Challenging convention: Symbolic interactionism and grounded theory

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Summary Not very much is written in the literature about decisions made by researchers and the justifications on method as a result of a particular clinical problem, together with an appropriate and congruent theoretical perspective, particularly for Glaserian grounded theory. I contend the utilisation of symbolic interactionism as a theoretical perspective to inform and guide the evolving research process and analysis of data when using classic or Glaserian grounded theory (GT) method, is not always appropriate. Within this article I offer an analysis of the key issues to be addressed when contemplating the use of Glaserian GT and the utilisation of an appropriate theoretical perspective, rather than accepting convention of symbolic interactionism (SI). The analysis became imperative in a study I conducted that sought to explore the concerns, adaptive behaviours, psychosocial processes and relevant interactions over a 12-month period, among newly diagnosed persons with end stage renal disease, dependent on haemodialysis in the home environment for survival. The reality of perception was central to the end product in the study. Human ethics approval was granted by six committees within New South Wales Health Department and one from a university.

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Introduction

Essentially, Glaserian or classic grounded theory (GT) developed by Glaser and Strauss (1967) provides systematic inductive guidelines for collecting and analysing data to produce middle range theoretical frameworks that explain collected data (Charmaz, 2000). Even though the intent of Glaserian GT is clear, discord prevails within the literature on where Glaserian GT and Strauss and Corbin’s (1990) reformulated GT method are located within the constructivist, positivist, postpositivist or neo-positivist paradigms. In my view, this concern has to be sorted out in the researcher’s mind before GT, either Glaserian GT or Strauss and Corbin’s GT is automatically paired with symbolic interactionism (SI). I supply a rationale in this article as to why I repudiate the systematic use of symbolic interactionism without considering alternatives and relate this to the study identified above. A brief discussion on the justification for using Glaserian GT, a comparison between Glaserian GT and the more contemporary, reformulated, grounded theory of Strauss and Corbin (1990) is also included. These compatibilities are seminal in my view to “getting it right” so that the aim of the research in a useable product can be fulfilled.

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KEYWORDS
Symbolic interactionism; Glaserian grounded theory; Theoretical perspective; Method

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Firstly, I briefly outline the rationale for choosing Glaserian GT as the method and one of Glasers theoretical family codes in a study that explored concerns, and adaptive behaviour of persons commencing on haemodialysis in the home environment.

Background to convention of GT and theoretical perspective

According to Denzin and Lincoln (2005), three interconnected, generic activities define the qualitative research process and what type of paradigm of inquiry is applied: ontology, epistemology and methodology. They ask the following key questions in determining:

(i) Ontology — what is the nature of reality?
(ii) Epistemology — what is the relationship between inquirer and the known?
(iii) Methodology — how do we know the world, or gain knowledge of it?

The combination of these premises (i, ii and iii), according to Denzin and Lincoln (2005), constitute a paradigm about inquiry. These are important in fundamentally under-girding the researcher’s selection of method and theoretical perspective. It is my belief the method of Glaserian GT is neo-positivist in paradigmatic location and objectivist in intent through closely providing for the emergence of ‘reality’, particularly when the researcher does not force the data in order to explicate a middle-range theory.

Glaserian GT offers many advantages to the researcher but was not chosen without thoughtful justification. Importantly, justification was based on the aim of the research: to produce an explanatory product. Moreover, it reflected the perceived reality of persons living as dependents on dialysis in their home environment, over a 12-month period as an accessible and useful substantive theory to guide renal nurse practice, research and policy development. It is from this sort of product that nurses can gain knowledge regarding the person’s spiritual, social and psychological dimensions of being (Annells, 2005). Human action and interaction are intrinsic to how persons approach and respond to health issues in their lives (Annells, 2005). Understandings derived from such findings resultant from the study cited above, can assist renal nurses, gain meaningful insights for practice. I, like Baroness Jean McFarlane (1977), believe nursing is a practice-based discipline reliant upon theory to enable the provision of quality care however, reflection on compatible theoretical perspective to advance theory development is essential.

As previously alluded to, the selection of an appropriate method and theoretical perspective to fit the problem to be studied was driven by the problem itself and the aims of the research—in addition to the researcher’s paradigmatic beliefs. Concomitant to this were characteristics of a method that I considered to be ‘best fit’ for the problem at hand. The ideal ‘best fit’ between researcher and research topic under investigation is postulated by Annells (1996) as a ‘congruent paradigm’. My selection of Glaserian GT with its embedded positivist underpinning was congruent to the objective of being immersed from the researcher’s point of view and digging for the reality of adaptive processes within these persons’ lives. Glaserian GT provides systematic tools within the constant comparative method for analysing processes (Charmaz, 2005; Hall & Callery, 2001) and enables a pragmatic view. However, as Annells (1996) has determined, the influence of the ‘worldview’ of the researcher about the study assists in establishing the formulation of the research question, and the nature of reality actually is embedded within the researcher’s philosophical belief. Therefore, Glaserian GT was deemed the best fit for the research focus at the time of deciding what method would be employed, together with the theoretical perspective of ‘cause and consequence’ selected from Glaser’s ‘family’. This was in response to the multidimensional factors needing consideration when congruence of method and theoretical perspective are required and essential to produce the best product. It is worth reflecting on the historical dimensions to truly become familiar with the argument presented.

