

Evolving Grounded Theory Methodology: Towards a discursive approach

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ABSTRACT

Grounded Theory Methodology (GTM) is a widely cited research approach based upon symbolic interaction with a focus on interaction, action and processes. Relatively recently, Discursive Psychology; a language-based interaction research approach also based on symbolic interaction, emerged. At present Discursive Psychology is principally cited in the social sciences literature. Given Discursive Psychology's symbolic interaction foundations, what relevance does this approach have for evolving GTM?

A number of methodological challenges were posed by a study looking at humour in Clinical Nurse Specialist–patient interactions. This paper will use the phenomenon of spontaneous humour in healthcare interactions to illustrate the potential for a new form of GTM drawing on discursive approaches; Discursive GTM.

First, the challenges presented by a study looking at spontaneous humour in Clinical Nurse Specialist–patient interactions are presented. Second, the research approach adopted to meet these challenges – Discursive GTM (DGTm) – is explicated and the results of the study are outlined. Third, the different GTM approaches and Discursive Psychology are compared and contrasted in relation to the DGTm approach adopted. Finally, the challenges and tensions of using DGTm as well as the opportunities afforded by the use of naturally occurring data are reviewed.

The authors contend that a DGTm approach may be appropriate in analyzing certain phenomena. In particular, we highlight the potential contribution of naturally occurring data as an adjunct to researcher-elicited data. Thus, when exploring particular phenomena, a DGTm approach may address the potentially under-developed symbolic interaction tenet of language.

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What is already known about the topic?

- Grounded Theory Methodology (GTM) is a widely cited qualitative approach in the social sciences.
- Traditional and evolved forms of GTM abound however there might be disparities between GTM theory and application.
- Constructivist GTM is the most recent version of GTM and provides a postmodern updating of traditional GTM.

What this paper adds

The phenomenon of spontaneous humour is helpful in illustrating the potential for an evolved form of GTM drawing on discursive approaches; Discursive GTM. GTM's relevance for and potential to, orient to a more language-aware discursive approach and the associated challenges and tensions are presented. The potential contribution of naturally occurring data as an adjunct to researcher-elicited data is highlighted.

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1. Introduction

Grounded Theory Methodology (GTM) is a widely cited and used methodology within the social sciences generally

and nursing research specifically (McCann and Clark, 2003a). Glaser and Strauss (1967) issued an invitation early in their seminal text for others to develop their work. Numerous authors – including students of both Glaser and Strauss (1967) – subsequently seized the opportunity and a plethora of ‘new’ GTM scholars emerged (e.g. Charmaz, 2006; Clarke, 2005; Hall and Callery, 2001; Kearney, 2001; MacDonald and Schreiber, 2001). In this article we too seek to evolve GTM.

Like GTM, ethnomethodology (Garfinkel, 1967) is also based on symbolic interaction (SI) (Blumer, 1969) concepts. Although GTM (and to a lesser extent phenomenology) are favoured research approaches in nursing (e.g. Schreiber and Stern, 2001), ethnomethodology features less prominently (Dowling, 2007; Traynor, 2006; O’Connor and Payne, 2006). Nursing is an area that embodies interaction and language therefore, it is reasonable to assume that ethnomethodology may provide equally useful insights. We suggest that GTM could benefit from using certain methodological approaches based on ethnomethodology.

Ethnomethodology-inspired ‘discursive’ approaches such as Discursive Psychology (DP) (Edwards and Potter, 1992) have emerged fairly recently in the social sciences literature. Constructivist or constructionist GTM scholars (Bryant and Charmaz, 2007; Charmaz, 2006; Clarke, 2005; MacDonald and Schreiber, 2001) and non-GTM scholars (Cresswell, 2007; Denzin, 1992) have suggested that GTM requires a postmodern make-over. Willig (2001), citing the postmodern turn to language, suggested that any further development of GTM should focus on how it treats discourse.

In this article a new form of GTM drawing on discursive approaches; Discursive GTM is proposed as a useful addition to existing research approaches. Discursive GTM (DGTM) attends to specific aspects of discourse as appropriate when analyzing particular phenomena in conjunction with introspective data. Here we use the interaction-based phenomenon of humour to illustrate the potential of and for, DGTM.

1.1. *The phenomenon of humour*

The phenomenon of humour is often viewed as a somewhat stable expression of personality in humans (Foot and McCreaddie, 2006). Nevertheless, it is reasonable to suggest that humour may present differently (or not at all) in certain circumstances or conditions. Humour, after all, is an integral aspect of communication between humans and is also noted to exist (principally via laughter or play) among other species (Martin, 2006). It is therefore ostensibly a social phenomenon principally occurring in social situations between two or more people (Martin and Kuiper, 1999; Apter, 1991) and is therefore, not necessarily stable, but dynamic and potentially complex.

A literature review undertaken by the first author prior to establishing a research question revealed the insular nature of humour research to date. For example, the humour-health hypothesis – the concept that humour is thought to directly or indirectly positively impact upon health – was the main focus of a number of ‘traditional’ psychological research studies. Such correlational studies were invariably

carried out on psychology students in laboratory conditions using various ‘humour scales’ (McCreaddie and Wiggins, 2008). The field of humour research, academic and applied, was noted to share a number of commonalities. Humour research was (a) dominated by rehearsed humour (e.g. comedy films, cartoons), (b) principally supported the notion that humour is an entirely positive phenomenon, (c) tended to denote humour via laughter (e.g. humour support), (d) studied healthy young people and (e) sought to measure, distill or correlate the phenomenon. There was a paucity of humour research in situations where the (spontaneous) phenomenon was more likely to occur (e.g. social interactions). Moreover, important situated contexts such as healthcare interactions had been virtually ignored. The first author’s (MM) doctoral study therefore, aimed to elicit new and robust findings reviewing the spontaneous phenomenon in ‘real world’ settings (McCreaddie and Wiggins, 2009).

1.2. *Researching the phenomenon of spontaneous humour*

Morse (2001) contends that GTM is particularly useful in exploring phenomena of which little is known and is a flexible means of inquiry specifically in terms of data collection and analysis. The phenomenon of spontaneous humour in healthcare interaction is a relatively unexplored area and therefore, data collection and analysis needed to be flexible and responsive. Humour, being primarily a social phenomenon, is something that is constructed between two or more people—a process, action and interaction involving indeterminacy, multiple realities and interpretations. The unexplored nature of the phenomenon, the need for a flexible and responsive data collection and analysis strategy in keeping with processes, actions and interactions involving multiple realities, led the first author to adopt a constructivist GTM approach.

