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review and by thesis supervisors trained in traditional qualitative methods.

Like many new to classic grounded theory, initial efforts at open coding in my own doctoral research (Holton, 2006) were heavily influenced by earlier training in qualitative research methods. As a result, 155 codes were initially generated through open coding of data collected and analysed between October 2001 and February 2002; several of these codes were highly descriptive and, in some instances, somewhat repetitive. This is not unusual at the outset of a grounded theory study where the researcher wishes to remain as open as possible to what may emerge from line-by-line coding and not run the risk of precluding or predetermining what may eventually prove to be relevant to the emerging theory. The risk of this inundation, however, is that the analyst may be unable to transcend the descriptive detail and as a result miss the true conceptual power of classic grounded theory methodology. Here, the analyst must be patient in staying with the process while striving for a higher level of abstraction in the naming of codes. Classic grounded theory's practice of memoing analytic thoughts in tandem with the coding process can facilitate this conceptual transcendence.

As I advanced my competence in conceptual coding and the constant comparison of indicators, a significantly reduced list of 57 open codes emerged from continued data collection and analysis between February 2002 and January 2004. I then collapsed several of the earlier descriptive codes into the newer conceptual codes with only 13 codes from the original list appearing among the conceptual coding list.

Of course, as a grounded theorist develops her conceptual coding skills, she can more readily dispense with the initial descriptive codes and employ conceptual-level coding from the outset of the open coding process. This takes skill in conceptualization as well as a ready arsenal of conceptual labels; both are developed over time and with continued practice (see Box 1):

### Box 1

At the outset of fieldwork, I collected the following excerpt from one interview:

'One ... member described the challenge of working together on a large project such as Habitat for Humanity. I got very excited, and dreamed of how amazing that would be'.

My initial coding for this excerpt was *Excited by Challenge* and *Wishes & Dreams*. This excerpt was later re-coded as *Igniting Passions* (a code that emerged as a sub-core category in my theory). In this case, *Excited by Challenge* emerged as a property of *Igniting Passions*.

Another excerpt from early data collection and open coding was, 'I want to stay connected because it revitalizes me. It jazzes me!'

Initial coding for this excerpt was *Feeling Energized*, *Staying Connected* and the in vivo code, *It jazzes me!*; this excerpt was also later re-coded as *Igniting Passions*.

Another excerpt, 'It reminds me of the great things that are possible when people have a desire to work together and learn together'.

Initial coding was Value of Participation and Motivation to Participate; later re-coded as *Igniting Passions*.

Another excerpt, 'I loved the opportunity to be the court jester, either in a cow suit or by throwing out ideas that bordered on the absurd. And with so many of us vying for the hat with bells on it, the give and take just seemed to crank up the fun to a higher notch'.

Initial coding was Playful Participation, Assumed Role, Feeling Energized; later re-coded as *Igniting Passions*.

### Constant Comparison and Theoretical Sampling

As the twin foundations of grounded theory, the processes of constant comparison and theoretical sampling guide the development of the emergent theory. The purpose of constant comparison is to see if the data support and continue to support emerging categories. At the same time, the process further builds and substantiates the emerging categories by defining their properties and dimensions. Constant comparison resolves 'data overwhelm' (Glaser, 2003, p.24). By alternating data collection with coding and conceptual memoing, the researcher is prevented from collecting redundant data as once a category has been saturated (i.e., no new conceptual properties or dimensions are emerging), the researcher ceases collecting additional data for that particular category. Early memoing of the emerging conceptual thoughts while actively engaged in coding and analysing enables the researcher to continuously build theoretical sensitivity. Early memoing also facilitates theoretical sampling as the researcher intuitively follows and develops conceptual ideas as they emerge through constant comparison.

The constant comparative process continues through open coding to selective coding and involves three types of comparison.

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First, incidents are compared to other incidents to establish the underlying uniformity and varying conditions of generated concepts and hypotheses. Then, emerging concepts are compared to more incidents to generate new theoretical properties of the concepts and more hypotheses. The purpose here is theoretical elaboration, saturation, and densification of concepts. Finally, emergent concepts are compared to each other with the purpose of establishing the best fit between potential concepts and a set of indicators, the conceptual levels between concepts that refer to the same set of indicators and their integration (theoretical coding) into hypotheses to become theory (Glaser & Holton, 2004, para 53).

In conjunction with constant comparison, theoretical sampling is the process whereby the researcher decides what data to collect next and where to find them in order to continue to develop the theory as it emerges. As such, the process of data collection is controlled by the emerging theory. Beyond the decisions concerning initial collection of data, further collection cannot be planned in advance of the emerging theory. Instead, the researcher can only discover where next to collect data by first coding the initial data and then looking for comparison groups by which to saturate the emerging codes and their properties. By identifying emerging gaps in the theory, the researcher will be guided as to where and how to collect the next sources of data. The possibilities of multiple comparisons are infinite and so groups must be chosen according to theoretical criteria. The criteria (of theoretical purpose and relevance) are applied in the ongoing joint collection and analysis of data associated with the generation of theory. As such, they are continually tailored to fit the data and are applied judiciously at the right point and moment in the analysis. In this way, the researcher can continually adjust the control of data collection to ensure the data's relevance to the emerging theory (Glaser & Holton, 2004, para 51).

### **Interchangeability of Indicators**

As noted above, grounded theory is based on a concept-indicator model of constant comparisons of incidents to incidents and, once a conceptual code is generated, of incidents to the emerging concept. The concept-indicator model requires concepts and their properties or dimensions to earn their relevance in the theory by systematic generation and analysis of data. This forces

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the researcher into confronting similarities, differences, and degrees in consistency of meaning between indicators, generating an underlying uniformity which in turn results in a coded category and the beginnings of the properties of that category. In the comparisons of further incidents to the emerging conceptual codes, codes are sharpened to achieve best fit while further properties are generated until the concepts are confirmed and saturated (Glaser, 1978, pp.62-65).

Constantly comparing incidents and thereby generating new properties of a concept can only go so far before the researcher discovers saturation of ideas through interchangeability of indicators (incidents). This interchangeability also facilitates transferability of the theory to other substantive areas and opens the potential for the generation of formal grounded theory (Glaser, 1978) (see Box 2).

### Box 2

In Holton (2006), persistent and unpredictable change in the knowledge workplace emerged early in data collection and analysis as a significant concern of the research participants. The concept, *Changing Knowledge Workplace*, was later to prove significant to the emergent theory as one of the categories related to the emergent core category. As such, I continued to theoretically sample for indicators of this category. Through constant comparison, 51 indicators of the concept were coded to achieve theoretical saturation and to provide properties and dimensions. The number of indicators per category is not as significant as the requirement to sample sufficiently to achieve theoretical saturation. The important thing is that each concept has earned relevance in relation to the theory, its relevance theoretically sampled for and sufficiently validated and its properties and dimensions identified through constant comparison and interchangeable indicators to theoretical saturation.

### Core Category Emergence

As the researcher proceeds with constant comparison, a core category begins to emerge. This core variable can be any kind of theoretical code: a process, a typology, a continuum, a range, dimensions, conditions, consequences, and so forth. Its primary function is to integrate the theory and render it dense and saturated. In appearing to explain how the main concern is continually processed or resolved, the core becomes the focus of further selective data collection and coding efforts.

Charmaz (2004, 2006) discounts the relevance of the core category, suggesting that Glaser (2002) advocates the explicit assertion of a main concern by the research participants and ignores that '[t]he most important processes are tacit' (Charmaz,

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2004: 982). Here Charmaz misinterprets Glaser (2002b) who actually says that the core category is discovered as it emerges through iterative coding, conceptual memoing, and theoretically sampling for further data to pursue and develop conceptual leads, ensuring that all concepts earn their way into the emerging theory. Glaser also states that the core category merits its relevance and prominence by accounting for most of the variation in processing the concern or issue that has emerged as the focus of the study and by conceptually explaining the latent pattern of social behaviour that accounts for its continual resolution. Glaser discounts Charmaz's notion of a constructivist grounded theory by claiming that:

She uses constructivism to discount the participant's main concern, which is always relevant to ongoing resolving behaviour, in favour of the researcher's professional concern, which is most often irrelevant to behaviour in the substantive area ... (Glaser, 2002, para 21).

This paper does not afford the space for an extensive exchange of the multiple perspectives on what is and is not fundamental to grounded theory. Suffice it to say that if one wishes to undertake a classic grounded theory study, then the emergence of a core category is an indisputable requirement.

It takes time and much coding and analysis to verify a core category through saturation, relevance, and workability. The criteria for establishing the core variable (category) within a grounded theory are that it is central, that it relates to as many other categories and their properties as possible, and that it accounts for a large portion of the variation in a pattern of behaviour. The core variable reoccurs frequently in the data and comes to be seen as a stable pattern that is increasingly related to other variables. It relates meaningfully and easily with other categories. It is completely variable and has a 'carry through' within the emerging theory by virtue of its relevance and explanatory power (Glaser & Holton, 2004, para 54) (see Box 3).

### Box 3

In Holton (2006), three categories emerged fairly early on as of some significant concern of the participants in the study: *Changing Workplace Context*, *Coping with Change*, *Humanizing Workplace*. Through further analysis, two new categories, *Dehumanization* and *Rehumanizing*, emerged as a better fit than *Humanizing Workplace*.

As the analysis progressed, *Rehumanizing* appeared to account for much of the variation around knowledge worker concerns with the changing knowledge workplace and the resultant dehumanization they experienced. *Rehumanizing* would subsequently emerge as the core category of the theory.

### Delimiting for Selective Coding

Selective coding begins only after the researcher has identified a potential core variable. Subsequent data collection and coding is delimited to that which is relevant to the emerging conceptual framework (the core and those categories that relate to the core). By focusing on the core and other related categories, subsequent data collection can go very quickly; merely minutes, with a few field notes to be captured and analysed. In this way, the researcher can saturate the selected categories that form the basis of the emerging theory without collecting a lot of additional material that has no relevance to the developing grounded theory. This selective data collection and analysis continues until the researcher has sufficiently elaborated and integrated the core variable, its properties, and its theoretical connections to other relevant categories.

Delimiting occurs at two levels. First, as the theory integrates, it solidifies with fewer modifications needed as the researcher compares the next incidents of a category to its properties. Later modifications are mainly about clarifying the logic of the theory and integrating elaborating details of properties into the major outline of interrelated categories. As the researcher begins to discover an underlying uniformity in the categories and properties, the theory is reformulated with a smaller set of higher-level concepts. This second level of delimiting the theory reduces the original list of categories for coding. As the theory develops, becomes reduced, and increasingly works better in ordering a mass of data, the researcher becomes committed to it. This allows for a delimiting of the original list of categories for subsequent collecting and selective coding of additional data, according to the newly established boundaries of the theory. By delimiting the focus to one category as the core variable, only those categories related to that core are now included in the theory. This list of categories, now delimited for additional selective coding, is subsequently (and continuously) delimited through theoretical saturation of each category.

### Theoretical Saturation

One of the concerns often expressed by those new to grounded theory is when to stop collecting data. The answer is deceptively simple. One stops when one no longer needs to continue. The challenge is in how to recognize that the need no longer exists. Glaser (1978) describes this as the point of theoretical saturation (p. 71). As noted above, the constant comparison of interchangeable indicators in the data yields the properties and dimensions of each category, or concept. This process of constant comparison continues until no new properties or dimensions are emerging. At this point, a concept has been theoretically saturated. This 'intense property development' (Glaser, 2001, p.191) produces the conceptual density necessary to lift the theory above description and enable its integration through theoretical propositions (hypotheses) as abstract conceptual theory. 'Once a category is saturated it is not necessary to theoretically sample anymore to collect data for incident comparisons. And of course, once many interrelated categories of a GT are saturated, theoretical completeness is achieved for the particular research' (Glaser, 2001, p.192) (see Box 4).

#### Box 4

In Holton (2006), the core category, *Rehumanizing*, and 37 related concepts became the focus of selective data collection and coding. Continued delimiting, theoretical saturation, and conceptual integration confirmed the core category and 4 related categories as the basic social structural process of *Fluctuating Support Networks*. Additionally, 3 sub-core categories and 16 conceptual properties and dimensions of these sub-core categories were confirmed as the basic social psychological process of *Rehumanizing*. Constant comparison continued until the core and related categories were sufficiently saturated and further coding and constant comparison yielded no new conceptual ideation.

