries that thwart the controlling behaviours of others. Putting up boundaries may not always realize healthy connections:

If reconciling the norm never allows reconnection with certain family members, empathy allows one to mourn the losses. Empathy is also for oneself, (Davis, 2002) as it is recognized that one may contribute to behaviours of *kakwatakih-nipowatisiw* (sick) behaviour. Therefore, one must be open to learning how to release feelings of shame and inferiority. (Davis, 2002, cited in Stirbys, 2016, pp.161-162)

Indigenous women have quietly and more often independently worked the BSP of potentializing wellness. Yet evidence suggests that group interventions offering social support could greatly enhance the process of implementing new norms and behaviours (Atkins et al., 2012; Shannonhouse et al., 2014). Overall, these varied studies brought in new data that helped round out the overall framework and supports the many dimensions of potentializing wellness. From this study, I learned the value of not preconceiving the final theoretical framework. The potentializing framework would not have rounded out as well, had I not waited for the core variable to emerge before completing a final literature review.

The discoveries made in this research are useful in understanding why a cultural, decolonizing, (w)holistic, and self-determining approach is necessary for Indigenous women's recovery from intergenerational trauma. Indigenous women's cultural ways of knowing addresses all wellness levels via effective strategies aligned with reclaiming cultural norms grounded in community and spiritual health. By modifying their behaviour considers multiple dimensions of self in relation to others' well-being. Indigenizing a Western intervention is seen as insufficient. The potentializing framework provides explanatory power of how Indigenous women express and process their grief without clinical interventions and without use of a biomedical model (Stirbys, 2016).

Implications for Practice

A longitudinal study may be the focus of future research in order to track and assess overall changes in wellness and potentializing outcomes for residential school survivors or their descendants. A longitudinal study that would track the progress of participants may identify any gaps in the framework. By broadening the sample, an additional study could evaluate how men, youth, and Elders work the BSP. A new study may provide additional data to determine how the BSP of potentializing has created positive change (movement) for individuals as well as entire communities. It would also be worth exploring how the main concern of male survivors and their male descendants compares to Indigenous women's views of sick behaviour and the dual effects of kakwa-takih-nipowatisiw (Stirbys, 2016).

One of the strengths of a classic grounded theory is its generalizability across contexts (Glaser, 1978). For this reason, other studies may be possible based on the prospective transferability and the "readably modifiable" (Glaser, 1992, p.117) substantive theory based on new data. For example, stages in a BSP can account for behavioural change over time when different conditions and new data are presented thus; adjustments in behaviour are made by the accounting for new conditions or consequences (Glaser, 1978). This means that the BSP of potentializing wellness can be applied to other situations when conditions prohibit individuals from living life, as they always knew. For instance, a new study could emerge by asking, "How do everyday citizens potentialize their own wellness given the new conditions of COVID-19 protocols?" It is certainly a challenge to potentialize given that 76% of people who were polled online said their mental health has been affected and that "the pandemic had caused stress, anxiety and depression" (The Canadian Press, 2021). Moreover, many citizens are looking at everyday life very differently. According to a recent poll of 1,559 Canadians, the idea of returning to a normal life is likely out of reach when "one in five say that pre-COVID life is not coming back at all" (Angus Reid Institute, 2021). As this pandemic is

not only local but also global with a new wave said to be imminent, emergency measures likely will remain, new research may be warranted to study behavioural changes during a crisis.

A new study can assess average citizens' perceptions of gains and/or losses to potentialize their wellness given the new conditions brought on by the pandemic. It would also be informative to learn what new consequences arose given the new mental health concerns and what perceptions influenced what types of behaviours. What additional conditions and consequences may have influenced one's ability to potentialize and contributed to more permanent behavioural changes? Underlying these behavioural changes, what is the (new) main concern for average citizens?

In my original PhD research, I stated that the limitation and utility of this framework may only be restricted to those who attended IRS. However, in this new socio-cultural climate, I find the biggest contribution as a theoretical framework, is its' conceptualizations of behaviours allow a generalizability of the theory of potentializing across contexts (Stirbys, 2016). Without preconceiving, I am curious how new data will result in a new theory and perspectives of potentializing wellness.

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Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding: The author(s) received no financial support for the research, authorship, and/or publication of this article.

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Resigning: How nurses work within constraints

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Abstract

This study explores and explains how nurses care for patients with stroke in the acute care setting and how they process these challenges to enable delivery of care. Using a classic grounded theory methodology, 32 nurses were interviewed who cared for patients with stroke and twenty hours of observations were undertaken. Nurses' main concern is how to work within constraints. In dealing with this challenge, nurses engage in a process conceptualised as resigning and do so through idealistic striving, resourcing and care accommodation. Resigning acts as an energy maintenance and coping strategy, enabling nurses to continue working within constraints. This theory has the potential to enhance nursing care while reducing burnout and making better use of resources, while advocating for stroke care improvements.

Keywords: Care provision, constraints, classic grounded theory, nursing, resigning, stroke

Introduction

Quality and safety of patient care is a continued area of concern in healthcare services where constraints on health expenditure prevail (Aiken et al., 2014; Kirwan et al., 2019). Work environments influence patient outcomes where limited nursing staff and resources have a resultant negative impact on patient care outcomes (Aiken et al., 2014; Griffiths et al., 2021; Jangland et al. 2018; Rochefort & Clarke, 2010; Schubert et al., 2009). Stroke care in designated specialised stroke units is associated with improved patient outcomes (Langhorne et al., 2020) however, despite international consensus on optimum stroke care, wide variations in the delivery of stroke care across Europe persist (Stroke Alliance for Europe, 2020). Such variations in the location of stroke care adversely influence care delivery and patient mortality and morbidity (West et al., 2013; Stroke Alliance for Europe, 2020).

Background

Constraints in the work environment such as reduced staff, lack of time and a lack of resources are reasons for concern regarding their negative impact on patient care delivery (Chan et al. 2013; Winsett et al., 2016; Blackman et al., 2018; Griffiths et al., 2021). Nurses caring for patients with stroke are aware of what optimum stroke care entails however, they often provide a reduced level of care due to the presence of constraints (Clarke & Holt, 2014; Seneviratne et al., 2009). One constraint commonly reported as a barrier to optimal nursing is a lack of time (Blackman et al.,

2018; Chan et al., 2013; Clarke & Holt, 2014) and this includes the area of stroke care (Seneviratne et al., 2009). Reduced nurse staffing levels is another constraint associated with increased levels of mortality (Cho et al., 2015; Department of Health, 2018; Fagerström et al., 2018; Griffiths et al., 2016). Morality also increases with incidence of pressure ulcers and nosocomial infections reported when inadequate nurse staffing levels are present (Cho et al., 2015; He et al., 2016). In addition, increases in nurses' workloads demonstrate statistically significant increase in mortality (Aiken et al., 2014; Fagerström et al., 2018). Limited availability of space, time and interprofessional support in stroke care has a similar effect (Seneviratne et al., 2009). Stroke unit care addresses all elements of the staffing and infrastructure required to create safe specialized care delivery for patients with stroke.

Despite the benefits of stroke unit care, many patients continue to be cared for in the general acute setting. A national audit of stroke services in Ireland found 29% of patients were cared for on wards other than stroke units (National Office of Clinical Audit, 2020), similar to other European countries (Kings College London, 2017). Stroke care provided on non-specialist wards demonstrates poorer patient outcomes such as higher mortality rates and reduced functional ability compared to specialised stroke units (Langhorne et al., 2020; Stroke Unit Trialists, 2013). Few studies have directly explored or examined how nurses care for patients with stroke in the general acute setting (Gibbon, 1991; Gibbon & Little, 1995; Hamrin, 1982; Hamrin & Lindmark, 1990). To our knowledge, no studies have explored this in recent times even though figures continue to demonstrate substantial variations in location of care delivery for patients with stroke across Europe.

Methodology

A classic grounded theory methodology was selected as this area is relatively underexplored with little or no theory to guide practice. As Glaser (2003) suggested, classic grounded theory combines the need for and the promise of relevancy about what is happening within a specific area of research.

Ethical considerations

Ethical approval was granted from two hospital research ethics committees. Anonymity was ensured by using pseudonyms and only the researcher had access to the data consistent with the Nursing and Midwifery Board of Ireland ethical guidelines (2014).