No matter the approach adopted, Burns and Grove (2001) suggest researchers need to carefully consider how a phenomenon is to be defined and, or interpreted and collected. The first challenge therefore, lay in delimiting the phenomenon. What constitutes humour? How will we know what it is? Will we be able to recognize and interpret it? How will we be able to make these findings explicit to others so that any implications for clinical practice can be addressed? Finally, what would be the best kind of data to provide examples of spontaneous humour?

1.3. *Delimiting the phenomenon*

The challenges presented by the phenomenon of humour can be illustrated by the often interchangeable use of the terms humour and laughter. Humour and laughter are often taken to mean one and the same thing whereas they are two (potentially) distinct aspects of a phenomenon. Nonetheless, both exist on a broad spectrum incorporating many facets from stimulus (or no stimulus) through emotion, social, cognitive–perceptual and behavioural aspects: the latter taken to mean (in research terms at least), almost exclusively, laughter (Glenn, 2003). There can, of course, be humour without laughter, in the same way that laughter may occur without humour, e.g.

unlaughter (Billig, 2005). In this study, the difficulties in delimiting the phenomenon were addressed as follows.

1.4. The 'unknown': new or different presentations of humour

First, a relatively open definition or interpretation of humour was adopted in cognizance of the unexplored nature of the topic in the situated context in which it was being investigated: healthcare interactions. This explicitly recognized that the phenomenon of humour may have an entirely different or unusual presentation in this complex and dynamic substantive area than that previously suggested elsewhere. In other words, while humour may be recognizable in some forms or contexts, e.g. jokes, cartoons, this may not be the case in healthcare interactions. Humour may present in a different or unusual way and may not be immediately recognizable and, or comprehensible.

The scope and assumptions of the study were therefore underpinned by the perspective of humour as a broad and encompassing phenomenon that cannot be solely ascribed to a particular (known or observed) stimulus (e.g. joke or cartoon, or other) or specific behavioural response (e.g. laughter or other). Humour may therefore arise without a particular (known or observed) stimulus and may not be readily identifiable as humour *per se*: certainly not according to existing definition and understanding. Hence, there may be times within the study where what was being reported as humour is not interpreted (by the reader) as humour (e.g. self-disparaging humour). The situated contexts and other aspects of the interaction – patient's perspective, Clinical Nurse Specialist (CNS) perspective, antecedents, and broad context – also provide the backdrop against which the claims being made can be judged, where the interpretative and illustrative frameworks fail to convince. The situated contexts reported are as important as the interpretative and illustrative frameworks being applied insofar as the evidence presented—as befitting a constructivist GTM approach.

1.5. The 'known': theoretical origins and form

Second, the study developed interpretative and illustrative frameworks to make the phenomenon tangible and potentially applicable. There was therefore, an attempt to balance what was unknown (different or unusual presentations) with what was 'known' (e.g. theoretical origins and form) with regard to the substantive area of study. The interpretative and illustrative frameworks will now be introduced.

The interpretative and illustrative frameworks applied in this study comprised the following: (a) open coding using gerunds, in vivo codes and constructs, (b) the three main (motivational) humour theories; superiority, incongruity and release, (c) aspects of Discursive Psychology (Edwards and Potter, 1992) where appropriate, (d) Hay's (2001) humour support implicatures, and (e) an amended form of the Jefferson system (Sacks et al., 1974). Further contextual aspects were highlighted via an amended use of Martin's (2001) psychological overview of humour at the level of axial coding.

Table 1
Data Corpus (05SO709/6 and 06SO709).

Data	Participants = 88
20 CNS–patient interactions	51 patients
20 pre and post-interaction audio-diaries	17 next of kin/ volunteers
3 audio-taped follow-up interviews CNSs (interaction 1, 2 non-consents)	14 CNSs
2 field note follow-up of CNSs (6, 12)	5 other staff
1 audio-taped interview of patient (interaction 6)	
11.5 h of field note observations (negative case)	
3 audio-taped focus groups	
1 observed field note focus group	

Prior to outlining the development and application of the interpretative frameworks which underpin our development of DGTM it is important to delineate the data corpus from whence it emerged [Table 1]. CNS–patient interactions as non-researcher-elicited data form the bulk of the data corpus and these (and all other) audio-taped data were subject to a minimum of 4 or 5 passes.

1.5.1. Finding the phenomenon

The putative interpretation of the phenomenon under study, specifically (a) the notion it is a primarily spontaneous social phenomenon requiring two or more individuals in interaction and (b) the potentially unknown nature of its presentation or even (c) whether it may actually occur or present, made the choice of data and data collection paramount. We argue that the unknown aspect of the phenomenon could not be addressed via interviews or focus groups alone. Attending to participant introspection, e.g. via interviews, presupposes that the participant (and the interviewer) 'know' what constitutes humour, can identify it and reproduce it with a degree of 'situatedness' (Clarke and Friese, 2007: 368). Consequently, the study started with a data corpus of twenty audio-tape-recorded CNS–patient interactions.

Twelve CNSs were asked to record two interactions each with the CNS completing a pre and post-interaction audio-diary. These interactions of 20 min minimum recorded a 'normal' clinical consultation/meeting where the researcher was not present—non-researcher-elicited data. 'Naturally occurring' data is the mainstay of Discursive Psychology (Silverman, 2007) and to further facilitate 'spontaneity' the participants (Clinical Nurse Specialists and patients) were informed that the study was broadly about 'communication' (see Section 1.7).

Theoretical sampling commenced at CNS–patient interaction six and the data was added to with interviews, field notes, observation and focus groups. Follow-up was undertaken on the basis of particular questions that arose from the interactions, i.e. to service theory generation. Field work took place over eighteen months and required two ethics submissions. The second ethics submission was to facilitate the following; (a) follow-up of the patient in interaction six, (b) acquisition of different data such as observation, (c) a review of the patient perspective and (d) pursuit of a possible negative case.

We argue that the decision to use a data corpus of naturally occurring data as a starting point was necessary to capture the spontaneous, interactive and potentially unknown aspects of the phenomenon being studied. Thereafter, the addition of introspective or researcher-elicited data such as field notes or interviews provided a more balanced account of the phenomenon. Thus, the phenomenon could emerge spontaneously and in a 'natural' social setting and not be driven by the researcher. Thereafter, introspection could be sought via interview or field note follow-up and co-construction could begin in earnest. For example, the perspectives of the CNSs obtained via pre and post-interaction audio-diaries, interviews and field notes were complemented with patients' perspectives via focus groups. The initial use of naturally occurring interactions in conjunction with the need to interpret and illustrate such a complex situated phenomenon subsequently engendered a more discursive approach to analysis.

