

3

Doing Situational Maps and Analysis

As I wrestle with what it means to “do” critical, emancipatory science in a post-foundationalist context, the following questions become key. What is the special status of scientific knowledge? What work do we want inquiry to do? To what extent does method privilege findings? What is the place of procedures in the claim to validity?

—Lather (1994:103)

It is now time to lay out how to do the three kinds of situational analyses proposed in this book. There are several caveats. First, and perhaps most important, the maps produced using any or all of the strategies laid out here are not necessarily intended as forming final analytic products. While they may, of course, do so, the major use for them is “opening up” the data and interrogating it in fresh ways within a grounded theory framework. As researchers, we constantly confront the problem of “where and how to enter.” Doing situational analyses offers three fresh paths into a full array of data sources that can lay out in various ways what you have to date. These approaches should be considered *analytic exercises*—constituting an ongoing research workout of sorts—well into the research trajectory. Their most important outcome is provoking the researcher to analyze more deeply.

Second, the approaches can be used with coded data (using conventional grounded theorizing approaches to coding) or even, at least partially, with uncoded but carefully read and somewhat “digested” data. (I will not reexplicate here those aspects of grounded theory, such as coding and diagramming, that I believe can and should be used essentially as laid out in the earlier works.¹) Thus these new approaches can address the problem I term “analytic paralysis” wherein the researcher has assiduously collected data but does not know where or how to begin analysis. Analytic paralysis is, of course, not supposed to happen in a traditionally pursued grounded theory project wherein analysis, coding, and memo writing begin at the same time as data collection and theoretical sampling then guides further data collection. But it does happen, for a wide array of reasons, especially but not only among neophytes, and usually due to fear of analysis and/or fear of making premature and/or “erroneous” analytic commitments.

Situational maps and analyses can be used as analytic exercises simply to get the researcher moving into and then around in the data. There is nothing more important than making this happen as soon as possible in the research process. But these exercises won’t work well at all unless researchers are quite familiar with the data and can move around in them/with them relatively comfortably in their own mind. Coded data—at least preliminarily and partially—are thus much better. Codes, like all other aspects of analysis, are provisional. One tries different codes on data, discards most, and then struggles to select those that fit best—and there can be and probably should be more than one! Furthermore, coding decisions can and sometimes should be delayed. The digesting and reflecting that typically happens *after* an analysis session can be important in such decision making.

Third, precisely *because* the purposes of these approaches is to stimulate your thinking, they should always be undertaken with the possibility for simultaneous memoing, using the precepts of basic grounded theory.² A pad and a tape recorder that is sound-sensitive can be used so that you can speak your memos while you continue to lay out the map(s). The goal is multitasking insofar as you are comfortable precisely because these *relational* modes of analysis should provoke new insights into relations among the elements that need memoing promptly. In addition, in the kinds of “wallowing in the data” requisite to doing these maps, the researcher will notice new things already in the data that should receive analytic attention now or later, note areas of inadequate data where further materials should be gathered, note areas of theoretical interest where particular kinds of additional data are requisite (theoretical sampling lives³), and so on. Inadequate memoing is the major problem of almost all qualitative research projects—scribbled notes are always better than nothing, and thoughtful memos on the computer are

intellectual capital in the bank. And just because they are etched in silicon does not mean you cannot change your mind.

The last caveat is perhaps the most radical. *Researchers should use their own experiences of doing the research as data for making these maps.* There is a saying in the world of qualitative inquiry that the person doing the research is the “research instrument.” I am further asserting that that instrument is to be used more fully in doing situational analyses. (See also Chapter 2.) Ethnographic work of multiple kinds is always ongoing in qualitative inquiry. Participant observation is part of the “invisible work” of research—sometimes also invisible to us (Star 1991b; Star & Strauss 1998). Beginning even before a research topic is decided upon, we notice and store information, impressions, and images about topic areas and issues. Not only are there no tabula rasa researchers, but also we usually come with a lot of baggage. Such ideas and preconceptions become intellectual wallpaper of sorts, background tacit assumptions sometimes operating, as it were, behind our backs in the research process. *Part of the process of making situational maps is to try and get such information, assumptions, and so on out on the table and, if appropriate, into the maps.* There it can be addressed in terms of utility, partiality, theoretical sampling, and other criteria. Otherwise we often do not even know such assumptions are there, though they may be doing analytically consequential work in fruitful and/or unfruitful ways.

Furthermore, and also radical, as trained scholars in our varied fields, usually with some theoretical background, we may also suspect that certain things may be going on that have not yet explicitly appeared in our data. In seeking to be ethically accountable researchers, I believe we need to attempt to articulate what we see as the *sites of silence* in our data. What seems present but unarticulated? What thousand-pound gorillas do we think are sitting around in our situations of concern that nobody has bothered to mention yet? Why not? How might we pursue these sites of silence and ask about the gorillas *without* putting words in the mouths of our participants? These are very, very important directions for theoretical sampling.⁴

The three modes of situational analysis offered here should help constitute the overall research analysis per se. The main work that they do is to provide what early Chicago sociologist and journalist Robert E. Park (1952) called “the big picture” or “the big news.” Together these maps should answer the questions: Where in the world is this project? Why is it important? What is going on in this situation? Furthermore, the usefulness of these maps consists in part in helping the researcher think *systematically* through both the design of research, especially decisions regarding future data to collect, and the vast amounts of data that one “uploads” into one’s brain and other sites during the research process. The researcher may later want

to highlight selected parts of the situational analyses in final products of various kinds such as presentations and publications and/or in designing “interventions” in education, social policy, clinical nursing or medicine, and so on. Those are downstream decisions best made long after the analysis has been basically articulated.

There are three main types of **situational maps and analyses**:

1. **Situational maps** as strategies for articulating the elements in the situation and examining relations among them
2. **Social worlds/arenas maps** as cartographies of collective commitments, relations, and sites of action
3. **Positional maps** as simplification strategies for plotting positions articulated and not articulated in discourses

While the format of this chapter explicates them one at a time, they can potentially be used together, some aspects simultaneously, which I discuss in the conclusions. Also, the maps may initially seem quite solid and fixed, but their fluidities and changeability soon become more visible.

The three basic modes of situational analysis are applied in this chapter to ethnographic and interview data. In Chapters 4-7, they are applied to extant narrative, visual, and historical discourses. They may also be used comparatively across different data sources (see Chapter 4). Two other kinds of maps are possible within the framework of grounded theory: traditional grounded theory diagrams and project maps. Traditional diagrams link the analytic codes and categories in an integrated grounded theory analysis (see note 1). I highly recommend doing them. Project maps are, quite simply, maps of particular projects. They can be based on any of the situational maps, draw inspiration from such maps, and/or elaborate or integrate a grounded theory analytic diagram. I discuss and illustrate project maps at the end of this chapter.

Doing Situational Maps

What does it mean to recognize the limits of exactitude and certainty, but still have respect for the empirical world and its relation to how we formulate and assess theory?

—Lather (1994:103)

The locus of analysis here is the situation. The goal is first to descriptively lay out as best one can all the most important human and nonhuman elements in

the situation of concern of the research broadly conceived. In the Meadian sense, the questions are: Who and what are in this situation? Who and what matters in this situation? What elements “make a difference” in this situation? Once these maps are drafted, they are used in doing relational analyses, taking each element in turn, thinking about it in relation to the other elements on the map, and specifying the nature of that relationship (described further below).

Abstract Situational Maps

Figure 3.1 offers the Abstract Situational Map: Messy/Working Version. A situational map should include all the analytically pertinent human and nonhuman, material, and symbolic/discursive elements of a particular situation *as framed by those in it and by the analyst*. The human elements (individuals, groups, organizations, institutions, subcultures, and so on) are generally fairly easy to specify. It is likely that, over time, not all will remain of interest, but *all should be specified here*. Nonhuman actors/actants structurally condition interactions within the situation through their specific agencies, properties, and requirements—the demands they place on humans who want to or are forced to deal with them. Their agencies and obduracies must routinely be taken into account by other actors.

