
Symbolic Interactionism in Grounded Theory Studies: Women Surviving With HIV/AIDS in Rural Northern Thailand

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Although it is generally acknowledged that symbolic interactionism and grounded theory are connected, the precise nature of their connection remains implicit and unexplained. As a result, many grounded theory studies are undertaken without an explanatory framework. This in turn results in the description rather than the explanation of data determined. In this report, the authors make explicit and explain the nature of the connections between symbolic interactionism and grounded theory research. Specifically, they make explicit the connection between Blumer's methodological principles and processes and grounded theory methodology. In addition, the authors illustrate the explanatory power of symbolic interactionism in grounded theory using data from a study of the HIV/AIDS experiences of married and widowed Thai women.

Key words: *symbolic interactionism, grounded theory, HIV/AIDS in Thailand, HIV/AIDS in women*

It is generally acknowledged that symbolic interactionism and grounded theory are connected (Benoiel, 1996; Strauss & Corbin, 1990), but the precise nature of such connections remain implicit and unexplained. In this report, the authors make explicit and explain these connections. First, they make explicit the connection between Blumer's (1969) methodological principle of direct examination of the social world and the methodological components of grounded theory. Second, the authors make explicit the connections between Blumer's methodological

processes of exploration (depiction) and inspection (analysis) and constant comparative analysis, theoretical sampling, and the development and validation of codes, categories, and theories. Third, using data derived from a symbolic interactionist grounded theory study into the HIV/AIDS experiences of married and widowed northern Thai women, the authors show the utility of symbolic interactionism as an explanatory framework in grounded theory.

Symbolic interactionism allowed the authors to explain rather than merely describe the relationship of the preemptive strategies used by participants to avoid hurtful discrimination and the distancing strategies used by noninfected people to protect themselves from potential infection. In addition, symbolic interactionism reminded the authors, with considerable force, of the importance of symbolic meaning in social life and that symbolic meaning attaches to differential value systems rather than to social facts, events, and actions per se.

Symbolic Interactionism

The theoretical basis for grounded theory is derived from the social psychological theory of sym-

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bolic interactionism (Benoliel, 1996; Chenitz & Swanson, 1986; Holloway & Wheeler, 1996; Morse & Field, 1996; Stern, 1994), which is a theory of human group life and human conduct (Blumer, 1969). Symbolic interactionism and its related research methods were developed at the University of Chicago School of Sociology between 1920 and 1950. Symbolic interactionism constituted a challenge to the “hegemony of functionalism” (Bowers, 1988; p. 33).

Functionalism views the social world as a whole unit or system composed of interrelating, functioning parts. Parts are generated and adapted based on their functional utility to the whole. Analysis of parts (e.g., individual roles, social groups, and organizations) is significant only in relation to their consequences for the whole. Individuals learn or internalize their functional expectations (roles) through socialization; individuals are determined, therefore, rather than determining (Merton, 1973).

Researchers in the functionalist tradition frame their studies on the functionalist theory of social life; in other words, they begin with a theoretical framework, posing their research questions or problems in terms of the theoretical framework. These questions or problems are then converted into hypotheses, and a study is designed to test these hypotheses (Blumer, 1969). Theories in the functionalist tradition, therefore, are hypotheticodeductively derived from grand theories that are logically derived (what researchers now term *armchair theorizing*).

Social interactionism, a “barbaric neologism” first coined by Blumer in 1937 (Blumer, 1969, p. 1) differs substantially from functionalism in both theoretical perspective and research methods. Symbolic interactionism is theoretically focused on the acting individual; the individual is regarded as determining rather than determined and society is constructed through the purposive interactions of individuals and groups. The theories of symbolic interactionism are empirically and (primarily) inductively derived. The central concepts of symbolic interactionism include the self, the world, and social action (Charon, 1995).

