JNDSS

JOURNAL OF NURSING DOCTORAL STUDENT SCHOLARSHIP

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Mission

The *Journal of Nursing Doctoral Students Scholarship* is a scholarly publication dedicated to the development of doctoral student scholarship and the advancement of nursing science. This journal is peer reviewed by doctoral students, edited by doctoral students, and targeted towards health practitioners, educators, scientists, and students. This journal has both a professional and an educational mission. To serve the profession, each issue features articles that represent diverse ideas, spark intellectual curiosity, and challenge existing paradigms. Doctoral students will have an opportunity to explore and analyze issues and ideas that shape health care, the nursing profession, and research around the world. To fulfill its educational mission, doctoral students will be trained in the editorial and administrative tasks associated with the journal's publication and assisted in preparing original manuscripts for professional publication. This journal will be evidence of the scholarly development of nurse scientists.

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Contents

Co-Editors

Maxim Topaz earned his Baccalaureate degree in Nursing and his Master's degree in Gerontology from the University of Haifa, Israel. He is currently a Fulbright fellow and third-year PhD student at the School of Nursing, University of Pennsylvania. Maxim's research focuses on gerontology and the implementation of new technologies in health care education, practice, and research. His adviser is Dr. K.H. Bowles. He is actively involved with leadership roles, as a Chair of the Nursing Students Working Group of the International Medical Informatics Association, and with professional journals, as a member of the student editorial board of one of the most prestigious journals in bioinformatics, the Journal of American Medical Informatics Association (JAMIA).

Justine S. Sefcik, MS, RN, is a 2012-2014 National Hartford Centers of Gerontological Nursing Excellence Patricia G. Archbold Scholar and a previous Jonas Hartford Scholar. She is a rising fourth-year PhD student at the University of Pennsylvania School of Nursing. She earned a Bachelor's degree in Art from the State University of New York College at Oneonta, an Associate's degree in Nursing from the State University of New York at Delhi, and a Bachelor's/Master's degree in Nursing Administration from the State University of New York Institute of Technology. Justine started her nursing career as a Licensed Practical Nurse and has 16 years of experience working as a nurse in various positions in long-term care. Prior to entering the PhD program she was working as Assistant Director of Nursing/Education Coordinator of a nursing home. During the 2011-2012 academic year at the University of Pennsylvania, Justine served as the Co-Chair of the Doctoral Student Organization at the School of Nursing. She was recently elected as the 2013-2014 Vice Chair for Research Students of the Graduate and Professional Student Assembly, which is the official student government body for graduate and professional students at the University of Pennsylvania. Justine's dissertation work focuses on nursing home residents with moderate to severe dementia and persistent vocalizations. Her mentor and dissertation chair is Dr. Pamela Cacchione.

Editor-Elect

Paule V Joseph is a second-year PhD student at The School of Nursing at the University of Pennsylvania. Her research focuses on obesity and sweet taste genetics and her advisers are Dr. C. Compher and Dr. L. Sommers. She is interested in studying genetic correlates associated with childhood obesity. Her dissertation research will employ genetic research to explain how a genetic predisposition towards sweet taste might affect a child's physiological expression of obesity. Paule works in the laboratories of Dr. Reed and Dr. Mennella at the Monell Chemical Senses Center, leaders in chemosensory biology. Prior to beginning her studies at Penn Nursing, Paule worked at Mount Sinai Hospital and at Columbia Presbyterian-Weill Cornell Hospital in New York City. Paule has been a member and leader of several national nursing and non-nursing organizations. She currently serves as co-chair for the metabolic special interest group of the International Society of Nurses in Genetics. At Penn, she has served as co-chair for the Doctoral Student Organization at the School of Nursing. She was recently elected to serve as VC for International Affairs for the Graduate Student Assembly.

Introduction to the Journal of Nursing Doctoral Students Scholarship

Justine S. Sefcik, MS, RN and Maxim Topaz, RN, MA
Co-Editors of the Journal of Nursing Doctoral Students Scholarship

We are excited to present to you the inaugural issue of the *Journal of Nursing Doctoral Students Scholarship*! This first issue is a culmination of a two year journey in which a group of doctoral students set out with a vision to create a journal that serves as a platform to discuss all things related to nursing science and to highlight nursing doctoral student work. We see this journal as proof of the scholarly development of the doctoral students at the University of Pennsylvania School of Nursing.

The idea of developing this journal was born out of discussions among doctoral students who were reflecting on their experience as students during their first and second years of being in the doctoral program. Conversations focused on the fact that the learning curve associated with beginning a doctoral program can be very stressful to students. At the same time, no platform currently exists for students to share their research at an early stage in their doctoral studies. Out of both of these concerns emerged the innovative idea of developing a journal run by doctoral students.

The purpose of this journal is to serve as a venue for doctoral students to share their thoughts and opinions, to publish beginning student work such as concept or theoretical analyses, and to highlight student work through research briefs on pilot work. In our call for manuscripts we have also welcomed papers from our peers that were prepared during the doctoral program (and not published elsewhere) to use as exemplars of doctoral student work. In addition, this journal provides an opportunity to socialize doctoral students to the editorial and administrative tasks associated with producing a professional publication.

This first issue of the journal includes three articles, two commentaries, and a message from the Dean of Nursing, Afaf I. Meleis PhD, DrPS(hon), FAAN. The articles focus on topics receiving much recent attention from scientists and the general public. The first, "Sexuality, reproduction, autonomy, and the female condom" (K. Alexander), examines historical and contemporary issues surrounding discussions around the female condom. This article touches on

issues of traditional male sexual dominance and recent efforts to balance gendered power dynamics in the US. The second article, "Adolescent obesity: balancing biology and humanism in research" (S. Kohl-Malone), analyzes the contemporary epidemic of adolescent obesity and suggests new directions for its understanding and research. The third article, "Opening new doors on the study of compassion fatigue" (L. Quinn), proposes new ways of studying an important and under-researched topic of compassion fatigue. Better understanding of this phenomenon promises to increase the quality of nursing care and improve patient outcomes.

Two additional commentaries presented here focus on issues related to different aspects of scholarship development. The first commentary describes the journey of a paper, from being submitted as a class assignment to being published in a peer-reviewed nursing journal. It describes the stages of manuscript development and the timeline of turning a manuscript into a publication. It concludes with suggestions for novice writers. The second commentary provides an overview of the major steps and lessons learned during the production and management of this peer-reviewed, student-run journal.

Throughout the process of developing this journal we have received generous support and advice from our peers, faculty, and various staff members at the School of Nursing. Each paper presented here has gone through a peer-review process and has been selected because of the high quality of the work. We are extremely thankful for all the time everyone has invested in this journal from idea inception to publication. Now that the inaugural issue is complete, we hand the reins to Editor-Elect Paule Joseph, MSN, CRNP, CRRN, CTN-B. We look forward to watching the journal evolve over time.

A Passion for Advancing Knowledge

Afaf I. Meleis PhD, DrPS(hon), FAAN
Margaret Bond Simon Dean of Nursing

In our discipline, the case for multiple paradigms and theories has been made. However, the best ways to measure and benchmark progress are to consider the progress of the individuals who teach, produce, and implement the science, as well the venues for the dissemination of knowledge.

There are at least three theories that would allow us to track and benchmark such progress. The most popular one is a revolution theory. This advances the notion that a new paradigm will prevail over competing paradigms. When the discipline shifts toward the winning paradigm as the prevailing one for scholarship and for education, it is a clear signal that a discipline has arrived at a mature status. Thomas Kuhn is the father of this theory which framed much of the dialogue and became the benchmark for progress in many disciplines including nursing.

Another set of ideas focuses on the more gradual evolution of disciplines with the emphasis on the substance of the knowledge being developed. A number of philosophers have benchmarked progress through this perspective, prominent among them was Stephen Toulmin. While revolutionary theory advocates for one paradigm, and presumes general agreement on that one paradigm, evolution theory allows for competing theories but purports the fittest will survive through a systematic pattern of selection of the best among competitors. The best and the fittest may contain some aspects of the previous theory, idea, or paradigm.

I prefer to view progress and advancement in the discipline through the broader lens of integration. The integration theory of progress encompasses advancement of the substantive content in the field, the conceptual thoughts and ideas, the central evolving themes, the empirical findings, the policy analyses, and the narrative accounts emanating from practice. In addition, an integrative theory of progress includes a review and analysis of the extent to which the agents of knowledge -- the individuals who are the thought leaders -- are developing and flourishing.

This inaugural issue of the Journal of Doctoral Students Scholarship -- conceived, planned, and implemented by PhD students at the University of Pennsylvania School of Nursing -- is an indicator of progress and maturity of the discipline of nursing. It is significant that students who are focused on meeting the requirements and demands inherent in a rigorous doctoral program invested the time to creatively develop a journal. Establishing a journal requires a vision, strategic goals, a thorough review of existing venues for dissemination of findings, assembling a team to critically review and critique manuscripts, a system for approval or rejection of articles, and a process for publication and production. The students who developed this system and undertook these processes are the agents who will continue to advance nursing knowledge and who will become the innovators to answer the many pressing futuristic questions that confront and will continue to challenge the discipline of nursing.

These students, and many of their peers at Penn Nursing, fully understand that it is not enough to ask and answer questions. They realize that the purpose of research and theory development is to expose it to peer critique and to disseminate the information so others can dispute it or build on it. By producing this inaugural volume, they demonstrated that they have a passion to advance nursing knowledge. They took risks, they accepted responsibility, and they modeled scholarship. Join me in applauding the editors, the reviewers, and the authors for this inaugural issue. They represent the best of what Penn Nursing hopes to educate. They are passionate leaders of the future.

Sexuality, Reproduction, Autonomy, and the Female Condom

Kamila A. Alexander, PhD, MPH, RN

Bio

Kamila A. Alexander is a 2012 graduate of Penn Nursing's PhD program. While at Penn Nursing, she received several awards for her scholarship that focused on ways young women interpret emotions to shape sexual decision-making processes. She is currently a Ruth L. Kirschstein NRSA Postdoctoral Fellow (T32-HDO64428; PI: Campbell) at Johns Hopkins University. In her research, Dr. Alexander examines the underlying mechanisms of sexual health disparities at the intersections of sexually transmitted infections including HIV and intimate partner abuse. Her work is informed by frameworks that promote healthy sexuality and reproductive well-being. Long term goals for her program of research are to develop and implement new conceptual frameworks across national and international settings that prevent intimate partner abuse and promote sexual well-being among women and their emotional partners.

Abstract

Women can experience alarming outcomes from sexual activity that may include infectious diseases and unintended pregnancies. The consequences of sex, however, do not outweigh desires and pleasures of sexual relations within a loving, equitable partnership. The female condom is the only currently available protective option that can serve women and their partners in multiple capacities – to avert both infection and pregnancy while enhancing enjoyment of sexual activity. Plus, it can be initiated by women, thereby balancing gendered power dynamics. However, this technology exists within a complex social system that privileges male sexuality and often places responsibility for prevention of unintended outcomes on women. Using a feminist theoretical lens, I reviewed historical and contemporary social underpinnings of the female condom. This technology's design, efficacy, accessibility, and acceptance by women and their partners are influenced by society's organization of race, class, gender and sexuality. The female condom is a symbol of change for accepted norms of sexual behavior, focused on disease prevention and inducing notions of partner mistrust. In contrast, it also broadens the narrow menu of options and evokes empowerment for many women and men. As scientists continue to develop innovative women-initiated methods for protection from unintended sexual health outcomes, the influence of gendered social expectations is imperative to move protection and choice to the forefront of a holistic sexual health agenda.