Some examples of nonhuman actants that should be taken into account in a situational map may be helpful. Drawing upon my own research (Clarke 1987/1995), in modern Western life sciences, access to all kinds of research supplies is assumed to be available as is a certain level of physical infrastructure to do scientific work. Reliable electricity is a generally assumed, usually “invisible” nonhuman actor in such situations. Yet today, in many parts of the world, steady sources of power are far from common—in parts of the “first world” as well as where we might expect it in the “third world.”⁵ (I would have said this even if I did not live in California amid rolling blackouts during some of this writing.) Specifying this nonhuman actor might be important downstream. For Western medical scientists, research materials can usually be ordered today by fax or e-mail (e.g., pure-bred rats, cages, food, medical and surgical supplies, lineage forms, chemicals, cell lines, hormones, etc.). Historically, before World War I, no such research supply houses existed, and just getting your research materials into the laboratory was a do-it-yourself project of the first magnitude for scientists themselves, as there also were no technicians. So in a contemporary ethnographic study of a lab or other work site, for example, ease of access to needed supplies and technologies might well be worth analytic consideration. Access certainly deserves a few moments of contemplation. What

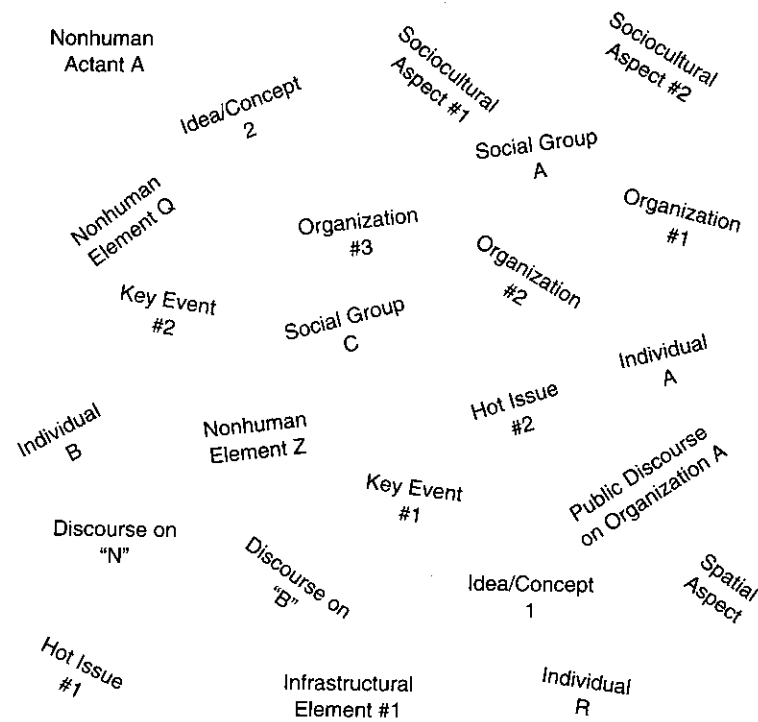


Figure 3.1 Abstract Situational Map: Messy/Working Version

facilitates access? What hinders it? Are these represented on the map? *The key question is: What nonhuman things really "matter" in this situation of inquiry, and to whom or what?* It is the researcher's responsibility to get these into the data—through ethnographic observations, field notes about interviews, and so on, as well as through interview questions. It can be most interesting to see what is taken for granted.

We also need to ask what ideas, concepts, discourses, symbols, sites of debate, and cultural "stuff" may "matter" in this situation. Here I want to highlight the symbolic meanings/discursive constructions of some research materials. To many if not most people, there are tremendous symbolic differences between using rats and mice in research wherein they are sacrificed/killed compared to using cats and dogs, monkeys, and human stem cells. Research using pets historically mobilized major segments of antivivisection movements, unlike the use of rats and mice. The symbologies of monkeys as nonhuman primates "close to us" triggers yet other reactions, and fetal/stem cells evoke

in the United States about 150 years of debate about abortion and women's rights. Enough said. The symbolic and discursive meanings of elements in situational maps may be of tremendous significance in the analysis. Again, researchers need to make sure they are present in the data (through careful theoretical sampling if not already present) and on the situational map. If they turn out to be of no particular importance, they will drop away in later stages of the research process.

This first abstract example is very messy—intentionally so. Hence it is very accessible and manipulable by the researcher. Some people will prefer to continue working in this fashion for some time. Make copies, date, and keep all versions.

Figure 3.2 offers the second Abstract Situational Map: Ordered/Working Version. This map is made using the messy one as data. I have framed these categories generalizing both from my own work and from Strauss's (1993: 252) several "general orders" within his negotiated/processual ordering framework: spatial, temporal, technological, work, sentimental, moral, aesthetic, and so on. In terms of laying out the major elements in situations, these categories seem basic to me. Using your own messy map to build this one allows for new and different inductive categories and/or modifications of these.

There is no absolute need to have all of these categories in any given analysis. You may also have other categories. What appears in *your* situational map is based on *your* situation of inquiry—your project. The goal here is *not* to fill in the blanks but to really examine *your* situation of inquiry thoroughly. Some people may not even want to do the ordered working version. That's fine. It isn't necessary.

The situational map will not, of course, have absolutely everything in the situation on it, but it should at least start out erring on the side of inclusivity. Having a big piece of paper with almost everything that you can figure out is important in the research situation written on it in some way can be extraordinarily powerful and empowering of the analyst. It allows you to get a grip on your research, which, in turn, allows analysis to proceed. Simply staring at the situational map, revising it via collapsing and expanding categories/items, adding and deleting, is analytically very provocative.

This is a moment when the art of research is often strong, as one versus another form of representation of something will usually seem "right or wrong" or at least "better or worse." One makes some analytic commitments (however provisional) and moves on. Memoing at the end of a mapping session about that session can be very important as well, noting new insights, signaling shifts of emphasis or direction, detailing further directions

**INDIVIDUAL HUMAN
ELEMENTS/ACTORS**

e.g., key individuals and significant
(unorganized) people in the situation

**COLLECTIVE HUMAN
ELEMENTS/ACTORS**

e.g., particular groups; specific
organizations

**DISCURSIVE CONSTRUCTIONS OF
INDIVIDUAL AND/OR COLLECTIVE
HUMAN ACTORS**

As found in the situation

POLITICAL/ECONOMIC ELEMENTS

e.g., the state; particular industry/ies;
local/regional/global orders; political
parties; NGOs; politicized issues

TEMPORAL ELEMENTS

e.g., historical, seasonal, crisis, and/or
trajectory aspects

**MAJOR ISSUES/DEBATES
(USUALLY CONTESTED)**

As found in the situation; and see
positional map

OTHER KINDS OF ELEMENTS

As found in the situation

**NONHUMAN
ELEMENTS/ACTANTS**

e.g., technologies; material infrastructures;
specialized information and/or
knowledges; material "things"

**IMPLICATED/SILENT
ACTORS/ACTANTS**

As found in the situation

**DISCURSIVE CONSTRUCTION
OF NONHUMAN ACTANTS**

As found in the situation

**SOCIOCULTURAL/SYMBOLIC
ELEMENTS**

e.g., religion; race; sexuality; gender;
ethnicity; nationality; logos; icons; other
visual and/or aural symbols

SPATIAL ELEMENTS

e.g., spaces in the situation, geographical
aspects, local, regional, national, global
spatial issues

**RELATED DISCOURSES (HISTORICAL,
NARRATIVE, AND/OR VISUAL)**

e.g., normative expectations of actors,
actants, and/or other specified elements;
moral/ethical elements; mass media and
other popular cultural discourses;
situation-specific discourses

Figure 3.2 Abstract Situational Map: Ordered/Working Version

for theoretical sampling. (I am assuming that researchers reading this book use some version of a running research journal or audit trail, some means of chronicling changes of direction, rationales, analytic turning points, etc.)

Despite their appearance of fixity, these maps are not static, in the way that we think, say, of street maps as representing fixed entities in more or less constant relationship with one another and unlikely to change very much. (Of course, this is also an incorrect assumption about street maps.) In sharp contrast, there can be considerable fluidity through negotiations, repositionings, and so on in the relations portrayed in these maps, including the addition and deletion of actors and actants and so on over time. Finally, while represented

here two-dimensionally, multidimensional maps are also possible. Be sure to date each version of your situational maps and make a couple of photocopies so that you can tinker with them later and still file at least one clean copy of the earlier versions.