The Self

The self is constructed through social interaction, first with significant others (i.e., those directly re-

sponsible for socialization) such as mother, father, and then others in progressively widening social circles. Significant others are important to self-concept because of their confirmatory and validatory feedback on actions and responses (de Laine, 1997). Through interaction with people more generally, the attitudes of the wider community are internalized as the “generalized other,” and these interactions then function as an instrument of the self’s social control. Religious systems, the legal system, and social norms are elements out of which the generalized other is constituted (de Laine, 1997). Such systems or norms are historical creations linked to contemporary situations; they are therefore subject to social change (de Laine, 1997). For instance, community attitudes to HIV infection change as the community’s HIV-related knowledge increases.

Self identity emerges in and through social interaction and is modified as definitions of self, the other, and the situations encountered change (de Laine, 1997). The self is composed of two components, the “I” and the “Me” (Mead, 1934). The I is the active, dynamic interpreting component of the self; it is the reflector, interpreting cues and synthesizing them with the other components of the self. The I relates cues to components of the Me (Bowers, 1988).

The Me is the object of self-reflection, which can be defined to “myself” and others. It is the object of personal, internal conversations and represents “my” self-image. Each individual has multiple Me’s, such as mother, person with AIDS (PWA), daughter, seamstress. These multiple Me’s can exist simultaneously or consecutively and change over time. Who “I” am at any given time depends on the Me that is called forth by the context in which the I finds itself. (For example, when the child of a Me is diagnosed as HIV-positive, the Me that is mother becomes dominant).

The World

The world in social interactionist theory refers to a world of symbols, but this world is the “object world” (Blumer, 1969). Not all objects are symbols; objects become symbols when meaning is assigned to them by the designator, I. An object is anything that can be designated to the self and reflected upon, such as physical objects (e.g., houses), social objects

(e.g., families), and abstract objects (e.g., culture). Symbols, which for the symbolic interactionist include both verbal and nonverbal behaviors, designate objects in the social world (Bowers, 1988). A common language provides people with a stock of ready-made linguistic symbols. Behaviors can be interpreted in relation to gestures, timing, facial and body movements, and intonation. What this implies is that objects possess no inherent or intrinsic meaning; meaning is derived from how others act toward objects, and these meanings are represented symbolically in action and in language. Such symbols indicate to others how particular individuals will act toward the object in question and allow them to adapt or adjust their own actions accordingly. Symbolic interactionism, then, refers to the social processes by which individuals are continuously designating symbols to each other and to themselves.

Participants in social life are continually attempting to determine how others are interpreting their actions to predict their responses and adapt or revise their own courses of action. Feedback from others indicates the relative accuracy of such assessments and whether the chosen course of action should be revised or maintained.

Joint Action

Joint action is accomplished, in particular social contexts, through a complex series of processes whereby participants fit their courses of appropriate action together (Blumer, 1969). Joint action involves each participant attempting to take the role of the other to determine how objects are being designated (to enable prediction of behavior); to select an appropriate action, verbal or nonverbal; and to evaluate from feedback how the selected action is being interpreted by others (Bowers, 1988). Joint action, or meaningful human interaction, is always designed and conducted in complex, dynamic social contexts; to understand it, therefore, requires its observation and interpretation in those complex social contexts. Symbolic interactionism views meanings as social products that are created through the defining activities of people as they interact. The meaning of objects to a particular person arises fundamentally out of the way the objects are defined by those with whom he or she interacts.

Therefore, symbolic interactionists are insistent that social life must be studied through “firsthand observation” (Blumer, 1969, p. 38) of the everyday lives of people in social spheres. Naturalistic inquiry is the only research mode through which to gain an understanding of subjects’ realities, the realities of the objects designated as their designator understands them (Bowers, 1988).