Glaser and Strauss developed grounded theory method in 1967 amidst the modernist phase (Denzin & Lincoln, 2005) and encouraged social scientists investigating human behaviour, social beliefs and social interactions to employ the method where substantive or formal theory was the outcome or product required. Congruence between the research focus, research method, underpinned by a theoretical or philosophical perspective to which the researcher subscribes, completes and links the ontological and epistemological assumptions (Annells, 1996). Thus, the goal in this study was to represent the reality of concerns experienced by persons’ diagnosed with end stage renal disease, dependent on home dialysis and their respective partners, by use of an appropriate research method that would enable the empirics of concepts to be generated into theory.

Over a number of years since its development in 1967, Glaserian GT method has encountered postmodernism, post-structuralism and various other challenges along the way, but remained unadulterated and pure to its roots. However, various incantations have been developed, such as Strauss and Corbin’s (1990) GT and versions thereof by other researchers, of whom a significant number have been/are nurse researchers. Influences generally to qualitative inquiry approaches, including to GT, have resulted in changes in the advancement of qualitative methods and have been categorised by Denzin and Lincoln (2005) into eight ‘moments’:

- The first ‘moment’ or ‘traditional period’ commenced in the 1900s and continued to World War II—researchers wrote ‘objective’ accounts of field experiences, reflective of the positivist scientific paradigm;
- The second ‘moment’ or ‘modernist phase’ included the post war years to 1970s (when GT first was explicated);
- The third ‘moment’, an age of enlightenment (acknowledgment of the vigor and creativity of qualitative methods and the criteria for quality achieved), commenced in 1970 and extended to 1986—an age of blurred genres with a full complement of paradigms, methods and strategies;
- The fourth ‘moment’ arose in the mid 1980s and was superimposed by elements from the fifth ‘moment’ in parallel with the increased popularity of qualitative methods (competing evaluative criteria offered; positivist stance
made redundant [Annells, 1996])—a time of crisis of re-
presentation, more reflexivity and called into question
issues of gender, class and race;

- The fifth moment, or postmodern period of experimental
ethnographic writing, struggled to make sense of these
crises—narratives were replaced by local, small scale the-
ories fitted to specific problems and specific situations;
- The sixth moment of post-experimental inquiry (1995–
2000)—burgeoning of qualitative books and journals;
- The seventh moment of methodological contest (2000–
2004);
- The eighth moment is now, the future (2005—)

During the modernist phase, that is the years from post-
war period to 1970s, Glaser and Strauss (1967) developed
Glaserian GT from their research experience and cast it
within an inductive, interpretive paradigm underpinned by
a positivist perspective (Annells, 1996). This was a signifi-
cant period due to the formalisation of various qualitative
research methods (ethnography, phenomenology) that led to
modified or changed views of qualitative methods and the
embedded epistemology. Positivism was valued by the scien-
tific community for rigour and applied in experimental and
survey designs, these being examples of objectivism. Posi-
tivism was, and still is, perceived as 'hard science', is an inevitable concomi-
tant for renal nurses and/or other health professionals
wanting to understand and improve the lives of persons
surrounding the location of Glaserian GT, in my view, there
has to be congruence and fit between research problem and
method, and further more, I claim it is located within the
neo-positivist position. In the above named study, fit
between method and theoretical perspective is enhanced
by the employment of one of Glaser theoretical codes that
has synergy with Glaserian GT and the aim of the
study.

The neo-positivist stance differs from a positivist stance
in that it is believed that the essence of reality may not be
fully known (Annells, 1999). Grounded theory researchers
upholding the positivist paradigm characterise reality as
'more than what can be seen, sensed and measured' (Paley,
2001, p. 375). In other words, the product is not strictly a
mirror of reality. This is evident from Glaser’s (1978, 1992)
claims that concepts resulting from Glaserian GT are treated
as reproductions of reality with 'nothing pre-conceived'
by the generation of hypotheses, explanatory behaviour,
conceptually abstract from time, place and person, and mit-
igating reality (Glaser, 2001). Therefore, it is not strictly a
mirror of reality, but rather a generalisation with the objec-
tive of producing a combined inventory of possible situations
and patterns (Bazsanger & Dodier, 1997), cohesively and
coherently woven into a product or theory (Morse, 1991) evi-
denced by hypotheses within a substantive or formal theory.

Researchers following a neo-positivist theoretical per-
spective seek to find reality in the participants’ experiences
and views in evidence of patterns of phenomena that
enables the conceptualisation of middle-range theory. Paley
(2001) argues the notion that quantification, normally asso-
ciated with 'hard science', is an inevitable concomitant of GT,
and therefore, objective and within a positivist paradigm. It is a fact that Glaserian GT, I believe, relies
on the empirics and aesthetics of the researcher, who inter-
prets classification of data into codes, sub-categories and
categories. This process is directed by early identifica-
tion of a core variable, theoretical sampling and memoing,
and then woven into a substantive conceptual pattern of
hypotheses that form a scientific theory. All becomes data
including observations, feelings of participants, and other
additional circumstantial evidence perceived in the main by
the researcher but in partnership with participants (Hall &
Callery, 2001). The theoretical perspective or lens is integral
in finding participants reality by the researcher.