Introduction

> "…Biotechnologies are the crucial tools re-crafting our bodies. These tools embody and enforce new social relations for women world-wide; instruments for enforcing meanings." (Haraway, 1985, p. 164)

The sexual and reproductive health of many women is in peril. At the same time, the risks of dangerous, health-compromising consequences often shape narratives about sexual activity and may obscure the reality that passion and pleasure are integral parts of this complex facet of life. Currently, only three woman-initiated strategies exist for protection from sexually transmitted infections (STIs) including the Human Immunodeficiency Virus (HIV): (a) abstinence from sexual intercourse, (b) negotiation for condom use with her male partner, and (c) monogamy, with optimism that her partner is uninfected and also monogamous (Ehrhardt et al., 2002). Additionally, many of the most effective contraceptive options are available only to individuals with access to health care and a pharmacy as they require a prescription from an authorized medical or nursing provider (Tone, 2001). The female condom (FC) is hailed as the only woman-initiated method available today that can be used for protection from both disease and unintended pregnancy (The Female Health Company, 2010). This technology is promoted to women as an alternative to the male condom that may augment their menu of strategic protective options for sexual activity. At the same time, this technology is situated within myriad social layers relating to sexual decision-making. While the FC has many strengths, such as providing a different method to couples seeking safe sexual intercourse, social limitations exist that minimize its impact on determinants that often lead to health-compromising outcomes such as infection, unintended pregnancy, and gender-based violence (Cabral et al., 2003)

In this paper, I framed analysis of the FC as a gendered technology for pregnancy, HIV, and STI prevention. Using a feminist lens, I examined the structural and symbolic influences of the FC on sexuality and reproduction. Historical and contemporary literature informs this inquiry, shaping my theoretical understanding of the FC and its position in contemporary western society's gender system. Haraway's "Cyborg Manifesto" (1985) provided a foundation from which I began my review as I sought to gain further insight into the positioning and utility of FC as a social tool for women's empowerment. I posited the following questions to direct this review:

- What does the female condom tell us about gender, reproduction, disease, and sexuality?
- How is this technology gendered?
- What is the female condom's social place and how does it contribute to maintaining a binary gender system?

Background

In 1933, Rachelle S. Yarros, a feminist physician, wrote, "[T]he modern, sophisticated young girl or woman . . . is not ashamed of passion, and is not averse from taking the initiative in sex matters." She speaks of a woman of her times who wishes for pregnancy prevention, abolition of prostitution (and thereby, venereal disease), and enhanced "social hygiene" or sexual pleasure (Yarros, 1933). Her message transcends generations and supports a comprehensive approach that empowers women to control their own safety throughout lifetimes of sexual activity. Though the menu of contraceptive and infection prevention choices has expanded substantially since Yarros' writings, the FC represents a unique technological strategy available to women in today's society. It is the only option which offers a woman-initiated solution for prevention of undesired pregnancy and infections (Kaler, 2001, 2004).

The FC was developed by a Danish physician, Lasse Hessel, and approved for use in the United States by the Food and Drug Administration (FDA) in 1993 (Burt, 2005). The Chicago-based manufacturer, Female Health Company (FHC), hails it as "the only available FDA-approved product controlled by a woman that offers dual protection against sexually transmitted diseases, including HIV/AIDS, and unintended pregnancy," (Female Health Company, 2010). Throughout the past decade, the FC has enjoyed emerging success in low- and middle-income countries, particularly in Africa, as a result of cost subsidy, targeted marketing campaigns, and technical training for men and women by international aid agencies (Female Health Company, 2010; Hoffman et al., 2004; Tone, 2001). It is often promoted in areas of the United States, Latin America, and Asia with elevated burdens of STI, HIV, and unintended pregnancy rates. However, many advocates and clinicians face challenges when trying to promote the FC due to its decentralized distribution and a lack of political will from some communities, retailers, and government agencies (Kaler, 2004; Gollub, 2000).The FHC reports that the FC, despite its scientifically-grounded protective benefits, accounts for a mere 0.2% of global condom use (Female Health Company, 2010; Burt, 2005). Clinicians and women's health agencies in the U.S. often describe it as unpopular (Tone, 2001).

Gendered Technology: Historical Context

The production of technologies for exclusive use by women emerged from the birth control movement of the early 1800s. Charles Goodyear developed vulcanization technology, which gave rise to the production and manufacture of intrauterine devices, douching syringes, womb veils (diaphragms and cervical caps), and vaginal sponges that women could insert in the vagina to avoid pregnancy (Tone, 2001). At that time, female sexuality was re-emerging as an acknowledged reality, requiring pregnancy prevention strategies to combat assumptions about men's uncontrollable and insatiable needs for sexual intercourse (Gordon, 1990). However, in 1873, the Comstock

Law deemed the sale of contraception illegal. This law complicated access to pregnancy prevention devices and ushered in an era of "sexual censorship" (Tone, 2001). The dangerous outcomes associated with sexual activity – such as pregnancy, childbirth, venereal disease, and abortion – were hailed as reasonable mandates for women to self-regulate their behaviors and refuse sex from their husbands (Gordon, 1990). A black market for contraceptives existed, however, and the majority of Americans who bought supplies to avoid pregnancy purchased them illegally (Tone, 2001).

Debates around expectations for women in private versus public spheres were highly visible in discourses about reproduction. Women took strategic steps to re-establish their reproductive autonomy by challenging the medicalization of their bodies. For example, by purchasing contraceptives on the black market, women distanced themselves from their health care providers. This action increased tensions and competition for the territory of women's bodily domain. When oral contraceptives became available by prescription in 1960, women's reproductive freedom became defined, in a sense, by pathology. Medical intervention was deemed a requirement for adequate contraceptive benefit. Earlier, Margaret Sanger had envisioned a world in which women did not rely on physicians for fertility control. This did not come to pass, however. Decentralization and access were deferred to the medical establishment when more reliable birth control became available (Tone, 2001). Sanger lost this battle and subsequently changed her stance to promote medicine's regulatory place in reproductive matters. The relinquishing of much that she fought to preserve spared men from a feared de-masculinization process if women were awarded full control of their bodies. The territory of women's bodies was claimed by medicine, a stratification that became understood as the norm.

Prescription hormonal contraception, newly available in 1960, provided an opportunity for a more reliable method. However, this technology still could not help women prevent the transmission of unwanted infections (Tone, 2001). Women required methods that met their unique sexual needs. And so it was that thirty-three years later, the FHC presented a gendered technology to the public, with promises of dual protection: the FC.

Today, public health workers and clinicians avidly promote FC use as a symbol of female empowerment and as a device of protection. Its mechanical orientation lines the vaginal walls, better protecting the vulva and the cervix than any other form of barrier device. According to numerous clinical trials, it is at least as protective against STI as a male condom (Minnis & Padian, 2005; Female Health Company, 2007).

APPLICATION OF FEMINIST THEORY TO THE FEMALE CONDOM

The Masculine Birth of Science

The FC was invented by the male scientists A.V.K. Reddy, Lasse Hessel, and Max Frieberg. In the limited information available about their life stories, there is no evidence of women's influence on the development of this technology. Many additional scientists submitted patent ideas to slightly alter the original device; on the evidence of their names, however, none appear to be women (United States Patent and Trademark Office, 2010). Furthermore, it appears that in some cases the FC was developed as an extension of scientists' previous or ongoing work. For example, A.V.K. Reddy hoped to enhance male sexuality through the development of a penile prosthesis, and Lasse Hessel sought to develop a bag for incontinence (Burt, 2005). When the FC entered the public market it was with a transformed agenda, largely influenced by the AIDS crisis rapidly encroaching upon the sexual lives of women (Burt, 2005).

Disadvantages of the male condom for a man's sexual prowess became the impetus for FC's invention. Lash and Harvey claimed in their 1989 patent application that use of the male condom disrupts normal intercourse. Proper use requires penile erection and then subsequent interruption to open a condom package and apply it to the penis. Further, condoms are packaged in lubricant, making them cold to the touch, and perhaps causing male discomfort. Lash and Harvey posited that implementing these steps successfully and with efficiency while managing its interruptive nature during moments of passion might be difficult to manage for many sexual partners. They expressed concern that the design "flaws" of the male condom might discourage its use and that couples might come to view it as a barrier to normal "tactile sensations of intercourse" (Lash & Harvey, 1989; Friemark, 1977). The invention they proposed, however, was also packaged in lubricant. Moreover, although the FC can be inserted up to eight hours prior to intercourse, its design leaves a polyurethane ring to hang outside a woman's vagina. In essence, this new condom transferred the discomfort as well as the responsibility associated with using a device during sexual intercourse to the female partner.

The inventors set out to make the case that developing this new device would meet a demand by women for an independently controlled protective method. For example, they used survey data of condom sales showing that women account for approximately 50% of male condom purchases to justify their patent application. This provided support for an "implication that many women are concerned about contraception and disease prevention, and desirous of taking steps toward prevention of both," (Lash & Harvey, 1989). Since that time, however, condom sales data have been cited as poor indicators of condom use (Meekers & Van Rossem, 2005). In response to the emerging toll of AIDS on women, Lash and Harvey had also invoked the urgency of giving women a device for use solely by them "without requiring the participation or

acquiescence of the male partner," (Lash & Harvey, 1989). While well-intended, this objective may not fit the reality of sexual relations between two persons, however. Feminists argue that acts of sex between men and women are underpinned by societal acceptance of gendered inequality, and development of the FC did not ultimately erase the required negotiations that shape proper male condom use (Hoffman et al., 2004). Therefore, while gender was integral to its development, the FC's label as a gendered technology should be continually questioned.

Gendered Technology

The FC is labeled using empirical, masculine language. The word "condom" was used among men in the eighteenth century to denote "protection against venereal disease and numerous bastard offspring," (Hatcher et al., 1994). Due to its historical marking, the word itself may create an unintentional, yet fixed association with male actors' status, sexual prowess, and framework for knowledge. The object, therefore, becomes a symbol of the male sex drive (Crawley & Broad, 1998). Has an inherently male object therefore been labeled female because the developers continue to be invested in seeing sexual decisions as a male domain? Is this an example of externalism where culture has shaped the priority of the FC with an expectation of accommodation and acquiescence?

In 1993, The FDA approved the FC for use by women with a great deal of caution for users. Based on limited information from a small-scale study, the FDA required the FC label to carry a written message indicating that more "highly effective protection" from STI/HIV is achieved using male condoms instead. According to the agency press release, however, the FDA reviewed and approved the FC in an expedited manner because the agency "saw an urgent need for a means whereby women can protect themselves without depending on the cooperation of their partners," (United States Food and Drug Administration, 1993). These two statements to the public seem to contradict one another and uphold a gendered division of labor for sexuality and reproduction. The FC's limited contraceptive and infection transmission prevention benefits were therefore diminished due to confusing public messages.