Blumer (1969) asserts that the study of social life requires two processes: exploration (depiction) and inspection (analysis). Exploration is a flexible procedure that enables the researcher to become familiar with the sphere of social life that is the focus of the study. Exploration also ensures that subsequent interpretations remain grounded in empirical reality. The line of inquiry, data determination, and analyses all respond flexibly to what is to be found in the empirical data. Inspection essentially refers to establishing the validity of the data analysis. The researcher conceptualizes the data and then carefully examines it for evidence of empirical instances of those conceptualizations.

Symbolic Interactionism and Grounded Theory

The theoretical framework of symbolic interactionism guides the principles of grounded theory (Benoliel, 1996, Strauss & Corbin, 1990), yet the specific links between them remain largely implicit. In this section, therefore, the authors will attempt to make such linkages explicit.

According to Blumer (1969), the methodological stance of symbolic interactionism is that of direct examination of the empirical social world. This involves confrontation with the empirical world that is accessible to observation and analysis, the determination of data through disciplined examination of that world, the raising of abstract problems regarding that world, the relating of categories derived from those data, the construction of hypotheses relating to such categories, the weaving of such propositions into a theoretical scheme, and the testing of the categories, propositions and theory constructed by renewed examination of the empirical world. These methodological principles are precisely those recommended by Glaser & Strauss (1967), Glaser (1978),

Table 1. Symbolic Interactionism—Grounded Theory Methodology

Symbolic Interactionism	Grounded Theory
Direct observation of empirical world	Participant observation; interviewing; document analysis; videotaping, etc.
Determination of data through disciplined observation	Observation; interviewing guidelines; theoretical sampling
Raising of abstract problems	Analytic, methodologic, personal memoing
Construction of categories	Open coding; axial coding; theoretical coding; properties, dimensions
Construction of theoretical scheme	Core category; categories; subcategories; properties, dimensions; memos; diagrams
Testing of categories	Theoretical sampling; theoretical saturation; literature review; group analysis; member checks

Strauss (1987), and Strauss and Corbin (1990, 1998) in relation to grounded theory methodology (see Table 1).

Another more subtle point of association between symbolic interactionism and grounded theory relates to Blumer's (1969) twin research components of exploration (depiction) and inspection (analysis). Blumer's exploration component, or the component that enables the researcher to respond flexibly to what is found in the data, is clearly a function of purposive and theoretical sampling and constant comparative analysis. Indeed, it would be impossible to be flexibly responsive to what is to be found in data in the absence of constant comparative analysis and theoretical sampling. Similarly, Blumer's inspection component, the component in which the researcher conceptualizes (theorizes) the data, then checks those conceptualizations against the data, is strictly consistent with Glaser and Strauss's (1967), Glaser's (1978), Strauss's (1987) and Strauss and Corbin's (1990, 1998) views on the development and validation of analytic elements (i.e., codes, categories and theories). Grounded theory, therefore, is usefully construable as the method of symbolic interactionism.

The Research Method

The method of grounded theory that was used in this study generally follows that described by Glaser and Strauss (1967) and Glaser (1978, 1992). This research aimed to explore the impact of HIV infection on married or widowed women diagnosed with HIV/AIDS and to understand how they coped with HIV/AIDS. It was conducted in Chiangmai province where HIV infection is highest in women (Cash, Anasuchatkul, & Busayawong, 1995). The researcher chose one subdistrict about 30 kilometers from Chiangmai for a number of reasons. First, the site provides an opportunity to recruit participants from among the infected women who were members of a PWA group. Second, the area consists of rural villages close to the city, where villagers are mainly farmers. Third, there was an active leader of the PWA group who was very cooperative. Finally, the participants were willing to share their experiences. A purposive sample of 24 married or widowed rural women with both symptomatic and asymptomatic disease was included. The age of the participants ranged from 20 to 45 years. Data determination included interviews using interview guidelines and participant observation. The number of interviews conducted with each participant varied from one to four; however, most participants were interviewed at least twice (Foddy, 1993), with the two interviews 3 to 6 weeks apart. Reinterviewing allowed the clarification, elaboration, and verification of information obtained at first interview or cross-checking of information acquired from other sources. In addition, the researcher undertook participant observation when interviewing respondents in their own homes. Field notes were kept of such observations (Russell, 1999), and these helped to inform data analysis. All interviews were conducted in Thai, transcribed in Thai, and analyzed using Thai Ethnograph (Qualis Research, Colorado Springs, CO). The researcher undertook data entry herself; it was very arduous and time-consuming. Data were analyzed using constant comparative method and analysis, and theoretical sampling was facilitated by memoing and diagramming until saturation of categories was achieved. Ethnograph in a qualitative study is useful for analyzing the large amount of textual data. However, in