### Memoing

The writing of theoretical memos is the core stage in the process of generating grounded theory. If the researcher skips this stage by going directly to sorting or writing up, after coding, she is not doing grounded theory' (Glaser, 1978, p.83).

Memos are theoretical notes about the data and the conceptual connections between categories. The process runs parallel with the coding and analysis process to capture the researcher's emergent ideation of substantive and theoretical codes and

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categories. Memo writing is a continual process that helps to raise the data to a conceptual level and develop the properties of each category. Memos also guide the next steps in further data collection, coding, and analysis. They present hypotheses about connections between categories and their properties and begin the integration of these connections with clusters of other categories to generate a theory. The basic goal of memoing is to develop ideas with complete conceptual freedom. Memos are 'banked' and later sorted to facilitate the integration of the overall theory.

Memo construction differs from writing detailed description. Although typically based on description, memos raise that description to the theoretical level through the conceptual rendering of the material. Early in the process, memos arise from constant comparison of indicators to indicators, then indicators to concepts. These memos are often very brief, just a few lines. Later memos will be more extensive as they integrate the ideation of the earlier memos and will, in turn, generate new memos further raising the level of conceptualization. Sorting and writing memos generates additional memos. Memoing in conjunction with coding and analysis slows a researcher's pace, forcing a reasoning of the emerging theory as categories emerge and integrate. In this way, the researcher forestalls the premature adoption of a core category and final theoretical framework by ensuring their fit, relevance, and workability for the theory (see Box 5).

### Box 5

In Holton (2006), during the constant comparison process, I had written over 400 memos capturing the conceptual and methodological development of my theory. These memos ranged in length from a few lines to several pages. The following offers a sample of the over 20 memos written in conjunction with more than 60 indicators of the category, *Igniting Passions*:

A2403 Memo 3 The Passion of Vocation August 3, 2003

Networks as keeping personal and professional passions from being eroded, depleted in the hectic, humdrum of daily organizational operations ...'. Our job is our work ... our practice is our passion'. Distinguishing between 'practice' and 'work'—between 'vocation' and 'job'.

A2403 Memo 6 Passionate Learning August 3, 2003

'really start to learn when they find a passion for a subject and then make a real connection to other learners and real time practitioners'. Individual passion for learning is stimulated and reinforced in community.

A703 Memo 11 Passion, Resistance & Bonding January 5, 2004

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Re-reading field notes from interview with A, noted the many references to passion; in particular, the connection between passion and bonding of network members. Appears that the common passion that brings network members together—part of the likening that creates a network—is also the ‘glue’ that bonds network members.

She goes on to describe the ‘passionate few’ as bonding due to the resistance they encounter from the formal system—‘the resistance serves as a way to separate out those who really have a passion to keep working’ ... So ... passion creates likening; resistance creates bonding and reinforces passions ... a cyclic process that sustains member engagement in fluctuating networks.

Memo F 1504-7 Igniting Passions February 15, 2004

Passions are ignited by challenge—the ‘against all odds’ syndrome—finding mutual commitment to a goal that others consider impossible or crazy. Setting themselves apart from the ‘masses’, the ordinary—taking on a challenge and making it work—high achievement orientation—success is sweeter when shared. Believing in the impossible and then making it happen. (Field Interview D 502)

Memo F 1504-9 Igniting Passions February 15, 2004

There’s a charge in being challenged and being creative in solving an issue, a problem that ignites passionate engagement within a network—draws members in. (Field Interview D 502)

Memo F 1904-6 Igniting Passions February 19, 2004

Passions are not always positive—they can also involved spirited outbursts of anger. This is particularly the case when the core group of a network have developed such a close group identity that it compromises their relationship with others in the external environment—insularity leading to intolerance—impacts upon ability of the network to function within the larger external environment of the formal organization—interactions become personalized and highly emotional—core becomes segregated—trust erodes and threatens sustainability ... network members may limit/reduce their participation if they feel it jeopardizes their position within the formal organization—cannot risk the consequences. (Field Interview D 502)

Memo A 504-13 Igniting Passions April 5, 2004

There’s a strong desire to continue to network once individual passions have been ignited. Passions are fueled by the desire to continue to experience the energy and synergy that result from mutual engagement—to work and learn and laugh together. There’s a strong sense of fun, of pushing the envelope. The desire to continue to move the network forward creates its own sense of excitement and fuels a passionate belief in the ability to make a difference. (Field Interview O 290, O 3101-1, N 1201, O 3001)

## **Theoretical Coding**

Conceptual elaboration concludes when the relationships among individually elaborated concepts emerge through the identification and use of appropriate theoretical codes to achieve an integrated theoretical framework for the overall grounded theory. Theoretical codes conceptualize how the substantive codes may relate to each other as hypotheses to be integrated into the theory. They help the analyst maintain the conceptual level in writing about concepts and their interrelations. Developing theoretical sensitivity to a wide range of integrating codes (processes, models, etc.) as used across a wide range of disciplines enhances a researcher's ability to see their emergent fit to a developing theory. Reading widely opens a researcher to serendipitous discovery of new theoretical codes from other disciplines. Latent patterns abound in social research as in nature; what patterns out in biology, for instance, may well conceptually pattern in sociology, in business, or in education. The more open one is to recognizing the larger integrative patterns around us, the more one can exploit their imagery in proposing theories of social behaviour (Glaser, 2005).

The researcher who does not reach outside extant theory for theoretical coding possibilities runs the risk of producing adequate but rather mundane conceptual theory. Such theory makes a limited contribution to knowledge and, although certainly preferable to purely conjectured theory, it will lack the impact that the creative emergence of a novel or non-traditional theoretical code may offer. The underlying imperative, however, is that the fit must be emergent and not imposed. To earn its relevance as a theoretical integrator of core and related variables in a classic grounded theory study, a theoretical code must go beyond spurious association. No matter how intellectually seductive, fashionable, or discipline-dictated a theoretical code may be, to cross the line from theoretical exploration to forced integration with a preconceived theoretical model undermines the generative nature of grounded theory.

### **Theoretical Integration through Hand Sorting of Memos**

Theoretical sorting of the memos is the key to formulating the theory for presentation or writing. Sorted memos generate the emergent theoretical outline, or conceptual framework, for the full articulation of a grounded theory through an integrated set of hypotheses. The researcher's memos, once sorted and fully

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integrated, become the outline for presentation of the theory's publication.

This theoretical sorting is based on theoretical codes. As the researcher sees similarities, connections, and underlying uniformities, the theoretical decision about the precise location of a particular memo is based on the theoretical coding of the data grounding the idea. Facilitating the emergence of relevant theoretical codes requires close attention to the ideas memoed, submersion at the conceptual level, a balance of logic and creativity, openness to the unexpected, and confidence in following what emerges regardless of how counter-rational it may seem to extant theoretical perspectives.

Thus, rich, multi-relation, multivariate theory is generated through sorting. If the researcher omits sorting, the theory will be linear, thin, and less than fully integrated. Without sorting, a theory lacks the internal integration of connections among many categories. With sorting, data and ideas are theoretically ordered. This sorting is conceptual sorting, not data sorting. Sorting provides theoretical completeness and generates more memos (often on higher conceptual levels), furthering and condensing the theory. It integrates the relevant literature into the theory, sorting it with the memos. The researcher soon sees where each concept fits and works within the theory, its relevance, and how it will carry forward in the cumulative development of the theory. Sorting prevents over-conceptualization and pre-conceptualization, since these excesses fall away as the researcher zeros in on the most parsimonious set of integrated concepts (Glaser & Holton, 2004, para 69-70).

In classic grounded theory, theoretical codes are not selected and imposed on data as a preconceived theoretical framework. To do so is to risk logical elaboration. Instead, theoretical sorting of memos forces the researcher to theoretically discriminate as to where each memoed idea fits in the emerging theory. Failing to recognize the essential requirement of hand sorting is, however, common in accounts of the methodology. Partington (2002) emphasizes the importance of avoiding a premature closure of the analysis and the need to press on in the search for negative cases in the data but makes no reference to careful hand sorting of memos for emergent integration of the theory. Locke (2001) and Goulding (2002) also overlook the importance of hand sorting conceptual memos.

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While Charmaz (2006) provides a lengthy discourse on sorting, she seems to suggest that rather than allowing for the preconscious emergence of conceptual linkages through the often tedious hand sorting and re-sorting of memos, she advocates instead trying on various theoretical codes for possible fit; if not the basic social process, then perhaps Clarke's (2005) situational mapping or Strauss and Corbin's (1990, 1998) conditional matrix. Here again, we see the need to know in advance rather than thoughtful sorting of memos for emergent fit resulting in an overall conceptual integration with parsimony and scope (Glaser & Strauss, 1967, p.110) (see Box 6).

### Box 6

In Holton (2006), having achieved theoretical saturation of my core concept and related categories, I proceeded to review, hand sort, and integrate those memos related to the core, its properties, and related categories. As I began to sort memos and look for relationships between the various concepts, theoretical codes began to emerge as an abstract modelling of the latent structural patterns that integrated and explained the emerging theory. The first indication of emergent theoretical codes was memoed in an E-mail to Dr. Glaser, December 2003:

'Rehumanizing can be viewed as a structural condition affecting the nature of fluctuating networks of professional concern. These networks have always been there in the workplace as they are inherent to social organization generally—but today's increasingly compressed and dehumanized work environments (changing workplace context) have brought the need for rehumanizing to the fore as a means of addressing the main concern of those involved—coping with change thereby magnifying the BSPP [basic social psychological process] of rehumanizing as a structural condition of the BSSP of fluctuating networks. As such, the BSSP [basic social structural process] of fluctuating networks of professional concern has taken on the properties of the BSPP of rehumanizing including authenticity, depth/meaning, respect, safety, healing ... As a preliminary suggestion, the stages in the BSPP of rehumanizing may be finding, likening, igniting passions, kindred sharing, experimenting, bonding, sustaining. Some of these may be combined as research progresses; new ones may be identified ... the structural process (of fluctuating networks) is of significance because it explains the organization of behaviour (as emergent informal organization) to address the main concern of the participants—coping with change within the workplace—through a BSPP (rehumanizing) as antidote to the dehumanizing impact of traditional formal organizational structures. This is starting to feel 'right' for me—things are fitting into place and I can now see an overall conceptual framework around which to begin building the theory' (J. Holton, personal communication, December 29, 2003) While continuing to consider basic social process as an appropriate theoretical code through which to integrate my emerging theory, I remained open to the emergence of other theoretical codes as I continued to hand sort and integrate memos. A final integration of the theory occurred in March 2004 with the emergence of an additional theoretical code—amplifying causal looping.

The concept *Igniting Passions* (as earlier illustrated in this paper) was to emerge in a pivotal position as the catalytic middle stage, between the sub-core processes of *Finding & Liking* and *Mutual Engagement* (both amplifying causal loops), within the basic social psychological process of *Rehumanizing*.

### **Analytic Rules for Conceptual Integration**

There are several fundamental analytic rules that address issues regarding the sorting, carrying forward, and integration of concepts. These rules form the basis for the conceptual integration, organization, and writing up of the theory. Usually, the theory is presented as a conceptually abstract narrative that articulates each significant concept and then, through the articulation of theoretical propositions, the relationships between these concepts. Here I refer the reader to Glaser (1978, pp.120-127; Glaser & Holton, 2004) for further elaboration.

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## **Commodifying Self: A Grounded Theory Study**

*Carol Roderick, M.Ed., Ph.D.*

### **Abstract**

Classic grounded theory was used to identify the main concern of students in their senior year of undergraduate study. This concern was conceptualized as responding to the pressure to commodify self. The pressure to commodify self refers to pressure to turn oneself into a valuable product for the knowledge-based economy. There are three responses to this pressure: complying with commodification, resisting commodification, and humanizing commodification. Seven interrelated factors influence the response employed. The theory of commodifying self integrates much existing research on university students and demonstrates that important insights can be gained from alternative approaches to studying students' experiences. The theory provides a direct examination of the consequences of macro level social and economic pressure on students and their learning and can be used to understand and enhance campus environments, curricula, and student services.

**Key words:** classic grounded theory, senior year experience, post-secondary education, graduating students, commodification.