Before engaging in non-participant observations, staff were informed that patient safety was a priority. Consistent with ethical approval, verbal agreement was sought from nurses and patients before each observation period. Nobody who was approached refused permission. During observation periods, the researcher remained as unobtrusive to staff and patients as possible, where the focus was on viewing nurses delivering care in trying to ensure that nurses and patients were respected and protected during the process. Nurses and ward managers were aware of the researcher's presence and consented to the observation periods. It was agreed with the nurse manager and the participants that if unsafe care was observed, then the researcher would intervene and the episode reported.

Data collection

Glaser (2004) highlighted that any form of data can be used to generate theory, however theoretical sensitivity is required to ensure the concepts are generated from the data. For this study, data were collected using interviews and non-participant observations, which took place at ward level.

Once ethical approval was granted, formal letters of invitation and accompanying information sheets were delivered in person to all relevant medical and surgical wards where clinical nurse managers distributed them to all nursing staff during handover. Nurses who were interested in participating in the study were asked to contact the researcher via the contact details on the information sheet. Unstructured interviews were used to gather data for analysis in keeping with the principle of having no pre-determined questions in classic grounded theory (Glaser, 1978). Following discussion about participation and clarification of any points of concern about the study, dates, times and a location of choice were arranged individually to meet with participants. Again, any further queries participants had were answered in relation to the study prior to the consent form being signed. Encouraging participants to speak freely and listening to what they were saying directed the follow up questions. Time was spent putting the participants at ease so they would feel comfortable to speak truthfully and honestly. Murphy et al. (1998) referred to the importance of a conversational style interview to encourage openness. This was achieved through general introductions, general social conversation and thanking participants for their time. Then the aim of the study was discussed answering any questions the participant may have had on reading the information sheet. Interviews commenced with an open question such as "Can you think back to when you last had a patient with stroke on your ward, and can you tell me what that was like?" This is what Glaser (1998) referred to as a grand tour question.

Initially, interviews were digitally recorded and transcribed, varying in length from 30 to 60 minutes. Each interview was analysed prior to the next one, enabling the researcher to generate follow up questions and issues to be explored in what is termed theoretical sampling (Glaser, 1978). This process was further enhanced by making field notes following each interview, including nurses with varying levels of experience and sampling in a number of wards (7 wards).

Sampling continued until data saturation, where no new properties emerged for the core category or sub core categories (Glaser & Strauss 1967; Glaser 1978). A total of 32 nurses; 30 females and 2 males participated ranging in experience from 1 year–40 years, with varying professional positions (staff nurses, ward managers, clinical nurse specialists) and qualifications (BSc Nursing, postgraduate diplomas and masters) working on either general medical or surgical wards caring for patients with stroke (O'Donnell & Andrews, 2020).

As data emerged from interviews, theory generation was further supported by non-participant observations providing a different dimension. Simultaneous to interviews a total of 20 hours of non-participant observations were undertaken in one medical and one surgical ward. Observations are another way of gathering data for analysis when undertaking qualitative studies through observing people, behaviours and/or events (Salmon, 2014; Watson et al., 2010). Observations are a common method of data collection in grounded theory (Pergert, 2009). Non-participant observations were undertaken as they allowed the researcher to observe in real time nurses caring for patients in the general acute care setting and not influence care delivery through involvement (Watson et al., 2010). Much of the literature reviewed on stroke care re-

ferred to how nurses spoke of the care they delivered. Undertaking non-participant observations enabled the researcher to see if this was substantiated in practice and to observe at first-hand how participants deliver care rather than relying on their self-reports. Time sampling was chosen as an appropriate method of observation as the timing of non-participant observations was to cover a full day's nursing shift providing an overview of the care interactions and behaviours delivered during different times as well as providing context. A total of 20 hours of non-participant observations were undertaken. During non-participant observations the researcher took field notes noting date, time, place of observation, details regarding number of nurses on duty and patients on the ward.

Data analysis

In classic grounded theory data analysis is simultaneous with data collection. It is this constant analysis that supports theoretical sampling in saturating codes and categories to achieve theoretical coverage. Constant comparison occurs within the interview and between interviews, comparing incident to incident establishing uniformity and varying conditions. Following an interview data was coded before the next interview, thereby facilitating theoretical sampling.

The first phase of data analysis is substantive coding which involves open coding. This is where Glaser (1978) spoke of analysing line by line for incidents and concepts. Following each interview data was coded line by line, meaning that each transcript was carefully read and coded. One continuous pattern of behaviour throughout all interviews, referred to by all participants, was nurses speaking of how they washed patients, descriptively coded as washing patients; helped patients to eat, coded as helping patients to eat and/or helped patients to the toilet, coded as helping patients with toileting. Cognisant that codes are independent of people, time and place, which makes them enduring these codes were grouped together as they all referred to the same pattern of behaviour of physically caring for the patient. Collectively these codes then were conceptualised as functional caring. This concept was subsumed under the sub core category of Care Accommodation. Using constant comparison, subsequent interviews were coded similarly, meaning that interviews were coded with previous codes in mind. Once the core category emerged of "working within constraints," theoretical sampling and selective coding began in order to saturate the core category, which was reached following 32 interviews.

Memos were written throughout data collection and analysis. Codes were refined and became more conceptual in what Glaser (1992) termed conceptual refit. Once relevant theoretical codes were identified, the theory met the four classic grounded theory judging criteria of fit, work, relevance and modifiability representing methodological rigour. The theory of resigning explains nurses behaviors when caring within constraints meeting the criteria of work. Vigorous analysis of data from interviews ensured fit, affirmed also during non-participant observations when nurses patterns of behaviors were observed consistent with concepts already generated from data collected during interviews. Relevance is evident as the concepts resonate with nurses in their daily challenges in trying to deliver best patient care and finally modifiability is achieved through the principle of conceptualisation undertaken in classic grounded theory.

What was observed during non-participatory observation periods was as nurses had discussed during interviews; no disparities were evident only further evidence of the busy care environment which nurses deliver care in on a daily basis and their challenge of working within

constraints. Field notes taken during observation periods were analysed and coded similarly to interviews. Coding of observation data were undertaken with constant comparison in mind of the concepts and categories emerging from interviews thus strongly corroborating theory development grounding the emergent theory in the participants' worlds.

The theory of resigning

The theory of resigning explains how nurses work within constraints to deliver best care to patients with stroke in the acute care setting. Once nurses acknowledge the presence of constraints such as reduced staff, lack of resources, and time they engage in resigning. Resigning is a reluctant acceptance to compromise the quality of the care they deliver, in the interests of patient safety and to maintain a basic level of care. Resigning acts as energy maintenance and coping strategy and enacted through idealistic striving, resourcing, and care accommodation.

Idealistic striving

Idealistic striving involves nurses endeavouring to provide the best care possible to their patients. It comprises of professional connecting, knowledge seeking and cluing in. A precondition of idealistic striving is having the commitment to provide the best care possible. To support them in idealistic striving, nurses engage in professional connecting, whereby they initiate and sustain communication with nursing colleagues and other healthcare professionals identified as being able to support optimal care for patients. This is achieved by fostering personal relations and maintaining good working relations with fellow health care professionals by spending time working with others. Time and staff shortages limit the opportunities available to meet and interact with others.

Professional connecting also helps nurses identify the support they need in idealistic striving such as knowledge seeking, where nurses continuously look for opportunities through formal and informal routes to further their knowledge. This may be through structured, evidence based educational programmes and by learning from others such as fellow nurses, physicians, and other health care professionals. Knowledge seeking through informal routes is self-directed and opportunistic and is contingent on being motivated to learn, of which one nurse spoke: "It is really up to yourself, to show that you are interested in this area, showing that you want to learn and seeing available opportunities to learn from" (Participant 8).

Knowledge seeking also promotes focused care through being aware of the specifics and complexities of stroke care such as impaired swallowing, lack of mobility and speech impairment. Through knowledge seeking, nurses learn what to observe in stroke care, essential for cluing in where they are constantly alert and responsive to changes in the patient's condition. Nurses pre-empt physiological and/or psychological changes in the patient's condition and respond appropriately. Cluing in facilitates idealistic striving with its focus on pre-empting changes through monitoring a patient's condition to detect changes from normal or sourcing equipment to support care. One nurse stated:

Once we get a patient with a stroke on the ward we start ringing around to the other medical wards looking for equipment usually mattresses for the patient as we wouldn't have them or they may all be in use at that time. (Participant 9)

Idealistic striving enables nurses to coordinate, direct and prioritise care, in an attempt to reduce potential complications.