1.6. Analytical procedures

First, line by line open coding – the process of sorting the data into parts to conceptualise and then categorise (McCann and Clark, 2003b) – was undertaken. For example, Charmaz (2006) advocates 'working quickly' and the use of gerunds (action words) in line by line coding. Thus, initial coding reviewed gerunds (action words) in vivo codes and relevant constructs: the latter defined as those concepts relevant to the phenomenon under study and identified as such by the researcher's theoretical sensitivity. Humour was also broadly identified at this juncture via the use of humour theories: superiority, incongruity and release.

1.6.1. Humour theories

Superiority or tendentious humour incorporates degradation or sarcasm (Hobbes, 1588–1679) and may be aimed at self or others. Self-disparaging humour is therefore, nominally included within this broad group. However, within this study self-disparaging humour became a humour category on its own for three reasons. First, it was highly prevalent within the data corpus. Second, self-disparaging humour is quite distinct from sarcasm and this may not be apparent in the broad and historical label of superiority humour. Third, it was possible to draw upon a growing body of literature on self-disparaging humour in the constant comparison analysis with which the subtleties of this category could be explored.

Incongruity humour (Kant, 1724–1804) is a more cognitive approach and generally encompasses a set up and (incongruous) punchline whereas relief (Freud, 1856–1938) is less explicit humour that may potentially mask hidden meaning. Like superiority humour, the expression of release humour encompassed a broad range of uses that may not necessarily be viewed as humour *per se* and this was initially accounted for in a holding category of 'other'.

1.6.2. Discursive features

As indicated previously, theoretical sampling commenced at CNS–patient interaction six when two key aspects became apparent. First, discursive features were

coming to the fore in line by line open coding because of the use of naturally occurring interactions. A participant uttering 'we' instead of 'I' (footing) or using a deontic modality (e.g. 'to have to') to describe their experience are examples of specific discursive features identified in the data. Second, it was also apparent that the humour identified needed to be collated in a more meaningful way to enable each humour excerpt (and humour excerpts across different interactions), to be compared and contrasted. A simple tabular format was initially introduced that identified patient or CNS humour initiation and nurse or patient humour reciprocation (e.g. Fig. 1). This format evolved with the addition of Hay's (2001) humour support implicatures and the use of the amended Jefferson system.

1.6.3. Humour support

Hay's (2001) humour support implicatures were derived via a Conversation Analytic study and identify non-laughter-based aspects of humour support such as echoing humour and developing humour. Hay's (2001) implicatures were therefore, used to identify humour support other than laughter. An amended version of the Jefferson system of transcription was also used to illustrate the humour theories and provide a (laughter-based) humour support interpretation of the data: to further explore what was 'unknown'. The Jefferson system highlights prosodical features of speech or the delivery of talk such as breath sounds, intonation, loud speech, silence etc: those features of speech that may otherwise be considered irrelevant. Consequently, unlike interpreting specific discursive features and, or humour use, the use of the amended Jefferson system was primarily illustrative in this instance.

A second interpretive framework – Martin's (2001) psychological overview on humour in communication – was adapted to the context under study, e.g. healthcare interaction [Table 2]. This framework evolved following CNS–patient interaction twelve and subsequent follow-up of the CNS. Interaction twelve had been attended (like seven out of twenty of the CNS–patient interactions) by one or more third party. There were therefore, multiple realities in this interaction informed by different perspectives. Consequently, Martin's (2001) overview facilitated abstraction of the data (a) in relation to the situated process, action and interaction overall, e.g. meso-processes, (b) with regard to the conditions, context and consequences, e.g. macro-processes and (c) the phenomenon in relation to both (a) and (c).

At the level of axial coding fractured data from level one was re-assembled in different ways to compare and contrast datum with datum and to look for commonalities among concepts. Martin's (2001) overview facilitated abstraction in tandem with maps denoting the meso- and macro-approaches to both the interactions and the phenomenon and the axes around which categories emerged and subsequently developed. The nuances of the above meso-processes were then able to be reviewed in terms of how they interacted with the macro-processes.

1.6.4. Summary

The interpretive and illustrative frameworks evolved in an iterative fashion as part of the constant comparison of