The United States government's approval of the FC occurred at the height of an AIDS epidemic which was responsible for killing thousands of Americans. At that time, sexual intercourse between men resulted in the highest number of AIDS cases and still appeared to be the greatest threat to the population. Michael Scarce (1999) discusses a 1991 unpublished scientific investigation which found the FC efficacious for use during anal sexual activity. Despite this, the FC was approved two years later as a contraceptive device for vaginal use only and without instructions for anal protective use. Since that time, several studies have conducted testing of the FC among men who have

sex with men (MSM); few randomized control trials are available, however (Wolitski et al., 2001; Gibson et al., 1999; Gross et al., 1999). Underpinning the FDA's decision to ignore the potential benefit of FC for MSM was the view of "sodomy as illegal [and deviant] behavior" in several states (Scarce, 1999). This transmission risk is not isolated to same-sex male partnerships, however, and silence around this fact has served to further marginalize gay men (Halperin, 1999). Ignoring this potential use of FC also places women at risk because anal sex is an activity that occurs between male and female partners. In other words, those members of society at the epicenter of the death wards are pushed further to the outskirts of an acceptable social order. The assigned gender of this technology provides a window from which to provide hierarchical explanations for efforts that control socially unacceptable sexual behavior and the sexuality of MSM as well as women.

Race, Class, and the FC

Race, class, and gender intersect to augment the central role played by sexuality and heterosexism in controlling social practices (Collins, 1991). The FC's relative lack of integration into traditional family planning programs may have unintentionally created stigma around its use; relegating it to be a device primarily for disease prophylactics. Unintended sexual health outcomes such as STIs and HIV disproportionately affect poor women of color (Centers for Disease Control, 2010; Hoffman et al., 2004). When the FC entered the scene in western nations in the early 1990s, protection against AIDS had recently become a priority. It was marketed with much fanfare – almost 150 media stories were written or broadcast in England alone, and million-dollar advertising campaigns were launched (Burt, 2005). However, many advertisements focused on disease prevention and gave users only a partial sense of its potential. Manufacturers calculated that only mature users with patience would try a product that required training. Further, some described the FC as unsightly in appearance, and it was ridiculed in the popular press as resembling a bag, an amoeba, and a sock. (Burt, 2005; Kaler, 2004). Its high cost (about three times that of the male condom), practice requirements, noisy characteristic, and unattractive appearance, thrusting from the woman's vagina during sex, diminished its initial appeal to couples (Burt, 2005; Minnis & Padian, 2005; Kaler, 2004). Finally, the promise that the FC was a "female-controlled" method did not bear out. Eventually, emerging discourse challenged this notion since its correct usage required a male partner's cooperation (Hoffman et al., 2004). The initial years on the market were difficult because sales and distribution of FC were dismal, causing retailers almost to abandon the product in the West. Plus, it was rarely discussed in developing nations where disease burdens were highest (Burt, 2005).

Then, in the late 1990s, the FHC President, Mary Ann Leeper, reported receiving two phone calls – one from a woman in Harlem, New York praising

the FC for keeping her abusive partner at bay since he refused to wear a male condom; a second reporting that a petition in Zimbabwe had been signed by 30,000 women demanding the FC for the citizens of their country (Burt, 2005). Social programs in the developed world had successfully distributed the FC to women living in poverty or with drug addictions, although the FC was still not their first choice when they were presented with options (Kaler, 2004). FHC sought support from the Joint United Nations Program on HIV/AIDS (UNAIDS) as well as private and public funders to target its product to women in approximately 90 developing nations – primarily, where AIDS was hitting hardest (Burt, 2005; Hoffman, et al., 2004).

Globally, women's heightened social and biological vulnerability to HIV/AIDS was in contrast to the FC's lack of accessibility and popularity in western nations. While this "feminization" of the epidemic initiated a surge in use among developing nations, the FC remained a marginalized commodity in retail stores in Europe and the United States. Instead, public health agencies that largely serve poor women of color were targeted as distributors for the product (Burt, 2005). As of March 2010, a large chain of drugstores in the Washington, DC area committed to putting them on their shelves as part of a privately funded campaign (Fears, 2010). The political stakes of curbing the feminization of HIV/AIDS in DC heightened after a 2008 report showed that it had the highest infection rates in the United States, rates comparable to the African nations of Kenya and Uganda (Vargas & Fears, 2009).

Public health agencies initially embraced the FC as a new strategy for disease prevention efforts. At the same time, they overwhelmingly provide services to people of color living in a disadvantaged social class, and so the FC may become associated with unintended sexual health outcomes that disproportionately affect poor women of color. This stigma may diminish its relevance as a potential option for a breadth of men and women with concerns about pregnancy in addition to STI/HIV. The previously high cost to consumers of $17 per box of five has been lowered to $6.50 as the price of nitrile has come down; its cost is undoubtedly a barrier to consumer uptake, however. Additionally, the United States media's negative portrayal of the FC, its limited advertising and promotion, and inadequate training of health care providers may contribute to its marginalization (Hoffman, et al., 2004; Kaler, 2004). And yet, the mainstream status of the male condom illustrates that societal acceptance of barrier methods is not an elusive goal. The FC's association with disease, with people of color, and with poverty, however, suggests that it needs an image makeover. Opportunities for protection are being missed.

A Strategic Place for the Female Condom

In order to understand the social place of the FC in programming, in research, and in the lives of individuals, it is necessary to understand the enormous role played by the gender system. In 2003, Nelly Oudshoorn

examined the history of the quest for male contraception through the lens of gender relations. She found that society continued to have a firmly held notion that women are responsible for contraceptive safety. Therefore, the creation and acceptance of a male pill would be a social exercise in trust – giving that responsibility to the male partner (Oudshoorn, 2003). This reveals the place of technology in understanding gender relations.

The FC as it is currently marketed seems to be a simplistic fix to a technical problem. From a biophysical perspective, it is clear that sperm and vaginal secretions can carry microbes between sexual partners thereby causing unintended sexual health outcomes. The FC inhibits such an exchange from occurring. Social challenges, however, are often more complex and resolving them requires a deeper understanding. For example, many women live in hierarchical sexual relationships, indicating that the FC's design and technical utility may not provide protective benefit for all women. Its slow global uptake is evidence of the complexity of introducing it to communities. The FC, overall, has been disappointing to public health advocates and scientists, many of whom thought that if women had access to a method over which they had greater control, it would quickly be adopted (Hoffman et al., 2004). That has not happened, and it has taken a social movement and political will to get it into the hands of women who have fewer options (Burt, 2005).

There continue to be forces working against the FC's acceptance into the mainstream. The FC was marketed as a second-class choice (compared to the gold-standard male condom), designed more for disease prevention. Its credentials are constantly questioned, and the precedence of the male condom's achievement reinforces its marginalization (CTU, 1989). This description of a technology within a hierarchical binary reinforces its place in the gender system. The male technology is more revered (Cohn, 1993). And yet research shows that if FC were added to the menu of choices from which couples can choose, there might be an increased likelihood of barrier use overall (Latka, Kapadia, & Fortin, 2008; Gollub, 2000). Thus, greater access to protective mechanisms could be achieved by women. The concept of hierarchical segregation remains evident in this case, however, because the FC, being a tool for women, is not as accepted, due to its disruption of the gender system.

Is the FC a woman's tool for empowerment? Can users change the existing balance of power in relationships by introducing this technology into sexual partnerships? Amy Kaler (2001; 2004) examined the various culturally mediated meanings of empowerment and used the FC as a technological exemplar that changes heterosexual sex. She questioned how power relations are shaped by the introduction of FC to sexual relations between men and women. Kaler concluded that the FC is imperfect at best and is a temporary method that awaits the arrival of a measure completely invisible to a male partner (Kaler, 2001; 2004). A clandestine method would not disrupt the

heterosexual norms of power (Kaler, 2004). At the same time, empowerment cannot be achieved if women need cooperation from men to use an option, as is the case with the FC.

Women incorporating FC into their sexual practice, therefore, continue to adhere to the gendered division of labor when negotiating with a male partner (Backes et al., 2001; Gollub, 2000). This is echoed by scientists and scholars who examine FC as a technology. There are a number of studies aimed at testing interventions involving the FC that are almost exclusively targeted toward women (Choi et al., 2008; Mantell et al., 2006; Witte et al., 2006). Yet, why not market the FC to men? It was introduced as a sex toy in Sri Lanka by female sex workers (Burt, 2005). Why not promote the FC's potential for adding sensuality to a relationship? An organization based in Britain, The Pleasure Project, is dedicated to the promotion and advocacy of the FC through sex-positive messaging (Philpott, Knerr, & Maher, 2006).

The Body & Mind

Control of the sexuality domain is central to maintaining the gender system. Men often adhere to socially affirmed messages that include hypersexual expectations. The penis is seen as a tool of power that can only be satisfied within the female vagina (Bordo, 2002). In Choi's (2004) study, for example, women who did not use the FC consistently cited feelings by their partners that there was a lack of time or no "right" time, when making decisions to use the FC during the height of passion. Male sexuality is imbued with notions of uncontrolled urges that are met during specific moments that are determined by him (Mantell et al., 2006). In normative heterosexuality, men may exercise domination through the pursuit of pleasure and both his and her bodies are used for that pleasure. Therefore, as women negotiate FC use, deference to the male preference for types of protection used – and whether protection is to be used at all – may be based on his perceptions of his body's physical needs (Holland et al., 1998).

This is illustrated in a study conducted by Latka and colleagues (2008) in which they interviewed 47 young male and female adolescents about the FC. The male participants expressed concern that the FC would inhibit their sexual pleasure and convenience (since they would have to wait for the girls to insert the device). These participants also questioned whether girls would initiate masturbation while inserting the FC since its physical structure could stimulate the clitoris. This notion could be interpreted as feeling threatened by the possibility that female desires would potentially reach satisfaction without a male body. These preoccupations demonstrate concern for regulation over not only the male body, but over the female sex partner's body as well. Feelings of male privilege are upheld through society's use of heterosexual images to control bodies, giving men the right to participate in surveillance of the female body (Crawley et al., 2008).

Gendered performance expectations for men may assign them the roles of active principal, pursuer, initiator, and penetrator. Men, therefore, may continue to act as the controlling "top" while using the FC as it has been empirically constructed. A woman's role as receiver or the yielding "bottom" is upheld as the normative relationship expectation is played out. This traditional femininity confirms masculine privilege regarding ownership of female bodies. Women may make decisions to wear subordination and submissiveness on their bodies as they attempt to be sexually desirable (Holland et.al, 1998). Enactment of the FC as a contraceptive or infection-prevention device contradicts this gendered role, however.

Girls and women in several studies expressed disdain at the thought of touching their genitals to use the FC (Latka et al., 2008; Miller, Exner, Williams, Ehrhardt, 2000). To mitigate this circumstance, some women introduced the FC as a new toy and asked their partner to insert it. The FC became eroticized as a mechanism to introduce foreplay to these partnerships and was successfully incorporated into sexual functioning (Miller et al., 2000). This demonstrates how women can claim the erotic as a strategy for empowerment, tipping the balance of power slightly more towards permitting women the ability to liberate their bodies and remain safe from a socially confining submissive nature (Collins, 1991).

Conclusion

Using a feminist framework for analysis, I have explored ways the FC may function as a gendered organizing mechanism for sexuality. This examination provides an opportunity to understand how the blending of gender and technology can mutually shape sexual relationship power and subsequent risk for health-compromising outcomes. The FC as a gendered device which is marketed almost exclusively to women has potential to uphold standards of male privilege. Its second-class status in science and society may reinforce the oppressed position in which many women are situated. The fundamental question of how power functions in relationship to the FC continue to elude researchers, public health advocates, and potential users. The FC is a technological fix for a multi-layered, complex problem. The prevention of infection and of pregnancy are challenges that reside in women's domain of responsibility, highlighting the role of social control in women's sexuality. Questions about the FC's validity (safety) and price, and the need for targeted training mask the need to get to the root of understanding the FC's place in the sexual dyad and how it shapes these social relations.