### **Introduction**

Decreased government spending, high tuition fees, demands for accountability and workforce-relevant education are some of the many forces characterizing the contemporary post-secondary education context in Canada. Since the 1980s, government funding for Canadian universities has decreased by thirty percent (Junor & Usher, 2002). This shift in funding has resulted in a downloading of university education costs to institutions and in particular to individuals. In the last decade, on average, tuition fees in Canadian undergraduate programs have almost doubled (McMullen, 2006). Having to shoulder more of the financial burden for a university education, students and their parents are demanding accountability and programs that lead directly to employment upon graduation. Government and the private

sector, facing the increasing pressures of the global economy, demand that university graduates be workforce-ready.

Universities have responded to these forces by paying increasing attention to the quality and workforce relevance of student experiences and learning outcomes. Dissatisfied with the information gleaned through media rankings such as *MacLean's Guide to Canadian Universities* and *The Globe & Mail's University Report Card*, many universities have started participating in the Canadian Undergraduate Survey Consortium [CUSC] (Pedro & Belcastro, 2006) and the National Survey of Student Engagement [NSSE] (Tamburri, 2003) to understand and improve student satisfaction, student engagement, and student learning outcomes. There are also a growing number of qualitative research studies that focus on students' experiences in post-secondary education (i.e. Andres and Finlay, 2004; Gardner, Van der Veer & Associates, 1998; Perrone & Vickers, 2003).

Despite increasing interest in students' experiences, actual understanding remains limited. While the *Maclean's, Globe & Mail*, CUSC, and NSSE surveys highlight general trends, they yield predominantly quantitative data and the questions asked may not reflect the concerns of students themselves. Researchers, assuming that they know what needs to be asked, often come to data collection with fixed questions and therefore omit alternative questions that they might have selected (Benjamin, 1994). Measures within these surveys may also miss the more complex and meaningful aspects of students' experiences that explain how students reflect, integrate, and apply what they learn (Brown & Greene, 2006). Furthermore, the qualitative studies have centered primarily on the transition and retention of first-year students. The experiences of graduating students have rarely been examined directly or in depth (Magolda, 2003).

Ideally, the graduating year should be a time of integration and reflection on the undergraduate experience, as well as preparing for life after graduation (Gardner et al., 1998). The limited research focused on the senior year, however, suggests that the transition out of university is stressful and anxiety-filled (Gardner et al., 1998; Wildansky, 1997). Many students report that their graduating year lacks focus and that they receive insufficient support (Benjamin, 1994). Graduating students may experience unanticipated feelings of ambiguity, disorientation, instability, and depression (Chickering & Schlossberg, 1998;

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Gardner et al., 1998; Polach, 2004; Wildansky, 1997). Some students report disrupted sleep patterns, weight gain or weight loss, difficulty meeting academic obligations, and increased use of tobacco, alcohol and other drugs (Zucker, 1997). In the semester prior to graduation, students' stress levels rise dramatically (Owens, 1998). Although the specific sources of stress associated with the graduating student experience are not clear, many graduating students are confronted with career decisions, overwhelming student debt, and reduced support networks (Brown & Greene, 2006; McCoy, 2003; Wildansky, 1997).

It is clear the final year of undergraduate study is fraught with difficulties and challenges for students, yet few studies directly examine these students' experiences. The current study attempted to address this gap through the use of classic grounded theory methodology (Glaser, 1978, 1992, 1998, 2001, 2003, 2004, 2005, Glaser & Strauss, 1967) to uncover a main concern of students as they approach graduation and explain how these students attempt to process or resolve this concern. The result is a substantive grounded theory of students' experiences in their senior year of undergraduate study.

Data for this study were derived from interviews and the analysis of related literature. I began by interviewing 30 students who were completing their final year of undergraduate study. I then theoretically sampled additional students, parents of graduating students, faculty members, and student affairs and services professionals. Literature was accessed later in the study, once I was sure of the theory and knew which literature was relevant. Rather than approaching this research with hypotheses, specific research questions, or a defined sample size, I attempted to understand the core concern of graduating students and how they attempted to process or resolve this concern. My data collection was directed towards developing and validating emerging hypotheses (Glaser, 1998; Glaser & Strauss, 1967). I ceased data collection when the theory's variables and interrelations were saturated, and I was not finding any new data (Glaser, 1978, 1992, 1998; Glaser & Strauss, 1967; Holton, 2007).

Field notes were created from the interviews and coded. Initial coding was substantive but gradually moved to a theoretical level during the integration and sorting of memos. Memos were written concurrently with data collection and analysis to keep track of my ideas about the connections between

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concepts. Constant comparison was applied to generate, validate, and correct hypotheses that emerged during analysis. When hypotheses emerged, they were written down in memos and checked against incoming data through further comparison.

In time I found that the memos became saturated, and the pattern in the data was conceptualized. When this occurred, I began sorting the memos and linking concepts with theoretical codes (Glaser, 1992, 1998). This allowed me to put the data back together and integrate the theory. While sorting I tried to consistently relate conceptual categories and properties to each other to stay on a conceptual level rather than a descriptive level. Once the memos were sorted, the outline of the theory was in place. The theory is not the voice of participants, but rather an abstraction generated from the doings and meanings of individuals in the substantive area (Glaser, 2003).

### **Main Theoretical Propositions.**

Students in their senior year of undergraduate study encounter considerable pressure to commodify themselves. Individuals respond to this pressure by complying with commodification, resisting commodification, or humanizing commodification. Seven interrelated factors impact students' responses to this pressure, including 1) communication of the pressure to commodify self, 2) prior experience with self commodification, 3) awareness context, 4) assistance sought and received, 5) availability of time, 6) self-knowledge, and 7) availability of finances.

### **The Pressure to Commodify Self**

The key concern uncovered in this study is the pressure to commodify oneself. As young people prepare to transition from undergraduate study they are under enormous pressure, pressure to transform themselves into marketable products capable of high levels of economic productivity and the acquisition of social status and material goods. The pressure to commodify self is observable as pressure to excel academically, to have well-formed career goals and post-graduation plans, to pursue further education, to be oriented towards material career achievement, and to fulfil parental and societal expectations. The pressure to commodify self is pervasive, persistent, and ideological.

The transmission and reinforcement of the pressure to commodify self pervades social relations, the media, education,

and government policy. The pressure extends through students' relationships with their parents, faculty, peers, and society. For example, it is well documented that students are frequently pushed by their parents to pursue further education (Aronowitz, 2000; Côté & Allahar, 2007; Ercegovic & Richardson, 2004; Pope, 2001; Rybak, 2007). The media frequently echo government policy and rhetoric on the importance of a university education for jobs of the future (Côté & Allahar, 2007; Hersh, 2005). In terms of education, as early as kindergarten students are encouraged to explore potentially suitable careers, set goals, develop employability skills, and to anticipate what their lives will be like five and ten years from now.

The pressure to commodify self is persistent. It is not limited to the final year of undergraduate study; rather, it has acted on students up to this point in their lives and continues through and beyond graduation. Reflecting on their reasons for attending university, many of the students interviewed explained how attending university was not a choice among alternatives, but simply the next step after high school. Furthermore, it was what 'everyone else is doing.' Similarly, literature focusing on recent graduates reveals an expectation that young adults secure personally and financially satisfying employment (Robbins & Wilner, 2001).

The pressure to commodify self is ideological and students become convinced that commodifying themselves is in their best interests. The good citizen in our society is portrayed as hard working, educated, employed, and productive (Grace, 2007; Hyslop-Margison, 2000). A university education is perceived to be an economic necessity (Zemsky, Wegner, & Massy, 2005), a rite of passage to white collar jobs and the exclusive path to success (Côté & Allahar, 2007; Rybak, 2007). It is not surprising that parents communicating this pressure believe that they have their child's best interests at heart.

### **Responses to the pressure to commodify self**

There are three responses to the pressure to commodify self: complying with commodification, resisting commodification, and humanizing commodification. While an individual may respond to a situational stressor using any one of these responses, their overall future planning tends to reflect the use of one predominant response.



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relationships and well-being. When complying with commodification consumes available time, little time is left to participate in authentic interpersonal relationships and social activities. This can weaken relationships with family, high school friends, university friends, and a possible romantic partner. Romantic relationships may be avoided entirely to minimize any potential interference with career plans. Conversely, some individuals may feel pulled to commit to their current romantic partner to manage the tyranny of excessive future options. Individuals who invest less in their interpersonal relationships and communities are likely to feel lonely and disconnected from others, and their health and well-being may suffer (Kasser & Ryan, 1996). Students may fear disappointing others, as well as slowing down to get to know themselves or exploring their interests. Some students increasingly see themselves only through their work and academic roles. Their identities become associated primarily with the education or employment they attain, rather than who they are as persons. They become alienated and estranged from whom they really are (Brookfield, 2005).

### *Resisting commodification*

You don't have to do what everybody else is doing, you don't have to go home or get a real job right away. I'm doing what I want to do right now, I need that.

Resisting commodification is the second response to the pressure to commodify self. Individuals resist commodification to seek happiness and self fulfillment no matter the cost and often without considering the economic consequences. Resisting commodification is not typically motivated by a desire to improve one's finances. Instead, resisting is motivated by a desire to buy time, to develop self-awareness, and to explore personal interests. Resisting can facilitate rehumanizing to restore hope and to recover from the dehumanizing aspects of complying with commodification. Rehumanizing through resisting represents an opportunity to slow down, reflect, reenergize, and reconnect with oneself and others (Holton, 2006). Resisting occurs through delaying, avoiding, and rebelling. While delaying, avoiding, and rebelling manifest themselves in similar ways, the underlying motivations differ. Delaying future planning may involve taking a year off from school after graduation to get to know oneself and rehumanize before deciding what to do next. In contrast,

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delaying may also manifest itself as pursuing further education to keep living the student life and put off adult responsibilities for another few years. Avoiding manifests itself as limiting or avoiding discussing graduation or plans for the future with friends, roommates, peers, and family. Students may evade unwanted parental communication by not talking to their parents about certain topics, limiting length and frequency of communication, not answering phone messages or e-mail, etc. (Hofer, 2007). Similarly, students may attempt to separate themselves from sources of pressure when they graduate. Students may avoid by extending undergraduate study through one more course, another year of study, or deciding to switch programs before graduation. Students may even fail as an act of defiance (Arnett, 2004). Alternatively, students proceed into further education with minimal consideration of any overall life plans. Rebelling may appear as excessive partying or not completing academic work despite the consequences. Given the technology-savvy persona of the Millennial generation (Howe & Strauss, 2003), students might also be likely to engage in Internet-related excesses that lead to gambling and gaming addictions.

There are both negative and positive consequences to resisting commodification. Resisting commodification may result in feeling stuck, having low self worth, or being excluded when others are commodifying. Students may feel alone in career indecision, depressed, and in emotional turmoil. Resisting commodification may induce guilt (Barber, 2002) because it is counter to what others are doing and what one is “supposed” to be doing. At the same time, resisting can facilitate rehumanizing, the exploration of personal interests, and the development of self knowledge. It may relieve the stress of planning for the future, thereby increasing students’ abilities to focus on the present. Through resisting, individuals may recognize that their personal values and goals are not congruent with the expectations of others and eventually pursue a path of humanizing commodification. Many students realize that they can only resist for so long without repercussions and, after resisting for a period, either comply or choose to humanize commodification.

### *Humanizing commodification*

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Does it really matter so much if I don't love my day job if everything else is just oozing happiness? (Robbins & Wilner, 2001, p. 152)

The third response to the pressure to commodify self is humanizing commodification. Humanizing commodification is deliberately attempting to pursue one's interests and maintaining a sense of self, while attaining a certain level of financial prosperity. Individuals respond by humanizing commodification to achieve success and happiness and to humanize career development and choice.

Humanizing commodification involves reflecting, attempting to live authentically, and conscious decision making. Individuals reflect to determine areas of negotiation and non negotiation in their future planning. They recognize and respect external opinions as well as their own voice before deciding how to act. For example, students employing this response would think carefully about their future plans to ensure a personal alignment despite scholarship or lucrative employment offers.

Living authentically means acting in accordance with one's values. Students pursue courses that reflect their interests and complete assignments to reflect their own thoughts rather than what a professor might expect, despite risking low marks. Relationships formed with peers and faculty members are based on care and respect rather than being solely a means of gaining a competitive advantage. Humanizing commodification involves continuous conscious decision making. In future planning students consider factors such as fit with interests, personality, goals, location of support network, and economic outcomes. Career is seen as one part of a whole life that contains other aspects as well. Alternatively, students may seek to combine interests and lifestyle desires of a family and children with career aspirations that provide a comfortable economic situation but may not reflect their passions exactly.