Introducing the Two Exemplars

While I use my own research projects as exemplars in the narrative, visual, and historical discourse analysis chapters (5-7), none worked well here. Yet for these exemplars, I needed quite different projects that I also knew deeply. The two exemplars used here are therefore based on the research of former UCSF students on whose dissertation committees I served as a member. (I did not think it would be fair to ask those for whom I had chaired.) Significantly, the situational maps and analyses of their work presented here were done by me in consultation with them. I have tried to be thorough, but these exemplars are only partially represented. Readers are encouraged to consult the published works for fuller treatments (and for citations to the appropriate substantive literatures not duplicated here). These exemplars were selected in part because there are extant publications that allow such consultation. There are also other grounded theory projects that can be easily used for mapping exercises.⁶

The first exemplar here is Debora Bone's (2002) study of "Dilemmas of Emotion Work in Nursing Under Market-Driven Health Care."⁷ Over 30 years ago, sociologist Arlie Hochschild (1979) conceptualized "emotion work" as the management of feelings according to socially mediated display and feeling rules that indicate what can or should be felt and expressed, by whom, and under what circumstances, especially in contexts of employment. Part of feminist and other revelations of "invisible work" and often "invisible workers," this sensitizing concept provoked the first scholarly recognition of such activities as "work" and as "part of the job." Hochschild's project focused on airline stewardesses (as they were then known) and their emotional management of passengers, safety, delays, rough weather, other crew, themselves, and one another.

Bone used Hochschild's sensitizing concept, from the now classic paper routinely taught in our doctoral program, to frame her study of hospital-based nursing, reframing certain aspects of the caring nurses do as emotion work and then studying it. Therapeutically oriented emotion work is one of the kinds of work performed by hospital-based nurses as they manage their own, their patients', and others' expressions of their feelings in often very high-tech, very tightly calibrated diagnosis and treatment situations, including a wide array of personnel (from orderlies to specialists) and emotions

(e.g., anxiety, fear, pain and suffering, containment, exhaustion, confusion, joy, horror).

Recent structural changes implemented throughout the United States and many other health systems under the increasingly rationalizing and systematizing logics of managed care have paradoxically both diminished and accentuated the importance of nurses' emotion work, especially but not only in hospitals. In some ways, Bone's study is close to a "salvage ethnography" (Marcus & Fischer 1986)—a project that attempts to capture a particular phenomenon before it disappears from social life as we know it. Bone sought to portray nursing work, especially emotion work, in the transition to managed care, as she sought to preserve knowledge of that broader caregiving culture of nursing before it completely disappears—transmogrified into new social forms. She sought to capture the discourse of those for whom that *was* hospital nursing. She herself had spent 20 years as a labor and delivery nurse mostly in a small California town.

For her dissertation research, Bone pursued multiple sites. She did a discourse analysis of nursing textbooks around the issues of caregiving; she analyzed the literature on hospital nursing care vis-à-vis the shift to managed care; and she did very focused interviews with 18 practicing hospital nurses who she carefully recruited because they were particularly well known among their nursing colleagues for their expertise at "emotional skills" and "caring" (e.g., Benner, Tanner, & Chesla 1996). My situational maps and analyses are based on my reading of her dissertation and publications and my own 30-plus years as a medical sociologist.

Emotion work in nursing is often part of the "invisible work" done in the interstices between clinical and documenting tasks. Bone sought to answer the question: What happens to interpersonal labor in nursing when the time allotted to accomplish it is dramatically reduced, yet demands on nurses by hospital management for improved patient satisfaction and quality "customer relations" have increased? "I wanted to learn from the 'experts' what they did, how they spoke about it, and how it fit in with the overall demands of their work. I presented myself as both nurse and sociologist, inviting collaboration and dialogue in this quest to give language to under-acknowledged and often unspoken aspects of nursing work" (Bone 2002:141). She was concerned with how nurses handled conflicting demands made upon them—it is not only their emotion work that is "getting squeezed" (one of her "in vivo" codes)—and how they understood and felt about the consequences for themselves, for nursing work, and for nursing as a profession.

The second exemplar is Janet Shim's research on two different sets of people concerned with cardiovascular disease (CVD) in the United States today.⁸ First are epidemiologists and related researchers who study the

racial, sex/gender, social class, ethnic, geographic, and other distributions of CVDs in populations. Second are people of color who have themselves been diagnosed as having CVDs and conditions. Shim's explicitly comparative approach centers on the *meanings* of race, class, and sex vis-à-vis CVDs constructed by the epidemiologists, on the one hand, and by the people of color diagnosed with CVDs, on the other.

In the United States, race, class/SES (socioeconomic status), and sex/gender are key variables in all the social sciences and have been central historically. In fact, all of these elements of individual and collective identity have been becoming increasingly socially and culturally important in the United States, and consequential for the organization of health research, especially health disparities/population health research (e.g., Epstein 2004). This provoked Janet Shim's research on what they *mean* to differently situated people involved in cardiovascular health (see also Schwalbe et al. 2000; Harris 2001). She has both bachelor's and master's degrees in public policy with emphases in health and, hence, long-standing knowledge of epidemiology as a discipline and its practices.

Over roughly the latter half of the 20th century, studies of CVDs have played a central role in the development of the discipline of epidemiology. CVD studies were significant in terms of the kinds of research designs and data accorded scientific legitimacy, the elaboration of more sophisticated methods, and debates over the etiological roles of genetic, other biological, lifestyle, environmental, and social factors in disease distribution. While much if not most medical research on CVDs was conducted on white males prior to circa 1990, racial, socioeconomic, and sex categorization have all consistently been attended to in the U.S. epidemiologic research endeavor. (This is not the case in all first world countries; France, for example, does not collect data on race.) In the United States, population variations are identified and mined for clues to the etiology of disease. Recently, persistent disparities in CVD incidence and outcomes along racial, socioeconomic, and sex lines have raised public concerns and prompted research explicitly aimed at uncovering the causes of such inequalities. In light of such concerns and research, the *meanings* of race, class, and sex/gender must be understood as socially constructed, invoking and mobilizing particular conceptions of bodily and social "differences." Therefore Shim sought to grasp the array of such constructions and who holds which conceptions.

Shim's questions for the people of color diagnosed and living with CVDs centered around how they interpret their experiences as being of a specific race, class, and sex/gender in terms of their CVDs. She also examined their perceptions and engagements with current biomedical "dogma" regarding what constitutes their risk factors and what they "should do"

to ameliorate their conditions. These interviews thus examined people's experiences with clinical providers, the advice and recommendations offered to them, and also discursive claims circulating in various media about CVD risks and causes. Shim also attended to their awareness, comprehension, acceptance, strategic invocation, and sometimes rejection of the dominant constructions of "difference" circulating within the "expert" social worlds in the CVD arena.

These two exemplars were chosen in part because they are quite different from each other. Bone's in-depth interview materials are focused more narrowly on the topic of emotion work, centering on interpersonal interaction work situated in contemporary American small-town hospitals under managed care. Shim did both in-depth interviews (with both epidemiologists and people of color diagnosed with CVDs) and ethnographic observations at professional conferences, meetings, health education forums, and related venues. Her approach is explicitly comparative, and at a more meso level of analysis.

Using Bone's and Shim's work, I next offer two examples each of situational maps, of social worlds/arenas maps, and of positional maps. After reading through the chapter, you might want to go back and read continuously through each exemplar one at a time to see a relatively complete situational analysis of one study. The exemplars are labeled to facilitate such moving about in the text.

Situational Maps: The Exemplars

Situational Map Exemplar I: Bone's Project

The fundamental question to be answered in constructing the situational map is: Who and what are in the broader situation? Certainly we know in this study that nurses and patients were there in the hospital settings, but they were far from alone. Who else was involved? What material things were involved and required for providing nursing care? How were various medical technological devices involved? What discursive constructions of patients, nurses, managed care, and other phenomena were circulating? What cultural symbologies and discourses were evoked by the caregiving situations? What social institutions were involved? Were emotion work and caregiving issues controversial or not? If so, to whom? And what were other controversial issues? (This anticipates the later need for issues and axes to develop positional maps.) I will not list in this narrative all the elements on the maps. Please look at Figure 3.3 carefully now.

I tend to work on my own maps in a very informal, often downright messy and seemingly disorganized way. I have reproduced here, therefore, such a map as Figure 3.3, my situational map of Bone's project (considerably



Figure 3.3 Messy Situational Map: Nurses' Work Under Managed Care

neatened by having typed labels). It was, in fact, my own making of maps such as these, both for my own work and to better grasp students' projects while teaching qualitative research methods over the past decade or so, that led me to develop—quite inductively—the concept of situational maps. A messy map such as this is a perfectly reasonable way of working analytically, especially at the early stages of a project. In fact, for many of us, too much order provokes premature closure, a particular hazard with grounded theory. Instead, keeping such a map going over time, returning to it occasionally, adding, deleting, rearranging, can be analytically useful. It is far too easy to

become analytically caught up in a few stories and lose sight of the big picture, which needs to be brought back into view regularly in various ways. It is also far too easy to lose sight of other elements that might be important that may have dropped off later maps. Old maps can be truly invaluable.