terms of the grounded analytical approach, the computer program cannot assist with the creativity and intuitive nature of qualitative research (Stroh, 2000). For this reason, the researcher not only analyzed the data manually after using the Ethnograph program but also translated six full interviews into English to confirm the credibility of the emergent categories in this study. The study also incorporated group analysis in English (which took place in Australia to reduce researcher bias and enhance analytic validity) as well as “member checks” in Thai (conducted in Thailand) of the substantive theory (Denzin & Lincoln, 1994).

The study was approved by the Human Research Ethics Committee of the University of Western Sydney, Australia (where the principal investigator was enrolled as a PhD student) even though the data were to be determined in Thailand. The study was also approved in northern Thailand by the principal medical officer of the public hospital at which most participants were recruited. Verbal consent is customary in northern Thailand. Consent was obtained from each participant before each episode of data determination.

Results

The basic social problem experienced by participants was surviving with HIV/AIDS, which subsumed a range of physical, psychoemotional, socio-cultural, and economic problems. These problems resulted directly from the pathophysiological consequences of the disease but, more particularly, from the social constructions of HIV/AIDS in rural northern Thailand.

The Sociocultural Implications of HIV/AIDS

HIV/AIDS is perceived by northern Thais not only as an incurable infectious disease, but because it is seen as being transmitted through dubious or “bad” behaviors such as intravenous drug use and sexual activity, it is seen as unclean or stigmatizing.

Northern rural Thais live in tightly knit communities in which the closeness of their dwellings reflects the closeness of their social relationships. This closeness, however, impacts negatively on people

with HIV/AIDS infection; they have an infectious disease from which relatives and friends fear contagion. Through a range of strategies, therefore, neighbors and friends seek to remove themselves from the risk of infection. Such strategies are perceived by people with HIV/AIDS as social discrimination (Danziger, 1994; Gilmore & Somerville, 1994; Joint United Nations Programme on HIV/AIDS & World Health Organization [UNAIDS], 2005; Songwathana, 1998; Suksatit, 2004). It is also clear that people with the visible signs of HIV infection are subjected to the worst discriminatory practices (Suksatit, 2004; Weitz, 1990).

Northern Thai women with HIV/AIDS infection expect to experience at least some discrimination. They understand how others construe HIV/AIDS through their shared culture by imaginatively taking the role of the generalized Thai village “other.” Indeed, at least one participant (P 21) admitted to ostracizing PWA herself before she became infected. Participants not only understood the behaviors and perceptions of the other, but also how to fit their actions to the actions of the other (Blumer, 1969). These women knew, therefore, how HIV/AIDS was designated in northern Thai villages and adjusted their behavior appropriately to concur with this designation.

Discrimination, as examined in this study, took many forms and led to participants feeling different and unworthy. First they were “looked at” very pointedly by village neighbors, and second, they were “kept at a distance” by neighbors, friends, and even some family members. In addition, PWA were looked at and kept at a distance both on an everyday basis and episodically at culturally significant events. The family members of PWA, particularly their children, were also targets of discrimination.

Being looked at. When participants described themselves as “being looked at,” they were referring to very pointed looks, the sort they did not elicit before they became known as PWA. Being looked at in this particularly pointed way was to ensure that PWA recognized that they had been designated as undesirable in villagers’ object worlds and, because of their shared enculturation, PWA did recognize that they had been designated in this way. Such looks provided the context in which the Me as PWA be-

came painfully salient: “They looked at me as unusual. . . The villagers looked at me. I felt uncomfortable” (P 21).