Responding by humanizing commodification results in being energized and confident about academic tasks and future planning. It is associated with increased intrinsic academic motivation - learning is valued and sought for its own sake - and an increased sense of agency. Humanizing commodification, however, is not wholly positive. Individuals may struggle with the fear of being unable to obtain economic well-being and employment that align with their interests. Struggling against

the pressure to comply is a continuous challenge and continual decision making can become burdensome. Furthermore, there is intense pressure to prove to oneself and others that humanizing commodification is the best response by attaining a high level of economic productivity while being true to oneself. Securing such a future relieves this stress and concern.

### **Factors influencing students' responses**

There are several factors that influence responses to the pressure to commodify self, including: communication of the pressure, prior experience with self commodification, awareness context, assistance sought and received for future planning, availability of finances, self-knowledge, and availability of time.

#### *Communication of the pressure*

Communication of the pressure influences response selection according to how overtly the pressure is communicated, and the level of care and concern communicated simultaneously. Indirect or covert communication combined with displays of care and concern increases the propensity to comply with commodification and to humanize commodification. Conversely, overt or direct transmission with no or minimal displays of care and concern encourages resisting commodification.

#### *Prior experience with self commodification*

Prior experience with self commodification also influences response selection. Prior experience with a particular response seems to have fostered the confidence and skill to continue with that response. For example, prior experience with complying with commodification, which has been positively rewarded, increases the likelihood of continued compliance. Similarly, prior experience with resisting commodification or humanizing commodification that has been positively rewarded also facilitates continued use of these responses. Breaking free from the pressure to comply with commodification is not easy. Involvement in activities that stimulate self-knowledge and career exploration may assist. These activities may include experiential learning, internships, part time work, summer employment, work placements. One student explained how a period of work after two years of academic study fostered ability to choose not to comply as he approached graduation: "until that point, it was push me here, push me there. So I got that push that way. ... And when I got out I stopped worrying about what other people will

think. You just become your own person.”

### *Awareness context*

Awareness context refers to the degree to which individuals are aware of the pressure to commodify self. The concept of awareness context arose from emergent fit with Glaser and Strauss' (1965) study examining the influence of awareness on interactions with dying patients in hospitals. Awareness of the pressure (open awareness context) encourages resisting commodification and humanizing commodification. In contrast a lack of awareness of the pressure (closed context) increases the likelihood of complying with commodification. Lacking awareness can lead to self-blame and 'psychologizing' (Feldman, 1972) where some students feel the need to seek therapy because they think something is wrong with them when, in actuality, they are struggling to manage external pressures. Resisting commodification may allow individuals to shift from a closed to an open awareness context as it facilitates critical reflection and assessment of the undergraduate experience, and questioning past time use, goals, and motivation. To illustrate, one student described how through resisting commodification she recognized that what she thought were her goals were really an internalization of the pressure from her parents and that these goals may not have reflected her actual desires. This shift in awareness prepared her to pursue her own interests and explore a range of potential careers reflecting her interests.

### *Assistance sought and received*

Assistance sought and received refers to seeking help to plan the future. Individuals may seek help from formally structured assistance providers, such as career counselling centres, as well as from informal assistance providers such as family, friends, and faculty. They may also seek assistance through their religious and spiritual beliefs or from self-help books.

Whether or not assistance is sought and obtained is determined by its availability, its accessibility, the degree of match between perceived need and perceived usefulness of the assistance, and the degree of connectedness with assistance providers. The availability of assistance impacts whether it is sought and received. For example, employers in applied fields and in fields where there is a high workforce demand may have recruitment campaigns and resources to attend career fairs that

are not available in fields of academic study with less direct relevance or workforce demand. Also, in terms of informal assistance, many first generation university students may not have the same parental support available to them as do students whose parents have themselves pursued undergraduate degrees. In addition to their provision, accessibility of assistance also determines whether it is sought and received. For example, if services are not situated in a central convenient location on campus it is unlikely that students will access them. The match between the perceived need and perceived usefulness of available assistance impacts whether or not it is sought. A good match encourages assistance seeking, while a poor match limits assistance seeking. Many students in this study indicated that they experienced such a mismatch with campus career services, for example: "I don't need to know how to interview, I can write a cover letter; I can do all these things. What I need from them is places to apply. I need to know where I can find jobs. I don't need help with my résumé. They are starting from too low a level." The degree of connectedness between students and assistance providers impacts whether assistance is sought. A high level of connection is associated with assistance seeking, while decreasing levels of connectedness lower the likelihood of seeking assistance. Since students tend to be more connected with informal assistance providers, including friends and family, than with formal providers, such as career counsellors and advisors, they are more likely to turn to informal providers for assistance.

The quality of assistance provided is in part determined by the assistance provider's experience, education, and knowledge of career development. Those who seek assistance from informal providers are more likely to be directed towards complying with commodification than are those individuals who seek assistance from formal providers.

### *Availability of time*

Availability of time for planning life after graduation impacts students' responses to the pressure to commodify self. Time constraints increase propensity to comply and decrease likelihood of resisting or humanizing commodification. Full schedules, routine structures, employment, and heavy academic workloads constrain students' time, keeping them focused on present achievement, limiting self exploration, reflection, and future planning. Additional demands in the graduating year such

as grad photos, applying for graduation, senior class events, and other graduation related logistics add to these constraints, leaving little time to engage in futures planning. Juggling the many demands may leave students feeling scattered and unsure of where to devote their attention. Planning the future can induce guilt and stress when it competes with other current demands. To plan life after graduation, some students create time through opportunizing, carefully scheduling and organizing activities, sacrificing sleep, or planning to take time off after graduation to devote to planning the next phase in their lives. Creating time increases the possibility of developing an awareness of the pressure to commodify self, consequently allowing students to respond to the pressure in a more informed manner.

### *Self-knowledge*

Self-knowledge, how well an individual can identify his or her own interests, desires, values, and beliefs, influences responses to the pressure to commodify self. Self-knowledge influences response selection according to the degree of current self-knowledge, the degree to which the need for self-knowledge is recognized, and the desire to acquire self-knowledge. A limited current self-knowledge with a low perceived need for self-knowledge or low desire to develop self-knowledge facilitates complying with commodification. Some students expressed a lack of interest or even resistance to reflecting upon their interests. Others felt that competing demands left them with little time to develop self-knowledge. A low level of current self-knowledge combined with a recognition of the need for self-knowledge and a desire to know self is associated with resisting commodification. Finally, high self-knowledge, combined with recognition of its importance and the desire to further develop self-knowledge is associated with humanizing commodification. Students who had a high level of self-knowledge felt they had developed this through independence gained by pursuing their undergraduate study away from their home town or by experiencing new ways of being and establishing new support networks during their studies.

### *Availability of finances*

The accessibility of finances influences students' responses. Financial stress is linked with complying with commodification, whereas financial comfort is associated with resisting

commodification and humanizing commodification. Furthermore, when commodifying self, the availability of finances facilitates opportunities to better commodify self than does limited financial resources. Availability of finances does not necessarily equate with socio-economic status of parents or guardians. Some students whose parents may be able to assist them financially choose not to do so, and some students who may be considered to have a low socio-economic status may be able to access finances through bursaries, low interest loans, and scholarships.

Students with financial stress such as debt, student loans, or low cash flow are often under increased pressure to comply. They can often only pursue their interests if they are congruent with the need to become economically productive. Complying may be the safest route financially, and resisting the most risky. Financial stress also limits the ability to commodify self. Meeting current financial needs can negatively impact well-being, interpersonal relationships, and detract from academic performance. Time spent working can detract from the time available for extra-curricular activities, planning the future, and studying. Poor performance in these areas can impact the ability to secure scholarships or competitive positions in further education or the workforce.

Having minimal financial constraints frees students to resist commodification or humanize commodification. A period of resisting commodification by taking a year off after graduation may even be funded by a student's parents. Availability of finances provides a wider range of more prestigious opportunities than if finances are limited. Sufficient financial resources reduces the need for part-time work and frees time that could be used to pursue activities that enhance a résumé, explore personal interests, and focus on academic performance, thereby potentially increasing grades and time for self care.

### **Interaction of influencing factors**

The seven factors that impact response selection are related and often build upon each other. In other words, if one factor is directing students towards a particular response, it is likely that additional factors are also encouraging students towards the same response. For example, students who have limited financial resources may be holding one or more part-time jobs and may be less able to adjust their hours of employment when their academic workload fluctuates. This may reduce the time they

have to complete academic work, which negatively influences their overall academic performance. Poor academic performance can hinder the ability to commodify and limit student awareness of assistance available and their likelihood of seeking this assistance. Having insufficient time may limit self-knowledge, as well as the ability to respond to the pressure to commodify self in an informed manner.

### **Discussion**

This research has both practical and theoretical implications. The theory of commodifying self is relevant to university administration interested in understanding and enhancing campus environments, curricula, and student services so that they are more responsive to student needs as well as to students, faculty, and student affairs and services professionals who work with university students. The substantive theory can assist students in making sense of their undergraduate experiences and in preparing for life after graduation. It can help faculty and student affairs and services professionals to understand student behaviour within the context in which it occurs. For example, issues such as student disengagement and academic dishonesty may be understood as systemic social problems rather than flaws within an individual's character. The theory also provides faculty and student affairs and services professionals with the capacity to evaluate practices and to develop desirable goals for the final year of undergraduate study. The theory provides institutional and policy stakeholders with insight into how current changes in post-secondary education are impacting students. A key theoretical contribution of this research is that the substantive theory links, integrates, and organizes much existing research about university students. The theory brings together theories and research related to the student experience, academic dishonesty, help seeking, student change within university, student well-being, emerging adulthood, the quarter life crisis, the Millennial generation, and materialism. It helps to raise the conceptual level of this research by contributing new perspectives and understanding. The theory also forms a conceptual framework that can be used to guide future studies in these areas. For example, literature related to student change within university frequently guides student affairs and services practice. This literature is derived largely from social psychology, and is dominated by a positivist quantitative paradigm as well as a developmental framework that maps out various progressions of

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learning, growth, and development during the college years (Pascarella & Terenzini, 1991, 2005). The theory of commodifying self raises the conceptual level of this research by situating student development within a social and economic context, a context that profoundly impacts the development of autonomy, identity, and critical thinking. Future studies of student development can apply the theory of commodifying self to obtain a nuanced and contextualized understanding of the factors influencing student change and development. The theory aligns with and builds upon previous critiques of the extensive focus on a developmental perspective: Not all of the changes that students encounter while studying are necessarily developmental. Individuals who veer from what is considered to be normal development may be seen as being deficient or abnormal, and this deficit perspective minimizes the role of social forces in mediating student development (Andres & Finlay, 2004; Dannefer, 1984).

This theory offers a shift in perspective from much of the literature and the dominant approaches to studying university students. Current literature does not address the pressure to commodify self, how students respond to it, or the factors that influence students' responses. In fact, the impact of macro level social forces upon students remains minimally explored. By focusing primarily on student satisfaction, student engagement, and students' performance of curriculum objectives via learning outcomes, researchers may be neglecting to ask more meaningful questions, including: What should be the goals of undergraduate education? To what extent is undergraduate education currently meeting these goals? And, what does it mean to be an educated person?

The substantive theory of commodifying self is of particular relevance to the literature concerning the impact of social and economic forces on post-secondary education. Universities exist in a state of tension, struggling to maintain their more liberal or traditional roles that focus on intellectual development, critical thinking, and creating well-informed responsible concerned citizens, while facing mounting pressure to adopt corporate business models that focus more on technical and instrumental learning, and producing sufficient human capital for the knowledge-based economy (Côté & Allahar, 2007; Hersh & Mellow, 2005; Hyslop-Margison, 2005; Jones, McCarney & Skolnick, 2005; Turk, 2000). This research predominantly examines the impact of these forces at an institutional level,

rather than the impact on individual students. While questions are raised in this literature as to the potential impact of social and economic forces on student learning, the impacts are not explored directly or in depth. My research highlights the consequences of these pressures on students and their learning.