Figure 3.4 is the Ordered Situational Map: Nurses' Work Under Managed Care. I find it useful to have both messy and orderly versions available to work with simultaneously. I analyze relationally (discussed below) with the messy version. Yet when I want to be sure I have not overlooked or forgotten some relation, the neatness of Figure 3.4 is helpful as I can check through at a glance and not get dizzy. Again, these maps are for thinking with—on *your* own terms.

The situational maps of Bone's project are almost classic demonstrations of the density and significance of structural and material conditions even in a situation where the researcher is deeply focused on small-scale intimate human interaction. And *all* the human interaction is constituted in and through the properties and conditions of this broader situation. What is important here is to specify those elements, and Bone has done so in her published work. For example, note the extensive number and complex relations among structural elements from company mergers and health maintenance organizations⁹ to corporate hospital chains, work redesign strategies, management consultants, home health aides, and so on. My maps of her project are full of business terminology—signaling vividly the changes in the health care environment from a situation of the hospital as still a site of at least charitably guided caregiving to the health care domain as just another place of business and site of consumption. Nurses, patients, physicians, and other workers are all still present, but awash in managerial and related calculative schemes and discourses of various kinds.

Yet the nonhuman elements in Bone's situation of concern are not limited to things like "work redesign strategies" and "restructuring plans," no matter how ubiquitous these may be. There are also three sets of things that are ever present for hospital nurses:

- Old, current, and new/emergent medical technologies
- Old, current, and new/emergent pharmaceutical drugs and devices
- Old, current, and new/emergent information technologies and protocols

Each of these is complex, often specialized in terms of particular diseases, takes time to learn, constitutes a serious area of job responsibility, and is often changing and sometimes rapidly. Interestingly, the new information technologies are often used at least in part to track what the nurses themselves are doing while on the job. Whether and how emotion work can/should be tracked or not is an important consideration (e.g., Bowker & Star 1999).

INDIVIDUAL HUMAN ELEMENTS/ACTORS

Nurses (RNs) and nursing aides (LVNs)
Patients and patients' families and friends
Physicians
Hospital managers/administrators/
consultants
Home health aides

COLLECTIVE HUMAN ELEMENTS/ACTORS

Nurses', physicians', and others'
professional organizations
Hospitals, chains, and hospital associations
HMOs, state and private insurers
Pharmaceutical and medical supply
companies

DISCURSIVE CONSTRUCTIONS OF INDIVIDUAL AND/OR COLLECTIVE HUMAN ACTORS

Nurses as caring/angels of mercy/"good mothers" imagery
Patients as needy, demanding
"Everybody's so different"/patient uniqueness
Physicians as unavailable
Administrators as manipulative
Management consultants as heartless

POLITICAL/ECONOMIC ELEMENTS

Rising costs of hospitalization
Expansion of outpatient services
Limits/caps on insurance coverage

TEMPORAL ELEMENTS

Caring as invisible nursing work that takes time
Nursing time per patient and overtime issues
Invisible aspects of caregiving

MAJOR ISSUES/DEBATES (USUALLY CONTESTED)

Nurse/patient ratios as formulas of time
per patient
Caring as proper nursing work
Caregiving—(invisible) emotion/caring work
Caregiving—technical/clinical work
Work redesign/restructuring plans

NONHUMAN ELEMENTS ACTANTS

Information technologies
Medical technologies
Pharmaceutical drugs and treatments
Work redesign/restructuring plans
Cost containment and patient/customer
satisfaction goals

IMPLICATED/SILENT ACTORS/ACTANTS

Patients
Patients' families and friends

DISCURSIVE CONSTRUCTIONS OF NONHUMAN ACTANTS

Managed care as antipatient, antinursing
Medical technologies as lifesaving and/or
dehumanizing

SOCIOCULTURAL/SYMBOLIC ELEMENTS

Caring as important, skilled
professional work
Variations of expectations of caregiving
and receiving among patients and nurses

SPATIAL ELEMENTS

Distribution of patients on ward/floor
Invisible aspects of caregiving
Hospital design issues

RELATED DISCOURSES (HISTORICAL, NARRATIVE, AND/OR VISUAL)

Crisis of American health care

OTHER KEY ELEMENTS

Emotion work
Emotions of patients, nurses, families, others

Figure 3.4 Ordered Situational Map: Nurses' Work Under Managed Care

Bone (2002:147) insightfully asks, “Is it possible that the ‘invisibility’ of some aspects of emotion work actually protects it from commodification?”

One particular discourse seems especially important to this project on emotion work—the extant historical and contemporary discursive cultural constructions of nursing that circulate widely. Nurses have long been discursively constructed as “angels of mercy,” good mothers incarnate, caregivers extraordinaire, key sources of help and solace. The magazine of the UCSF School of Nursing is titled *The Science of Caring*, which captures a high modern version of that discourse. Furthermore, it is not only patients and their families and friends who engage this discourse but nurses themselves, nursing educators, and others in the hospital from physicians to managers. How it operates and the work the discourse itself does are both interesting topics. All of the nonhuman elements, as well as many human elements in the situation, contribute to what Bone calls “the intensification of work” under managed care.

In sum, emotions and emotion work almost stick out like sore thumbs as “different” from the main business of what is going on in my maps of Bone’s situation of concern. These situational maps thus make it easy to see how and why some nurses see emotion work as getting short shrift and/or being displaced in current hospital care.

Situational Map Exemplar II: Shim’s Project

Looking at the messy situational map of Shim’s project (see Figure 3.5), first note that many institutional/collective actors are in this situation. Professional expertise is central to Shim’s project, and federal research funding fuels the whole arena. Recently the U.S. National Institutes of Health (NIH) implemented revised “inclusion rules” whereby federally funded research using human subjects must include women and people of color or satisfactorily explain why they cannot be included. The long tradition of white males as the “standard medical research subjects” whose outcomes could supposedly be generalized to all others has begun to collapse (Epstein 2004). At the NIH in 1990, both an Office of Research on Minority Health and an Office of Research on Women’s Health were founded. They both remain politically controversial and highly vulnerable. All of these developments, deeply charged with “identity politics,” have emerged in response to various social movements active over the past 50-plus years: civil rights/antiracism, women’s health, AIDS, queer (lesbian, gay, bi- and transsexual), and others. Today in the United States, ongoing movement organizations with complex agendas actively monitor federally funded research vis-à-vis these inclusion rules and other identity-based criteria.



Figure 3.5 Messy Situational Map: Race, Class, Sex/Gender, and Cardiovascular Epidemiology

For the epidemiologists, the most important nonhuman elements in this situational map are likely the computers and software programs that perform highly complex statistical manipulations on data from giant population samples, and the International Classification of Diseases of the World Health Organization, the major means of globally systematizing distributional statistics.

Figure 3.6 is the Ordered Situational Map: Race, Class, Sex/Gender, and Cardiovascular Epidemiology. Note that *some elements appear multiple times*—under different headings—as their salience can be quite differently inflected and *all* sites of their appearance deserve consideration.

For example, "individualism" appears under Discursive Constructions of Nonhuman Actants, Political/Economic Elements, Sociocultural Symbolic Elements, National Historical Frame, and Major Issues/Debates. This signals that individualism needs to be understood in multiple ways in this project. Individualism here is the notion that phenomena related to disease and illness—ranging from causes, progression, manifestations and symptoms, outcomes, treatment, and amelioration—can be appropriately and adequately understood at the level of the individual. Thus it is assumed by most epidemiologists that epidemiologic research into the etiology of CVDs can be conducted with the individual as the basic unit of analysis, potential factors and determinants can validly be conceptualized and measured at the individual level, and treatment and prevention efforts can be predicated on individual change and aimed at individual actors. It is this form of individualism that social epidemiology as a professional segment challenges.

In Shim's analysis here, individualism first needs to be explicated as an idea/concept salient in the conduct of mainstream epidemiology and as a focal point for commentaries and critiques about epidemiologists' practices. Then its historical importance vis-à-vis causal theories in health generally and cardiovascular risk specifically need to be laid out. Third, individualism constitutes a central and distinctively American public discourse, structuring the ways Americans are encouraged to think about many things, including bodies and multiple health-related phenomena and the origin, location, and amelioration of illnesses. For Shim, analytic considerations might therefore include the following: How do people diagnosed with CVDs engage or not with individualistic rhetorics about disease causes, risks, and cures? How do epidemiologists so engage or not? How do they discuss—give language to—these issues in their work and their lives?