Resourcing

When resourcing, nurses actively resist the effects of constraints, seeking to overcome constraints through time borrowing and badgering in trying to maintain idealistic striving. When working within constraints, resourcing is always required to ensure a safe level of care. The greater the degree of resourcing the higher the expenditure of energy for nurses. Continuous resourcing may result in burnout; therefore, engaging in resourcing is only an interim position for nurses trying to continue delivering best care.

Resourcing aims to improve care delivery while also protecting nurses from professional recrimination by senior staff and patients' family. It acts as a preserving and coping mechanism enabling nurses to work successfully within constraints. The greater the degree of constraints the greater the resourcing. Continuous resourcing with no change in circumstances may lead to exhaustion and burn out. When nurses become too tired to resource continuously, patient care may be compromised however, they must still engage in a level of resourcing to support patient safety.

Time borrowing facilitates resourcing to ensure a certain level of care is delivered. It involves taking time from one area of work to gain more time in another, aiming to optimise and prioritise care. It is a short-term coping mechanism and demonstrates nurses' determination to optimise care. Time borrowing happens when nurses' reduce their breaks or skip them, commencing work earlier or finishing later or taking time from one activity of care to give time to another which, may compromise the activities of daily living, as one nurse mentioned: "Sometimes it's just faster to wheel the patient to the bathroom then assisting them to walk out to the toilet as we just wouldn't have the time you know. It's my way of making up on time" (Participant 2).

Nurses' commitment to giving the best care influences time borrowing. The greater the degree of commitment to idealistic striving the greater the degree of time borrowing and when successful, care delivery is improved.

Resourcing is further increased by badgering, which explains continuous verbal and written reporting nurses engage in with senior management when highlighting their concerns at having to compromise care delivery. Through badgering, nurses try to prevent the impact of compromised care. Knowledge seeking strengthens the need for badgering since nurses know the care patients require and understand that compromising care is potentially risky. Badgering is used to protect nurses from recrimination from patient's family and other healthcare professionals by providing documentation supporting their concerns to management in trying to improve patient care delivery. The aim is to have their concerns acknowledged and appropriately acted on so that they can engage in idealistic striving. If successful, badgering reduces constraints, enabling optimal care, which is more likely to succeed when nurses identify to management, that patients are at risk and have documented evidence to support this such as clinical risk forms. However, if unsuccessful and nurses engage in continuous badgering, this may lead to possible burnout.

Badgering through written reporting is time consuming, compromising time with patients, therefore badgering is often opportunistic, in the form of verbalising concerns to ward managers and unit managers. However, if nurses want a visible record of badgering then they make a written submission, since they perceive this as providing some legal protection from accusations in the event of an untoward event. Through badgering, nurses are trying to preserve their integrity and show their commitment to delivering optimal care, while mitigating against adverse events.

A level of resourcing is essential when working within constraints in providing optimal care. In the theory of resigning, resourcing coexists with idealistic striving, which supports care accommodation.

Care accommodation

Care accommodation provides a typology of caring as a means of dealing with constraints until they are resolved or reduced, comprising of functional caring, assisted self-caring and ideal caring. The aim is to provide the best level of care feasible at a given moment. The degree of engagement in idealistic striving and the success of resourcing determines the type of care accommodation provided. For example, a reduced level of care may result when the degree of constraint is high and there is a reduced level of commitment to idealistic striving. One nurse voiced: "I am happy to be able to just give basic nursing care as the norm to all patients given the circumstances I find myself in when we are down in staff" (Participant 23).

Functional caring is attending to basic but essential components of care such as hygiene, dressing, assisting a person to eat and toileting as well as monitoring patients' physical condition (vital signs). Functional caring involves nurses actively carrying out care tasks for patients. Functional caring ensures patients' comfort, wellbeing and safety. It occurs as a result of prioritising care and can be delivered individually or with colleagues.

Functional caring is more likely when there is less capacity to provide care as it ensures the immediate care needs of patients are met. The greater the capacity the greater the opportunity to provide more than functional care. Functional caring demonstrates what nursing is for some people. Nurses are aware that more types of caring exist and view functional caring as only one type of nursing care.

Functional caring is acknowledged by nurses to be a basic level of patient care because it ensures that minimum needs are met. As constraints increase, functional caring may become the best level of care nurses can provide, until such time as they can provide more care.

Assisted self-caring involves giving time to patients: encouraging and assisting them to self-care in a rehabilitative way. It involves two aspects of care, the nurse providing some element of care such as assisting with hygiene and the patient also taking an active part in care. However, it depends on the degree of constraint and the nurse's self-responsibility to providing the best care possible, but when time constraints predominate; nurses frequently revert to functional caring. Patients view assisted-self caring, as part of other healthcare professional's occupation such as physiotherapists.

Ideal caring incorporates functional caring and assisted self-caring but additionally in-

volves assessment and planning of individualised quality care. Successful resourcing makes ideal caring more likely, but when unsuccessful, nurses revert to functional or assisted self-caring, depending on the degree of constraint present. Nurses' commitment to providing the best care enhances ideal caring as nurses take pride in their care delivery. In the presence of constraints, care accommodation ensures that at least basic care needs are met.

Conclusion

The theory of resigning processes the main concern of how nurses work within constraints when caring for patients with stroke in the general acute care setting. In this context, resigning is a new concept in healthcare and the theory of resigning has the potential to provide new insights for nurses in care provision of patients with stroke while working within constraints.

There is a dearth of literature in healthcare on the concept of resigning. The understanding of resigning in the literature is context dependent and generally has negative connotations such as, relinquishing and giving up on beliefs and values. Resigning generally refers to a kind of submission, a reluctant acceptance or a surrender to some condition (Lundh et al., 2011; O'Reilly et al., 2009; Rätty & Wilde Larsson, 2011) or situation (Josephson et al., 2008; Lundh et al., 2011; Sandgren et al., 2007) or in the context of leaving a position (Bragg & Bonner, 2014; Josephson et al., 2008; Ohue 2014; Webster et al., 2009).

The theory of resigning explains how nurses work within constraints offering an alternative way of coping with the circumstances. This is comparable to Takase's (2010) study where nurses did not always physically leave their jobs but instead withdrew psychologically, disengaging in trying to provide care in their attempt to continue working with opposing attitudes and beliefs. The theory of resigning suggests how nurses can remain committed to ideal care when delivering the care that constraints permit, rather than leaving their position. Continuous working within constraints is tiring; the theory of resigning as an energy maintenance strategy suggests another way of doing so successfully.

Bragg and Bonner (2014), using a classic grounded theory methodology, generated the theory of the degree of value alignment which explains why nurses resign from their hospital jobs. These nurses did so when their personal values conflicted with those of the hospital organisation. The theory of resigning supports and corroborates Bragg's and Bonner's (2014) theory of the degree of value alignment as both theories are similar where nurses suffer from conflicting personal and professional values. Both theories hold the ideal of providing a high level of patient care as a priority while suffering from conflicting personal and professional values and both theories use to the concept of resigning. However, they differ in the understanding of resigning; the nurses in Bragg and Bonner (2014) conceded their values whereas in the theory of resigning nurses do not concede their values but actively try and deal with constraints to maintain their values through resourcing and care accommodation. This current theory expands on Bragg's and Bonner's (2014) theory of the degree of value alignment as it explains where nurses' personal values can be accommodated through care accommodation and resourcing where nurses learn how to work within constraints. This theory explains resigning as a more positive way of dealing with constraints rather than getting to the stage of conflicting values where nurses leave their position, feeling relieved but also frustrated and angry.

Cook and Hayes (2008) discussed the automatic acceptance of a situation, not attempting to change the situation or protest against it. For Cook and Hayes (2008), acceptance is associated with better outcomes than resignation. The theory of resigning supports this position as it offers a new positive perspective of resigning enabling nurses to remain working in the challenging environment of working within constraints. This is supported also by Yao et al. (2013) who discussed psychological acceptance in their group of nursing participants and infer that active acceptance of negatives experiences may produce positive effects. Psychological acceptance is viewed as a major individual factor in determining the behavioural effects on nurses. In common with the findings of Yao et al. (2013), the current theory suggests that a positive attitude maintained through idealistic striving has a positive effect on care if nurses engage in resourcing rather than passively accepting the presence of constraints and their consequences.