The pressure to commodify self represents a power relationship wherein the dominance of larger systemic social and economic interests frequently results in subtle oppression of individual students' lives. This oppression has its implications: alienation, low self worth, lack of self-knowledge, little time to reflect or conceive of alternative ways of being in the world, lack of autonomy, shallow engagement in human relations and community, compromised human dignity, and suffering well-being. Furthermore, when facing the demands to commodify self, students who choose to engage in non-market oriented activities such as self care, exploration of personal interests, and development of self-knowledge, are made to feel that these pursuits are indulgent and frivolous. These social and economic interests also work to constrain individuals' thinking and ability to make decisions that are more than instrumental. As Friere (2004) explains, students' abilities to think critically, to read, and rewrite the world, are reduced. This has severe consequences; as Noddings (2006) points out, "to neglect critical thinking on topics central to everyday life is to make the word *education* meaningless" (p. 4). Democracy may be also undermined if citizens are forced to accept society as it is and adapt themselves to it rather than being able to critically assess society's strengths and weaknesses and work for its betterment (Hyslop-Margison & Sears, 2008).

Uncovering the pressure to commodify self highlights how deeply the current social and economic pressures have infiltrated the university system. The pressure to commodify self has been largely internalized and accepted as normal. The balance between the competing demands on universities has been disrupted in favour of economic pressures. This is highly problematic as the more liberal functions of universities risk not being met.

### Limitations

I attempted to employ the full classic grounded theory methodology for this research. When I began this study I was trained in qualitative methodologies and had a limited understanding of classic grounded theory. This caused my initial

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data collection and analysis to stray from the methodological package, however, as the research progressed, I engaged in “a set of double-back steps” (Glaser, 1978, p. 16) that allowed me to revise my previous work in concert with my developing understanding of the methodology. I cycled through the various procedures “learning from each attempt and developing clarity and confidence in their application” (Holton, 2007, p. 266). I participated in several grounded theory seminars that provided me with access to mentoring from leading grounded theorists and helped ensure that my work was consistent with the methodology. The sampling in this study was limited to those who are part of the Millennial generation (born 1982-2002) as this generation of students has very high expectations of their university experience, and tend to be more prone to periods of burnout, insomnia, and other stress-related health issues than previous generations of students (Howe & Strauss, 2003). These students are also challenging existing knowledge about effective learning and service strategies, student development theories, and beneficial educational environments (Coomes & DeBard, 2004).

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## **The Modifiability of Grounded Theory**

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### **Abstract**

Grounded theories are powerful tools that fit empirical situations and provide “relevant predictions, explanations, interpretations, and applications” (Glaser & Strauss, 1967, p.1). Because of their real-world orientation, grounded theories are particularly appropriate for health care research. They can help professionals understand that certain patterns always seem to emerge, that particular people respond in predictable ways, and that actions produce predictable results (Nathaniel & Andrews, 2007). When physicians and nurses better understand patterns that affect patients, they can work towards altering harmful patterns to improve the quality of patient care. As time passes, one may ask, when do grounded theories become obsolete? When are they no longer useful? The purpose of this paper is to revisit the seminal grounded theory, *Awareness of Dying*, and compare it to contemporary conceptual and descriptive research on end-of-life care, asking the question, is the theory in need of modification?

### **Introduction**

Modifiability is basic to grounded theory. Because they are generated through inductive logic, grounded theories are naturally modifiable. With induction, the analyst generalizes from a number of cases in which something is true and infers that the same thing is true of a whole class. In grounded theory, these inferences take the form of tentative hypotheses (Glaser, 1978). Hypotheses and the theories that they comprise demonstrate predictable patterns that can be observed. Glaser writes, “In GT, a concept is the naming of an emergent social pattern grounded in research data. For GT, a concept (category) denotes a pattern that is carefully discovered by constantly comparing theoretically sampled data until conceptual saturation of interchangeable indices. It is discovered by comparing many incidents, and incidents to generated concepts, which shows the pattern ....” (Glaser, 2002, p.4). The grounded theory method corrects for error or bias through constant comparison and abstraction, which further clarifies the underlying latent patterns (Glaser, 2002, rev.

2007). After a theory is developed and published, time passes and new evidence becomes available. A basic strategy to ensure rigor, modifiability allows openness to correction and change as new evidence emerges, ensuring against “pet” hypotheses (Glaser, 1978). With that in mind, this paper revisits the original grounded theory, *Awareness of Dying* (Glaser & Strauss, 1965), compares it to contemporary research findings, and finds it to be in no need of modification.

### Awareness of Dying Revisited

*Awareness of Dying* is a historical grounded theory—the first ever published. Today, a great deal of research focuses on death and dying, but in 1965, *Awareness of Dying* presented eye-opening revelations about how an awareness of the time and mode of death affects patient attitudes and the care delivered by nurses and physicians. The theory was developed by Barney Glaser and Anselm Strauss and was funded by a Public Health Service Research Grant from the Division of Nursing (Glaser & Strauss, 1965a). Glaser and Strauss spearheaded a six-year research program entitled *Hospital Personnel, Nursing Care and Dying Patients*. This research culminated in a number of publications including *Awareness of Dying* (Glaser & Strauss, 1965a), *The Social Loss of Dying Patients* (Glaser & Strauss, 1964), *Time for Dying* (Glaser & Strauss, 1968), *Temporal Aspects of Dying as a Non-scheduled Status Passage* (Glaser & Strauss, 1965b), and *The Nurse and the Dying Patient* (Quint, 1967). *Awareness of Dying* is the most well-known theory that emerged from the study.

Glaser and Strauss, sociologists, and Jeanne Quint, a nurse, conducted intensive field work at a number of hospitals for six years (Glaser & Strauss, 1967). Using a combination of observations and interviews, they aimed to produce research that would contribute toward creating a more rational and compassionate dying process. The investigators had maximum exposure to different aspects of dying within six hospitals—locations where death was “sometimes speedy, sometimes slow; sometimes expected, sometimes unexpected; sometimes anticipated by the patients, sometimes unanticipated...” (Glaser & Strauss, 1968, p. xi). They followed nurses and physicians, watching them work and asking questions. They sat at the nurses’ stations, attended staff meetings, and talked with patients. What emerged from this lengthy study was a

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groundbreaking theory about patients', families' nurses', and physicians' levels of awareness of the impending imminence of death in particular cases. Glaser and Strauss discovered four distinctly different awareness contexts: *closed awareness*, *suspected awareness*, *mutual pretense awareness*, and *open awareness*. They found that each of these contexts had implications for the quality of the experience for patients, families, nurses, physicians, and other hospital staff.

Much like today, in the 1960s many people chose to die in institutions, leaving intimate care during the last days and hours of life in the hands of strangers. Glaser and Strauss found that Americans, in general, tended to avoid talking openly about dying and health care professionals were no different. Through much of the 20<sup>th</sup> century, nursing and medical education tended to emphasize the technical aspects of dealing with patients, with little thought about the psychological aspects of care. Therefore, physicians in U.S. hospitals were reluctant to disclose impending death to their patients and nurses were expected to talk with patients about death only with the express consent of physicians (Glaser & Strauss, 1965a). Glaser and Strauss found that this atmosphere of organized secrecy led to a *closed awareness* of the dying process.

According to Glaser and Strauss, *closed awareness* occurs when patients are unaware of their own impending death (Glaser & Strauss, 1965a). Physicians, nurses, and other staff members purposely maintain the fiction that the dying patient might recover. They are careful not to arouse the patient's suspicions by their words or actions. Physicians and nurses use certain tactics to maintain closed awareness. These tactics include giving patients an incorrect or partial diagnosis, manipulating the conversation so that patients will make inaccurately optimistic interpretations of their situation, and avoiding spending time with patients to minimise the possibility of revealing clues. During periods of closed awareness, nothing is done to arouse patients' suspicion. Thus, patients are allowed to act on the false supposition that they will recover. This context does not allow patients to close their lives with proper rituals. Because of the organized deception, relatives' grief cannot be expressed openly.

In some cases, patients begin to suspect, with varying degrees of certainty, that hospital staff believe them to be dying. Glaser and Strauss labelled this context *suspicion awareness*

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(Glaser & Strauss, 1965a). Glaser and Strauss found that patients who were suspicious engaged in several strategies to attempt confirmation of their suspicions. Strategies included announcing their own impending death to check the reaction of staff members, talking about their symptoms while listening intently for clues, and attaching significance to every word and gesture of staff members. However, although they search for clues, patients are unlikely to have sufficient medical knowledge to interpret them. If staff members believe that a patient suspects terminal illness, they attempt to counter those suspicions with strategies similar to ones used to maintain closed awareness. For example, nurses may act as if a patient is merely ill, rather than dying, by being impatient with the patient's suspicions and acting in a distracted, cheerful, or brisk manner. Nurses may send a clear message that they are too busy to talk or instruct the patient to ask the physician. Essentially, they discourage the patient from talking about suspicions by refusing invitations to talk. Glaser and Strauss found that this type of deception places patients, relatives, and staff under considerable strain and creates an atmosphere of tension. Suspicion awareness tends to be converted into other types.

Another context, *mutual pretence*, occurs when staff members and the patient know that the patient is dying, but everyone pretends otherwise (Glaser & Strauss, 1965a). All parties are careful to maintain this fragile illusion, utilizing strategies such as focusing on safe topics and purposely avoiding dangerous topics. If an inadvertent word or action threatens the fiction, patients and staff pretend that it did not happen. As time passes, pretence is piled upon pretence. Mutual pretence has positive effects. It can serve to ensure privacy and dignity for patients and minimize family members' discomfort. Generally, mutual pretence can create an atmosphere of serenity. Although staff members might feel relief, mutual pretence may eventually lead to considerable stress. Pretence is challenged by pronounced physical deterioration or when patients feel they cannot face death alone. When this occurs, patients are likely to make the transition to open awareness.

In the context of *open awareness*, both staff and patients know and acknowledge that the patient's condition is terminal (Glaser & Strauss, 1965a). Open awareness is often a stable context. Paradoxically, patients may experience open awareness about the terminal nature of their condition, but remain in closed

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awareness about particular aspects of death such as mode and time. These facets of the patient's impending death are only revealed if family and staff judge them not to be upsetting or unpleasant for patients. Glaser and Strauss found that selective mutual pretence in the presence of open awareness is a common strategy to deal with upsetting topics. Pressure is placed on patients to behave correctly. As they become more aware, patients are expected to behave with dignity, avoid displays of emotions, and maintain the fight to stay alive, except if death is certain or suffering is intense. Generally, patients are expected to conform to staff members' conception of propriety. Glaser and Strauss observed that staff members appreciate patients who die with dignity and grace. When nurses perceive that patients are not dying properly, they admonish, coax, and appeal to higher authority, such as a physician or priest, to help control patients. During open awareness, patients and staff members may negotiate for the relaxation of the usual hospital routine. Negotiations are more likely to be successful if patients are considered to be dying in an "acceptable" way.

Glaser and Strauss (1968) found that many staff members, especially nurses, prefer open awareness since they get satisfaction from being able to comfort patients. Open awareness is also good for patients in that it allows them the opportunity to "get their affairs in order" and close their lives according to their ideas about proper dying. It allows them to talk openly with relatives. However, open awareness has some disadvantages for patients. They may not be successful in bringing closure to their lives and may die with more anguish and less dignity than those who die in closed awareness.

*Awareness of Dying* was published by Glaser and Strauss in 1965, before the authors published their groundbreaking book describing the new research method. The method changed many people's opinions about how to do research (Glaser & Tarozzi, 2007). One of the unique tenets of the grounded theory method as described by Glaser and Strauss provides that grounded theories can be modified as new facts and understandings emerge (Glaser & Strauss, 1967). Because they are modifiable, grounded theories remain vivid and relevant as time passes. Thus, subsequent research enriches and elaborates grounded theories.

### **Current Research**

The purpose of reviewing contemporary literature is to

compare the current conceptual and descriptive research on death and dying to Glaser and Strauss's theory and to determine if recent findings warrant modification of the original theory. Compared to 1965 when *Awareness of Dying* was first published, recent trends show a slight decline in the percent of people who die in institutional settings. Even so, more than 40% of people in the U.S. die in hospitals surrounded by nurses and other hospital staff (Flory et al., 2004). There has been a flurry of health care research focusing on end-of-life issues in recent years. Yet, 45 years after the publication of *Awareness of Dying*, nurses and doctors continue to control information and influence the awareness context. They either delay, modify, or temper full disclosure, despite public and professional appeals for open awareness (Field & Copp, 1999). Even in the face of increasing knowledge and improved care of the dying, some patients continue to be denied the opportunity to prepare for death, (Quinlan & O'Neill, 2009).