The Centers for Disease Control and Prevention cite several barriers that women encounter in trying to prevent HIV infection which include: biological vulnerabilities, economic and relationship power differentials, and caregiving responsibilities (Centers for Disease Control, 2010). A paradigm centered on successful use of the male condom perpetuates the hierarchical nature of social

control of women. This model has limited applicability to the sexual lives of women and fails to consider the context of their lived realities. Is there a fear of de-masculinizing male partners and the controlling medical establishment if the FC is marketed to the public at-large? Its comprehensive approach to prevention for women may be seen as threatening. Although the FC was designed to fit the female body, male convenience was in many cases the auspices of its invention, and yet questions about how men interact with this technology are scarcely asked or answered in the literature. Sexual health faces dire circumstances, and we cannot afford to ignore the stake that fifty percent of the world's population holds in reversing that trend.

The FC may invoke several images depending on the user's standpoint. Notions of unclean sexual activity, relationship infidelity, fatal disease (HIV/AIDS), or pregnancy (unintended) are negative images that could be associated with FC. On the other hand, users may form beliefs about the FC as a symbol of choice, empowerment, hygiene, and protection. The FC is situated at the nexus of race, class, and gender, and an individual's perspective can be influenced by institutional authority, acceptable sexual norms, and gender expectations.

I hope this review will contribute to a better understanding of the gendered biological, socio-cultural, and power limitations perceived to be the cause of low acceptance of the FC as a viable protective mechanism for sexual health from a Western perspective. As an underutilized sexual health technology, the FC has social implications for sexuality and reproduction for men and women. In response to the goal of increasing sexual health equity and decreasing compromising outcomes, scientific understandings of autonomy and technology as tools for empowerment are imperative. The FC represents an option for communities but is layered with complexities reinforced by society's gender system, influencing individual and dyadic capacity to increase sexual health and safety for populations.

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Adolescent Obesity: Balancing Biology and Humanism in Research

Susan Kohl Malone, MSN, RN, NCSN

Bio

As a doctoral student at the University of Pennsylvania, Susan works with Dr. Terri Lipman and Dr. Babette Zemel. Susan is affiliated with the Biobehavioral Research Center and the Center for Health Equity Research. Prior to her PhD studies, Susan was awarded a baccalaureate degree in nursing with a minor in theology from Georgetown University and a Masters of science in nursing from the University of Pennsylvania. Her clinical experiences as a certified diabetes educator and a nationally certified school nurse stimulated her interest in sleep and obesity. Her areas of research interests are sleep, chronobiology, and body composition. Susan would like to acknowledge Dr. Terri Richmond and her colleagues in Inquiry and Nursing for the stimulating dialogues that contributed to the development of this manuscript.

Abstract

Abdominal obesity is a risk factor for cardio-metabolic disease. Reports that adolescent abdominal obesity has increased at a higher rate than generalized obesity (measured by body mass index) underscore the need for research on adolescent abdominal obesity. Abdominal obesity research is predominantly from a post-positivist perspective. Further contributions from this perspective are needed to improve our measurement methods as well as to advance our understanding of the biological determinants of abdominal obesity. In contrast, research about abdominal obesity from a symbolic interactionist perspective is negligible. This has resulted in a narrowly circumscribed understanding of this phenomenon. Research from the symbolic interactionist perspective will add depth and breadth to our understanding of adolescent abdominal obesity. This article explores the origins and contributions of the post-positivist and symbolic interactionist traditions. Potential lines of inquiry about adolescent abdominal obesity are developed from the perspective of each lens.

Keywords: symbolic interactionism; obesity; body; adolescent health; phenomenology

As childhood obesity rages on, concern about the accuracy of the body mass index (BMI) in youth continues to percolate. Failure to identify some overweight and/or obese youth (Brann 2008) and failure to capture clinically significant information about body fat distribution are major shortcomings of the BMI. Consequently, many argue that measuring abdominal fat throughout growth and development will yield important information about body fat distribution and future cardio-metabolic health (Bassali et al. 2010; Asayama, et al. 2002).

Abdominal fat is a combination of visceral adipose tissue, located inside the peritoneal cavity, and subcutaneous adipose tissue. As fat in these areas accumulates, waist circumference increases, thereby justifying the use of waist circumference measurements for abdominal obesity. Although evidence on the accuracy of waist circumference measurements is inconsistent (Ball et al. 2006; Bosy-Westphal et al. 2010), its minimally invasive nature has made it an appealing method for estimating abdominal fat in youth. Data from the US National Health and Nutrition Examination Surveys have led to the definition of abdominal obesity as sex-specific values >/= 95th percentile for waist circumference (Okosum et al. 2006, 338).

Reports indicate that waistlines are increasing at an even greater rate than obesity in children (Okosum et al. 2006). Similar to generalized obesity (as measured by BMI), abdominal obesity tracks from childhood into adolescence (Psarra, Nassis, and Sidossis 2005). Nonetheless, adolescence is a vulnerable developmental period for body fat distribution because increases in BMI during adolescence are associated with the amount of abdominal fat present in young adulthood (Kindblom et al. 2009).

Abdominal obesity research, rooted in postpositivism (a model of scientific inquiry that amended several tenets of earlier positivist philosophies), continues to build much of our current knowledge about adolescent abdominal obesity. Studies in youth influenced by post-positivism have sought to define abdominal obesity in diverse populations, to develop a classification system based on waist circumference measurements, and to determine accurate anthropometric methods for measuring abdominal fat. However, reducing adolescent abdominal obesity to an unquestioned and potentially flawed biomedical definition is limiting and problematic (Monaghan 2005), particularly if certain body types are stigmatized (Strong 1990).

Symbolic interactionism, grounded in pragmatic philosophy, recognizes that physical bodies are social bodies (Monaghan 2006a). Therefore, knowledge about abdominal obesity divorced from interpersonal, intra-personal, cultural, social, political, and economic contexts is incomplete (Monaghan 2006a). It is within these myriad contexts that adolescents will construct their own meaning of abdominal obesity even if it contradicts biomedical views. Indeed, in some contexts, alarms of an abdominal obesity epidemic fail to resonate with views of desirable body weight (Monaghan 2006b). Consequently, it is

unlikely that knowledge about adolescent abdominal obesity can be advanced via postpositivist lines of inquiry alone. Symbolic interactionism can contribute significantly to our knowledge of this phenomenon.

SYMBOLIC INTERACTIONISM

The origins of symbolic interactionism

Symbolic interactionism emerged from the philosophical underpinnings of pragmatism. While the seeds of pragmatism can be traced back to Aristotle's early understanding of the roles of symbols (language, objects, actions) in influencing and persuading others (Prus 2003), its development through the centuries remained largely disjointed until the latter part of the nineteenth century. At this time, early skepticism toward positivism led theorists such as Wilhelm Dilthey to embrace a hermeneutical method that considered the lived human experience as paramount to knowledge development. George Herbert Mead, a founder of symbolic interactionism, was influenced by Dilthey as his student in Berlin (Herman-Kinney and Verschaeve 2003) and by the burgeoning American pragmatist movement of that time spearheaded by Charles Peirce, William James, and John Dewey. For James, "truth was simply that which was true for the individual" (Reynolds 2003, 48) and for Peirce, "truth was not its being embraced by the individual, but its being accepted by the collectivity" (Reynolds 2003a, 48). These definitions of truth influenced Mead's understanding that people determine what has meaning for them and this meaning is determined through social interactions.

Darwinism also influenced the development of symbolic interactionism (Reynolds, 2003). Just as humans evolve in response to their natural and social environments, meanings and truths evolve as well. Meanings evolve as people accept and reject various thoughts, feelings, and expectations as a result of interactions within themselves, with other people, and within social, cultural, economic, and political contexts. Similarly, these social, cultural, economic, and political contexts adapt and change in response to individuals. Through this back and forth, humans create their worlds. This view of the world as socially constructed and emergent contrasts sharply with positivism's view of a world that is fixed, filled with realities waiting to be discovered (Hewitt 2003).

Thus, Aristotle, Darwinism, hermeneutic methodologies, and American pragmatism paved the way for symbolic interactionism. Following Mead, Herbert Blumer continued to contribute to symbolic interactionist thought through what is commonly known as the Chicago School. It was under Blumer's helm that the naturalistic methods of research flourished (Musolf 2003). Manford Kuhn also contributed to the development of symbolic interactionism by developing rigorous testable observation methods for studying interactions (Katovich, Miller, and Stewart 2003). Kuhn and his followers are commonly referred to as the Iowa School. Although differing

in emphasis, both the Chicago School and the Iowa School made profound contributions to symbolic interactionist ideas.

Basic premises of symbolic interactionism

Symbolic interactionism rests on several premises. First, individuals determine what objects have meaning for them. The meaning of an object for an individual may differ significantly from the meaning of that object for the researcher. To adequately study an object, a researcher must attempt to see the object as the individuals being studied see that object (Blumer 1969). Second, meanings of objects evolve through interactions between people, institutions, corporations, and nations (Blumer 1969). Thus, the meaning of an object is not an intrinsic part of the object itself; rather, the meaning of an object is socially determined and transformed through interactions. Individuals do not merely respond to the meanings that others place on objects, but through interactions they modify these meanings.

Charles Horton Cooley's "looking-glass self" (Reynolds 2003b, 64) explains how the self is an object whose meaning is determined by social interaction. The looking-glass self consists of how we imagine ourselves to appear to others, how we imagine others judge our appearance, and the feelings produced by these imaginings. In sum, how we think others see us defines how we see ourselves (Blumer 1969). This concept of the looking-glass self as object has been central to the growing work of symbolic interactionists on the sociology of the body.

In summary, lines of inquiry from a symbolic interactionist perspective will reflect the changing and emergent nature of the meanings of objects – meanings that are influenced by the past as well as by the anticipated future (Hewitt 2003). This process-oriented, emergent approach contrasts sharply with a postpositivist's pre-established hypothesis-driven approach. Interactionists strive "to understand human behavior not predict or control it, or to have mere statistical knowledge of it" (Musold 2003, 97). This contextualized knowledge adds depth and breadth to the understanding of a phenomenon. Following a symbolic interactionist approach, inquiries into adolescent abdominal obesity will consider how adolescents construct meanings about adolescent obesity through inter- and intra-personal interactions and within broader social, cultural, economic, and political contexts, and how these constructed meanings determine courses of action (Crooks 2001). Studies that use a symbolic interactionist lens hold the potential to broaden our limited and fragmented knowledge of abdominal obesity by expanding our understanding of what individuals consider to be normal and abnormal fat and by revealing larger institutional issues around the phenomenon of obesity (Charmaz and Olesen 2003).