Being kept at a distance. Having looked at PWA in accordance with their designation as abnormal, infectious human objects and to ensure that they appreciated their new designation as ostracized people, villagers used a variety of strategies to avoid the risk of infection from such objects. These strategies were related to both everyday and episodic activities and were all aimed at protecting themselves by keeping their distance from possible infection. “Being kept at a distance” led to the denial of even mundane, everyday courtesies to PWA; even water was withheld. (In rural Thai villages, houses normally have a jar of water and dipper outside that visitors use to refresh themselves): “Some villagers reject me very much. They don’t give me any water. They tell me that the dipper doesn’t work. I know myself they don’t want me to use their dipper. They hide their dipper” (P 16).

Also, on an everyday basis, shopkeepers, particularly those who sold food, kept PWA at a distance. They did this because they were afraid of becoming infected or because they were afraid other customers would stop frequenting their shops: “They reject me. Shopkeepers in some shops tell me to pick the goods by myself and put money on the table. They don’t receive money from my hand” (P 16).

Keeping their distance from PWA and food prepared or handled by PWA also extended into culturally significant events such as marriages and funerals:

At [my husband’s] funeral, many neighbors came. But no one ate the food. They also stayed away from his coffin. . .uh. . .some covered their mouths and noses with a handkerchief. Someone said she was scared the disease was spread by air (P 21).

Families of PWA being kept at a distance. The sociocultural implications of HIV/AIDS also affected the families of PWA; people attempted to keep their distance from the children of PWA and incredibly, their dogs. The most common means of keeping the

children of PWA at a distance was to require their withdrawal from school:

My son was not allowed to go to school. A teacher said that my son might catch the disease from his father. She said that my son might bite other students and cause them to catch the disease. If the school took my son, all other parents would take their children out of the school. My son, therefore, had to withdraw from that school (P 17).

And even when children were allowed in school, subtle stigmatization persisted; the personal utensils and equipment of the children of PWA were kept at a distance: “My child can come back to school again. But she has to separate her stuff, for example, her glass, her spoon” (P 21).

Joint Action: An Example

Being looked at and being kept at a distance by noninfected associates were strategies meant to inform PWA that they had been designated by such associates as infectious and “dirty.” This designation, however, enabled PWA to interpret, or render meaningful, both the actual and expected distancing behaviors of their associates and, in light of these interpretations and expectations, to plan their own appropriate responses to them. HIV/AIDS is still designated as a seriously stigmatizing disease in northern Thailand; when people become infected they know from their internalization of the generalized, cultural other that they should expect to experience social discrimination and ostracism. They also know that they can expect others in their families to experience discrimination. To avoid such expected discrimination, they “hide out with HIV/AIDS.” Hiding out was an appropriate response; indeed, its appropriateness is such that it constituted a mirror image of being kept at a distance. As will become clear in the ensuing discussion, the anticipation of being looked at and especially being kept at a distance by noninfected associates allowed participants to keep themselves and their family members at a distance by hiding out.

Hiding out with HIV/AIDS is a psychologicomotivational orientation that refers to any active strate-

gies used by participants to protect themselves, their children, and their husbands from the discrimination associated with HIV. Clearly, however, the more obvious the manifestations (e.g., lesions) or results (e.g., death) of the disease and the degree of discrimination and ostracism expected, the more participants concentrated on concealing their disease and that of other family members.

What this implies is that the presence of visible and readily recognizable HIV/AIDS-related lesions and symptoms facilitates or expedites the recognition of their bearers as PWA. Participants knew this and accordingly tried to conceal their lesions. Participants found it prudent, in light of the expected distress and discrimination the revelation of the diagnosis would entail, to protect themselves, their children, and their husbands. They told lies to hide out or distance themselves from the truth. They also altered their activities to hide out or distance themselves socially or to physically conceal their own diagnosis or that of close family members from people who they expected would react negatively from the moment the diagnosis was confirmed.