Contemporary research shows that open awareness of dying remains desirable since it enables life planning to proceed and offers some control over the manner and timing of death (Seale, Addington-Hall, & McCarthy, 1997). Open awareness enables patients to exercise some control over their last months and days of life (Field & Copp, 1999). Recent research demonstrates that there is still much room for improvement, particularly in relation to people dying with a diagnosis other than cancer. In recent years, an increased percent of patients with cancer experience open awareness (83.9%), yet despite the influence of Glaser and Strauss's theory, this increase has not been reflected with other life-limiting conditions such as end-stage cardiovascular disease (51.6%), respiratory disease (71.4%) and other conditions (42%) (Seale, et al., 1997). Seale, et al. concluded that while open awareness is the most prevalent context, medico-biological factors, such as cause of death, and socio-cultural factors, such as social class, contribute to variation in awareness contexts. Patients dying of cancer are more likely to receive a terminal prognosis in an explicit way compared to those with end-stage cardiorespiratory disease. This leaves patients to surmise that they are dying (closed awareness) on the basis of their own knowledge (Exley, Field, Jones, & Stokes, 2005). Nonetheless, for a variety of reasons some patients do not want to discuss their impending death or have it openly acknowledged, which for them is a matter of privacy (Quinlan & O'Neill, 2009). They exercise a

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right to engage in mutual pretence, a major concept acknowledged by Glaser and Strauss (1995a) that is consistent with current thinking on patient autonomy.

Even today, health care professionals remain in control of the type and amount of information patients receive. This leads Field and Copp (1999) to conclude that disclosure is conditional rather than open, implying that there is a certain inconsistency between this stance and the idea of open awareness. But this conclusion is not new. Glaser and Strauss (1995a) acknowledged that open awareness is complex and not an absolute state in which everything is known. Even in open awareness, staff may choose not to discuss some aspects of death, such as time and mode, with patients. Although open awareness is thought to be the preferred context, it can be quite stressful for staff when, for example, patients wish to talk about their imminent death. With a working knowledge of the theory, patients, relatives, and health care staff can anticipate consequences of the current awareness context.

Patients and physicians still engage in “pretence awareness” in which both know the prognosis, but tell each other “recovery stories” (The, Hak, Koeter, & van Der Wal, 2000). Corresponding with Glaser and Strauss’s concept of mutual pretence, contemporary researchers find that pretence awareness leads to false optimism and does not allow patients to make informed end-of-life choices and say their goodbyes (Francke & Willems, 2005). Research suggests that this can only be achieved in the context of openness. Consistent with *Awareness of Dying* (Glaser & Strauss, 1965a), poor communication among the terminally ill, their families, and hospital staff continues (Yabroff, Mandelblatt, & Ingham, 2004), resulting in patients not being involved in decisions about the type of treatment or support they want while dying (Quinlan & O’Neill, 2009).

After decades of research, there are still gaps in end-of-life health care training of health professionals (Rabow, Hardie, Fair, & McPhee, 2000). Many physicians begin practice unprepared to talk openly with patients about poor prognosis (Lamont & Christakis, 2001), using deliberately oblique language and euphemisms (Quinlan & O’Neill, 2009). Glaser and Strauss (1965a) refer to this as *silent disclosure*, a state that eventually initiates the mutual pretence awareness context. Yet open, timely and skilled communication is highly valued by patients and their

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relatives in end-of-life care (Carline et al., 2003). Consistent with Glaser and Strauss's theory (1995a), nurses continue to shape expectations of patients and distract attention away from upsetting thoughts (Hopkinson, Hallett, & Luker, 2005). *Awareness of dying* theory suggests that unless careful, nurses who utilize such strategies consistently, may serve to maintain closed awareness or mutual pretence.

Against today's background of increased capacity for technological interventions, clear decisions about the right time to die may be more difficult than in the past, making it even more important for patients and their relatives to be involved in decisions about end-of-life care (DeVecchio et al., 2004). *Awareness of dying* has the potential to provide a very effective basis for dealing with these continuing problems since it can be used to guide communication among everyone involved in terminal care. Effective communication is powerful since it confirms humanity, instills a sense of security, and is essential to meaningful care (Ryan, 2005). In that regard, Glaser and Strauss discuss explicitly how to change awareness context and offer guidance on how to deal with potential problems as a consequence of changed awareness.

Awareness context continues to shape discussions in relation to disclosure (Field & Copp, 1999) and has been instrumental in re-focusing care on the individual who is dying, rather than on the protection of others through non-disclosure (Field, 1996). There is still much to be gained by applying Glaser and Strauss's *awareness contexts* to current health care practices, especially since the emotional needs of dying patients continue to be overlooked (Quinlan & O'Neill, 2009). Recent studies have tended to focus on the quantitative measurement of the quality of dying and death (Downey, Curtis, Lafferty, Herting, & Engleberg, 2010; Mularski, Curtis, Osborne, Engelberg, & Ganzini, 2004). These studies generally rely on the perception and recall of relatives, which may alter with time. Some researchers believe that it is far easier to measure objective and observable items rather than subjective and emotional ones (Hinton, 1996). Moreover, there is increasing recognition that many other factors influence the quality of dying (Downey, et al., 2010). Downey et al (2010) note an absence of a theoretical foundation for end-of-life research in the literature. If this surprising assertion is true, a multivariate theory with strong explanatory and powers is needed to serve as a framework for improving end-of-life experiences for all

concerned. Newly examined and found to be pertinent, Glaser and Strauss's seminal theory, *Awareness of Dying*, has the potential to guide research and practice in this substantive area.

One final note, contemporary literature about death and dying cited in this paper consists of descriptive and conceptual products of research focusing in death and dying, an area of intense focus during the last few decades. The body of amassed knowledge in this and other related substantive areas sets the stage for the development of a formal theory. More abstract and generalizable than the present substantive theory, formal theory can be widely used in lectures, readings, and consultations. Formal theory can correct extant theory by modification, giving deeper but transcending understandings, extending the general implications of theory, and the cumulative construction of theory. Formal grounded theory may be used to guide other research since it gives clear theoretical direction to the research by its grounding. And because it is abstract of people, place and time, it is easy to apply to many substantive areas (Glaser, 2007). Awareness context offers a useful conceptual tool for research and practice and is, at the same time, ripe for formal theory development.

### Conclusion

*Awareness of Dying* encourages nurses and physicians to be sensitive to predictable processes and to alter their actions to improve care. The theory sensitizes health care professionals to universal problems that surround end-of-life care and provides them with a means of making things better. By understanding the contexts of awareness and the effects of their words and actions on dying patients, nurses and physicians are better able to honestly deal with patients and families as death approaches. Striving toward evidence-based practice, contemporary nurses and physicians can be assured that *Awareness of Dying* is an enduring and vivid theory that explains how the context of patients,' physicians,' and nurses' awareness can determine the manner in which patients experience their last days and how awareness context can be altered to support patient autonomy and dignity in accordance with their wishes. It reveals the transparency of health care professionals' attitudes and actions towards dying patients, which can leave them confused, misinformed, and anxious and can deny them opportunities to set their affairs in order. It shows that nurses and physicians who

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are honest and sensitive to dying patients may be able to better assist them to conclude their lives with proper rituals, encouraging open expressions of grief among patients and their families.

Glaser and Strauss found that compassionate physicians and nurses who confront the dying process honestly, give patients permission to express their thoughts openly and avoid feelings of aloneness at the end of life. Nevertheless, in the face of today's increasing awareness and improved care of the dying, some patients are still denied the opportunity to prepare for death. Thus nearly half a century after it was first published, *Awareness of Dying* is needed to serve as a theoretical foundation for improving the quality of nursing and medical care. Even though there has been a plethora of research surrounding the end of life, recent findings support the original theory and no modifications are warranted. Glaser and Strauss discovered an important theory whose explanatory power remains undiminished with time and therefore continues to provide a conceptual framework for research and practice. The theory is as fresh and useful in guiding practice as it was when it was written and is poised for formal theory development.

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## **Living on Hold in Palliative Cancer Care**

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### **Abstract**

The aim of this study was to develop a classic grounded theory of palliative cancer patients and their relatives in the context of home care. We analyzed interviews and data related to the behaviour of both patients and relatives. "Living on hold" emerged as the pattern of behaviour through which the patients and relatives deal with their main concern, being put on hold. Living on Hold involves three modes: Fighting, Adjusting and Surrendering. Mode being may change during a trajectory depending on many different factors. There are also different triggers that can start a reconciling process leading to a change of mode. This means that patients and relatives can either be in the same mode or in different modes simultaneously. More or less synchronous modes may lead to problems and conflicts within the family, or with the health professionals.

**Keywords:** adjusting mode, fighting mode, grounded theory, palliative care, surrendering mode

### **Introduction**

Receiving a cancer diagnosis requires emotional and physical adaptation to a new situation (Flanagan & Holmes, 2000) and when the cancer is incurable, both patients and relatives may confront a life crisis (Kristjanson & White, 2002). Powerlessness and helplessness are common feelings among dying patients (Sand, Strang, & Milberg, 2008), but at the same time they can experience hope and quality of life (Melin-Johansson, Odling, Axelsson, & Danielson, 2008). Patients want to be treated as persons not as diseases (Wenrich, Curtis, Ambrozy, Carlone, Shannon, & Ramsey, 2003) and cancer patients want palliative care to be based on safety, participation and trust (Harstade & Andershed, 2004). Adequate information and support in the early phases of treatment is thus important and can better fulfil future needs, render increased trust, and provide confidence throughout the course of the disease (Kristjanson & White, 2002).

The patient's cancer disease also changes the situation of their relatives (Stajduhar, 2003), who may be emotionally overwhelmed by unprocessed emotions (Thomas, Morris, & Harman, 2002). If dying patients are to be cared for at home the well-being of their relatives is crucial (Ramirez, Addington-Hall, & Richards, 1998), and their commitment is often seen as a condition for good home care (Mok, Chan, Chan, & Yeung, 2003). Yet, relatives living nearby are not a necessity for providing quality palliative care (Gyllenhammar, et al., 2003).

When patients and relatives are in different phases of their processing of overwhelming emotions, it can be difficult for health professionals to understand their emotional reactions (Fox, 1995). There can also be a mismatch of perceptions as to what is important between patients, relatives and professionals (O'Baugh, Wilkes, Luke, & George, 2003; Widmark-Petersson, von Essen, & Sjoden, 2000). In order to offer support at the right care level, health professionals need a better knowledge of the patients' and relatives' situation in palliative cancer care (McIllmurray, et al., 2001).

In the last decades there has been a shift in the place of dying and more people die in their own homes (Burge, Lawson, & Johnston, 2003; Socialstyrelsen, 2006), which increases the demand for home care (Fürst, 2000). Studies on patients' and relatives' situation in palliative care have mostly been conducted in hospice and advanced palliative care settings, but there is a lack of studies from acute care and basic home care settings, and a considerable lack of explanatory theories of how patients and relatives handle their situation in home care. The aim in the present study was therefore to develop a grounded theory of palliative cancer patients and their relatives in the context of home care. The research question guiding the study was: What is the main concern for palliative cancer patients and their relatives and how do they resolve it?

### **Method**

Classic grounded theory was chosen since it suited our research question. The grounded theory methodology aims to discover the participants' main concern and to conceptualize patterns of human behaviour (Glaser, 1978, 1998). In this study, our theory aims at explaining the patterns of behaviour of palliative cancer patients and their relatives in home care.

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This study was carried out between 2006 and 2008 in six different rural communities (total population 180,000) in the south of Sweden. At the time of the study, the area had no advanced palliative care services on a 24-hour basis. Instead, a palliative counselling team, consisting of six nurses and two physicians, served the population daytime Monday to Friday. The palliative counselling team was affiliated with the hospitals, working as a link between the hospitals and the community based nursing home care in providing support to healthcare professionals.

This study was approved by The Regional Ethics Committee of Lund University, Sweden (LU 680-3) and by those responsible for home care in the municipalities involved. Written informed consent was obtained from participants before the interviews. In all, data from 25 formal interviews were coded and analyzed. Consistent with the grounded theory concept “all is data” (Glaser, 1998, p.8) we also analyzed field notes and memos from informal interviews and participant observation at cancer care conferences. The included patients had various cancer diagnoses at different stages and with different prognoses. All data was related to the behaviour of both patients and relatives in palliative care and was constantly compared with the formal interview data. Data collection was guided as much as possible by theoretical sampling (Glaser, 1978), data collection and analysis were done simultaneously and field notes were written during interviews (Glaser, 1998, 2001). When interview data ceased to contribute to the emerging theory a theoretical saturation was reached and data collection ended (Glaser, 1978).