Symbolic interactionism's contributions to knowledge about adolescent abdominal adiposity

Research to date, largely influenced by postpositivism, has provided a narrow and prescribed understanding of adolescent abdominal obesity. At best, this understanding has failed to ameliorate the problem it describes and, at worst, it has resulted in the moralization and stigmatization of certain body types (Strong 1990; Monaghan 2006b). The parochial definition of adolescent abdominal obesity has pegged millions of adolescents worldwide as unhealthy and diseased, yet it fails to account for other times and other places when / where these same stigmatized bodies might have been deemed the epitome of health (Monaghan 2006b). This exemplifies a critical concept of symbolic interactionism: the nature of a phenomenon is not intrinsic but rather it is dependent on its interpretation by people. Interactionist approaches can shed light on various meanings of abdominal obesity and how these meanings are constructed. These studies may broaden the biomedical definition of abdominal obesity and expand our understanding of this phenomenon (Sanders 2003). Furthermore, as knowledge of this phenomenon develops it may challenge the current hegemonic prescriptions of acceptable shapes and sizes in youth (Vannini and Waskul 2006).

Interactionist studies on abdominal obesity (and body types in general) are scant. Nonetheless, the maturation and variation in naturalist inquiry since Blumer's era have opened up new opportunities to explore abdominal obesity in a manner well grounded in pragmatism and the unique contributions of symbolic interactionism (Musoff 2003). Monaghan (2006a), for example, implemented a virtual ethnographic approach to explore masculinity and weight-related issues in a manner consistent with symbolic interactionism. Other studies may focus on how intra- and inter-personal interactions, institutional interactions, cultural interaction, economic interactions, and political interactions contribute to the construction of meanings of abdominal obesity.

One area of research for future interactionist studies is how issues related to the purchase of the perfect body will be negotiated in the future. As various institutions purport an increasingly narrowed view of acceptable body types, many affluent groups stand uniquely poised to modify undesirable bodily attributes, (Clarke and Star 2003; Hewitt 2003) including abdominal obesity. Bodies have become "increasingly 'afforded' rather than fated" (Clarke and Star 2003, 560), and for those who are economically advantaged, "somatic salvation and moral rectitude are only a credit card transaction away" (Edgley 2006, 233).

The question of how science is produced and disseminated may also be studied through a symbolic interactionist lens (Clarke and Gerson 1990). As nations scramble to determine baseline waist circumference measurements for youth (de Assis et al. 2007; Senbanjo, Njokanma, and Oshikoya 2009; Chrzanowska and Suder 2010; Okusun et al. 2006), it is important to ask "what counts for biomedical knowledge, for whom, and for what purposes?"

(Clarke and Casper 1996, 603). Clarke and Casper (1996), using a historical overview and social analysis of pap smear (a gynecological screening test for cervical cancer) classification systems, illuminate how classification systems both construct and are constructed by multiple social worlds. This may serve as a guide for future interactionist studies as interest in categorizing waist circumferences of various ethnic groups around the world continues to escalate.

Unfortunately, "Symbolic interactionists… bear the guilt of a long history of child neglect" (Cahill 2003, 870) and consequently our understandings of obesity from adolescents' perspectives are limited. Nonetheless, all humans yearn to be accepted by others and endeavor to be viewed as desirable (Crossley 2003). The looking-glass self, as defined by Cooley, underscores the influence of social networks but does not reveal how specific meanings of one's body are constructed and/or manipulated nor how or why recommendations from medical authorities might be accepted or rejected.

POSITIVISM: AN OVERVIEW

The origins of postpositivism

Ongoing emphasis on evidence-based practice continues to afford postpositivism a privileged position in the development of scientific knowledge (Goldenberg 2005). As new disciplines enter the competitive arena for research funding, they often model studies on previously successful approaches (Plack 2005). These issues may contribute to the preponderance of published research on adolescent abdominal obesity from the postpositivist perspective. Understanding the origins of postpositivism can elucidate the benefits of this lens for ongoing knowledge development as well as some of the pitfalls.

The verifiability of objective reality (that which can be experienced through the senses) and the rejection of subjective reality (thoughts, beliefs, judgments) and unobservable entities as the basis for determining truth were the hallmarks of early positivism as influenced by Locke, Hume, and Comte (Popper 1959). A second wave of positivism, known as logical positivism, emerged from the Vienna Circle in the early part of the twentieth century. Logical positivism continued to reject subjective realities but placed a new emphasis on verification and inductive inquiry (Crossan 2003). Both early positivism and logical positivism have had a profound impact on the development of science. Clark (1998) contends that "In the first half of the 20th century nursing research was dominated by the medical world and its positivist philosophy" (p. 1244).

Nonetheless, new scientific discoveries during the twentieth century revealed significant shortcomings of popular logical positivist philosophy. During this time it became increasingly difficult to reject the reality of unobservable entities. Consequently, in the mid to latter part of the twentieth century, Karl Popper rebelled against some tenets of these earlier forms of positivism and modified others, giving rise to postpositivism.

Basic premises of postpositivism

While postpositivism held firm to the positivist position that metaphysics was outside the realm of science (Clark 1998), postpositivism recognized that not all reality could be verified by the senses or via direct observation (Clark 1998; Plack 2005). Nonetheless, this relaxed position towards metaphysics did not significantly alter the focus of postpositivism. Popper (1959) conceded that "the system called 'empirical science' is intended to represent only one world" (p. 39) and that it was in the interest of science to submit this, our experiential world, to rigorous deductive testing.

In *The Logic of Scientific Discovery* (Popper 1959), Popper diverges from the earlier positivist positions on inductive inquiry and verification. Truth cannot be claimed. Universal laws and general theories cannot be developed from a postpositivist method of research. Rather than claims to truth, assertions can be made about how well something is corroborated by the facts (Popper 1983). It is in this vein that Popper rails against the verification principle and the inductive inquiry approach of his predecessors. In Popper's postpositivism, falsification replaces verification, and deductive testing replaces inductive approaches. Popper (1959) contends:

> According to my proposal, what characterizes the empirical method is its manner of exposing to falsification, in every conceivable way, the system to be tested. Its aim is not to save the lives of untenable systems but on the contrary, to select the one which is by comparison the fittest, by exposing them to the fiercest struggle for survival (p. 42).

In constant pursuit of the illusory goal of truths (Popper 1959), researchers in the postpositivist tradition begin with an a priori hypothesis that they proceed to severely test. According to Popper (1959), the goal of the researcher is not "to prove how right we were" (p. 279) but rather to "try as hard as we can to overthrow our solution" (p. 16). In this manner, falsification is purported as more useful than verification. Deductive methods rather than inductive principles are used to rigorously test a proposed hypothesis. And solutions, if positively corroborated, remain only temporarily supported.

Thus, lines of inquiry in the post-positivist method will reflect hypothesis-driven, deductive testing methods. This is typically seen in today's plethora of randomized controlled trials. While this approach may fail to deepen and broaden our understanding of adolescent abdominal obesity from the lived human experience, it does contribute to more precise refinements of the bio-physical parameters of this phenomenon (Letourneau and Allen, 1999). Postpositivist trajectories force us to delve deeper into the significance of abdominal obesity for health and the underlying biological mechanisms that contribute to abdominal obesity. If this trajectory continues to support cardio-metabolic deterioration it may nuance the meanings of this phenomenon for adolescents.

Postpositivism's contributions to knowledge about adolescent abdominal adiposity

In contrast to the dearth of research from a symbolic interactionist perspective, adolescent abdominal obesity research from a postpositivist perspective abounds. Interest in adolescent abdominal obesity was sparked by experimental studies corroborating a relationship between abdominal obesity and deteriorating glucose and lipid metabolism in youth (Burgert et al. 2006; Misra et al. 2008; Revenga-Frauca et al. 2009; Alvarez et al. 2009). In keeping with the post-positivist method, ongoing hypothesis-driven research characterized by deductive testing aimed at falsification in this area continues.

In tandem with this research agenda and with increasing recognition of the limitations of BMI as a measure of obesity (Brann 2008; Dencker et al. 2007), postpositivist inquiry has guided studies aimed at illuminating measurement techniques that would accurately reflect the amount of visceral adipose tissue composing abdominal fat. Cost, convenience, and radiation exposure are factors that limit the use of highly accurate computed tomography as a measurement means for most adolescents. Therefore, ultrasound results and other anthropometric measures such as waist circumference, waist to hip ratios, and sagittal diameter measurements have been compared with computed tomography (Mook-Kanamori et al. 2009; Asayama et al. 2002) and magnetic resonance imaging (Ball et al. 2006) as well as with different anatomical sites (Bosy-Westphal 2010). The results of these studies may direct future assessment techniques for both obese and non-obese adolescents and identify those individuals most at risk for deteriorating glucose and lipid metabolism.

As several countries seek to establish baseline waist circumference measurements for youth with an anticipated goal of monitoring trends in abdominal obesity (de Assis et al. 2007; Senbanjo, Njokanma, and Oshikoya 2009; Chrzanowska and Suder 2010; Okusun et al. 2006), postpositivist inquiry may expand our knowledge of factors contributing to abdominal obesity. Investigating the role of a variation in the androgen receptor gene and abdominal obesity in adolescent males is well suited to the hypothesis-driven methodologies espoused by post-positivism (Pausova et al. 2010). Thus, despite the preponderance of postpositivist studies, post-positivism can still make significant contributions to improving the accuracy of measurements for visceral adiposity, establishing baseline abdominal fat measurements for diverse groups of adolescents, and expanding our understanding of the potential genetic contributions of body fat distribution in adolescents. However, Popperian postpositivist inquiry alone will fail to explain the recalcitrant nature of abdominal obesity in adolescents. Disregarding the subjective features of this phenomenon places adolescent abdominal adiposity in a scientifically abstracted world devoid of the adolescent's concrete world experience of living with fat in unwanted places (Goldenberg 2006).

Conclusion

In conclusion, both symbolic interactionism and post-positivism can contribute in unique ways to our understanding of adolescent abdominal obesity. Morris (1937) recognized the complementary nature of these two philosophical lenses of science and argued that the failure to recognize the contributions of both "has been an almost constant scandal in the history of empiricism" (p. 61). What postpositivism can contribute in terms of precision and accuracy of measurements and biological determinants of adiposity, symbolic interactionism can balance with its rich contributions of the depth and breadth of the human experience. Yet the scales remain unbalanced and the hierarchy of evidence purported by evidence-based practice tips the scales in favor of post-positivist lines of inquiry. Goldenberg (2006) notes that this is incommensurate with the proposed interest of individualized health care. Without understanding the meaning of abdominal obesity from the adolescents' perspective and how those meanings are constructed, our knowledge will remain limited and fragmented. Progress in reversing obesity trends mandates a more balanced approach toward investigating this phenomenon.

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Opening New Doors on the Study of Compassion Fatigue

Lisa Quinn, RN, MS, Pre-doctoral Research Fellow

Bio

Lisa Quinn is a third year doctoral student in the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing. Her dissertation is titled "Throughput and Nurses' Workloads: Influences on Nurse and Patient Outcomes. Her dissertation chair is Dr. Ann Kutney-Lee. Lisa's work examines two novel ways to measure staffing, accounting for patient turnover, and how these measures influence nurse burnout and job satisfaction as well as patient mortality and failure to rescue. Lisa maintains her practice as an oncology certified nurse. She has practiced in hospitals in Washington DC, Boston, and Philadelphia.

Abstract

In the past few decades, a new body of nursing research has developed concerning the perpetual professional phenomenon of compassion fatigue. Compassion fatigue is the topic of numerous articles and investigative endeavors, yet the research community has not established an accepted definition for it. This paper will trace compassion fatigue as an object of study, from its first appearances in nursing literature through its current delineations and popular research topics. Today, much of the research is focused on comparing and contrasting compassion fatigue to similar or related terms. A more fruitful path of research might focus more on professional impacts and individual experiences. This study brings new perspectives to compassion fatigue by discussing it through both logical positivist and phenomenological lenses. A logical positivist perspective, particularly that of Ludwig Wittgenstein, would allow researchers to synthesize similar definitions and drive research forward. A phenomenological perspective would make it possible to see whether and how compassion fatigue exists in Eastern cultures, where currently there are almost no compassion fatigue research studies.