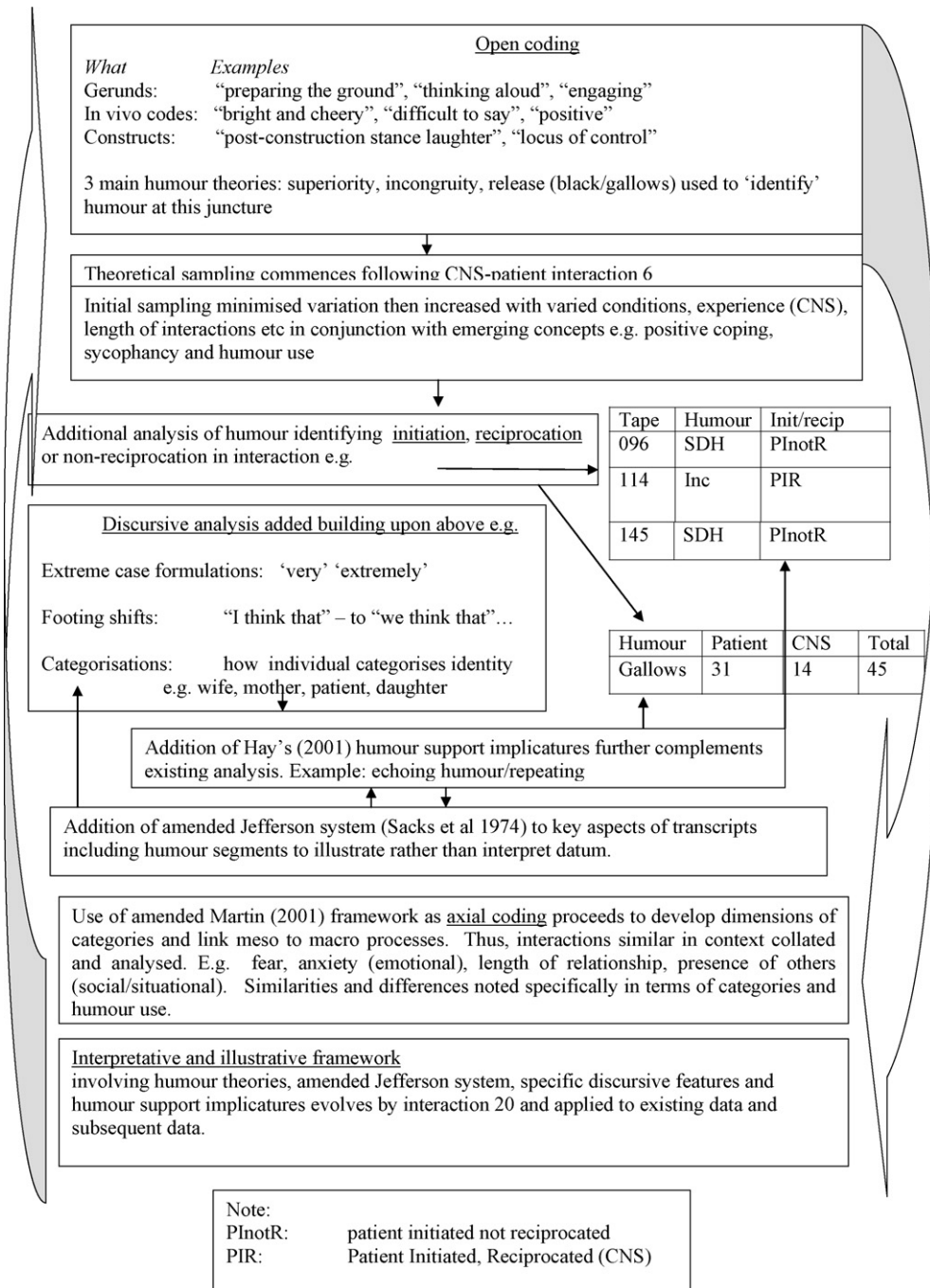


Fig. 1. Evolving analysis and development of interpretative and illustrative frameworks.

data collection and analysis, in tandem with ongoing review of the literature. The latter was key in identifying key aspects that further informed the study, e.g. self-disparaging humour literature. Consequently, the application of the frameworks allowed a very detailed analysis of the nuances of the interaction generally and in relation to humour specifically including:

- (a) when humour occurred in terms of the interaction (beginning, middle, and end),
- (b) what type of humour it appeared to indicate (superiority, self-disparaging, incongruity, and gallows/release humour),
- (c) who initiated it (CNS/patient/other),
- (d) whether or not it was reciprocated (e.g. Hay, 2001),

Table 2

Adapted from Martin (2001): psychological overview of humour in healthcare.

Psychological aspect of interaction	As it relates to healthcare interaction: examples
Cognitive	Previous experience of healthcare/others Understanding/education Perception of locus of control
Social/situational	Environment: home/clinic Presence of others Gender, age Length of relationship Length of interaction
Emotional	Fear, anxiety, depression, labile, embarrassment
Physiological	Nausea, vomiting, pain Shortness of breath
Behaviour	Verbal, non-verbal

(e) by whom (CNS/patient/other) and
(f) how (Jefferson system, discursive features).

1.7. Study notes

There are a several aspects of the study that are cogent in terms of providing cohesion to the overall process. First, study participants were informed that the study was broadly about 'communication'. This could raise ethical concerns regarding covert research or concealment. It is generally accepted that it is reasonable to be non-explicit regarding the precise aim of a study if being explicit could be said to compromise the study. Nevertheless, this proviso has to be balanced with the ethical tenet of non-maleficence (Chantler and Chantler, 1998). In other words, it is possible to be non-explicit about the aims of the study as long as participants are not harmed by the process. This was the position adopted by the first author and was supported by ethical review on two separate occasions (06SO709/7, 05SO709/6). Second, the original intention was also to ask patients to undertake confidential pre and post-interaction audio-diaries comprising responses via a hand-held digital voice recorder (DVR) to open questions. However, despite the format patients proffered closed responses (Yes/No). A follow-up interview with the first CNS found that patients also had difficulty operating the DVR. Accordingly, the pre and post-interaction patient diary was omitted as it would unnecessarily have added to the workload of the CNS without yielding any additional useful data.

Third, the CNS pre-interaction diary questions covered age, gender, diagnosis, length of relationship, purpose of meeting and any other issues. The post-interaction diary questions requested details on environment, persons present, length of meeting, perceptions of meeting, humour use (awareness of and types) and smiling. Four, the first author undertook field notes, rather than audio-taped interviews with two CNSs because both CNSs had informally started to discuss the study. To have stopped this discussion and started to set up equipment to record would have been inappropriate and both participants intimated they were content for the researcher to take field notes instead.

The findings of the study on humour in healthcare interactions are reported in detail elsewhere (McCreaddie

and Wiggins, 2009; McCreaddie and Payne, under review; McCreaddie et al., under review; McCreaddie, under review). The reader is encouraged to access these papers as they provide numerous examples of the DGTM analyses. However, following on from the discussion above and prior to reviewing GTM, Discursive Psychology and the potential benefits and disadvantages of DGTM as well as the associated challenges and tensions, it is necessary to provide a brief outline of the main findings including a data sample to illustrate the method.

2. Findings

The main study reported a middle-range theory that accounted for humour use in CNS–patient interactions: reconciling the good patient persona with problematic and non-problematic humour. Patients use humour to reconcile a good patient persona and establish and maintain a meaningful and therapeutic interaction with CNSs. The “good patient” is the core category and the sum of particular aspects such as compliance, sycophancy and positive coping being enacted to varying degrees within the situated context of the interaction. The “good patient” persona needs to be maintained within the interaction and is therefore reconciled with potentially problematic or non-problematic humour. Thus, the “good patient” explains the use of humour within the study and the theory attempts to differentiate between potentially problematic and non-problematic humour.

Humour plays an integral role in engaging and maintaining CNS–patient interactions. Incongruity humour is potentially non-problematic and used to initiate, engage and enhance the interaction. However, self-disparaging humour (SDH) or gallows humour may be potentially problematic: deferentially packaging complaints or feelings that may otherwise threaten the good patient persona. SDH use is not necessarily indicative of problems but it may be potentially problematic in certain presentations. For example, if SDH occurs repeatedly within a short timescale, to the exclusion of other types of humour and/or with gallows humour only and it is solely initiated by the patient then it constitutes potentially problematic humour use.

It was noted that patients were nearly twice as likely to initiate and reciprocate humour as CNSs. CNSs were either unaware of patient humour or interpreted the humour use as something positive, e.g. coping or simply 'nerves'. Patients' humour preference differed considerably from CNSs. Patients principally displayed SDH, gallows, incongruity, rarely evidencing (non-SDH) superiority humour. Conversely, CNSs tended to use, in turn, superiority, incongruity, gallows and SDH. In summary, the theory differentiates potentially problematic humour from non-problematic humour and notes that how humour is identified and addressed is central to whether patients concerns are resolved or not.

2.1. Data sample

The following excerpt is used to demonstrate how the data was presented and analysed using the interpretive

and illustrative framework. It is an unusual example of a patient initiating superiority humour.