The theory of resigning enables nurses to cope within the circumstances often presented in the general acute setting such as a lack of staff, equipment and finances. When working within constraints care can be reduced or is often of a poorer quality (Papastavrou, 2012; Rochefort & Clarke, 2010; Schubert et al., 2007). The presence of constraints in the workplace influences nurses' provision of care (Papastavrou, 2012; Rochefort & Clarke, 2010; Schubert et al., 2007). The theory of resigning resonates with this, as a care environment under constraints has difficulty in delivering quality patient care. The theory of resigning identified issues such as lack of time, staff and resources with regards constraints as similarly identified by Haigh and Ormandy (2011). Collectively, these factors were found to impact negatively on patient care delivery resulting in a compromised level of care and poor patient outcomes. In the theory of resigning working within constraints was found to influence stroke care provision in the general acute setting where care provision was found to be reduced to functional caring in the presence of constraints concurring with findings of Haigh and Ormandy (2011).

Patient safety is of utmost importance in healthcare delivery and movement towards ensuring avoidance of low quality healthcare delivery is a priority (Kalisch et al., 2014). Ensuring patient safety is cited as a factor in nurses prioritising care for their patients. Nurses' in the theory of resigning aim to deliver the best care possible within the circumstances always ensuring that patients' safety is adhered to. The theory of resigning is the first time a study has explained how nurses' work within constraints as literature to date identifies constraints in the care environment and how this influences care delivery but does not explain how nurses continue to provide care in this environment.

Given the current high demand of modern healthcare nurses need to understand and be able to work within constraints. Tensions for nurses between wanting to provide quality patient care and the reality of working in care environments constrained by a lack of time, lack of equipment and reduced staff levels can result in a reduced level of care provision. The theory of resigning suggests another way of explaining and understanding how nurses deliver care in a resource scare environment.

Nurses always need to work within constraints. This theory of resigning explains how they can provide optimal care through identifying and explaining the process of resigning. By identifying the process of resigning nurses can recognise their behaviours, making necessary changes to ensure optimal care of patients with stroke. Resigning is an energy maintenance and coping

process, which supports nurses in such situations. The theory has the potential to enhance nursing care and make better use of resources while advocating for improvement.

Implications for Practice

The theory of resigning offers a unique contribution capturing and explaining what is currently happening in practice for nurses caring for patients with stroke in the acute general care setting. Knowledge of this theory can assist nurses caring for patients with stroke on how to work through and deal with constraints and how to deliver care within these circumstances. The theory of resigning explains nurses' patterns of behavior, illuminating three levels of care that nurses can provide, dependent on the care environment they work within. This has not been previously explored therefore, generating a new theory adding to the body of knowledge on stroke care provision. The theory of resigning provides a strategy for nurses when working within constraints in supporting them in daily delivery of care. As Glaser and Strauss (1967) stated, grounded theory offers a "broader guide to what they already tend to do, and perhaps help them to be more effective in doing it" (p. 248), therefore it is envisioned that the theory of resigning will help nurses recognise the situation of working within limited resources earlier. This could potentially help nurses to maintain best care delivery for their patients while working in resource scare environments.

Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding: The author(s) received no financial support for the research, authorship, and/or publication of this article.

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Transforming Loyalty: A Classic Grounded Theory on Growth of Self-Acceptance Through Active Parenting

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Abstract

The experiences of parents who daily participate in the rearing of their children framed this investigation into the maturation of selflessness using Glaser’s classic grounded theory. The theory reveals vulnerabilities, lessons, and rewards gleaned from continuous immersion in parenting. Viewed as a process, *transforming loyalty* discloses the circuitous route parents travel as parenting experiences shift focus towards a broadened awareness about the impact of allegiance and trust in caregiving. Releasing self-interest, embracing detachment, and living nonattached define transforming loyalty. In releasing self-interest, emotional balance eases egocentric perspectives; in embracing detachment, maturing selflessness validates the autonomy of others; and in living nonattached, emotion regulation heralds a broadened self-in-relationship. As egocentricity is confronted through engaged parenting, loyalty evolves to reveal the hidden gem of the parenting process—self-acceptance—conceptualized as a growth continuum transitioning loyalty to self into loyalty to family and onward towards a loyalty to all life.

Keywords: parenting, loyalty, self-awareness, classic grounded theory, autonomy, self-acceptance, presence

Introduction

The existence of Covid-19 has overwhelmed parents as they attempt to deal with an ever-expanding list of national crises (Patrick et al., 2020). For parents who are Black, indigenous, and people of color, these crises, when combined with lifetime trauma load, predispose post-traumatic-stress syndrome conditioning (Knipscheer et al., 2020). Disempowered by unpredicted unemployment, lost childcare, and potential eviction, parents have struggled to cope. But could a person effectively parent and generate family harmony when joblessness, loss of health insurance, racial tensions, and food insecurity are at all-time highs and even the air is the enemy? This research offers parents an experiential pathway that harnesses loyalty as the essential ingredient of effective daily parenting and crisis management. With evolving emotion regulation, a clarity of purpose is conferred that not only guides the prioritization of resources but also proffers an unexpected reward, namely self-acceptance.

Glaser’s classic grounded theory (CGT) method provided the systematic structure through which *Transforming Loyalty* emerged as a pathway to reboot selfishness into

selflessness through experiences of parenting. The *Basic Social Process* (Bigus et al., 1982; Glaser, 1978) that arose is grounded in data, conceptualizing experiences of parents for parents. Source data included 30 items inclusive of interviews, first-person recollections from books and web pages, and audio recordings all addressing the *grand tour* question: "Tell me about your experiences as a parent."

Method

The purpose was to develop a theory that offers a richer conceptual explanation, beyond the obvious rearing of offspring, for the experiences of active parenting. A broad sampling of perspectives was gathered. Classic grounded theory was adopted for its methodical rigor, systems perspective, and ability to extract abstract conceptual theory from data involving complex social conditions (Glaser, 1978).

Eligible participants were 21 years of age or older and a parent with custody of at least one child who was actively parented by the participant. Among the participants, years of parenting experience ranged from a minimum of three years to over four decades. Study participants were also single, married, and divorced, and provided parenting in situations that included neurotypical children and children with autism spectrum disorders. In order to identify the boundaries of the theory, data collection outside the group of study (e.g., parents over 21 years of age who do not actively parent) was conducted.

The foundation of this CGT's development was conceptualization of empirical data (Holton, 2007). Focused in-depth interviews were recorded via digital sound recording software and transcribed. All study data were uploaded into QSR International's NVivo 10 (QSR, 2020), a qualitative research software analysis tool for coding.

The process of conceptualization linked the empirical data (e.g., participant interviews which were recorded and transcribed for analysis) to the emergent theory via conceptual codes of which there were two types: substantive and theoretical. *Incidents* were coded in NVivo line-by-line from empirical data into *indicators*, then compared to each other to create uniformity and identify variations. Concepts in the form of *substantive codes* arose from the developed uniformity and the identified conditions (Glaser, 1978).

Analysis continued with the writing of conceptual memos that captured ideas, concepts, and possible code relationships. Memoing occurred consistently during coding of all analysis stages and was recorded immediately to bank the ideas and concepts for later examination. Though codes conceptualized data, it was the memos that revealed properties of the codes as well as concept boundaries, criteria, conditions, connections, and the relative significance of concepts, and clusters of categories to the emerged theme (Glaser, 1978, 1998). As "the bedrock of theory generation" (Glaser, 1978, p. 83), the memos led to ideation, abstraction, and directional indicators for the next process; namely, theoretical sampling.

While the substantive codes represented conceptualizations about the empirical data, *theoretical codes* conceptualized the relationships between substantive codes. Constant comparison of the emerged concepts to data coded from subsequent incidents continued, generated more codes and their properties until concept saturation was achieved, with theoretical codes and properties arising from substantive code comparison until no further properties or dimensions emerged.

Conceptualization of empirical data and memos revealed *transforming loyalty* as this study's core variable. Transforming loyalty influenced theory concepts at all levels, explained how parenting experiences catalyzed parental learning through dynamic interactions with children, and revealed perspective change with at least two stages, designating it as a *Basic Social Psychological Process* (Bigus et al., 1982; Glaser, 1978).