Questions for Shim's situational maps include the following: Who and what things matter in the broad situation of attending to racial, class, and sex/gender differences in CVDs? Who and what things are involved in producing knowledge about such differences? What discourses, ideas, scientific criteria, and concepts shape how epidemiologic experts and laypeople think about, conceive, and define the nature of racial, socioeconomic/class, and sex/gender differences? What economic, regulatory, political, and cultural conditions affect how research into such differences gets conducted? What professional and social values are taken for granted and by whom, and what if any cultural ideologies underwrite these? What are the consequences of varying kinds of conceptions of "difference" for how researchers conduct epidemiologic studies of differences and for how people "manage" their CVDs? These questions both helped produce the map and were produced by it.

INDIVIDUAL HUMAN ELEMENTS/ACTORS

Participants in Shim's research:

1. People of color with CVDs
2. Key social epidemiologists: Krieger, Cassel, Syme, Susser, Berkman, Kawachi, Diez-Roux

COLLECTIVE HUMAN ELEMENTS/ACTORS

U.S. Congress; U.S. FDA; U.S. NIH and its Offices of Minority and Women's Health Research; ICD of the WHO; epidemiology as discipline: mainstream and social segments; professional organizations: APHA, ACE, NMA, ABC, AMA, ACC, AHA, SER; patient care institutions: local hospitals, ERs, HMOs, clinics, private physicians' offices; big pharma; big biomedicine; civil rights, women's health, and HIV/AIDS movements

**DISCURSIVE CONSTRUCTIONS
INDIVIDUAL AND/OR COLLECTIVE
HUMAN ACTORS**

Racial and ethnic stereotypes; sex/gender stereotypes; class/SES stereotypes; stereotypes of patient care; individualism

POLITICAL/ECONOMIC ELEMENTS

U.S. health care politics; Medicare and Medicaid policies; health insurance politics; concepts of citizenship; concepts of individualism

TEMPORAL ELEMENTS:**U.S. NATIONAL HISTORICAL FRAME**

Histories of race, sex, and class and (bio)medicine; Tuskegee research abuses; histories of routine exclusion of women and minorities from health research; histories of scapegoating and individualism

**MAJOR ISSUES/DEBATES
(USUALLY CONTESTED)**

Focus on meanings and consequences of race/ethnicity, class/SES, and sex/gender vis-à-vis CVDs and CVD epidemiology; individualism

NONHUMAN ELEMENTS/ACTANTS

Computers (hardware, software, and databases for epidemiology); reports: prior clinical trials/studies, e.g., Framingham community studies; CVD procedures, drugs, devices and tests; data collection instruments; key epidemiological concepts (see below)

IMPLICATED/SILENT ACTORS/ACTANTS

People of color with CVDs

KEY EVENTS IN SITUATION

NIH Office of Research on Women's Health (1990)
NIH Office of Minority Health and Research (1990)

**DISCURSIVE CONSTRUCTIONS
OF NONHUMAN ACTANTS**

Concepts of race/ethnicity; class/socioeconomic status; sex/gender; sameness/difference(s); statistical significance; correlation; correlation is not causation; multifactorial causation; measureability; standardization; environment; curing; individualism

SOCIOCULTURAL/SYMBOLIC ELEMENTS

Symbolisms of health and illness, esp. of CVDs; curing; individualism

SPATIAL ELEMENTS

Local and regional variations, esp. re race/ethnicity and health care

**RELATED DISCOURSES (HISTORICAL,
NARRATIVE, AND/OR VISUAL)**

Public service health education; media coverage of health; marvels of modern medicine; identity politics discourses; "minority" discourses; women as reproductive bodies; victim blaming discourses; illness and duty to be healthy discourses; individualism discourses

Figure 3.6 Ordered Situational Map: Race, Class, Sex/Gender, and Cardiovascular Epidemiology

Doing Relational Analyses With Situational Maps

Once a situational map is done, the next step is to start asking questions based on it and memoing your answers. *Relations* among the various elements are key. You might not think to ask about certain relations within the situation, but if you do what I think of as quick and dirty *relational analyses based on the situational map*, they can be very revealing.

The procedure here is to first make a bunch of photocopies of your best version to date of the situational map. Then you take each element in turn and think about it in relation to each other element on the map. Literally center on one element and draw lines between it and the others and *specify the nature of the relationship by describing the nature of that line*. One does this systematically, one at a time, from every element on the map to every other. Use as many maps as seems useful to diagram yourself through this analytic exercise. This to me is the major work one does with the situational map once it is constructed. I often do some of this out loud to make myself articulate relations more clearly. You could use a sound-sensitive tape recorder with this as well. Sometimes it is tedious or silly—but at other times it can trigger breakthrough thinking, and this is, after all, the main analytic goal. This is one of those sites where being highly systematic in considering data can flip over into the exciting and creative moments of intellectual work. Or not.

Relational analyses can be done very informally and can be personalized to suit your ways of working. I often work with a highlighter and draw these relations on the copies in different colors. The maps can diagram particularly interesting relations by circling (and boxing, triangling, etc.) certain elements and connecting them. The same element can, of course, be “related” to multiple others. That is why a bunch of photocopies makes such work easier. I usually want to see where there are connections made in my data and where there are not, as well as memo the actual contents of the discourse. Silences can thus be made to speak.

These relational maps help the analyst to decide which stories—which relations—to pursue. This is especially helpful in the early stages of research when we tend to feel a bit mystified about where to go and what to memo. A session should produce several relational analyses with the situational maps and several memos. Of course, such careful attention to the messy situational map will likely lead you to change that map and then you will need new photocopies and then . . . you are really analyzing!

At early stages of analysis, memos can and usually should be partial and tentative, full of questions to be asked and answered about the nature and range of particular sets of social relations, rather than being answers

in and of themselves. Such memos thus help plan theoretical sampling strategies. They can also act as analytic “placeholders” to remind the analyst to return to particular relational questions later in the research process and to then “complete” the memos through further analytic work if it then seems worthwhile. One would answer the questions that remained both unanswered and interesting. Relational analyses using situational maps are not particularly exotic, but rather provide a systematic, coherent, and potentially provocative way to enter and memo the considerable complexities of a project laid out in a situational map.

In doing relational analyses, then, we start by asking what these nurses had to say about all the other elements. I have circled what seemed to be the most significant relations—which are many and complicated. The most interesting and important would be memoed. Questions would be asked. Data needed to answer them would be specified. Relations of nurses not only to patients but also to hospital managers, consultants, patients’ families and friends, and to discourses *about* nursing would all be examined.

Looking at Figure 3.7, the first general impression is of the centrality of the nurses in the situation. And they could be viewed as related to other elements too (though not as strongly). Second is the wide range of elements to which they relate. Third, the analysis looks a bit chaotic. This is interesting in that the mapping strategy as a mode of analysis is reminding us of the disorderliness of providing nursing care in the hospital and the many elements that must be juggled.

The key relationship on which the research is predicated is that between nurses and patients. This certainly deserves early and ongoing memoing. I think of certain memos as “feeder memos” to which I return again and again, noting with a date all new entries. This first relational memo on Bone’s data would be such a feeder memo.

The part of Bone’s study addressed here is tightly focused through the gathering of interview data exclusively from experienced nurses recognized by their peers as highly skilled at and valuing of emotion work. Looking at Figure 3.8, the first general impression is of the much smaller size of the web of relations. Not at all tiny but more focused. And it is not only “the usual suspects” that are webbed together relationally here but also “work design strategies” and “information technologies” along with “nurses as angels.” What *are* the relations between angels and infotech? What did the nurses interviewed have to say about this?