Bobby is an 82-year-old man attending the CNS (Stroke) for the first time for assessment. This patient had been brought to the appointment by his daughter, but unlike others, she did not sit-in on the meeting. He appeared to have a developed sense of humour which was diverse and encompassed various types (gallows, self-disparaging, incongruity, superiority) throughout the course of the interaction. In the following excerpt Bobby is waxing lyrical regarding the expanse of the hospital premises and the difficulty his daughter has had in finding the clinic:

Excerpt:

- 1 Bobby I've never seen a hospital like it ye know. Well
 2 ah know this hospital was built before Christ left Partick
 3 and it's time it was flattened and wan o' those fancy ones
 4 built.
 5→ CNS (.)Eah well that's the plan£ .hmm
 6 Bobby it's so::o spread oot
 7→ CNS £It's spread oot.£
 8 Bobby That poor girl she must have lost aboot a stone pushing
 9 me aboot in that chair there. [daughter's name] ah said,
 10 I'll walk, [daughter] said. 'oh no, you better no' walk. Oh=
 11→ CNS =And you could huv walked could ye?
 12→ Patient >Ah'd maybe huv found it quicker if ah
 hud a walked<
 13 [.hah ha]
 14→ CNS [.hhah] Oh dear .h

Key to extract (amended Jefferson system—Sacks et al., 1974):

- (0.1) time pauses in seconds
 (.) noticeable pause
 >word< rushed-through speech
 word= equal's sign shows that there is no discernible pause
 =said between one speaker's turn and another, e.g. latching
 → analyst drawing reader's attention to significant line
 So::o colon mid word denotes stretched sound
 £smile£ sterling signs around words denote smiley voice
 .ha denotes laughter particle (in-breath)
 [square brackets denote start of overlapping talk.

There are two points of note here: (a) Bobby's evident and prosaic disapproval of the hospital layout and (b) the CNS's repeated humour support in the face of such disapproval, particularly in the context of a first interaction. Bobby's disapproval is couched in verbose terms that arguably present a vivid picture of his (or rather his daughter's) struggle to find the clinic's location. Further, his discourse is peppered with somewhat exaggerated colloquial prose from 'since Christ left Partick (an area of Glasgow)' (line two) to 'lost aboot a stone' (line eight) and in some respects it may be the way in which the complaint is posited that amuses the CNS, particularly notable are the humour support of smiley voices (lines five and seven) and the repetition or humour echoing in line seven. Equally noteworthy is Bobby's rushed-through response to the CNS's challenge in line eleven and their subsequent joint laughter (lines thirteen and fourteen). Bobby's complaint, couched as it is in superiority humour, is not a personal complaint against the CNS but a complaint against 'the hospital' and hence, it is presumably less likely to be taken

personally and can therefore, be wholly supported by the CNS and enjoyed by both. It is an unusual example of a patient initiating superiority humour and is the kind of humour more likely to be seen among friends (Homes and Marra, 2002).

The following section will now briefly outline the key aspects of GTM before reviewing Discursive Psychology, thereafter discussing the potential challenges and tensions in using DGTM.

3. GTM—the key areas of debate

Currently, the GTM debate alternates between a critical realist (or traditional) and relativist ontological (or evolved) perspective depending upon the GT method preferred and the claims made in relation to that method (Annells, 1997; Mills et al., 2006; Corbin, 1998; Morse, 2001). Notably, Glaser and Strauss's students suggest it was evident that both protagonists' had differing individual aims and assumptions guiding their initial collaborative work at that time (Benoliel, 1996; Stern and Covan, 2001).

There are several key features of traditional (Glaser and Strauss, 1967; Glaser, 1978) and evolved GTM (Strauss and Corbin, 1998; Charmaz, 2006): theoretical sensitivity (including the literature review), theoretical sampling (sampling to develop the properties of the data), the constant comparative method of data collection and analysis plus theoretical saturation (the point at which no other data will provide any further properties of the data or theoretical insights). Theoretical sampling drives theory generation via the constant comparative method until saturation. All of the key aspects of GTM outlined above are areas of claim and counter claim from the traditional and evolved perspectives. However, theoretical sensitivity along with the intricacies or otherwise of the preferred approach to coding, is the fulcrum of the traditional (emergence) versus evolved (forcing) debate played out between the main protagonists (Glaser, 1978, 1992; Strauss, 1987; Strauss and Corbin, 1998, 1990).

3.1. Theoretical sensitivity

Theoretical sensitivity infers the ability to give insight and meaning to data and specifically addresses the role of the researcher. Glaser (1978) views the researcher's role as that of expert and conceptual innovator. He considers that it is not unreasonable to be sensitised to the 'professional' (e.g. nursing) literature. However, he does not necessarily consider it appropriate to seek relevant or related literature not already to hand. Further, Glaser (1978) appears to make distinctions regarding the role of the researcher-participant in shaping emerging theory. For Glaser (1978) and others (Schreiber, 2001: 60) theoretical sensitivity is 'another way the researcher guards against potential biases that can be a threat to the rigor of the study'. Conversely, a constructivist perspective assumes that people construct the realities in which they participate and thus highlights the researcher-participant dyad and the co-construction of data (e.g. Charmaz, 2006). Researchers therefore, are not necessarily viewed as experts, nor are

they fearful they will contaminate data. They are 'open-minded not empty-headed' (Dey, 1999: 251), making the distinction between being sensitised and imposing particular concepts on the emerging data (Schreiber, 2001).

Theoretical sensitivity was cultivated in this study via a comprehensive literature review as is evident in the emerging interpretative and illustrative framework. Additionally, by virtue of previous experience as a stand-up comedienne, the first author lay claim to having insight; an awareness of the subtleties of the data and the ability to bring meaning to the data (Strauss and Corbin, 1990). Nevertheless, there are clearly tensions between having insight and awareness and not bringing a priori conceptualisations of humour to the analysis. These were managed in two ways. First, repeated passes of the data, the iterative process of analysis and the attempt to complement data sources demonstrate what Charmaz (2006) refers to as a 'creative confrontation' as part of a co-construction by the researcher, participants, emerging data and literature. Consequently, insight and awareness are evident but (individual) a priori conceptualisations are balanced via co-construction. Second, as this study was undertaken in fulfilment of the requirements for a doctoral degree, the first author undertook regular supervision sessions where emerging concepts were the subject of academic challenge and debate.

We suggest that this example of our application of theoretical sensitivity epitomises a constructivist approach that is neither fearful nor expert, but creative and co-constructive.

3.2. Theoretical sampling

Theoretical sampling is also area of debate in GTM, but perhaps not to the same extent as theoretical sensitivity. Strauss and Corbin (1998) contend that theoretical sampling begins after the first analytic session. However, other GT protagonists, consider that theoretical sampling, should not be undertaken too early or conceptual density will be forced rather than emerge (Glaser, 1978; Charmaz, 2006). Again, we concur with the constructivist perspective that it is necessary to minimise variation in the sample initially, prior to considering variation as a means of servicing theory generation. In the humour study theoretical sampling commenced after CNS–patient interaction six prior to more concerted theoretical sampling including that of a negative case.