Protecting Herself and Her Husband

Participants told lies and altered their activities to protect the family unit from probable discrimination. They knew that their husbands' positive diagnosis would entail ostracism for themselves, too. They behaved similarly when both partners were infected:

I talked with my husband, and we decided to quit our jobs. We worked at the same shop in the city. He was a salesman and I was the housekeeper. We could earn around 5,000 baht a month. We decided to quit our jobs at the shop because we were afraid people would reject us if they knew we had AIDS. So we didn't tell the owners of the shop that we got AIDS. They asked us why we were leaving. I told them a lie. I said I wanted to go home (P 10).

Protecting Her Children

Many parents and schoolteachers were afraid that children would become infected through contact with the children of HIV-positive parents. To avoid infec-

tion, parents withdrew their children from school. In addition, teachers who feared infection or multiple withdrawals from their school refused to admit the children of HIV-positive people or, if already admitted, to require their withdrawal. Thus, the children of HIV-positive people experienced discrimination. If mothers were unable to shield their children from discrimination, they felt guilty for failing them (Brown et al., 1996). Therefore, to protect their children, HIV-positive mothers lied about their disease:

When my daughter was two and a half years old, I took her to school near our house. She went to school for around 3 months. The principal of the school told me to withdraw my daughter because four to five students had withdrawn from the school because of her. Two to three months later, the Head asked me to tell my story to other students' parents at one of their meetings. I went there and told them that I had AIDS but I lied about my daughter. I told them I had never tested her blood because I really wanted her to go to school. That's why I told a lie because I knew my daughter had AIDS (P 21).

Parents also found schools that would enroll their children, even if it meant traveling long distances in searing heat: "I send my child to school at [another village]. That school accepted my son; though it is far from home, it is good for my son to study" (P 18).

Protecting Herself

Participants protected themselves from hurtful discrimination, by "avoiding social contact" with people who reacted negatively to them and by "being clean and covered." Avoiding social contact had three dimensions. The first was engaging in almost reclusive behavior, the second was limiting their activities in the village, and the third was resigning from paid employment. Being clean and covered had two dimensions; these were covering skin lesions, dark skin, and weight loss (the common and easily recognized manifestations of advanced disease) and always presenting themselves in public as clean. Both of these strategies are appropriate responses in a

culture that still designates HIV/AIDS as a “dirty” disease.

Avoiding social contact. Avoiding social contact includes almost reclusive behavior; some participants chose to withdraw almost entirely from village life to protect themselves from hurtful discrimination. Participants recognized that such hurtful behavior was designed precisely to ensure that they did keep their physical distance (hide out). They also recognized that they had been designated as unworthy, dirty, and infectious: “I live alone. I didn’t mix with them. I joined some parties sometimes. . . I know what I should do” (P 3). “Although other villages treat me badly, I don’t care. I live with my son and don’t mix with other people” (P 4). “I live only in my house with my daughter. I do not care about anyone. I do not go to join any activities in the village” (P 10).

In addition, participants protected themselves from hurtful rejection by limiting their activities in their villages. Knowing that friends and neighbors still believed that HIV/AIDS can be transmitted in food and food utensils, they selectively avoided engaging in the preparation and cooking of food, both on an everyday basis and at special ceremonial functions. Participants contributed to such events (as all women are traditionally expected to do) by washing and cleaning up. Some participants were so sensitive to the attitudes of others that they refused to eat out at all, always preferring to eat at home.

Participants also chose to hide from possible hurtful discrimination by not going to the temple and by shopping in distant villages where their diagnoses were not known. Participants also made important employment choices to avoid discrimination. They chose to leave factory work to work at home. They also chose not to avail themselves of gainful employment outside their homes.