Furthermore, in doing relational analyses with situational maps, we would *not* be limited to focusing only on nurses’ relations to other elements. One would work through the relational analysis exercise and see if there are other relations that seem very important for the analyst to grasp. There is,

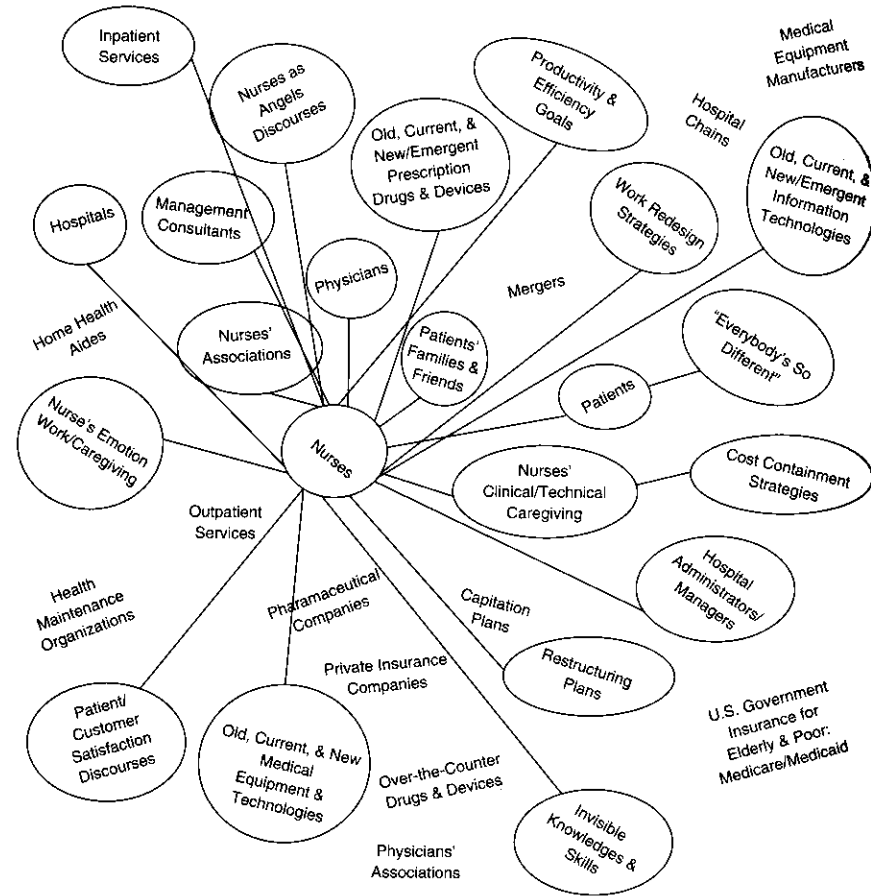


Figure 3.7 Relational Analysis Using Situational Map: Focus on Nurses' Work Under Managed Care

after all, a vast secondary literature on health care that can help us answer such questions accurately in the research. For example, if changes in Medicare insurance coverage of the elderly were about to occur, allowing improved coverage of home health aides, the analyst would want to read about those changes as well as track how the nurse respondents discussed them. Such questions would commonly be used to direct theoretical sampling and/or refocus the interview questions. For Bone's study, if such changes were perceived to be salient to emotion work, it would be important to ask subsequent participants explicitly about these changes. I would do

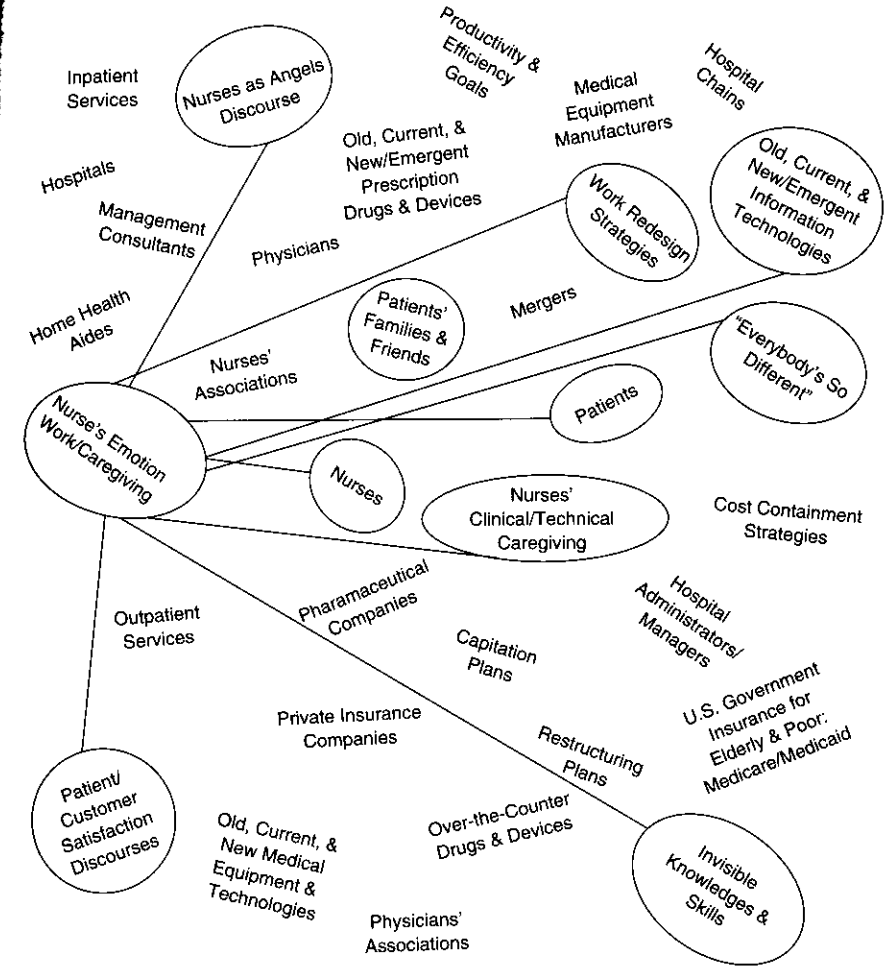


Figure 3.8 Relational Analysis Using Situational Map: Focus on Nurses' Emotion Work

so toward the end of the interview to first allow them the opportunity to initiate discussion of these changes as salient. This in itself would affirm the value of further pursuit of the topic.

Our second exemplar, Shim's research, is quite complex. I have focused on the two main actors in the relational analyses offered here, but there are many other analytic drawings possible. Figure 3.9 focuses on epidemiology (see solid-line relations) but also slightly/gently deconstructs it to also analyze the relations of social epidemiology (see dotted-line relations) that seem to extend

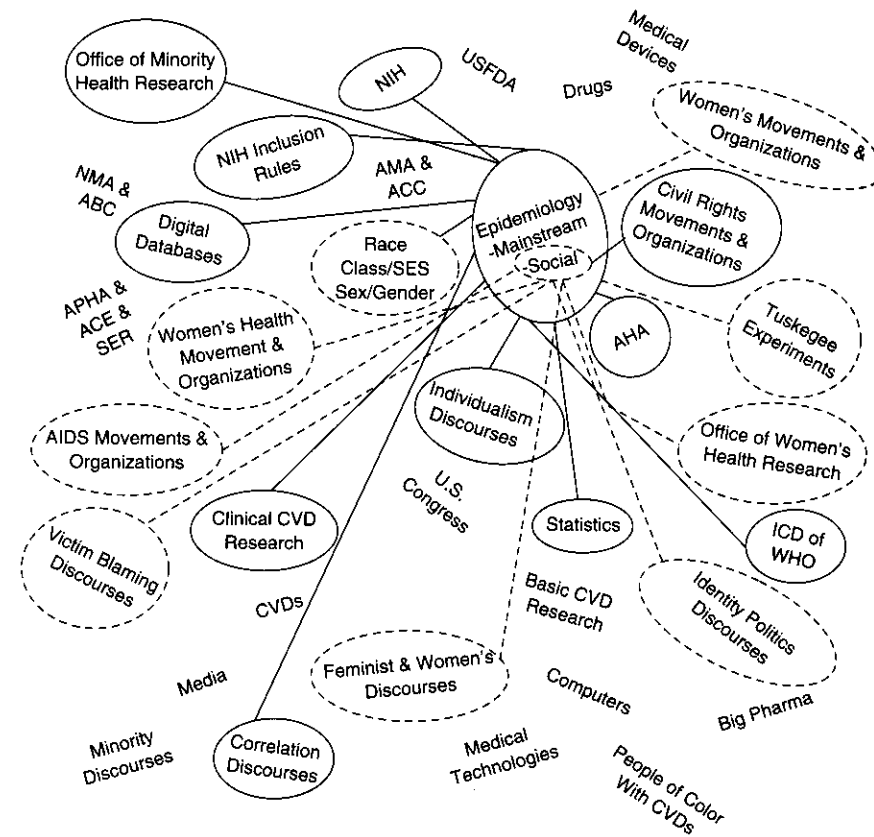


Figure 3.9 Relational Analysis Using Situational Map: Focus on Epidemiology

beyond those of mainstream epi. The map shows that Shim's decision (discussed below) that mainstream and social epi were both part of epi (rather than separate social worlds) works well here in terms of the analysis showing how social epi is bringing new relations to bear on mainstream epi. Social epi extends the overall web of epi to new relational sites, even if the ties seem weaker. But those ties may seem strong indeed to the social epidemiologists who have worked for decades to build them (e.g., Granoveter 1983).