The interviews were all conducted in the homes of patients and relatives, either interviewing them together or separately. The main researcher (AS) began the interviews with open questions to allow the patients’ and relatives’ answers unfold without any direction from preconceived questions. Consequently, the interviews resembled open conversations more than formal interviews. The patients and relatives were asked to tell the researcher about their trajectory and current situation. While interviewing and also while analyzing, new ideas emerged of what to ask next and later on. More specific questions were asked to saturate the categories and concepts in the theory. Due to the delimiting properties of grounded theory, the interviews could have been shorter by the end of the study, but since patients and

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relatives had so much to share it was difficult to end the interviews. The interviews therefore lasted between 60 and 180 minutes.

Directly after each interview more field notes and memos were written and analyzed. During open coding, incidents articulated in the data were analyzed and coded. The open codes were then compared with each other followed by comparing newly generated concepts to new open codes. The concepts were then compared to other concepts. When the core concept had emerged, selective coding began to delimit the coding to concepts related only to the core concept, which was a template for further data collection and theoretical sampling (Glaser, 1978). In this phase, secondary analysis was also done on data that had been collected in earlier studies choosing the most comprehensive interviews. The purpose of the secondary analysis was to refine the concepts and delimit the coding only to variables related to the emergent core concept.

During the entire study we wrote conceptual memos to capture creative ideas. A rich memo bank was developed through the memo writing and we also wrote memos on already written memos. In the theoretical coding, we looked for relationships between concepts and the core concept by hand sorting the memos. As a last stage, the sorted memos were written up to the theory, *Living on Hold*. A literature review was not done until the substantive theory was formulated and it was then used as another source of data in the constant comparative process (Glaser, 1998).

### **Living on Hold**

To be put on hold emerged as the main concern for patients in palliative cancer care and their relatives. They are constantly waiting, their lives being put on hold. They are also losing control of their normal existence which is cracking and falling apart since life conditions are radically deteriorating. At first this affects patients more than relatives. But during the disease trajectory the relatives' normality is also broken. Patients and relatives are living in a waiting mode, entering a world of uncertainty. In the waiting mode, they can be overwhelmed by feelings of powerlessness and loneliness, decreased freedom, and fear of being dependent. They are also caught in a weak body, a bitterness trap and the overtime trap. Overtime trap means that

the patient lives longer than expected, resulting in friends “giving up” and stop visiting. They can also be trapped by the disease and trapped in their home.

While being put on hold, patients and relatives are trying to handle the fact that their normality is breaking down through different mode behaviours. There are three mode types by which patients and relatives are Living on Hold: the Fighting mode, where they are striving to renormalize their lives; the Adjusting mode, where they are adjusting to a life on hold and creating a new normality; and, the Surrendering mode, where they are releasing control of normality and surrendering to a life on hold (Table I). Mode behaviour type depends on age, personality, the cancer diagnosis and prognosis, social network, earlier experience of crisis, the health professionals’ competence, and continuity of care. It should be emphasized that one mode is not better than another. Modes are experienced individually and different persons can be more or less involved in the strategies of any particular mode. Mode being may shift during a disease trajectory by triggers that start a reconciling process leading to possible mode change.

Table 1: The theory Living on Hold

<p><b>Reconciling process</b></p> <p>Mode shifting triggers</p>	<p><b>Fighting mode</b>                  Renormalizing                  Rebellling                  Blaming                  Foreseeing                  Scrutinizing                  Fighting evaluating</p> <p><b>Adjusting mode</b>                  Moment-living                  Disease diminishing                  Façading                  Adjusted evaluating</p> <p><b>Surrendering mode</b>                  Total trusting                  Releasing control                  Surrendered evaluating</p>
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### Reconciling

A reconciling process is the connecting link between the three modes of fighting, adjusting and surrendering. Reconciling means that patients and relatives are evaluating their current situation, the life they have lived, how it turned out, and what they could have done differently. By reconciling, patients and relatives are evaluating their current situation and near future, where after they may stay in the same mode or shift modes. Patients and relatives can either be in the same mode or in different modes simultaneously. Less synchronous modes can lead to problems and conflicts within the family, or with health professionals.

Evaluating is done regularly in all modes, but the evaluating content varies in the different modes as will be further explained below. But even if patients and relatives are evaluating life, this alone does not lead to a mode change. Yet, it is a necessary foundation for the reconciling process. So without evaluating, there is no reconciling process.

Different mode shifting triggers may appear at critical junctures when evaluating life. The triggers do not have to be strong since there is a hyper perceptiveness and a magnification of details due end of life vulnerability. High sensitivity to small situational changes may cause suboptimal care and communication failures. When patients or relatives identify suboptimal details in the care, it may lead to increased or decreased willingness to fight and stay in control. Experiencing a new symptom may trigger more fighting. Other triggers can be receiving bad news, dependency experience, or feeling ignored, lonely and uncertain.

By reconciling, the patients and relatives are evaluating their situation and actual mode being. They are unconsciously assessing whether triggers are worth noticing or could pass without any mode change. The sensibility for triggers depends on factors such as individual personality, earlier experiences and the degree of support received. Reconciling does not always end in a mode shift. Even if the same triggers start a reconciling process, it can lead to a mode change for one person while another remains in the same mode as before. Several fast modes may shift during a short period of time and, depending on the patients' and relatives' mood, could be energy draining for all involved.

**Fighting mode**

In the fighting mode, patients and relatives are striving to renormalize their lives. Sustaining normalcy is desired; they only want to return to the normal lives they had before the cancer literally took over. The fighting mode strategies other than renormalizing are rebelling, blaming, foreseeing, scrutinizing, and evaluating, and patients and relatives could be more or less involved in these strategies.

*Renormalizing*

Renormalizing means regaining normalcy and hanging on to the image of normality. This involves strategies such as managing self and keeping track. They want to decide and handle things by themselves, since being dependent on others leads to decreased freedom. They can accept help, but eventually it is up to them to decide what to do. Keeping track of everything that happens enables them to handle the world of uncertainty. Although it can be energy draining to regain normality, they are discovering potential powers that they were unaware of. This reserve capacity emerges unexpectedly when needed offering unknown innate powers to overcome obstacles which otherwise would be insurmountable. These newly discovered hidden strengths renew the energy to keep on fighting.

*Rebelling*

Rebelling means protesting and fighting against the disease, not accepting the situation, and least of all, not accepting a life on hold, because they have more to give and to live for, and they are not ready to die yet. It is especially difficult when a patient does not feel sick, but they know they are dying soon. The rebelling is often done against the health care system in order to find someone or something to blame for what happened; and this can cause conflicts with health professionals. Rebelling may lead to increased involvement in the blaming strategy.

*Blaming*

Through blaming, patients and relatives find someone or something to accuse and to be the guilty one. They may seek reasons for becoming ill; they may blame themselves for the cancer (e.g. smokers). When it comes to the disease, they blame themselves for not seeing the doctor in time, rationalizing that it was too late for cure when they finally entered the care system.

They ruminate over whether they could have done anything differently in life to prevent their situation; e.g., they should have had more time, life is unfair and they feel cheated.

Sometimes patients and relatives vent blame and flash out anger. The emotional displays can be misunderstood by health professionals or even by their family. An open atmosphere is important where these feelings of blame can be expressed. Accusing and blaming can eventually trap them in bitterness making it difficult to evaluate and reconcile their life.

### *Foreseeing*

Foreseeing is needed to keep full control over life even though it is put on hold. Through foreseeing, they can stay in control and be a part of their care. They are continuously seeking anticipatory care, which means trying to foresee what will happen concerning the disease and potential symptoms; staying ready for every possible situation that might occur. They are also seeking confirmation to reduce the uncertainty caused by their life being put on hold. If they receive sympathy or pity instead of confirmation, they can lose their trust in others. The resultant lack of self-confidence can lead to mode shifting.

Even though patients are fighting and planning ahead, they are anticipatorily mourning their life and the normality that soon is gone. They have to be strong and keep fighting, because if they feel ready to leave this earth and face death, this means that they have given up. Foreseeing means planning for the moment but also planning for a time after death. Although they do not really want to face it, they need to feel assured that everything will go well, even when they have to leave this life.

### *Scrutinizing*

Scrutinizing everything around them is a consequence of their hyper sensitivity and their involvement in rebelling, which makes them suspicious and distrustful. They are sensitive to the health professionals' uncertainty and ignorance. Since they need to control everything, they scrutinize the professionals to see if everything is done right. They are also scrutinizing their own lives through reevaluating. Life is often experienced as an emotional roller coaster, where they seek to have complete control, which takes energy and affects their emotions.

*Fighting evaluating*

By evaluating, patients and relatives are thinking of their lives as lived and the choices they have made or should have made. When evaluating life, they can discover things or opportunities that could have been different and this may cause bitterness. Blaming is an important part of fighting evaluating. Yet, they are not ready to give up; they believe they have a lot of things to live for. They value a life still worthy of fighting for.

**Adjusting mode**

In the adjusting mode, patients and relatives learn to live on hold by adjusting to a new normality and new routines. They try to adjust to the new situation, but they do not let the disease control their lives. They change their lives so that the disease does not affect it, doing their best according to the situation. They adjust to a life put on hold by moment-living, diminishing, façading, and evaluating.

*Moment-living*

Moment-living involves a total presence in the here and now; a present living. Moment-living is done through maximizing life; making the best out of every situation. Maintaining everyday routines is important; not letting the new life on hold affect them. They adjust their lives so as not feel powerless or crushed by the disease. They do not like it, but have no choices. *This is life and you can't affect it, it just happens.* Moment-living is done by optimizing living, which means taking every chance to be happy and enjoy life with the attitude - *it is now that counts.*

Moment-living leads to planning for daily life, both practically and physically; not making any plans for the future, just living here and now. Although they want some control over their lives, patients and relatives do not need full control over everything that happens or will happen. *You can't foresee everything and so why worry in advance?* With this attitude, it is difficult for professionals to engage in anticipatory caring.

*Disease diminishing*

Patients and relatives use disease diminishing to work past the disease and turn it into something that exists but that doesn't dominate their lives. *Life must go on.* Diminishing is done by re-routining to create new routines, adjusting to the situation, and

making the impossible possible.

Diminishing also means facing the disease but not accepting it. It is relegated to the side yet they are well aware of it. *That's life, so why not me? Now it is like this and I have to do the best of it.* Disease diminishing also entails not involving more people than necessary from outside the family in order to try and manage by themselves as long as possible.

### *Façading*

Façading is a powerful way of adjusting to a life put on hold. Façading means keeping an emotional façade and staying emotionally strong, no matter what. Patients and relatives do not show any feelings or do not share any thoughts to anyone outside the family. Façading is facilitated by strong disease diminishing. Façading could also be done within the family as a protection or as a shield from the fear of being abandoned. From an outsiders' point of view, this could be perceived as a cold attitude and unawareness of the disease and palliative care goals; acting like nothing is wrong and that they are going to live forever, though health professionals know they are well aware of diagnosis and prognosis. Patients and relatives are aware that death is approaching, and they know they have to go through it, but it should not affect their lives more than necessary. So there exists a closed awareness within the family; they keep the disease almost as a secret through disease diminishing. Since they do not want the disease to affect family life, they avoid talking about it and anything that reminds them of the disease. This leads to difficulties when professionals want to talk about palliative care because if the family talks about it, it reminds them of the approaching death. One possible consequence is that well-meaning professionals talk too much of the disease and what might happen.

### *Adjusted evaluating*

Patients and relatives evaluate what is important in life and what really means something in this world. Evaluating can lead to changed values and attitudes; to seeking a second chance in life by moment-living and making the most out of it. Another important strategy is thinking optimistically. *If I wouldn't be sick, someone else would be sick, and therefore it is better that I am sick.* They do not blame anyone, since there is no one to blame and they do not feel any bitterness towards life. This value-

changing gives them another opportunity to live and to take care of the rest of their lives.