Introduction

A review of research on compassion fatigue reveals that there are many different definitions within the nursing literature. "Compassion fatigue" is a relatively new term, and the definitions are ambiguous (Cotezee & Klopper, 2010; Najjar et al., 2009). It tends to be described as "the formal caregiver's reduced capacity or interest in being empathetic or bearing the suffering of clients and is the natural and consequent behaviors and emotions resulting from knowing about a traumatizing event experienced or suffered by a person" (Figley, 1995). It is often associated with other terms such as vicarious trauma, secondary traumatic stress, and indirect trauma (McGibbon et al., 2010; Berzoff & Kita, 2010). Carla Joinson was arguably the first author to identify compassion fatigue when she described a different type of burnout particularly affecting caregiving professionals like nurses, ministers, and counselors. Compassion fatigue presents as "overpowering, invasive stress" and is "emotionally devastating" (Joinson 1992, p. 116). Dr. Charles Figley later adopted the term as a more "user-friendly" way to describe the process of secondary traumatic stress disorder (Figley, 1995). As more research develops around compassion fatigue, the more investigators have tried to describe it and to define what it is and what it is not.

There exists an abundance of research focusing on describing the subtle differences and obvious similarities between compassion fatigue and its cousins. Kant (2007) examined the similarities and differences between compassion fatigue, secondary traumatization syndrome (STS), and countertransference. Another study contrasted compassion fatigue, STS, vicarious traumatization, and "just" burnout, while providing tools to assess for each among mental health care workers (Devilly et al., 2009). Vicarious traumatization refers to when a trauma worker (health care worker, humanitarian worker, clergy member, etc.) experiences signs or symptoms of trauma as a result of an empathetic engagement with those who have been directly traumatized. The definitions of STS and countertransference match more closely to the definition of vicarious traumatization while compassion fatigue generally refers more to being unable to empathize rather than to experiencing symptoms of trauma.

In addition to studies analyzing the differences among these symptoms, there are numerous studies examining the effect of compassion fatigue on both nursing and patient outcomes (Showalter, 2010; Sabo, 2006; Aiken et al., 2002). With so many different definitions, however, researchers have had difficulty comparing and quantifying results. How can science-based compassion fatigue research evolve while researchers still debate the terms used to describe it? The answer is that researchers must see compassion fatigue as a real phenomenon instead of as a collection of subjective symptoms with a name. If they agree on the same phenomenon, investigators can aim efforts toward understanding root causes instead of generating superfluous

descriptions of the same thing. Ludwig Wittgenstein's analytic philosophy can allow researchers to explore the phenomenon of compassion fatigue empirically without becoming tangled in connotations and the limits of human-created language. Researchers from many disciplines including social work, psychology, traumatology, and nursing have been exploring compassion fatigue using various scientific methods. Even with this amount of the active interest, however, compassion fatigue research is almost completely based in Western culture. Ultimately, this phenomenon that we call "compassion fatigue" may prove not to be a global phenomenon.

Some scientists may feel that a relaxation of definitions leads to inconsistent methods and sloppy results. Thus it is important to use logic and scientific method when comparing effects of compassion fatigue, or the research results will be useless. A logical positivist view, specifically, that of Ludwig Wittgenstein, would help compassion fatigue researchers aggregate their work into systematic organization. Logical positivism values science and observed phenomena and is skeptical of theology and metaphysics for their lack of "facts". Logical positivists would focus on measurable traits of compassion fatigue and its related phenomena to better understand the circumstances and outcomes of compassion fatigue. It is not the intent of this paper to define compassion fatigue; rather, it is to show how adopting a logical positivist view can both enhance external validity among various compassion fatigue researchers and comply with scientific method. Strengthening external validity will improve the generalizability of this body of research. Perhaps, then, researchers can address the reasons for the wealth of compassion fatigue research in Western cultures and the lack thereof in Eastern cultures.

Later, this paper will show how a phenomenological lens can be used to help explain compassion fatigue as it exists (or doesn't exist) in each cultural context. By bracketing presuppositions about compassion fatigue, investigators can view compassion fatigue in its essence across different cultures and even individuals. If compassion fatigue is universal to caregiving professions (Figley, 1995), and there is a lack of research to describe compassion fatigue in Eastern cultures, then what does compassion fatigue look like in those cultures? Do nurses from Eastern cultures experience compassion fatigue and if so, what does it look like? An ethnographic method would surely be indicated to answer these questions, further exemplifying the need to adopt a phenomenological lens.

Logical Positivism and Language

Logical positivism is a philosophical movement that emerged from the Vienna Circle in the early twentieth century. Originally named the Ernst Mach Society, the Vienna Circle began in 1907 as a group of philosophers meeting to discuss science and epistemology. They rejected idealism, which was popular at the time, and advocated the rigor of analytic science. The philosophy of the

Vienna Circle can be described as empiricism with logical methods (Weinberg, 1936, p. 25).

Scientific claims about the world serve to connect, associate, and refer propositions, or pictures of the world. These pictures, or models, give meaning to language used to describe them. The terms must symbolize the reality of their pictures (Weinberg, 1936). It is not enough, however, for the propositions alone to have meaning. Analytic sentences from propositions must be verifiable to have meaning.

> [A] proposition has a stable meaning only if it makes a verifiable difference whether it is true or false. A proposition which is such that the world remains the same whether it be true or false simply says nothing about the world; it is empty and communicates nothing; I can give it no meaning. We have a *verifiable* difference, however, only when it is a difference in the given. (Ayer, 1959, p. 88)

Clearly, the logical positivists were concerned with studying things that make a difference. This was the particular focus of Ludwig Wittgenstein (1889–1951), an influential logical positivist who, while not formally a member of the Vienna Circle, met several times with members of the group, and his *Tractatus Logico-Philosophicus* was a topic of discussion at Vienna Circle meetings (Richter, 2004). This work presented seven basic propositions that systematically arranged the world into facts. Wittgenstein developed a theory of language centered on pictures, or models, that represent some truth in the world. The basic positivist tenet is that the world consists of what exists, as opposed to what does not exist. Pictures, Wittgenstein wrote, are models of reality. They are not pictures in the literal sense, but propositions that represent reality. These pictures are made of objects and the objects represent elements. Objects can combine with other objects based on their inherent properties to form pictures, and these pictures represent reality and the existent world (Richter, 2004).

All the while, Wittgenstein stressed that these elements and pictures must be able to be proven or verified. That is, they must be observed through the senses, as opposed to theorized, to be logical (Richter, 2004). Only observable and verifiable statements can be logically analyzed, he argued. They can be subject to experimentation to prove their validity. An example of a verifiable statement is "the water is boiling". The water's temperature can be tested and one can see if there are bubbles in the water to prove or disprove the statement. Moreover, "water" and "boiling" provide a reference to one another. Although they represent the same proposition, or picture, in time, one learns something about the water by knowing that it is boiling. "The water is water" would give no meaning or cognitive significance about the water because it merely references itself (Weinberg, 1936). Abstract concepts such as "ethics" and "infinity" cannot be empirically tested and are therefore, according

to Wittgenstein, unverifiable.

In *Philosophical Investigations* (1953), Wittgenstein outlined his theory that language and words are "games" or "activities" people use to communicate reality and facts about the world. He was less concerned with semantic correctness and more concerned with the meaning behind phrases. He took the logical positivists' analytic philosophy a step further and viewed language as a way to attach meaning. This process connects *hearing* to *listening* to *learning*.

Wittgenstein believed philosophy's purpose should be to clear confusion, and he acknowledged the limits and contextualization of language (Ahmed, 2010). In *Philosophical Investigations*, in a discussion of figures of speech, colloquialisms, and the historical context of language in, he wrote: "Our investigation is a grammatical one. Such an investigation sheds light on our problem by clearing misunderstandings away. Misunderstandings concerning the use of words, caused, among other things, by certain analogies between the forms of expression in different regions of language" (as cited in Binkley, 1973, p. 59).

There are often many names for the same object, but that doesn't mean the object exists in more than one form. Wittgenstein believed that philosophers often became too caught up in semantics and grammar. If they could not move beyond debates about denotation, they would never be able to find meaning or create connections with their propositions.

Logical Positivism on Compassion Fatigue

Although Wittgenstein never studied compassion fatigue, his philosophy is very relevant to the debate about its definition. There have been many empirical researchers studying compassion fatigue for decades, and yet no official or common definition of the term has emerged. Debate about its definition continues today but has only created confusion.

Some research focuses on differentiating compassion fatigue from other terms. For example, Kanter disagrees with Figley's analogy between compassion fatigue and secondary traumatization. He writes, "Reducing all stress to traumatic origins oversimplifies most human suffering" (Kanter, p. 291). Other researchers seek similarities among terms. Devilly et al. (2009) use "secondary trauma-related constructs" to encompass secondary traumatization, compassion fatigue, and vicarious traumatization. They discuss each term, its theoretical differences and body of literature. They conclude, as most do who seek an explicit definition, that there is confusion around what each of these terms mean in the literature. Wittgenstein would urge researchers to move beyond the words used to describe the phenomenon – in other words, to find meaning in how compassion fatigue appears. Different researchers refer to compassion fatigue with different words, but they are all trying to describe the same phenomenon. Wittgenstein would probably support

using any of the aforementioned terms as long as the term's relationship to science and validation can be easily traced.

Devilly et al. (2009) essentially arrived at Wittgenstein's point through their research. One of the aims of their study was to "determine whether the constructs of STS, [vicarious traumatization] VT and burnout are actually measuring different things" (p. 375). In their discussion, they wrote: "It was found that the three constructs of STS, VT and burnout mainly appear to measure the same phenomenon, and both STS and VT are better predicted by the model for burnout than their own theoretical models" (p. 381). The knee-jerk reaction of some researchers might be to dispute these findings and cite sources that explain the differences in the concepts. But in this study's population, no significant differences among the terms were apparent. Moreover, Wittgenstein would have approved of the study's focus on application rather than semantics. Although the researchers included a lengthy discussion of the differences in definitions in the existing body of research, they also offered recommendations for future research and sought to facilitate transition to practice. This coincides with Wittgenstein's call to action. In this case, the authors discouraged researchers from singling out trauma therapists for compassion fatigue workshops based solely on their specialty.

In addition to accepting the limitations of language, Wittgenstein placed importance on "forms of life." Although mainly concerned with pragmatic science and quantitative methods, Wittgenstein did allow for qualitative research too. He believed that what matters to people is how they live. Moreover, certain ideas come more naturally to some than to others, depending on the context (Richter, 2004). This can be applied to compassion fatigue research. Different specialties of nurses, counselors, and therapists may present with different symptoms or levels of compassion fatigue. Some may feel that anger is the most important symptom of compassion fatigue. Others may report nightmares or headaches (Brown, 2006, p.54). As long as these symptoms remain measurable, they can be validated. These differences do not change the phenomenon of compassion fatigue, but show that compassion fatigue can manifest in different ways in different people.