The theory reflected the minimum of three levels of conceptual abstraction within each stage of change (Glaser, 2001). Stages with their main categories (high level concept abstractions) and properties (abstractions of specific concepts) emerged through inductive analysis and deductive theoretical sampling. The resultant hypothetical probability statements (Glaser, 1992, 1998) were abstract of time, place, and people, reflected fit (Glaser, 1978) with the data, relevance to the substantive population, and assisted with interpretation, explanation, and prediction of behaviour as adults actively parenting worked to recognize personal areas of resistance and surrendered to the changes encountered during the journey that is parenthood.

Transforming Loyalty

The transformation of loyalty describes a process by which the actions and activities of individual parents produce, for that parent, discernable progress towards a relational connection with others based upon an evolved outlook of selflessness. Traveled by billions of people, this common pathway, whether journeyed voluntary or involuntarily, describes a ubiquitous mechanism, appropriated by life for the general purpose of propagation and by humanity as a vehicle to expand self-awareness. According to the researchers, the seeds of relational loyalty germinate into selflessness and, eventually, into self-acceptance.

The researchers investigated the core variable transforming loyalty and how it explained the journey of parenting as a mechanism for growth in selflessness (see Figure 1). The significance of transforming loyalty lies in its capacity to confer self-acceptance. Transforming loyalty presents as an experiential pathway that places parents in an immersive program of self-development. This process bestows clarity of purpose when life stressors confuse decision-making, and allows emotion regulation to nurture compassion and seed ideals of autonomy for self and others.

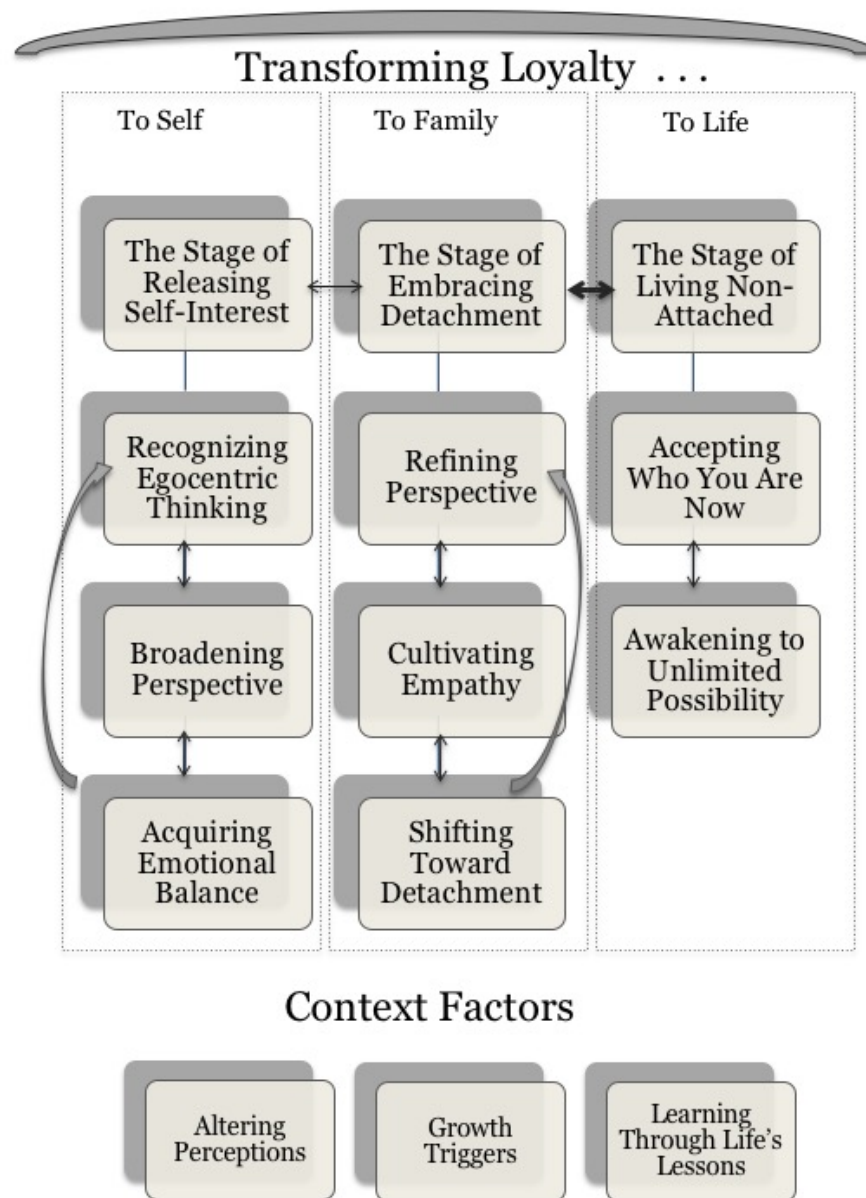


Figure 1. The Theory of Transforming Loyalty is a classic grounded theory on growth self-acceptance through parenting. Loyalty presents as unconditional allegiance and boundless trust. Transformation occurs within and between three stages; namely, the Stage of Releasing Self-Interest, the Stage of Embracing Detachment, and the Stage of Living Nonattached. In addition, three aspects of loyalty—Loyalty to Self, Loyalty to Family, and Loyalty to Life—each respectively conditions the first, second, and third stage of the theory. Identified factors of context impact each stage of the theory.

The Core Variable: Transforming Loyalty

The core variable, transforming loyalty, surfaced from a comparison of the line-by-line analysis of descriptive incidents captured as patterns from the raw data. It progressed and transitioned distinctly through time (Glaser, 1978), initially by transforming *loyalty to self* into *loyalty to family* and onward towards *loyalty to life* (see Figure 1). Open coding was performed on transcriptions of eight live interviews and 19 personal narratives in book and blog form. Together the data represented a captivating picture of personal transformation through the conditioning influence of active parenting.

From selective coding (line-by-line data mining limited by relevance to the core variable), *allegiance* and *trust* were revealed as two foundational properties of the core variable that are represented by a dimensional continuum of change. The fullest expression of these properties is unconditional allegiance and boundless trust. Each of the three stages of transforming loyalty (the *stage of releasing self-interest*, the *stage of embracing detachment*, and the *stage of living nonattached*, respectively) supports experiences, skills, and strategies that assist the development of allegiance and trust.

The Context

The reasons parents embark on the parenting journey are expressions of their personal stories, perspectives, and dreams. Yet as a group, parents share similar ways of caring for children. This group job function often obscures the significant changes happening to parents themselves. Transforming loyalty indicates that the essence of a parent's definition of self undergoes a reshaping that is irreversible. The context of that reshaping is delimited by properties under which the core variable functions and the stages develop: *altering perceptions, growth triggers, and learning through life lessons* (see Figure 1).

Altering perceptions describes the recognition and shift in mindset that parents experience as their resistance to the changes that accompany parenthood turns into acceptance of their altered status. Parenting style becomes a source of conflict that reveals non-inclusive ways of thinking and exposes parental perspectives that are self-serving and non-participatory. Growth triggers are catalysts that threaten family harmony and thusly stimulate a re-perceiving and eventual adoption of competencies aligned with family-first decision-making. Learning through life's lessons represents a perspective that recognizes lived experience as providing insight and wisdom for the purpose of self-acceptance.

Stage 1: The Stage of Releasing Self-Interest

The properties of loyalty, namely allegiance and trust, are represented by a continuum of dimensional change. In Stage 1 allegiance emerges as *restricted*; trust, as *limited*. In this stage, loyalty to self begins to loosen. Moving through Stage 1 challenges parents with *recognizing egocentric thinking, broadening perspective, and acquiring emotional balance*, subcategories that conceptualize experiences that catalyze self-growth. As a mother described of her parenting journey, "I consider my parenting and my life as a dynamic growing process with something always unfolding, which it always seems to be."

Recognizing egocentric thinking. Parent reflections on parent-child relationship struggles clearly demonstrate how recognizing self-focused thinking expands self-awareness

and positively influences family dynamics. Two perspectives emerged, namely, *perceiving from resistance* and *perceiving through surrender*. Perceiving from resistance is about self-protection. It manifests as a wall of resistance erected by parents against perceived control of, or threats to, their personal choices. The familial chaos that ensues acts as a catalyst to continually prompt acknowledgment of self-centered thinking, eventually-and this could take years-motivating a change in perspective towards an expanded allegiance that includes family members. "He'll go through these ego deflating experiences where he learns that he's just a human being," described a parent about a spouse with a controlling parenting style.