### **Surrendering mode**

In the surrendering mode, patients and relatives are surrendering themselves to a life on hold through total trusting, releasing control, and evaluating. Two main reasons for being in the surrendering mode are attitudes of resigning or accepting. Resigning means that they have given up and they surrender to a life on hold. They have tried fighting or even tried adjusting to a life on hold, but lack of motivation or energy has left them without a sense of meaning, so they surrender. Accepting means surrendering by submitting their lives to a higher power; to God or to destiny. *If I am meant to survive, I will survive, otherwise I will die and that's it.*

#### *Total trusting*

Total trusting means living in complete trust that everything is going to be alright. Through surrendering their lives and responsibilities into the hand of others, patients and relatives can relax and experience a total trust. It is easier when being in this mode is caused by an accepting rather than a resigning attitude. Resigning takes more time to fully trust others. Trusting makes living on hold bearable while distrust makes it intolerable. It is therefore important that professionals are promise keepers; otherwise waiting will lead to distrust. Even if they have released the control and do not question the care, patients and relatives appreciate anticipatory care, since it foresees problems that can be solved and it ensures trust. They do not mind hearing about what might happen, but they do not want to be involved; they surrender to others to resolve issues. They see the situation as a waiting period and finally accept living in a world of waiting. By a wait-and-see strategy, they take life as it comes facilitated by total trusting. So total trusting can lead to increased satisfaction and a feeling that everything is going to be alright.

#### *Releasing control*

By releasing control, patients and relatives are letting go of controlling normality and surrendering themselves to an unknown situation. This is easier when the surrendering mode is caused by accepting rather than by resigning, and when releasing control is facilitated by total trusting. They do not need to be in

control anymore and they literally put their lives into the hands of others. So patients can submit control to relatives, as well as relatives can submit control to patients, but most common is that control is submitted to health professionals who are supposed to take control. In submitting control, no involvement or participation in the care is wanted since they are totally trusting that professionals know what is best for them and that everyone wants their best. Being in the hands of others can be both good and bad. By releasing control some think that they give up their rights to complain, question or doubt treatments, tests or the care. This can be caused by a fear of being abandoned if they question the care but also a fear of being a burden to people around them. But through pleasing, they decrease this risk of being abandoned and they feel safe and secure again.

### *Surrendered evaluating*

Evaluating involves accepting the situation and preparing for death. This can be more difficult if the reason for being in this mode is resigning. It then takes longer to accept and they might experience bitterness through the evaluating life process. Through accepting the situation they value their lived life. They are either contented with how life turned out and therefore accept the situation or they finally accept their situation by resigning. They do not want to complain or ask for more in life, because it would be an assault to life itself or to God himself. Despite being satisfied with their lives or feeling that they do not have anything more to live for, they mourn the life that they are going to leave. Through mourning life, they are preparing to face death, trying to imagine the time until death, comforted by the faith that everything will be alright. Relatives in this mode may prepare both for the patient's death but also for their own future death.

### **Feasible mode shifting and possible outcomes**

Mode shifting can happen anytime during a trajectory through the reconciling process. As mentioned before, the patients and their relatives can either be in the same mode or in different modes simultaneously. This mode synchronicity can lead to problems and conflicts within the family but also in contact with health professionals. Modes are sometimes not totally separated from each other; there can be a mode mix when two modes overlap and individuals use strategies from two modes at the same time. Table 2 shows how complicated a situation can be

but it can be even more complex when there is more than one relative involved. The easiest situation for everyone involved is when patients and relatives are in the same mode, reducing the risk of conflicts and misunderstandings within the family and with professionals.

Young patients and relatives want more anticipatory caring and they are more often in the fighting mode than older persons. Here again, there can be problems and conflicts when patients and relatives are in different modes. For example, when a patient has run out of energy to keep fighting and goes from the fighting mode to the surrendering mode, but the relatives still are in the fighting mode and want to keep on fighting, it is not only a problem for the family but it can also be a problem for the professionals in their communication with the family. They need to meet the family at different levels and need to be aware of patients' and relatives' mode being.

Table 2: Possible outcomes of being in the different modes

		Relative		
		Fighting	Adjusting	Surrendering
Patient	Fighting	Ok within the family	Risk for conflicts	Risk for conflicts Vicarious fighting
	Adjusting	Risk for conflicts	Ok within the family	Risk for conflicts
	Surrendering	Risk for conflicts Vicarious fighting	Risk for conflicts	Ok within the family

In the fighting mode, patients or relatives can feel that there is nothing more to fight for, and that they are fighting a losing battle. This can be triggered by new uncontrolled symptoms and they may sense that there are no more things to change so they transfer over to the adjusting mode and try to create a new normality so as to live life as normally as possible. One outcome

of the reconciling process, however, can be that they have no energy left to fight and they give up and transfer over to the surrendering mode. Being in the adjusting mode can move a patient or relative back to the fighting mode if the care is failing, and this is signalled by incidents that trigger such a move. But it seems rare to change from the surrendering mode over to the fighting mode or the adjusting mode, since surrendering seems more final. The adjusting mode can be more difficult to be in than the surrendering mode. Patients in particular have more difficulties to adjust than relatives, while relatives have more difficulties to accept the situation and surrender than patients.

Vicarious fighting means that someone is taking over the fighting from another person. So, if one person does not have the energy to stay in the fighting mode, another person can step in and be a vicarious fighter. The strategies are almost the same as in the fighting mode, but the blaming strategy is not often used during vicarious fighting. Vicarious fighting can become a permanent mode if the person is motivated to keep fighting. Some patients and relatives are in the fighting mode during the whole trajectory and never stop fighting. Even after the patient's death, relatives can still fight to find answers and eventually find someone or something to blame.

### **Discussion**

In this grounded theory we found that the main concern for palliative cancer patients and their relatives in home care is that their normal lives are being put on hold. Living on hold emerged as the pattern of behaviour through which they deal with their main concern. Living on hold involves three behaviour modes: Fighting, Adjusting and Surrendering. The actual mode being depends on variables that change over time. Thus, mode being can change during a trajectory caused by triggers that start a reconciling process leading to a possible mode change. Mode synchronicity can vary for patients and relatives, and this can cause problems and conflicts within the family, and in interacting with health professionals. Living on hold does not represent patients' and relatives' entire doing or being, but is one important pattern of behaviour in which they are engaged. A grounded theory is abstract of time, place and people (Glaser, 1978, 1998) and with this in mind, Living on hold might well be expanded to other areas to contribute to understanding how people are living on hold in different situations and contexts. Further research is

needed to determine if the theory fits other substantive areas and where new concepts could emerge to modify the present theory to optimize the fit.

The concepts “putting on hold” and “a life on hold” have been used and described earlier in different contexts with various definitions. A life on hold was used to describe the situation for homeless families (Sawtell, 2002) and putting life on hold was used when discussing the duration of hypothermic arrest in a clinically relevant trauma model (Alam, et al., 2008). Being put on hold has several similarities with studies describing experiences for people involved in palliative care with uncertainty being common in patients and relatives, but also in health professionals (Appelin, Broback, & Bertero, 2005), and living without normal time references has been described as frustrating (Sand, et al., 2008).

Fighting, adjusting and surrendering are not new concepts. The fighting mode could be compared to fighting as explained by Jussila (2008) and Pergert (2008). The adjusting mode is similar to “living as usual”, where maintaining independence and integrity were important (Bertero, Vanhanen, & Appelin, 2008), “keeping things normal or as normal as possible” (Thomas, et al., 2002), “adjusting to life with the disease” (Jussila, 2008) and “striving to adapt oneself to the situation” (Eriksson & Andershed, 2008). There are also elements of denial in the adjusting mode that resembles “disavowal” (Salander & Windahl, 1999). Surrendering could in some part be compared with submitting explained by Jussila (2008).

Health professionals need to be aware that patients and relatives can go through the reconciling process many times with possible mode shifts as a consequence. These mode shifts can happen when least expected and can affect the whole situation more than they themselves or the professionals can imagine. Our study shows that patients and relatives are hypersensitive to everything that happens around them. This hypersensitivity can lead to positive changes in the care, but most of the time, the hypersensitivity is energy draining. Health professionals need to be aware of the patients’ and relatives’ hypersensitivity and facilitate their lives on hold through decreasing the factors and triggers causing hypersensitivity. For example, uncontrolled symptoms are one kind of trigger and Block (2001) suggests that controlled symptoms increase the possibility to address patient

concern about their families and about finding meaning in their lives. This is also seen in our study, where controlled symptoms increase the possibility for patients to stay in their mode being. Also the professionals' behaviour can alleviate the unnecessary uncertainty and unrealistic fear of what might happen, underpinning feeling in control and decreasing hypersensitivity. Further research is needed to explore more about the reconciling process, its consequences and what triggers it.

Professionals are supposed to give individual care, but this can be difficult when patients and relatives are in different modes with apparently different needs. Awareness and knowledge of the different modes may facilitate care giving and support at the right level for each person in the family. Eriksson, Arve and Lauri (2006) emphasize the importance of patient authorization before passing on information to relatives. So, if the patients do not want to share their situations with relatives, professionals are in a difficult position, knowing what might be best for the relatives but unable to support them. Professionals act through different caring behaviours such as anticipatory caring (e.g. through foreseeing trajectories), momentary caring (e.g. through temporarily prioritizing) and stagnated caring (e.g. through resigning) (Sandgren, Thulesius, Petersson, & Fridlund, 2007) and these different behaviours may clash with the different modes which patients and relatives are engaged in to handle a life on hold. Anticipatory caring aligns with the fighting mode because persons in this mode want to foresee what will happen and be prepared for what might happen. On the other hand, momentary caring aligns well with patients and relatives in the adjusting mode, since they want to live in the moment and momentary caring involves problem solving when problems arise. However, there can be conflict when professionals want to give anticipatory care and patients and relatives are in the adjusting mode façading their wish to live as usual. Façading can be used within the family but also in interaction with professionals. Pergert (2008) suggests that façading is used to protect oneself and/or others, and this strategy can be used by patients and relatives but also by professionals to protect from overwhelming emotions. Façading could also be compared with professional shielding, where nurses use their profession as a shield to protect themselves emotionally (Sandgren, Thulesius, Fridlund, & Petersson, 2006). For professionals it is easier to give individual care when patients and relatives are in the same mode struggling

together towards the same goal. This was shown by Thomas et al (2002) who describe a struggle of companions through the cancer trajectory.

Since patients and relatives can be in the same or in different modes, an increased awareness is needed in meeting their different needs. This is in line with Faulkner and Maguire (1994), who point out that patients and relatives can have different perspectives on the situation, and further on these different perspectives are exhibited as rival needs. There is often reluctance to disclose needs to professionals (Ramirez, et al., 1998) perhaps due to fear of being abandoned (Eriksson & Andershed, 2008). Being in different behaviour modes can entail different perceptions of the health professionals. There are unspoken expectations on how to behave and act (Thomas, et al., 2002) and this may lead to increased stress, both physical and emotional. O'Baugh et al. (2003) found that nurses' perceptions of positive patients were those who followed orders and did what they were supposed to do. Negative patients were those who were demanding and wanted everything scheduled around their lives. This could be compared to our study with patients and relatives being in the fighting mode where they can be perceived as demanding and impatient. Yet, this can be something positive for them, since they are trying to regain normality and wanting to participate in the care. On the other hand, persons in the surrendering mode are often perceived as positive since they have let go of the control and submitted to professionals to decide what is best for them. They are following directions and are seen as good patients and good relatives. However, patients and relatives in the surrendering mode might need support and encouragement the most. It is therefore important to acknowledge the professionals' attitudes since they can affect care negatively. Furthermore, it must be emphasized that no mode is better than another, neither from the patients' and relatives' view, nor from the health professionals' perspective. There are advantages and disadvantages with being in all the modes, and it can be more or less easy for professionals to meet the patients and relatives at the right level, depending on their own caring behaviour and attitudes. But with knowledge and awareness of patients' and relatives' different mode behaviours and their own caring behaviours, health professionals will have a more solid foundation when giving palliative care.

## **Conclusion**

The theory Living on hold explains how palliative cancer patients and their relatives handle their lives being put on hold. This involves the behaviour modes Fighting, Adjusting and Surrendering. Mode synchronicity can vary for patient and relatives, and this can cause problems and conflicts within the family, or with health professionals. It is therefore important for health professionals to be aware of what modes patients and relatives are in to be able to meet, communicate and support them at the right level. Although the theory emerged from home care data, Living on hold may contribute to a general understanding of how people deal with their lives being put on hold. Further research may elaborate how health professionals with their different caring behaviours can give optimal care to patients and relatives in different behaviour modes.

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