Glaserian GT method is durable because it accounts for
variation; it is flexible because researchers can modify their
emerging or established analyses as conditions change or
further data are collected (Charmaz, 2000). This is im-
portant for renal nurses and/or other health professionals
wanting to understand and improve the lives of persons
on dialysis, nursing care and support for dialysing persons
and their families in the home environment. Glaserian GT
positioned within the neo-positivist stance offers this oppor-
tunity.
In my view, Glaserian GT does not conform to tenets of the constructivist paradigm, where knowledge is created from interpretations and constructions are dialectically transacted (Guba & Lincoln, 1994). By contrast Glaserian GT is an evolutionary, conceptualised and ordered process that relies on the core variable that may or may not be a basic social process (Glaser, 1992) and progressively is refined into tiers of abstracted levels. An existing concept must earn its way into the analysis (Glaser, 1978) with initiation of sub-categories reliant upon evoked numeration of codes. Codes eventuate to become apprehensible elements within sub-categories and categories through synthesis and interpretative conceptualisation by the researcher. According to Bowers (1988) the grounded theorist’s task is to undergird the former by identifying the conditions under which particular phenomenon occur that comprehensively covers all aspects of situations and processes as perceived by in this case, persons on dialysis. Charmaz (2000) on the other hand, claims researchers from the constructivist GT perspective recognise the mutual creation of knowledge by the viewer and the viewed and aim towards an interpretative understanding of participants’ meanings. In my view, Glaserian GT places more emphasis on the modified objectivist approach, erring towards neo-positivist epistemology.

Glaser (2005) claims that grounded theory is an analytic inductive research methodology, where data analysis and product, a substantive or formal theory resulting from analysis, is influenced by one or several of his ‘theoretical family codes.’ He suggests using one or several of the family codes from his identified eighteen possibilities can be employed—although he acknowledges that this list of 18 is not necessarily exhaustive of possibilities. However, Glaser (2005) rejects the notion of using a theoretical perspective as a theoretical framework for Glaserian GT research. Often qualitative researchers think that a theoretical perspective/lens can give useful direction to the researcher (Ellis & Crookes, 1998) and according to Charmaz (2000), researchers starting from vantage points such as those of feminism, can use GT.

In many published GT studies where either, Glaserian GT or Strauss and Corbin’s grounded theory method has been used, Blumer’s (1969), SI perspective has acted as the lens or theoretical perspective undergirding the analysis (Charon, 1995). However, recent work by Glaser (2005) has refuted necessity for use of SI, or any other theoretical perspective, to guide analysis. Within Glaserian GT method, Glaser (2005) claims theory resulting from the reality of persons’ behaviour and concerns should be allowed to emerge without adherence to a theoretical orientation, such as SI. Glaser (2005) argues that if SI institutionalises Glaserian GT as its own, this reduces the power of Glaserian GT by ignoring its roots based in a concept-indicator model. Glaser (2005) claims there is a perceived tension between Glaserian GT method and symbolic interactionism because:

- A researcher does not need to use SI to use Glaserian GT method because SI is NOT the foundation of grounded theory—SI does not have a legitimising role in partnership with Glaserian GT.
- One or several of the offered coding families available, as suggested by Glaser (2005), may be used appropriately in the integration of the grounded theory hypotheses (and other forms of coding families are acceptable too).
- SI stultifies and biases GT method; it imposes a straitjacket of conformity when interpreting emerging concepts and does not lend itself to the freedom of discovery in the inductive process that is required by conventions of constant comparison method.
- SI closes the researcher down to being open to the full range of theoretical codes that can or may emerge during analysis.
- If SI is used, this risks the researcher, when analysing data, to be allied only to the SI perspective of interaction, rather than being open and mindful as demanded by GT regarding conceptualisation.
- SI is viewed as a structural and reflecting the focus from relevant structural categories and structural sensitivity, as is required of Glaserian GT.

As a consequence of the above justifications, a theoretical perspective such as SI was not used within the research study identified above. I preferred to use one or several of the Glaserian coding families compatible with Glaserian GT method to ensure congruence was maintained. One of the Glaserian GT theoretical families of ‘cause and consequence’ was viewed as compatible with what was emerging from data analysis in my study. I came to this realisation following initial coding, as it was evident that ‘cause and consequence’ most closely represented the reality of what happens in the lives of dialysing persons in an indirect and/or direct response to ESRD and dependency on dialysis in the home environment. In my experience much can be gained by researchers before they launch into a research study utilising Glaserian GT or Strauss and Corbin’s grounded theory as the method, and automatically marrying this with SI. In conclusion, compatibilities between the objective of the study are central to cohesiveness and the product produced in evidence when not only deciding on a clinical research topic, but also the theoretical perspective and method. Each plays an integral role in ensuring congruence of a ‘best fit’ product of quality in the form of a substantive or formal theory.

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References