The second choice is to perceive parenting from the viewpoint of surrender. Parents who choose this route are seeking to create a new parenting pathway that veers from harsh lessons of allegiance and trust experienced in their own early childhood. Perceiving through surrender is subjective and dependent upon interpretations of individual life experiences, especially those of early childhood developing allegiance and trust, as a mother revealed, "what I came to child rearing with was a family I didn't wanna replicate."

Growing skill with perceiving the emotions of others assists a parent's growth towards personal control and the greater awareness of self-in-relationship with, rather than opposition to, others. "I am who I am, and I don't need to struggle with him over the fact that he's entitled to certain things," revealed a mother reflecting on her own changed perspective about how her understanding of control has changed over time. As the perspective of self within the world expands, loyalty to the narrow view of self transforms.

Broadening perspective. How a parent chooses to parent, beyond their initial choice of viewpoint, broadens their perspective and brings two subcategories of coping behaviors into play, namely, *introspecting* and *empowering self-reliance*.

Introspecting reveals vulnerabilities and emotional triggers that may motivate a parent's increasing awareness and concern for the emotional well-being of their children. As a parent revealed when reflecting on discovered personal vulnerabilities from early childhood: "I was growing, and I really wanted to hold on to that knowledge of how vulnerable you could feel."

As a coping behavior, empowering self-reliance incubates within a home environment wherein self-expression is increasingly safe and showing vulnerability is accepted. "But I was not powerless to help myself. I just needed to know what to do to help myself," said a parent, displaying a desire to change despite being surrounded with difficult circumstances.

Broadening perspective ultimately encourages a parent's deepening recognition of respect for their child(ren) as an individual, separate from themselves. Such growing emotional flexibility then heralds broader acceptance of others' perspectives as well. For instance, a father, reliving the pain of the separation he felt leaving his son at boarding school for 10 years, might be sensitive to the judgements of other parents and at the same time, willing to allow them passage of time to reveal the wisdom of his decision.

Acquiring emotional balance. Stage 1 pivots on the acquisition of emotional balance. Critical to transforming loyalty, this theoretical concept encapsulates a time of dynamic growth as parents engage with, and learn from, activities that require the management of self-control. Analysis revealed two subcategories of acquiring emotional

balance: *processing internally* and *processing collaboratively*. Active internal processing of emotional traumas from current and past family life allows for the updating of rigid and/or limiting perspectives. Collaborative processing with professionals and peers improves biopsychosocial coherence. Both strategies function to nurture empathy which invites the growth of selflessness. For instance, a mother, fighting her own frustration with the news of her adult daughter's illness, might be acutely aware that she [mother] lacks control. She might want to march into the doctor's office and demand answers, but recognizes that it will not be appropriate to inject her own needs into the discussion.

Acquiring emotional balance, then, becomes the conceptualized placeholder that allows for a shifting of parental perspective towards a greater allegiance and trust, which ultimately propels entrance into the next phase of transformation, the stage of embracing detachment.

Outcome: behaving altruistically. Transforming loyalty proposes that releasing self-interest culminates in behaving altruistically, a purposeful change away from self-centered thinking into a broader more inclusive perspective. The pace with which this outcome is reached is unique to each individual and family dynamic. Growing introspection, collaborative relating, and growing emotional intelligence all play pivotal roles as limiting attitudes and behaviors are recognized, released, and eventually replaced with perspectives prompting altruistic concern for the welfare of their children. For instance, a father might be acutely aware that leaving his son in a boarding school is the right thing to do. He might accept the emotional pain of the goodbye as the high price for his decision and yet be aware that this move is what his child needs.

Periodically, life becomes a struggle, and fear perspectives about expanding loyalty to family resurface. Cycling then ensues until the thoughts and feelings of selfishness are subdued and balanced by reflection and internal processing. As emotions rebalance, feelings of altruism reemerge.

Stage 2: The Stage of Embracing Detachment

In Stage 2, the dimensions of the properties of loyalty transition: allegiance now expresses as *qualified*; trust, as *bounded*. At this shift is embraced, loyalty to family comes into play. As they progress through Stage 2, parents continue expanding selflessness by *refining perspective, cultivating empathy, and shifting towards detachment*.

Reexamining perspectives now offers occasions to cultivate empathy and attune with family. Purposeful outreach improves family dynamics. Loyalty to family deepens as familial relationships are strengthened (i.e., a qualified allegiance). A new willingness to share decision-making now prompts parents to consult with family members (i.e., a bounded trust) that ushers in a more respectful, less controlling parenting style. New choices are made that support bonds of love and the right of autonomy for family members. For instance, a parent, at the birth of his daughter, might describe the transformation of loyalty from self to self-in-relationship like an epiphany of tears coming from a heart breaking open. "I looked in her eyes and my life was transformed. Somehow, from that moment on I've found that I believe not only in my child but in your child as well" (Sussman, 2011, p. 96).

Refining perspective. As parents move into Stage 2, a willingness to behave in more inclusive ways with family members transforms allegiance and trust. How parents perceive themselves again recalibrates. This time around, a refining occurs, and parents begin to adjust to other family members' needs more purposefully. While the need to parent via control still exists, resistance no longer impedes the development of emotional skills that invite altruistic behaviors.

Two choices significantly impact the level of satisfaction parents experience with their evolving self-in-relationship: *recognizing the dominant power dynamic* and *making meaning*. When parents choose the former, top-down parenting gives way to a participatory respectful style which embraces self-reliance and autonomy. Empathy is perceived as helpful.

A parent reflecting with sadness on her own assumption of superiority within the parent-child relationship, confessed, "I hadn't listened to my son initially. He told me eight months earlier what his problem was." When parents choose to reflect about past behaviors, stress is down-regulated. Refining perspective also lowers resistance that supports loosening of and detachment from control and ownership perceptions. A father, recalling the difficulties he had as a youth learning reverence for the rights of others might hope to help his daughter avoid similar mistakes by teaching her that she needs self-respect first, before she can respect others (Westwood, 2011).

Cultivating empathy. Cultivating empathy addresses specific strategies that improve the parent-child relationship via a willingness to be emotionally vulnerable with significant others (e.g., elders, children, siblings, and spouses). The application of skills and strategies deepen self-knowledge and promote the sharing of emotional messages. Choosing to share telegraphs respect for the experiences of another, a growing comfort with perspectives of self-in-relationship, and a developing awareness of the right to personal autonomy. For instance, a mother might convey her duty as a parent and her empathy with her son by tenderly singing the words to a Mick Jagger rock song, "You can't always get what you want," even as she holds firm in her denial of the object he wants. Allegiance to the welfare of a child nurtures reverence (not control) by engaging parental duty filtered via empathic awareness. Respectful communication then motivates positive emotional sharing. The result, in this context, is a transforming sense of loyalty inclusive of extended family.

Shifting towards detachment. Over time, cultivated empathy and opened pathways of communication spur emotional growth. Realization dawns that taking responsibility for the life journey of others steals critical maturation opportunities. This insight may take decades to emerge as the journey through Stage 2 is cyclic, private, and unique to the parent and family dynamics. Releasing expectations, as an investment in self-growth, spurs an increased tolerance for unpredictability, renewed optimism, and the right of individual autonomy. "That was a glorious moment," a parent described, when she realized her adult child understood choice was a responsibility. This insight heralds ease with the bonds of allegiance and loyalty and portends an emotional readiness to progress into Stage 3, the stage of living nonattached.

Outcome: Accepting autonomy. Transforming loyalty proposes that embracing detachment culminates in accepting autonomy, an outcome that represents the fulfillment of a redefined perspective towards recognition of the right to self-governance and a future freed from the control of others. The theory proposes that parental power plays a significant role in this shift: power as a dominant control dynamic within a family unit, and power to instigate emotional control over self. Purposefully choosing to shift power to a more respectful, participatory dynamic reduces mental, emotional, and physical stress, encourages communication, and builds a valued perspective of self-in-relationship. But acquiring sufficient self-control to move from the stage of embracing detachment into the stage of living nonattached involves a strong commitment to developing self-accountability and self-responsibility. Equally important is the readiness of the parent to accept further expansion of personal perspectives on allegiance and trust.