3.3. The constant comparative approach

The constant comparative approach of data collection and analysis is a key tenet of the traditional and evolved 'versions' of GTM and it is here the debate over the 'correct' way to do GT becomes most assertive (e.g. Bryant, 2003; Corbin and Strauss, 2008; Glaser, 1998; Walker and Myrick, 2006).

In the original text, Glaser and Strauss (1967) contend that the purpose of the constant comparative method is to generate theory systematically by coding. Constant comparison consists of four stages: comparing incidents applicable to each category, integrating categories and

their properties, delimiting the theory and writing the theory (Glaser and Strauss, 1967: 105). Glaser and Strauss subsequently differed on the degree of analysis afforded to each stage and the terms attributed to them.

The main area of dispute is that of Strauss and Corbin's (1998, 1990) initiation of the concept of axial coding whereby fractured data is put together in different situations. Thus, the data is constantly compared at the level of how it relates (or not) to subsequent data, or different data. Axial coding is conceptual and abstract rather than descriptive and produces a greater explication of the process (Holloway and Wheeler, 1996). Thereafter, Strauss and Corbin (1990, 1998) specified an organising schema that comprises the following: (1) conditions: circumstances or situations that form the structure of the studied phenomena, (2) actions/interactions, (3) consequences or outcomes of actions/interactions.

Glaser (1992) views axial coding as 'forcing' although Kelle (2005) suggests Glaser's claims in that regard are vastly exaggerated. Moreover, Glaser (1992) developed eighteen coding families for his theoretical coding category. In contrast, Charmaz (2006) proffers a two stage approach of open and focused coding, while Clarke (2005) outlines the potential for integrative diagramming to sort, synthesise and link concepts with categories thereby seeking to develop relationships among concepts and provisional categories.

Our explication of the interpretative and illustrative frameworks resonates with much of Strauss and Corbin's (1998, 1990) initiation of coding paradigms and, in particular, axial coding (e.g. Martin, 2001). We suggest that the evolution of the interpretative and illustrative frameworks were necessary to find and make explicit a complex, dynamic and situated phenomenon.

The key facets of the GTM debate are therefore, (a) when theoretical sensitivity is required and to what extent it should be cultivated in terms of the grounded data or other data (e.g. literature, other research or theories) and (b) how this articulates with the appropriate interrogation of data (e.g. coding paradigms). These key facets should vary according to the preferred GTM approach.

Grounded theory deferring to multiple realities and indeterminacy—a constructivist approach was adopted in this study. Discursive Psychology (DP) is a social constructionist perspective—but is still an anti-essentialist position (Gergen and Gergen, 2003). In keeping with other social constructionist approaches and having much in common with constructivist GTM, DP is a language-based research inquiry with the worldviews of individuals created in dialectical interactions with society.

4. Discursive Psychology

DP is a form of Discourse Analysis that focuses on psychological themes (e.g. attitude, emotion, motivation). It is based upon language (Wittgenstein, 1953), ethnomethodology (Garfinkel, 1967), rhetorical psychology (Billig, 1987) and Conversation Analysis (Sacks, 1992). DP focuses on naturally occurring interactions assessing how people construct versions of mental, social and other events and their processes. Talk is therefore, not descrip-

Categorisations	individuals categorise themselves as 'mother' daughter etc and these are linked to particular actions that may infer something e.g. identity
Extreme case formulations	using words like 'very', 'tremendous', to strengthen an argument or account for something
Detail in narrative/generic vagueness	looking for the detail people use in their accounts or alternatively the vagueness of these accounts
Affect displays	Displaying affect (emotion) conversationally e.g. sighing – where is it in conversation?
Listing/narrative structures	Jefferson (1991) noted that lists often have 3 parts, with the most weight attached to the third part of the list.
Footing shifts	speaking from different footing positions: 'I think that', 'we do this', 'it's thought that'. What is this achieving? (See Edwards and Potter 1992)

Fig. 2. Examples of analysis in Discursive Psychology.

tive but action-orientated, performative or an accomplishment. Hence, DP looks at how participants' 'accounts' – a specific discursive act or a means of justifying a particular course of action (Wooffitt, 2005) – are constructed to manage (psychological) issues of attitude and emotion (e.g. family mealtimes; Wiggins, 2002, neighbour complaints; Stokoe and Hepburn, 2005, police interviews; Stokoe and Edwards, 2008). These accounts denote certain rhetorical, linguistic and sequential features of talk such as footing, stake and interest and neutrality [see Fig. 2] (Potter, 1996).

DP uses aspects of Conversation Analysis as part of its attempt to unearth an alternative 'psychological thesaurus' (Hepburn and Wiggins, 2007: 9). Thus, rather than looking (a priori) for emotion, cognition, memory or attitude, DP looks at how people 'do' these categories, e.g. emotion – upset, cognition – think, attitude – beliefs. DP is an alternative to the 'traditional' cognitive-based approaches of psychology that contends what people say is what they mean. In other words DP believes peoples' realities are multiple, constructed and performative and what they do or say is not necessarily what they think (Hepburn and Wiggins, 2007). Consequently, DP shifts the focus from pre-determined state and trait measurements of cognition, the empiricism of studying behaviour (specifically the concept of behaviour as reflective of cognitive processes), to the study of talk as action or performative language. Hence, DP recognizes the constructive and constitutive properties of ordinary language and dispute the traditional psychological relationship between discourse and cognition. Participant's talk accomplishes, achieves or constructs. Consequently, DP proponents contend that what is important is what the

participants treat as relevant, e.g. via previous turns or objects.

DP therefore, has much in common with constructivist GTM and there are arguably overlapping areas—some of which have been further developed in this study. For example, there is an emphasis on interaction, actions and process in DP but the focus is purely the language of the participants. Thus, DP uses aspects of Conversational Analysis (CA) which is underpinned by the Jefferson system (Sacks et al., 1974). However, this study's application of DGTM, only used the Jefferson system to illustrate the prosodical features of speech, not features of the interaction (e.g. repair). Furthermore, whereas Edwards and Potter (1992) discuss footing shifts as a discursive act, e.g. from 'I' to 'we' to 'it', Charmaz (2006) arguably advocates something similar with her focus on identifying pronoun use—where appropriate. Subsequently, this study has used a number of discursive features (e.g. modal forms of verbs, footing/pronouns) – where appropriate – at various levels of the iterative process. Nevertheless, there are particular challenges in claiming aspects of DP for GTM and DGTM's potential evolution as a new method.