Researchers of compassion fatigue are like dogs attached to the same sled, exhausting too much energy by pulling in separate directions. If they adopted Wittgenstein's philosophy, researchers could put away debates about definitions. Instead, they could work together to pull the "dogsled" in the direction of provable questions that promote action. For example, how does the age of the nurse affect levels of compassion fatigue? Age can be quantified against reported or measured compassion fatigue using various tools or surveys. Do therapists and trauma nurses present with the same symptoms of compassion fatigue? If they allow greater generalizability, researchers can empirically cross-analyze different populations, whereas earlier researchers were confined to different monikers for the same phenomenon. Do support

group interventions influence rates of compassion fatigue? Wittgenstein would advocate using existing evidence-based tools for measurement of compassion fatigue but would urge researchers to ask questions that foster action. What interventions shown to reduce burnout can be used to reduce compassion fatigue? What Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria would capture compassion fatigue?

Wittgenstein suggested how to address meanings in their context but left it unclear how to address concepts for which there are no words. The phenomenon of compassion fatigue certainly exists in Western society. Western research has provided multiple definitions for the concept. In Eastern culture, however, there are no known published works about compassion fatigue. As Wittgenstein was only concerned with the world as it *exists*, hypothesizing and theorizing about the absence of compassion fatigue would be nonsense according to his philosophic principles. To answer questions about the existence or non-existence of compassion fatigue in various cultures, therefore, it is useful to turn to a phenomenological lens.

Phenomenology

Phenomenology is a philosophical movement that largely originated in the twentieth century. Edmund Husserl (1859–1938) is one of the first phenomenologists and probably the most famous. Phenomenology aims to describe essences as they appear, not by using rules or a step-by-step approach. Much like compassion fatigue, phenomenology lacks an all-encompassing definition. Moran (2000) elucidates phenomenology thus:

> It claims, first and foremost, to be a *radical* way of doing philosophy, a *practice* rather than a system. Phenomenology is best understood as a radical, anti-traditional style of philosophising, which emphasises the attempt to get to the truth of matters, to describe *phenomena*, in the broadest sense as whatever appears in the manner in which it appears, that is as it manifests itself to consciousness, to the experiencer. As such, phenomenology's first step is to seek to avoid all misconstructions and impositions placed on experience in advance, whether these are drawn from religious or cultural traditions, from everyday common sense, or indeed, from science itself. Explanations are not to be imposed before the phenomena have been understood from within. (p.4)

Unlike the logical positivists, phenomenologists believe that the world can be perceived beyond the senses. Although phenomenology employs logic and empirical science, general phenomenology does not set out to find root causes. Phenomenology is fluid and makes no assumptions about how pieces of the world fit together. The world does not stop at the limits of our fields of vision or ability to measure through technology. It rejects the idea that the world can be reduced to following certain rules or laws.

Phenomenology is descriptive and does not separate phenomena from their contexts. For example, we sense the colors red and blue because we have learned to sense them. We compare the sensed to the "red" and "blue" we have seen before. Phenomenology is concerned less with the *sensed* than with how the sensed affects the *senser*. This consists of more than simply physiologic responses to stimuli. Merleau-Ponty illustrates an example:

> I might in the first place understand by sensation the way in which I am affected and the experiencing of a state of myself. The greyness which, when I close my eyes, surrounds me, leaving no distance between me and it, the sounds that encroach on my drowsiness and hum 'in my head' perhaps give some indication of what pure sensation might be. (*Phenomenology of Perception*, 1962, p. 3)

An important concept that permeates phenomenology is the idea of an "essence". Essences are aggregates of meaning and are the basis of common understanding of phenomena (Natanson, 1973). While Wittgenstein explicitly stated there is no such thing as timeless essence (Richter, 2004, p. 141), phenomenologists believe it exists.

Phenomenologists understand that some words can have multiple deep meanings while others may be very superficial. This is clearly shown in the different conclusions made about the same statements about a tree (Sokolowski, 2008, p. 31). Wittgenstein believed that how something is said doesn't change the meaning of what is being communicated:

> But doesn't "I know that that's a tree" say something different from "that is a tree"? Instead of "I know what that is" one might say "I can say what that is." And if one adopted this form of expression what would then become of "I know that that is a..."? Back to the question whether "I know that that's a..." says anything different from "that is a..." In the first sentence a person is mentioned, in the second, not. But that does not show that they have different meanings. (as cited in Anscombe & von Wright, 1969, pp. 76e-77e)

Phenomenology holds that there is a difference. Statements can be informative, declarative, or have hidden meaning depending on the speaker's context. "I know that is a tree" is different from saying "That is a tree". The difference is subtle, but Sokolowski (2008) explains how the first statement allows the speaker to establish a relationship. Not only does the speaker inform that an object is a tree, he declares that he presently knows about this fact. "That is a tree" is an informative statement only, and the speaker gives no information about his understanding of it (Sokolowski, 2008, p. 11). Furthermore, the same statement from two different speakers can have different meanings. For example, there are nuances in the meanings of the statement "I am alive" depending on if the speaker is a healthy elderly woman or someone who has just survived an earthquake.

The difference can become blurred when the sentence can have either meaning, as with the use of sarcasm or metaphors. Imagine a waiter at a restaurant who is serving a table of fickle patrons. After the second time they send their meal back to the kitchen, the waiter says, "I'm truly sorry about your food". A phenomenologist would be interested in the possible frustration, anger, or resentment stemming from the waiter's experiences with the patrons. It is possible that the waiter is truly sorry. A phenomenologist would make no a priori judgments about the meaning of his statement because only the waiter can answer questions about his intentions. Therefore, phenomenology is a fitting lens through which to consider compassion fatigue, since compassion fatigue can manifest in so many different ways for different individuals. To find the meaning of compassion fatigue, then, it is important to find its "timeless essence."

Phenomenology on Compassion Fatigue

Compassion fatigue research has grown from Joinson's simple narrative to the use of concept analyses (Coetzee & Klopper, 2010) and even electroencephalograms (Decety et al., 2010). Although the United States produces the vast majority of this research, other countries such as Italy, Australia, and Canada have also contributed (Prati et al., 2010; Pinikahana, & Happell, 2004; McGibbon et al., 2010). This raises the question, if compassion fatigue is the "natural consequent behaviors and emotions" (Figley, 1995, p. 7) that accompany caregiving professions, then why is the research concentrated in countries where Western culture predominates? Does compassion fatigue even exist in Eastern culture or is it a Western construct? Does Eastern culture find compassion fatigue a problem worth investigating? Do Eastern languages, such as Mandarin, Korean, and Japanese, lack words to describe compassion fatigue or is the phenomenon simply nonexistent? If compassion fatigue exists in Eastern culture, what does it look like? Is there an aspect of Western culture that predisposes its nurses and therapists to compassion fatigue? These are the types of inquiries that phenomenology explores. There are no concrete, black-and-white answers to these questions. Through phenomenology, however, cross-cultural dialogue can begin to occur.

> The purpose of phenomenological inquiry is to explicate the structure or essence of the lived experience of a phenomenon in the search for unity of meaning which is the identification of the essence of a phenomenon, and its accurate description through the everyday lived experience. (Rose, et al., 1995, p. 1124)

The first step, *intuiting*, means that a researcher would leave behind all presuppositions and feelings about the phenomenon. The researcher would become immersed, or dwell, in the lives of the caregivers and transcribe the meaning according to the participants. The researcher could pass no judgment about the participants. This is especially important for the researcher who has

worked as a caregiver in the past. Assumptions and biases would have to be bracketed at the beginning of the study and continually addressed to obtain the purest description possible (Speziale & Carpenter, 2007, p. 87). The investigator would even have to set aside what drives the research: the disproportion of compassion fatigue research from Eastern and Western cultures.

Phenomenology, in its most general form, does not set out to answer questions. The researcher would have to allow the participants to talk freely in interviews without categorizing them into cultural dualism. Everyone's experiences are unique and affect them in different ways. If the researcher treated each participant individually, compassion fatigue might begin to take shape where it previously didn't exist (Earle, 2010). Perhaps there are many Chinese nurses with compassion fatigue, but cultural biases have stifled its emergence in the literature.

Additionally, the researcher would have to take into account the entire context in which the participant lives. Papadatou et al. (2001) touched on this idea when describing the samples and settings in their comparative study. They described the cultural norms, nursing school acceptance policies, and availability of pediatric hospice services in Hong Kong and Greece (p. 404-406). These are important details that can shed light and allow readers to see how the nurses felt. Although the term "compassion fatigue" was never mentioned in the course of the study, symptoms similar to those mentioned in Western journals appeared. The authors hint at an essence in their conclusion.

> It seems that nurses' grief over the death of their patients is a universal and common phenomenon.... Differences occur mainly in the way they attribute meaning to childhood death and display their grief. These findings shed some light upon the uniqueness of each culture's beliefs and norms regarding death, dying, and bereavement. (Papadatou et al., 2001, p. 411)

Conclusion

The use of both Wittgenstein's logical positivist lens and a phenomenological lens would allow researchers to open new doors in compassion fatigue research. Wittgenstein's theory of language extricates investigators from rigid definitions by revealing that different definitions are simply different ways of saying "compassion fatigue". The logical positivism view allows for discussions of symptoms, tools, and interventions across disciplines. Better generalizability can enrich the existing body of compassion fatigue research. Instead of spending resources to debate the differences, several disciplines can unify to measure and quantify the impact for all caregivers.

Qualitatively complementing logical positivism, phenomenology sheds light on the lived experience for those with compassion fatigue. Using firsthand narratives from ethnographies (McGibbon et al., 2010) can de-mystify compassion fatigue and give meaning to daily experiences. This research

needs more phenomenological studies if investigators are ever to compare compassion fatigue across cultures.

Both approaches can guide new research and can even be used together. Researchers could do a mixed-methods study combining empirical data, including tools and symptoms, with ethnographic narratives. This could satisfy the quest for hard facts while allowing for various interpretations of compassion fatigue.

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One Paper's Journey: From Class Assignment to Journal Publication

Maxim Topaz RN, MA, PhD student

In this commentary, I will briefly overview the journey of one manuscript from class assignment to a journal publication. After reflecting on my experience as a novice writer with little previous publication experience, I will present some strategies that I think will be helpful for other students as they advance through the manuscript preparation-submission-revision phases. I will conclude with some suggestions for nursing students who aim to publish their work.

As doctoral students at the University of Pennsylvania School of Nursing, we are trained to examine issues (or phenomena) from more than one perspective. This process starts during the first semester of the doctoral program. At that time, new intellectual horizons open up for novice academics, often accompanied by fear of failure as well as the thrill of discovery. During this intellectually turbulent period, many ideas are born. Some of them survive and develop. A case in point is a paper that I developed out of a writing assignment for a nursing theory class. We were asked to examine a phenomenon of interest using two different perspectives. Because of my background in Gerontology, I chose to examine human aging from modernist and post-modernist perspectives.

I started with reviewing the literature on the topic and discovered several theories that were relatively new and were mentioned only briefly in the current health literature (focusing on biological aspects of the aging body). Once I had a solid grasp of the existing literature, I started a long mental exercise – involving conversations with my wife, father, and anybody else who was willing to listen – focused on developing a logical flow for the paper and its major conclusions. One of the requirements of the class was that the paper be written according to the author's instructions provided by a journal in which it could potentially be published. I decided to follow the instructions presented in one of the most acclaimed nursing journals (*Nursing Research*). Finally, I wrote and submitted the paper for class. It received a decent grade and some helpful comments for improvement from the professor. I immediately started thinking about preparing it for publication (which felt like a daydream at the time).