Achieving the outcome may therefore depend on the conditioning impact of transforming loyalty to family. A parent's willingness to self-examine and change after eruptive emotional episodes with family, and to choose detachment, also impacts the trajectory of arrival at the outcome. Cycling may occur anywhere and anytime along the process. When allegiance and trust cease operating as protective perspectives, acquired emotional balance is ready to support the self-control needed for an updated acceptance of self as is. Describing her feelings at such a moment, a parent said, "What my daughter is doing, her behavior isn't about me. It's about her doing what she needs to do." Though complete acceptance is unlikely, burgeoning detachment stands as the starting perspective for the third stage of the theory of transforming loyalty, the stage of living nonattached.

Stage 3: The Stage of Living Nonattached

In Stage 3, allegiance has now blossomed beyond its restricted (stage 1) and qualified (stage 2) expressions into an open *available* expression; similarly, trust has transformed from its limited (stage 1) and bounded (stage 2) expressions into an open *expanded* expression which welcomes a greater connection with community. Loyalty to family also begins to expand into a loyalty to all of life. Having reached this quality of self-awareness and emotional control, parents begin to sense a rising appreciation within themselves for all manifested life conceptualized as *accepting who you are now* and *awakening to unlimited possibility*. A parent expressed her reverence for the perfection within all children, not just her own, when she said, "I do not see children as immature or incomplete adults. They are utterly and perfectly themselves". Awakening to self-acceptance dissolves emotional baggage and dampened expectations, and frees an innate allegiance with all of life. Compassion arouses a desire to embrace change as a driver for releasing expectations for everyone and grasping the possibilities inherent in living in presence (i.e., a perspective unrestricted by past experience or future expectations, yet free to engage with the unlimited potential of the present).

Accepting who you are now. Accepting who you are now addresses the pathway that parental perspective travels from a residual desire to control others in Stage 2 into an acknowledgement of autonomy for self and others in Stage 3. Within the journey that is active parenting, the capacity for change and growth that defines self-in-relationship is bound to growing clarity of self-awareness. It is cultivated empathy that spurs an emerging

compassion, first for others, and then for self as emotion regulation institutes self-control. Two categories support accepting who you are now: *accepting self* and *learning from life*.

Accepting self aims parental focus squarely upon behaviors, choices, and emotions that continue to resist self-responsibility and self-accountability. Such active resistance to acceptance of self-as-is works to delay the development of nonattachment as a perspective from which to live a more present, emotionally balanced life. For instance, a mother recalled, "I believed there was some single and perfect way to be Justin's mother, but due to some deficiency on my part, I had not been able to find it," (Morrell & Palmer, 2006, p. 181). Negative self-perspectives reenergize previous resistive behaviors and emotions which then require intensified emotion regulation before the benefits of perspectives on personal autonomy reassert.

Learning from life aims parental focus upon utilizing the wisdom gifts presented as life experiences to fund the genesis of understanding that life struggles have purpose beyond the obvious challenges. Recognition dawns, with time, that emotional balance is key to controlling vulnerabilities and reducing psychological triggers that challenge self-acceptance. A mother reflected, "Not everyone is cut out to be an alpha mom, and there's nothing wrong with that. I believe it's okay to be the juice box mom," (Gordon, 2012, p. 61). The quality of the self-acceptance developing in Stage 3 deepens with time as life experiences motivate continued self-reflection and unexpected opportunities to acknowledge a growing felt-sense of connection, through compassion, for all of life.

Awakening to unlimited possibility. As a parent struggles privately with issues of self-acceptance, a new mindset of presence emerges. Presence describes a state of being in which perceived limitations, anchored in the past by emotional suffering or in the future by hopeful expectations, fall away. The influence of presence on lifestyle will be unique, dependent upon achieved emotion regulation skills, and the available commitment to self-accountability and self-responsibility. Two sub-concepts support the awakening to unlimited possibility: *living in presence* and *integrating spirit*.

Learning to live in a daily state of presence takes mental and emotional commitment and, during the early stages, effort. Thus, for many parents, it is a decades-long journey. A parent described his continuing attempts to be present while parenting: "One of the hardest things I've ever attempted is being present with my kids when I have an agenda. I don't think I've ever successfully pulled it off" (Troyer, 2013).

Developing aptitude with cultivating empathy in Stage 2 prepares the way, in Stage 3, for parents to embrace a mindset of presence and the self-compassion to begin to accept who they are, as they are. Parent responsivity to familial stresses lessens as facility with perspectives on autonomy permit the release of expectations for others. The detachment of Stage 2 evolves into nonattachment in Stage 3 as emotional balance strengthens and emotion regulation matures. The shift towards living authentically, in presence, is hard fought and hard won. A parent working to incorporate a sense of presence into her parenting, said, "Quite often, presence equates to deep acceptance and reverence" (Phoenix, 2013). Another parent trying to explain how an attitude of presence functions in her daily perspective noted, "I am not who I was a minute ago, 10 minutes ago. My children . . . are also changing their presence by who they are with and their actions."

For some parents, the pathway into presence develops a receptivity to experiences of intuition. Intuition manifests as an inner sensitivity to a sudden distinct knowing (i.e.,

recognition of truth) and occurs without cognitive reasoning or affective processing. When discussing her intuition, a parent revealed, "And there was just this consciousness that's instant." Those parents with firmly held religious beliefs conceptualized their experiences with intuition as spiritual guidance.

Regular communication with Spirit (e.g., through church services, prayer, meditation) and a growing awareness of Spirit's response as intuited guidance (e.g., unexpected changes to long-held perspectives, or a new-found attitude of acceptance after periods of meditation or prayer) together establish an experience-based foundation for trust in the guidance of Spirit. As an example of Spirit-sent intuited guidance, a parent volunteered, "And not a voice, but it was so—it wasn't a faraway thing either. It was in every cell in my body and said prepare yourself to receive this gift. And I mean, my hair just stood on end."

Acknowledging a universal right of autonomy goes far to ease the burden of parental responsibility for the choices that family members make. Accepting self, with all the bumps and bruises left behind by life experiences, then allows for the deepening of empathy and compassion for others on their own road into presence. The ability to present a more authentic self continues to emerge through inner work with emotion regulation. Some parents, including those that accept the guidance of Spirit as real and present, find their loyalty unconsciously transforming again. What was expanding but nevertheless qualified to the boundary of family now becomes available (Stage 3 dimension of the property of allegiance) for all; what was deepening yet bounded by family empathy-bonds becomes expanded (Stage 3 dimension of the property of trust) to an attunement with all living beings. A parent, used to paying close attention to her inner emotional state, commented, "When I get that feeling, I chalk it up to my intuition, which has been brought on by my Higher Power."

Becoming a parent, which in Stage 1 triggers much soul searching and struggle, by Stage 3, transmutes into the realization that relationships are the foundation of life, accessed through an expansion of loyalty.

Discussion

Families with children under age 18 are disproportionately living in poverty (Semega, Kollar, Creamer, & Mohanty, 2020). With many parents living paycheck-to-paycheck, the struggle to make ends meet heightens mental and emotional distress. The economic triple-threats of job loss, lack of food security, and dependable quality childcare often produce overwhelm (Patrick et al., 2020) and end up generating family disharmony. Historically, finding ways to resource parents has been adopted as a societal responsibility. However, social unrest has shifted the resource-burden back onto parents, who are woefully unprepared. To understand how lives lived in chronic stress reactivity impact parenting behavior (and consequently the ability to successfully navigate overwhelm), the theory of transforming loyalty offers parents a pathway constructed via examination of their lived experiences. The pathway proffers access to, and control over, inner emotional reserves. Indecision and vulnerabilities are dissolved against the certainty of familial allegiance and trust, particularly when societal circumstances require hard choices. The pathway also provides healthcare organizations and practitioners (with their ethical, moral, and legal obligations) as well as social researchers, and family-first advocates with a grounded-in-data opportunity to optimize resource management such that aid is appropriate and useful.