5. The challenges of Discursive GTM

5.1. The notion of self or introspection

Symbolic interaction is founded on three premises: first, human beings act towards people, objects or things on the basis of the meaning that things have for them. Second, meaning is derived from, or arises out of social interaction and, third, meanings are modified through an

interpretive process (Blumer, 1969). Symbolic interaction is underscored by meaning, language and thought (Charon, 2006). Symbolic interaction therefore, resonates with DP approaches in acknowledging that meaning is socially constructed and language as the source of meaning, arises out of social interaction. However, as noted previously, DP considers language to be more than just a means (or source)—it is performative. In GTM meaning is negotiated through language and its symbols and this subsequently modifies each individual's interpretation of those symbols.

Language is therefore, key and is to some extent performative. However, 'thought' or 'thinking' in relation to self (I) and how others (the group) see the individual is central to how symbols are subsequently modified and interpreted. This introspective aspect is therefore at odds with a DP approach routed in those methods aversion to traditional cognitive psychology:

"Cognitive psychologists have assumed that thinking is a mysterious process lying behind outward behaviour. However, the response and counter response of conversation is too quick for it to be the outward manifestation of the 'real' processes of thought. The remarks are the thoughts: one need not search for something extra, as if there is always something lying behind the words, which we should call the 'thought' (Billig, 2001: 215)."

Thus, Billig asserts the view that language is performative and what DP does is 'nuanced empiricism' (Hepburn and Wiggins, 2007: 1) without the (GTM) need to seek introspection. However, DGTm is fundamentally a GTM methodology. Consequently, 'nuanced empiricism' is part of a co-construction informed by introspection (thought) which acknowledges individual agency.

The case for not relying on introspective data alone is ably represented in this study by the core category—the "good patient" and the concomitant use of problematic and non-problematic humour. If this study had focused upon introspection without the baseline data corpus of interaction then it is unlikely that this key finding would have emerged.

5.2. Issues of difference

Glaser (1992) holds true to a grand narrative and a correspondence view of reality. Others (Bryant and Charmaz, 2007; Charmaz, 2006; Clarke, 2005; Strauss and Corbin, 1998, 1990) prefer a more circumspect approach to claims and rejoice in the 'little narrative'—the need to encapsulate the notion of difference at the individual level as a form of social resistance to monopolistic authority (Lyotard (1979: 84). At the lower levels of abstraction in GTM, differences are perhaps more apparent than in a developed middle-range theory where commonalities may ensue (e.g. at open as opposed to axial coding). Symbolic interaction however, contends that the collective is as important as the self and therefore, it is likely that this tension will appropriately remain.

A number of GTM writers are slowly developing issues of difference within their work (Wuest and Merritt-Gray, 2001; Clarke, 2000). Others however, contend that

theoretical sensitivity engendered by a critical feminist perspective needs to be balanced with the potential for inappropriate a priori conceptualisations (MacDonald and Schreiber, 2001). In keeping with a distinctly DP view, Glaser (1992: 35) takes a clear stance as to whether differences should be considered a priori stating that 'if structural conditions are important to the management of a basic social process, these will emerge in the data'. Issues of difference and power are under developed in GTM. In DGTm in this study structural conditions are addressed to some extent via the use of Martin's (2001) framework. Nevertheless, if other issues (e.g. power) are relevant to the phenomenon under study then we suggest there is greater opportunity to highlight this via DGTm as co-construction involves the use of discursive features with introspection and other literature.

For example, the data sample (page 10) is not provided in isolation but in conjunction with the antecedents of the interaction giving the excerpt a more contextualised analysis within its situated context. In this particular excerpt issues of difference such as power and gender are not highlighted at the individual level. However, the negative case data highlighted significant issues of difference (e.g. power and gender) at lower and higher levels of data abstraction. Thus, we argue that DGTm attends to the intricacies of interactions and consequently creates more opportunities to balance the collective with the self at various levels, e.g. datum, data or theory. Issues of difference can then be highlighted where appropriate.

5.3. Reflexivity

An oft-reported view of reflexivity invokes a spectrum of researcher-focused actions from the simple self-conscious to self-critique (Lynch, 2002). This may herald transparency in research actions, the researcher's axiological perceptions and consequently highlight the (relevant) method's limitations. Thus, aspects of the research such as non-consent rates, field work issues, triangulation of data sources, member checking, negative cases and rich descriptions may be provided in order to fully explicate the process and underscore the researcher's accountability. This is particularly salient in participant observation where the perspicacious researcher operates to greater or lesser degrees and of which reflexivity is a 'canonical feature' (Lynch, 2002).

Glaser (1978) Glaser (1978, 2002) orients to a more post-positivist notion of (enhancing) objectivity. In constructivist GTM reflexivity is surmised as research conduct, researcher-participant relations and how both are subsequently represented in print (e.g. undermining objectivity) (Charmaz, 2006). Depending upon your perspective, DP side-steps reflexivity or treats it as an non-issue. Ten Have (2004: 20) states that reflexivity is 'incarnate' or evident in 'the self-explicating property of ordinary actions'—participants' accounts are reflexive or 'account-able'. In other words, discourse is contingent and constructed and therefore, reflexivity *per se* as it is arguably 'normally' evidenced in qualitative research (e.g. enhanced objectivity—undermining objectivity) is not explicitly appropriate, nor necessary. Reflexivity therefore, holds different

connotations for GTM researchers as opposed to DP proponents.

Our DGTM does not side-step the issue of reflexivity but like the constructivist GTM espoused by Charmaz (2006) views it as trustworthiness. Thus, this study provides a very explicit account of data collection and analysis (development of the interpretative and illustrative framework: Fig. 1) as well as verbatim quotations from both naturally occurring data and researcher-provoked data (data sample page 10).

5.4. Indexicality

Indexicality is a property while indexical expressions are those whose sense is dependent upon the situation or circumstances in which they are uttered (Ten Have, 2004). Thus, terms, words, phrases can only be understood with reference to their context which is time-bound and situated. Meaning is therefore, not descriptive but representative.

Ten Have (2004: 146) claims that GTM is 'devoted to the substitution of objective for indexical expressions'. Ten Have (2004) bases his criticisms on (a) GTM's preference for interview or second-hand as opposed to first-hand, naturally occurring data and (b) the subsequent coding of data. Hence, the second-hand data is further stripped of its context and performative meanings for those of the researcher. Charmaz (2006: 57) suggests that in vivo codes are important as they effectively 'anchor your analysis' and transparently distil meaning or offer fresh insight or perspective directly from data and so guard against the perjorative accusation of stripping meaning from data via indexical expressions.