For me, a novice writer with little publication experience, transforming a class paper into a publishable manuscript required *teamwork*. Following the advice of my academic adviser, I decided to contact the theorists I described in the paper and ask them to co-author the paper with me. To my surprise, one of the two theorists responded to my e-mail and expressed her enthusiasm for collaborating on the paper. We exchanged e-mails finalizing the structure of the

manuscript. During these discussions, the manuscript evolved beyond my initial vision. The process was a bit overwhelming and I turned to one of my peers in the doctoral program (who is also interested in aging theories) for assistance in the further development of the manuscript. She agreed to join the team and contributed to the development of the article. English is my third language, and I did not have significant writing experience at that time. These collaborations played a crucial role in shaping my way through a new language terrain.

The next step was *identifying the journal*. As a result of collaboration, the paper changed significantly and no longer fit the scope of the journal initially chosen. Identifying a journal was tough, because not many nursing journals focus primarily on theories development or description. We found three journals that explicitly aim to advance nursing theory: *Nursing Science Quarterly* (http://nsq.sagepub.com/); *Journal of Theory Construction & Testing* (http://tuckerpub.com/jtct.htm); and *Nursing Philosophy* (http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1466-769X). We decided to proceed with the first option since this journal was indexed in more databases (such as MEDLINE and CINAHL) and had a higher Impact Factor. For more information on Impact Factor calculation see http://thomsonreuters.com/products_services/science/academic/impact_factor/. You can also find Impact Factors of nursing journals in *ISI Journal Citation Reports* through your academic institution's library.

Once we had completed the manuscript, we asked our peers and mentors from the Center for Integrative Science in Aging at the University of Pennsylvania School of Nursing to critique it. The thorough review and comments received from peers and faculty were helpful for us as we revised the manuscript to add clarity to the content and improve its structure. The article was finally submitted in September 2011. In January 2012, we learned that it was too early for celebrations. The journal's verdict was as follows:

> "Dear Mr. Topaz: Peer review of manuscript entitled "Construction, Deconstruction and Reconstruction: A History and Evolution of Theories of Aging" which you submitted has been completed. **The manuscript has been rejected for publication**, for the reason(s) given at the bottom of this letter and in the comments in the attached file. Thank you for considering Nursing Science Quarterly for the publication of your work. We hope the outcome of this specific submission will not discourage you from the submission of future manuscripts. Please consider revising your manuscript using the reviewers' suggestions and resubmitting it."

We took a deep breath and read the reviews, which were very helpful but also suggested that our paper was "Highly speculative" at its current stage. Meanwhile, we presented the abstract at the Gerontological Society of America Annual Congress (Topaz, Troutman (Flood), & MacKenzie, 2012). During the presentation and further talks with people interested in the topic, we received some helpful feedback and suggestions for revision.

It took some time to regroup, rethink, and restructure the paper in order to address the comments received from the journal and at the conference. We reframed the manuscript to answer a slightly different question that interested many in the gerontological scientific community, namely the development of *Positive Aging* theories. The new focus was reflected in the new title, "Construction, Deconstruction and Reconstruction: Understanding the Roots of Successful Aging Theories." We tried to submit the revised abstract for a special issue of "Gerontologist" focusing on theories of aging, but were quickly rejected without review or suggestions for improvements.

Finally, a year and a half after the initial submission, we resubmitted the revised manuscript to the Nursing Science Quarterly. Within two months we received a response requesting some minor revisions. We addressed those requests and … the manuscript was accepted for publication in March 2013 (Topaz, Troutman (Flood), & MacKenzie, 2013)!!!

The journey was long but rewarding. As scientists, we need to constantly think about disseminating our work and these publication experiences have definitely shaped my scientific growth. The role of this Journal of Doctoral Students Scholarship is to provide students (like me) a forum in which to reflect on their experiences and inform others. To conclude, here are central lessons learned that might help other students in similar publishing journeys:

- **Collaborate** – Meaningful intellectual exchange and refinement of ideas is an important step, especially for novice writers.

- **Identify the right place** for your work early in the process – Use your peers and mentors to find the right journal or other venue (e.g. professional conference) for your work. This will help you to imagine the audience and focus on the exact idea you want to convey.

- **Reach out for feedback** – Reach out to your peers and mentors, centers or interest groups within your organization; present at the professional conferences and other venues. Feedback absorbed at all these venues will develop your thinking about the topic of interest and help you to make your manuscript better.

- **Revise, Revise, Revise** – Revision requests and rejections by journals are tough… It happens to all of us, however; very few papers are accepted for publication with no revision. Approach revisions in a positive way, for these are the tools that help us clarify our work and present it in the most positive light.

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Celebrating the Creation of a First Journal for Doctoral Students in Nursing: Reflections and Vision Moving Forward

Maxim Topaz, RN, MA; Justine S. Sefcik, MS, RN; Paule Joseph, MSN, CRNP, CRRN, CTN-B

As we were closing in on a finished version of this inaugural issue of the journal, we discussed the importance of reflecting on the experience and sharing it with our readers. We had initially thought that the process of developing a journal would be an easy one. From the start we had a group of doctoral students who were dedicated to the idea as well as supportive mentors. Once we began this journey, however, we found that actually initiating, developing, and implementing the journal was not as easy as we had first thought.

One of the early challenges we faced was developing the scope of the journal. We wanted to give doctoral students the opportunity to highlight themselves and the early stages of their scholarly work without having to submit work that they might otherwise submit for review for publication in an established journal. We worked closely with one of the faculty members at the School of Nursing, who is currently a journal editor (P. Z. Cacchione, PhD, CRNP, BC), to help us articulate this point in our current mission statement. We envisioned a venue for doctoral students to submit a variety of manuscripts, including thought and opinion pieces related to nursing science, research briefs from studies they were working on or had recently finished, and other manuscripts that were produced during their time in the doctoral program. Although we were open to receiving a variety of materials, we found that the submissions we received were very similar in the sense that they appeared to be manuscripts produced in relation to class work. Moving forward we hope that doctoral students will take to heart the mission of the journal and submit a wide range of pieces to be reviewed for future issues.

A major milestone for the journal was the completion of the process of selecting manuscripts to be published. At the same time that our first call for manuscripts went out to the doctoral students at the School of Nursing we included a call for peer reviewers. The call received a good response from students interested in being peer reviewers. In an effort to maintain a high standard for our journal, it was decided that two blinded peer reviewers would be assigned to each received manuscript. We also held a workshop on how to review qualitative research manuscripts efficiently and rigorously (facilitated by S. Kagan PhD, RN, FAAN). We matched topics to appropriate peer reviewers to the extent that we could. One thing we had to take into consideration is that some doctoral students study topics that are unique to them at our university. We knew that there was the potential for peer reviewers to be able to identify

authors, since students often know other students' topics of interest. All peer reviewers therefore had an opportunity to refuse to review an assigned manuscript if it presented a conflict of interest or if they were uncomfortable with the content of manuscript. All peer reviewers received guidelines for their review and anonymous reviewer feedback forms that would be sent back to the authors.

The peer reviewers all completed outstanding, rigorous review of the manuscripts assigned. Each of the accepted articles had reviewer suggestions for revisions. These suggestions were sent back to the authors, and after revision and refinement the manuscripts were reviewed by the editorial board. The manuscripts were then reviewed by faculty members who had agreed to do so. Suggested revisions from this process were then sent to the authors. Final versions of the manuscripts were then sent to a copy editor as a final step to enhance the quality of the material presented in the journal.

Working toward the implementation of a new journal while juggling doctoral studies was a large task. After the first year of groundwork and development, we established a separate role of Editor in Chief within the University of Pennsylvania School of Nursing Doctoral Student Organization Board. We also decided that an Editor in Chief-elect will be elected every year at the general Doctoral Students Organization elections. We hope that this role continues in the future, so that the incoming editor gets experience and so that the current editor has assistance.

We envision this journal as a dynamic and evolving entity, which means that its goals will likely change as new editors and students become involved and as nursing science evolves. This flexible approach will enable the journal to adapt to any changes in healthcare or nursing science. We anticipate that future issues of the journal will be open to submissions from doctoral students at other universities both in the United States and internationally. Ideally, the call for manuscripts would cover topics relevant to nursing doctoral student life and scholarship, so that, for example, grantsmanship (applying and succeeding in receiving grants), submission and publication in peer-reviewed journals (tips and suggestions), professional opportunities and new trends in nursing science would be given priority for publication.

Call for Manuscript and Art Submissions!

All current doctoral students are invited to submit a manuscript for review and consideration for publication in the second edition of the Doctoral Student Organization's Journal. *We are also accepting submissions of art work for consideration, including drawings and photographs.*

The submission deadline is August 15, 2013.

The current *mission* statement of the journal:
The Journal of Nursing Doctoral Students Scholarship is a scholarly publication dedicated to the development of doctoral student scholarship and the advancement of nursing science. This journal is peer reviewed by doctoral students, edited by doctoral students, and targeted towards health practitioners, educators, scientists, and students. This journal has both a professional and an educational mission. To serve the profession, each issue features articles that represent diverse ideas, spark intellectual curiosity, and challenge existing paradigms. Doctoral students will have an opportunity to explore and analyze issues and ideas that shape health care, the nursing profession, and research around the world. To fulfill its educational mission, doctoral students will be trained in the editorial and administrative tasks associated with the journal's publication and assisted in preparing original manuscripts for professional publication. This journal will be evidence of the scholarly development of nurse scientists.

Deadline for submission is August 15th, 2013. Types of acceptable manuscripts for submission:

- Personal Opinion Pieces
- Reflections on Practice, Research or Policy
- Historical Research
- Methodological Articles
- Case Studies
- Commentaries
- Research Briefs
- Concept Analysis
- Theoretical Frameworks
- Systematic or Focused Literature Reviews

Author Guidelines:

We prefer *manuscripts* no longer than 20 pages and no shorter than 3 pages (font: Times New Roman; font Size: 12 points; text Color: black; double spaced; margins -1 inch; text in one column). However, special considerations will be made for submissions that exceed the requested size. We prefer *references* following the APA 6th edition format but we will accept any other citation style. Please place each figure or table in the body of the manuscript and on a separate page at the end of the manuscript. Please send your submissions in a Word format to **jndss@nursing.upenn.edu** .

Manuscripts will be reviewed by at least 2 reviewers. In the event that reviewers have a request for revisions, the authors will have up to four weeks to complete the revisions. The target date for the second publication is Spring 2014.

We are also accepting submissions of art work for consideration, including drawings and photographs. These artistic expressions related to nursing or healthcare will be incorporated and presented throughout the upcoming first issue of our journal.

Please feel free to contact *Paule* (**pjosep@nursing.upenn.edu**) and *Megan* (**mstreur@nursing.upenn.edu**) with any questions and requests regarding the journal or possible submissions.

Finally, we need your help reviewing the submitted articles. Being a reviewer is a great experience, excellent addition to your CV and a gift you are sharing with your peers. Please follow this link **http://www.surveymonkey.com/s/YQL5ZYT** to indicate your interest in becoming a reviewer for the JNDSS (we are extremely grateful to our peers that have already signed-up to be reviewers).

This journal is about YOU and for YOU. Please help us to create a rigorous and exemplary publication that showcases some of the outstanding discourses we generate in Nursing!!!

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