Loyalty as a word engenders swift emotional reactions that are often negative in nature. Why? In large part, according to this research, because its inherent properties of allegiance and trust serve to limit personal choice. For a society that prizes individualism, loyalty is therefore extended with risk attached. Loyalty ranges from familial to organizational, religious to non-sectarian, and personal to patriotic (Kleinig, 2014). And while all these loyalty cradles create opportunity for connection, they also generate emotional discomfort as they push us into awareness of our fundamental selfishness. As individuals, we tend to resist offering loyalty without something in return. As a parent, that return is a growth investment in self-awareness learned via the experiences, skills, and strategies of parenting. The theory presents loyalty as a universal human virtue specifically developed among associational relationships (i.e., family, friendships, organizations, communities of worship, and countries). These relationships are those that identify who we are morally.

The theory presents an experiential pathway, supported by the three milestones of releasing self-interest, embracing detachment, and living nonattached. Along the road towards releasing self-interest, parents confront the evidence of their own self-centeredness and feelings of resentment about sacrificing for others until emotions and self-searching spur a need for more authentic connections. On the road towards embracing detachment, parents mature emotionally and become acquainted with the deeper responsibilities of relationship and when to release expectations. Finally, for parents ready to absorb the wisdom teachings of experience and accept change as endemic of the parenting journey, living nonattached conceptualizes how an expanding compassion for all of life presents opportunities to live authentically in a state of presence.

Releasing self-interest, embracing detachment, and living nonattached may be classified as stages of psychosocial growth. Those healthcare professionals (e.g., psychologists, social workers, physicians, etc.) working with this population may use the theory in a prognostic manner to readily identify stage dependent behaviors and seek resolution opportunities. Equally important are the parents that may use the theory's stages to chart their course in practical and specific ways that support their efforts to reduce familial stress, reign in uncertainty, and contain the chaotic emotions experienced on the parenting journey. Those parents able to identify themselves as on the transforming loyalty pathway, can recognize where they have been, where they are heading, and, importantly, the strategies, skills, behaviors, and perspectives they can proactively choose to develop to down-regulate stress throughout their future lives.

For parents, trust was foundational to effective, caring, and respectful parenting: trust between parents and their children; trust between spouses; trust of self which is especially difficult when hard decisions need to be made. As sociologists, Lewis and Weigert (2012) agreed adding that trust, as a complex function of society, was essential to and supportive of the foundations of social relationships. Within the theory of transforming loyalty, trust and allegiance emerged as foundational properties of the core variable, transforming loyalty. Parents in the initial stage of releasing self-interest acted guarded and limited relationship ties; in the secondary stage of embracing detachment, parents were hesitant, bounded their trust and extended emotional ties to a qualified few; and in the third stage of living nonattached, parents purposefully expanded their trust envelope to become more readily available for new relationships and personal possibilities. According to Barbalet (2001), trust has both emotional and cognitive dimensions, while familial allegiance

(Leathers, 2003) evolves with parent-child empathy. When parents release expectations, allow for autonomy, and accept their children as they are, allegiance evolves (Tsabary, 2010) and trust expands with a deepened loyalty (Butler, 1991) for self and all life (Anandamoy, 2013).

Parents identified aspects of their journey as a seemingly never-ending struggle: for some, a struggle to overcome a resentful sense of forced duty and grief of a personal life trajectory preempted by parenting responsibilities; struggle to shift the boundaries of emotional and physical safety; and struggle to accept the reality of constant change with equanimity. Parent familial struggles, with their unconscious fight-or-flight triggers (Porges, 2001), become the very catalysts that reshape self-centered perspectives into broader viewpoints. According to Barber, Maltby, and Macaskil (2005), letting go of perceived resistance is difficult and resistance to change is often long-lived. How long it takes to reform self-centered behaviors is up to the parent. Willpower to see the change as beneficial is required and its use, as an emotional control strategy (McGonigal, 2013), has been noted to down-regulate resistive behaviors and increase emotional objectivity (Segerstrom, Hardy, Evans, & Winders, 2012).

The theory of transforming loyalty suggests that a broadening perspective supported by expanding emotional perception skills heralds the extension of trust and the growth of allegiance needed to allow feelings of altruism to blossom. Rolle-Berg (2020), who studied the relationship struggles of parents of children with autism spectrum disorders, concurred, noting that when parental devotion is strengthened, emotional struggles ease and resistance to the burdens of parenting diminish.

While the struggles with duty, boundaries, and relationships were pervasive, moments of constructive, heart-felt parent-child empathy justified the hard psychosocial work being done by parents. Acquiring the emotional perception, management, and regulation skills to appreciate bi-directional relationship growth, when it occurred, was pivotal to a parent's positive mindset (Buber & Kaufmann, 1970) about self-in-relationship. The theory suggests that a different aspect of loyalty is transformed during each stage. In releasing self-interest, self-perception skills are transformed; in embracing detachment, relational skills and the development of empathy take center stage; and in living nonattached, self-control underwrites and presages a growing self-acceptance. For parents who utilize emotion regulation strategies, the results are similarly upbeat. In releasing self-interest, parents actively introspect, listen and adjust; in embracing detachment, parents learn to share power and release expectations; and in living nonattached, parents grow emotionally enough to accept autonomy and, a growing self-acceptance.

The theory suggests that how well parents cultivate empathy plays a significant role in their ability to recognize and accept a child's autonomy and ultimately, to embrace their own. As parents acquire the skills and strategies of emotion regulation, they positively affect their post-traumatic-stress syndrome-conditioned reactivity (Rolle-Berg, 2020). Indecisiveness dissolves against the certainty of familial allegiance, especially when external threats impact family well-being. However, changing rigid self-protective behaviors takes time. Altering pre-parenting trauma and attachment issues decades in the making requires awareness, commitment, and a worthwhile goal. For some, family unity is that goal. Poole's action research (2006) identified awareness and skilled communication as foundational to developing as an extraordinary parent. Knowing that their parenting responsibilities may be life-long, a committed practice of emotion regulation acts not only as a critical component in

creating positive family intimacy despite past traumas and negative attachment relationships (Holmes, 1997; Zimberoff & Hartman, 2002) but also as an opportunity to release expectations and self-forgive (Swanson, 2011). From such a committed practice, theory data suggests, self-awareness is nurtured over time which, in turn, makes accessible, a parent's full potential.

Parents that harnessed the discipline and gifts of experiential wisdom to engage emotion regulation skills and strategies eventually progressed from embracing both detachment and their own autonomy into living freely self-aware with an ever-deepening compassion for all forms of life. Parenthood, therefore, becomes a process of parental psychosocial evolution, hidden within the generally accepted role of steward to the future generation of humanity. According to the Theory of Transforming Loyalty, that reshaping of self, a metamorphosis really, offers up the chance to live life authentically with hope for a future filled with possibilities.

Limitations, Unique Attributes, and Implications for Future Research

Ethnicity, culture, religion, education, income, and quality of adult parental attachment bonds all contribute to the development of unique perspectives parents carry into their own parenting journey. Parents representing the spectrum of available diversity were limited in the study. Perspectives from a broader population should be included.

The uniqueness of transforming loyalty lies in (a) the elucidation of a Basic Social Psychological Process (Bigus et al., 1982; Glaser, 1978) that follows parents that actively parent through a specific process of self-awareness growth via expanding relationships; (b) the formal explication of the stages of this loyalty transformation; (c) the proposal that until a parent reaches the emotional stage in the detachment process where the adoption of selfless perspectives is understood as a catalyst for further transformation, the deeper self-awareness opportunities offered to a parent through a transformed loyalty remain unavailable.

The theory yielded numerous implications for future research (Author, 2014). For example, are there preferentially successful emotion regulation techniques for parents exposed to avoidant or resistant parental attachment dynamics as children (Main, 1996), that expand emotional intelligence and benefit growth of personal empathy. All adults that parent would benefit from such research.

Conclusions

This CGT study began with, "Tell me about your experiences as a parent." From this question, transforming loyalty emerged as a core variable capturing how parents that actively parent may build within themselves a resource of emotion regulation that sustains health and a hopeful perspective to successfully journey through erratic family life. An experiential pathway maps a journey that begins in self-centeredness, progresses through detachment, and onward into a selflessness founded on self-acceptance. The parenting journey catalyzes parents' evolving acceptance of autonomy through an awakened allegiance and trust in each individual to choose their own path. Loyalty transforms as emotional intelligence expands over time and motivates selflessness through self-acceptance.

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Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding: The author(s) received no financial support for the research, authorship, and/or publication of this article.

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