Here, we agree with Charmaz (2006) and Ten Have (2004) to a lesser extent. First, we contend that it is preferable to study the phenomenon in its 'first-hand' context, e.g. naturally occurring interactions, where appropriate, ethical and relevant—as demonstrated by the study on humour. However, we recognize there are particular challenges in capturing naturally occurring interactions in healthcare contexts. Second, we believe that attending to (a) theoretical sensitivity, (b) 'interactional reciprocities' (Charmaz, 2006), (c) the use of in vivo codes and (d) gerunds at the level of open coding, e.g. focusing on the action, processes and interactions, are key in rebutting Ten Have's (2004) accusation.

In this study the core category of the "good patient" was an in vivo code that emerged from the follow-up interview of the patient from CNS–patient interaction six. Janet – the patient – effectively enacted the "good patient" persona or rather its key elements (e.g. compliance, sycophancy, positive coping, displaced concern). She did not utter the term "good patient" but rather this was constitutive of, or performed in, the original interaction. This highlights how DGTM can accommodate indexicality (and introspection) as appropriate offering fresh meaning and insights in context.

Nonetheless, reflexivity and indexicality epitomise the tensions between the approaches of DP and GTM that need to be addressed to some degree if a DGTM is to fully develop. It is our belief that naturally occurring data could

provide the fulcrum around which this exciting methodological development becomes established.

6. Naturally occurring data

The concept of 'representing reality' is exemplified in the types of data preferred by GTM and DP researchers. Clarke (2005) and Hall and Callery (2001) are the only authors to discuss the issue of appropriate or alternate data in GTM, the latter doing so in relation to reflexivity. Annells (2006), Benzies and Allen (2001) and Rennie (2000) initiated a debate regarding other forms of interpretation and mixed methods approaches to GTM, but not the type of data most appropriate to GTM.

Hall and Callery (2001) suggest Glaser and Strauss et al. (Glaser, 1992, 1978; Glaser and Strauss, 1967; Strauss and Corbin, 1998, 1990; Strauss, 1987) have treated interview and participant observation data as 'reproductions' of participants' realities. Certainly, Strauss (1987) advocates 'experiential' or observational data while Benoliel (1996) notes the dominance of interviews and observation data. Morse (2001) suggests unstructured retrospective interviews and criticises observations as snapshots. Her view is not necessarily rooted in the need for immediate researcher involvement in data collection but rather the introspective nature of the 'self' vis a vis symbolic interaction, stating that observation 'does not provide the retrospective reflective data needed for understanding' (Morse, 2001: 8). She further criticises the use of focus groups as 'fractionated' data that should be used only to 'supplement' unstructured interviews. Hence her perception of focus groups is that of a second class data source. Nonetheless, focus groups arguably provide more interaction, action and social processes than unstructured interviews and presumably good observations would do likewise. No matter, Morse states '*interaction data (and the methods used by interaction theorists, such as observational methods and conversational analysis) do not provide the retrospective, reflective data needed for understanding relationships*' (Morse, 2001: 7/8).

Stern and Covan (2001) similarly agree that focus groups create 'contrived' data and by default presumably view unstructured interviews as not contrived. Morse (2001) also admonishes Glaser (1978) for not favouring tape-recording of data where appropriate, while Stern and Covan disagree, commenting on the fine work undertaken pre-tape recorders (which is admittedly hardly a post-modern perspective) consequently dismissing the necessity to transcribe 'irrelevant' data (Stern and Covan, 2001: 28). Clearly, DP researchers would take issue with this particular standpoint.

Glaser and Strauss (1967) posit various data collection methods as necessary to ground data and derive theory however they subsequently arguably limit their perception of data to 'documents' and 'interviews' and give no reason for doing so. Strauss and Corbin (1998) list a range of potential data sources including video data alongside related issues (for them) of triangulation and verification. Thus, GTMs primacy for analysis over data collection is noted by Charmaz (2000) who focuses on interviews and ethnographic notes (Charmaz, 2006).

Clarke (2005) hints at broader data collection methods in light of her predilection for situational analysis and her paraphrasing of Kvale's (1996) traveller analogy. There is clearly an acknowledgement of constructed or 'manufactured' (Silverman, 2007) and observational data (Charmaz, 2006) in keeping with GTM tensions on the researcher's interpretive role in relation to the temporality of the process. Surprisingly however, there is a lack of appreciation for 'naturally occurring' data particularly in an approach that is oriented to action, interaction and processes. Naturally occurring data is data that would have emerged had the researcher not been present or as it has been described 'the dead social scientist test' (Potter, 1996). Non-naturally occurring data (e.g. focus groups, interviews) allows for introspection and researcher involvement. However, they are ostensibly 'reproductions' (Hall and Callery, 2001) and as such they are potentially rife with (non) 'indexical expressions' (Ten Have, 2004).

The issue of whether there is actually such a thing as 'naturally occurring data' has been debated (e.g. Lynch, 2002; Potter, 2002; Speer, 2002a) and it is perhaps preferable to use the phrase non-researcher-elicited data to better describe the process if not the purpose. Nonetheless, there is a consensus that data collection methods must be appropriate to the phenomenon under study and the theoretical framework (Potter, 2002; Silverman, 2007; Speer, 2002b). The method should also be aware of the limitations of certain settings (e.g. hospitals) and phenomena.

7. Conclusion

Charmaz and Henwood (2008: 241) note that GTM is not a 'unitary method' but 'an emergent method rather than a method of formulaic application'. Charmaz's (2006) contribution notwithstanding there have been limited attempts at evolving GTM, particularly taking account of how existing or emerging methodologies may enlighten or enhance GTM. Benzies and Allen (2001) posit the potential for mixed methodologies incorporating GTM and Anells (2006) offered a fusion of hermeneutic phenomenology with symbolic interaction. Notably, Jarrett and Payne (2000) first adapted the use of CA to a GTM study.

In writing this article, we believe we make two specific contributions to the evolution of GTM.

First, we make a clarion call to GTM researchers to seriously review their apparent dependence on non-naturally occurring data. However, this should not be to exclude introspective, researcher-elicited data. We suggest that using naturally occurring data may inaugurate new ways of seeing for GTM analysts and further enhance the meaning and thought of GTM's symbolic interaction underpinnings. Moreover, attending to discursive features in naturally occurring data and interview data may unleash the, as yet, untapped potential of language or discourse in GTM.

Second, we believe we have demonstrated how humour as a spontaneous and interactive phenomenon with its potentially different or unknown presentation within this setting, was most suited to the use of naturally occurring data. The initial data tranche of naturally occurring

interactions subsequently lent itself to a discursive analysis and an evolving interpretative and illustrative framework that sought to make the phenomenon explicit, tangible and therefore, applicable. Our contribution is therefore an emergent GTM. It is a broadly constructivist approach that is both interpretative and illustrative using, where appropriate, naturally occurring interactions, discursive analysis and introspective data. Thus, we present DGTm: Discursive Grounded Theory Methodology.

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