Looking at Figure 3.10, again we see a smaller and weaker web of relations, much less formally organized, especially concerned with media and various historical discourses of injustice. Here, for example, a line connecting the historical and symbolic event "The Tuskegee Experiment"

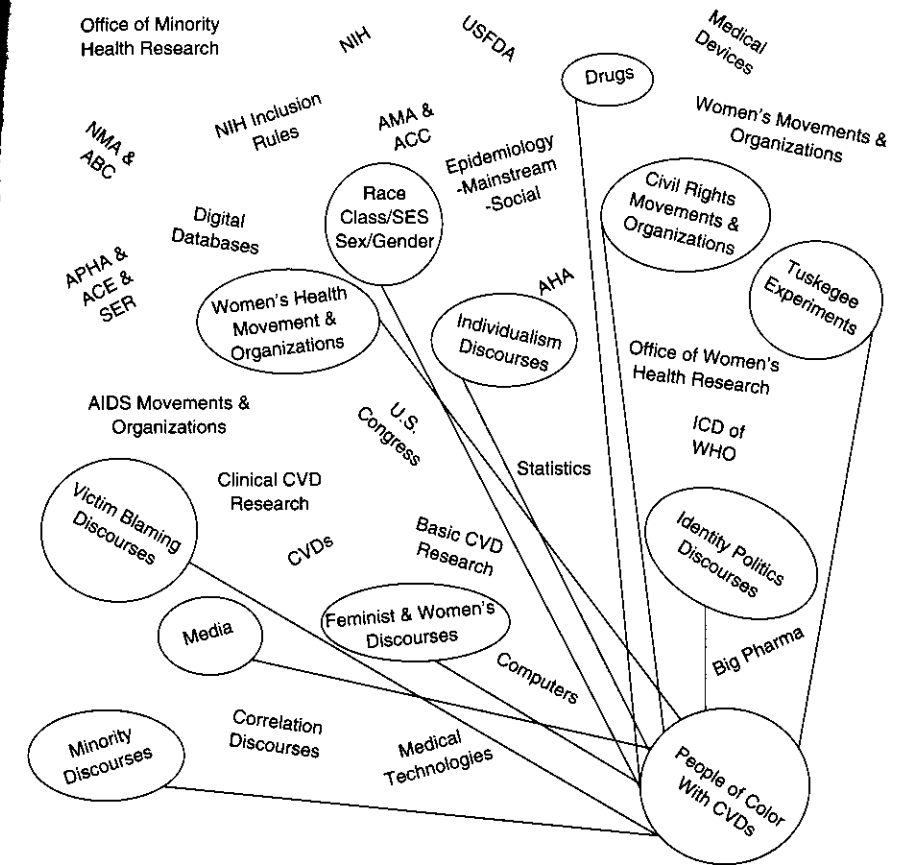


Figure 3.10 Relational Analysis Using Situational Map: Focus on People of Color With CVDs

with the people/patients of color Shim interviewed would be an important relation to memo. The Tuskegee Experiment allowed "Negro" men suffering from advanced syphilis to go untreated for decades after antibiotic treatment was available and would likely have dramatically improved the quality and length of their lives. The U.S. government sponsored the withholding of appropriate treatment as an "experiment" to see what would happen to their bodies (especially their brains at autopsy). Dramatically uncovered in the 1970s (Jones 1981/1993; Reverby 2000), this case of experimental human subjects abuse explains and symbolizes aspects of the deep lack of trust of many African Americans in the U.S. medical system today. Intense

and often insensitive research on the effects of radiation was also done among survivors of the nuclear bombings of Japan by the United States after World War II (e.g., Lindee 1997). Did any of the people/patients mention these? Did any of the epidemiologists mention it? Given her study, Shim certainly needs at least a memo on such events and on any mentions of such events by study participants.

In doing her relational analyses, Shim also runs smack into an absence. Although her project is concerned with the meanings of race, class/SES, and sex/gender, no discourse about social class or SES is evident in the situational map. There is also no social movement explicitly organized around class or class-related issues. There is silence on class. How American! What are the implications of these absences for the ways in which Shim's epidemiologists and people/patients make meaning about class/SES? Does it affect their meaning making around race? Sex/gender? Could the concept of race be doing double duty as a proxy for class in American culture? In epidemiology? This certainly deserves a memo!

In sum, then, relational analysis using the messy situational map should get the analyst up and moving into the data, into the analysis, and into memos. At the early stages, some memos clearly need to be written, as the topics need to appear in final reports anyway (e.g., Tuskegee). As a practical matter, doing the situational map and then the relational analysis it organizes can be tiring and/or anxiety producing. The issue is to work until you feel stale and then take a break. This is not the same order of work as entering the bibliography. The fresher you are, usually the more you can see. Glaser (1978:18-35) also cautions against prematurely discussing emergent ideas—that we might not necessarily benefit from talking about everything right away, but rather from reflection—and memoing before talking. I strongly agree, especially about early even if quick and dirty memoing. But we all must find our own ways of working best. For most, the work of this map occurs over time and through multiple efforts and memos. Again, the memos are the invaluable products of all the analytic work.

Final Comments on Situational Maps

What is a good enough situational map and how do you know when you have one? The key word here is saturation—from classical grounded theory (Strauss & Corbin 1998:143-162, 212, 292). You have worked with your map many, many times, tinkered, added, deleted, reorganized. You can talk at some length about every entry and about its relations to (many if not most) other entries if there are any relations that “matter.” It has been quite a while since you felt the need to make any major changes. You don't think

you have missed much of anything. You think these are the most important elements. (Of course, there are many others, but they don't seem to “make a difference” to the stories you would tell about the situation—your project.) If some virus wiped out your computer files and your notes, and all you had left was this piece of paper, could you work your way back into all the major stories you want to tell about this situation?

As the research proceeds, returning to all three maps can be analytically useful. Don't throw away earlier even if very messy versions. Often you want to go back because something was there that was important but now you are unable to remember.

Doing Social Worlds/Arenas Maps

The Use of Concepts. Throughout the act of scientific inquiry concepts play a central role. They are significant elements in the prior scheme that the scholar has of the empirical world; they are likely to be the terms in which his problem is cast; they are usually the categories for which data are sought and in which the data are grouped; they usually become the chief means for establishing relations between data; and they are usually the anchor points in interpretation of the findings.

—Blumer (1969:26)

Social worlds/arenas/discourse analysis is deeply rooted in symbolic interactionism. It was presaged theoretically but not elaborated methodologically as such by Anselm Strauss and others, including myself (see Chapter 2). Much of sociology, especially that which is concerned with “variables,” suffers from problems of conceptual blindness because it uses the individual as the unit of analysis and frames the notion of the “social” itself as aggregate. In sharp contrast, symbolic interactionism in general and social worlds/arenas analysis in particular focus instead on meaning-making social groups—collectivities of various sorts—and collective action—people “doing things together” (Becker 1986). Social worlds are defined as “universes of discourse” (Strauss 1978). Questions of power enter and lead us to also ask how people organize themselves in the face of others trying to organize them differently, and how they organize themselves vis-à-vis the broader structural situations in which they find themselves and with which they must come to grips, in part through acting, producing, and responding to discourses. The task here is to upset the binary between modernist conceptions of knowing subjects and objects as having “essences,” and the extreme end of

postmodernist conceptualization that argues that all is fragmented, unrelated, and falls into nothingness. There are intermediary and relentlessly social spaces and places (e.g., Lather 2001a, 2001b; Law 2002), and social worlds/arenas/discourses analyses seek to frame them.

Abstract Social Worlds/Arenas Maps

The tremendous strength of grounded theorizing after the postmodern turn lies in its meso-level analytic frameworks of which social worlds/arenas maps are key. Here the meso level is the level of *social* action—not an aggregate level of individuals, but where individuals become social beings again and again through their actions of commitment to social worlds and their participation in those worlds' activities, simultaneously creating and being constituted through discourses. This is the analysis of social/symbolic interaction. It is not high modern macro-level grand theoretical abstraction, ungrounded or inadequately grounded in empirical worlds. Rather, we can “see” collective action directly, empirically. We can also see individuals acting both as individuals and as members of social worlds; we can see social worlds, arenas, regimes of practice, social formations, and discourses produced and circulating in them. The maps themselves allow the fluidities and actions among structures and agencies to become visible and, thus, theorized and memoed.