Being clean and covered. As already indicated, participants tried to conceal the obvious and commonly recognized manifestations of their disease because the degree of discrimination they experienced was associated with visible HIV/AIDS-related symptoms: “I always wear a long-sleeved shirt and pants to cover the nodules on my arms and legs” [she shows her skin lesions on both arms and legs] (P 17).

They also tried to conceal the “dirtiness” of their disease: “When I go anywhere, I will take a bath and put on clean clothes so that others will not think that I am dirty” (P 20).

Discussion

A number of points are worthy of note in the above analyses. First, both PWA and the noninfected share a common understanding of how HIV/AIDS is designated in Thai culture: as a potentially lethal, highly contagious, and dirty disease. This common understanding is a function, as already indicated, of their shared enculturation, and it enables them to fit their behaviors together in joint action. Being “looked at” by noninfected persons is to ensure that PWA understand their designation in the shared object world. It is because PWA expect to be looked at in this very particular way that they strive to hide the most obvious manifestations of their disease by being “clean and covered.” They also ensured that any obvious HIV/AIDS-related lesions were covered, because levels of discrimination were associated with the easily recognized or well-known HIV/AIDS symptoms. In both respects, participants behaved as other PWA (Suksatit, 2004; Weitz, 1990) and as cancer sufferers did when cancer was considered a dirty disease (Moneyham et al, 1996). Being clean is to counteract villagers’ construal of them as dirty, and being covered is to minimize or limit the amount of being looked at they must face. These behaviors are a perfect fit. In addition, being kept at a distance helps noninfected villagers protect themselves from infection, and hiding out is the PWA response to its expectation.

Second, and related, the behaviors associated with being kept at a distance and hiding out are virtual mirror images; they are almost identical behaviors, and this has some interesting implications. Being kept at a distance is consistent with other HIV/AIDS-related literature. PWA typically experience abandonment and social rejection (Fife & Wright, 2000; Suksatit, 2004). Because they both result in social isolation, financial hardship, and serious inconvenience for PWA, it cannot be the behaviors that are associated with being kept at a distance per se that are problematic for PWA, but what these behaviors

mean. For PWA, being kept at a distance subsumes a range of behaviors that mark them as unworthy, lesser people and that evoke the Me that is the PWA. However, when these same behaviors are chosen by PWA themselves (albeit with the same apparently unfortunate consequences), they enable PWA to avoid the hurtful, discriminatory behaviors that mark them as "other." These same behaviors, therefore, mean something different to PWA when they are self-imposed: they mean the exercise of the PWA's self-determining "I."

Implications for Further Nursing Research

The focus of this study has been HIV/AIDS-infected wives and widows in the rural north of Thailand; research into the experiences of other PWA populations in the rural north, therefore, would be useful. Comparative research into the experiences and needs of infected children with parents and those who are orphaned could usefully be undertaken. Another important group whose experiences and needs require investigation is grandparents who, increasingly, are required to support two generations of PWA in their families. Finally, and because the experiences of PWA are directly attributable to community construals of HIV/AIDS, research into the impact of a range of different HIV/AIDS educational programs on the well-being of PWA is needed.

Summary

Symbolic interactionism is theoretically focused on the acting individual, and the individual is regarded as self-determining rather than determined; society is constructed through the purposive actions of individuals and groups. The self is constructed through social interaction and includes the internalization of the beliefs and attitudes of "the generalized other." The self has two components, that is, the "I," the agentic component, and the "Me," the subject component. Individuals and groups interact in object worlds in which meanings are designated symbolically in verbal and nonverbal behaviour. Grounded theory is the method of symbolic interactionism. The methodological principles of grounded theory are consistent with the exploration and inspection com-

ponents of symbolic interactionism. As an explanatory framework, symbolic interactionism really does enable analysts to explain rather than merely describe the behaviors of interactors in local, object worlds.

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