To make a social worlds/arenas map, one enters into the situation of interest and tries to make *collective* sociological sense out of it, starting with the questions: What are the patterns of collective commitment and what are the salient social worlds operating here? The analyst needs to elucidate which social worlds and subworlds or segments come together in a particular arena and why. What are their perspectives and what do they hope to achieve through their collective action? What older and newer/emergent nonhuman technologies and other nonhuman actants are characteristic of each world? What are their properties? What constraints, opportunities, and resources do they provide in that world?

While some actors (individuals, collectivities, and even worlds) might prefer *not* to participate in a particular arena, their dependencies (usually but not always for resources) often coerce their participation. This reluctant participation of some actors further distinguishes arenas theory from many organizational theories. Social worlds are actor-defined, permitting identification and analysis of collectivities construed as meaningful by the actors themselves (Clarke 1991; Strauss 1993:209-260).

Looking at Figure 3.11, my current Abstract Map of Social Worlds in Arenas (cf. Figure 2.5), let me first and foremost emphasize the dotted lines

as indicating usually porous boundaries. This porousness is what gives social worlds/arenas analysis its flexibility, its plastic capacity to take change and heterogeneous perspectives into account. In an empirical study, if boundaries turn out to be very rigid, this is usually noteworthy. Second, there are multiple social worlds, and some overlap, demonstrating visually that some people and collectivities are participating in more than one. Similarly, certain social worlds are shown as participating in more than one arena, a common occurrence. As usual, we the researchers must delimit our stories to those that we can tell coherently. That is, the social worlds/arenas map commonly portrays what Park (1952), as noted above, called “the big news” about the situation of concern. It is highly unlikely that the final reports of a given research project, even one focused particularly on social worlds and arenas, will tell even all the “big stories” framed by the social worlds/arenas map. Rather, the map should help you determine which stories to tell.

The researcher should seek to specify difference(s) and variation(s) of all kinds within worlds as well as between worlds. The feel this has in process

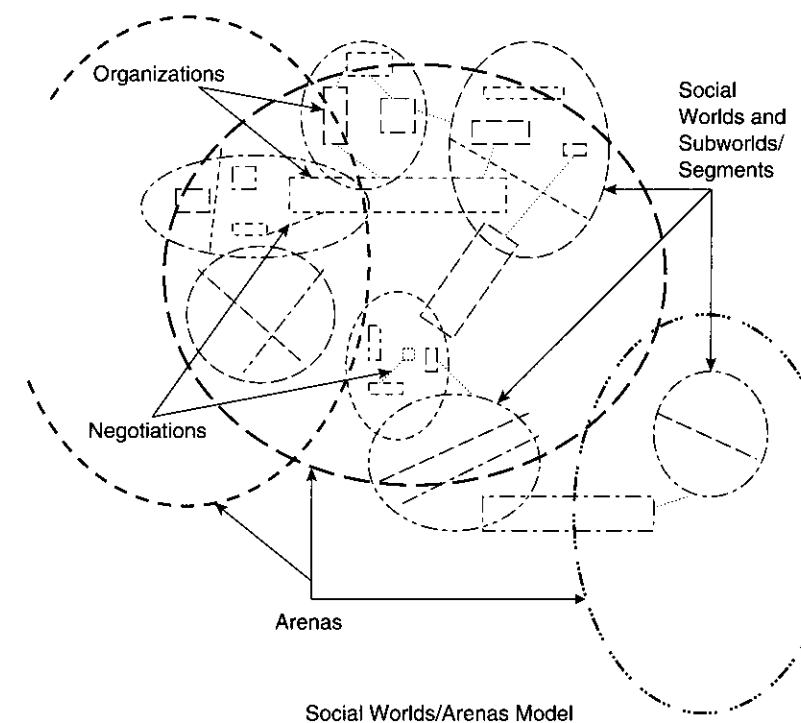
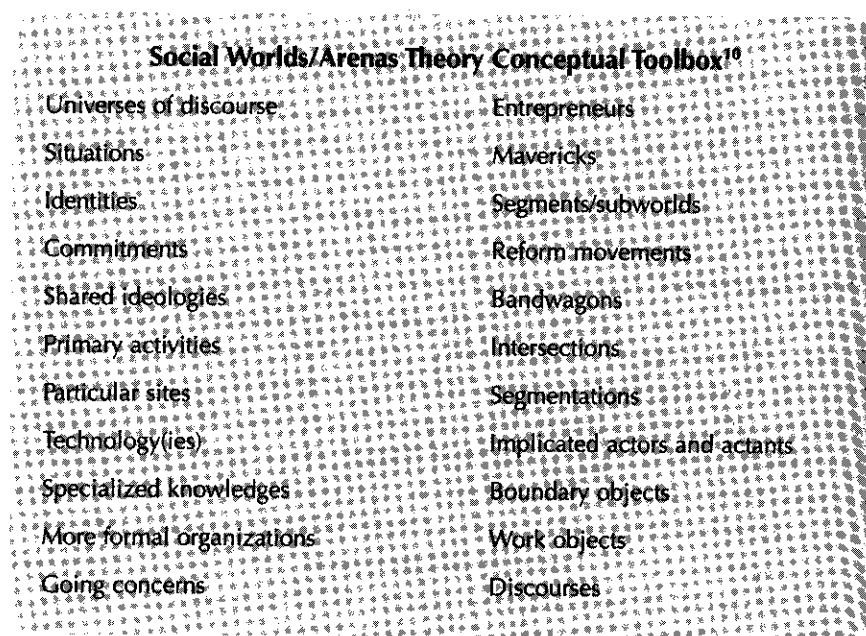


Figure 3.11 Abstract Map of Social Worlds in Arenas

is of both mapping contradictions and not having to commit oneself analytically quite yet precisely because of the variation(s). It can mean that we are unsure when/whether there are different social worlds because of the depth of different perspectives of participants themselves *within* what may be one deeply polarized or balkanized world or several different worlds. Thus there can be both frustration and relief on the part of the researcher. *Specifying the key social worlds is the major analytic task for this map.* There are also extant concepts in social worlds/arenas theory that allow and even feature such ambiguities, such as Bucher's (1962, 1988) concept of *segments* of social worlds. Such segments can be social or reform movements within a particular world, or parts of worlds deeply committed to different facets of the world's work, and not valuing other facets very highly unless or until their utility or unity is questioned by outsiders. Laying out the segments of a world frames the key interior differences. One is always juggling and trading off, back and forth, among similarities, differences, boundary placements, and negotiating conflicting subgroup perspectives in doing these maps.

In addition to segments, I discussed in Chapter 2 the basic conceptual toolbox to date of the social worlds/arenas theoretical framework. These sensitizing concepts may be of help in creating social worlds/arenas maps, in locating the stories of particular interest vis-à-vis social worlds in your data, and in analysis.



For those interested in studying social worlds qua worlds as the key units of analysis—situated meso-level action, structures, and discourses—certain analyses are particularly helpful. Activities within all social worlds and arenas include establishing and maintaining *boundaries* between worlds and gaining social *legitimation* for the world itself (Strauss 1982b). These processes involve the social construction of the particular world and a variety of *claims-making activities* (e.g., Aronson 1984). Indeed, the very history of the social world is commonly constructed or reconstructed in the discursive process (Strauss 1978). Of course, individual actors compose social worlds, but in arenas, they commonly act as *representatives* (Becker 1982) of their social worlds, performing their collective identities. For example, in a medical staff meeting at a psychiatric hospital, psychiatrists committed to a somatic/biological ideology of etiology and treatment will both be viewed as, and often view themselves as, representing that tradition, taking pains to distinguish their perspective from that of, say, psychotherapeutics (Strauss et al. 1964). In addition, personal interests are at stake and may be predominant in a given situation.

The analytic focus on commitment to action as boundary setting between or among social worlds (rather than function or geographic area) permits *empirical* determination of who—which collective entities or social worlds—is in the arena. Thus analytic focus can be on action as process, the classic “basic social processes” of grounded theory, *and/or* the units of action—the collective social worlds and arena(s) entities present in the situation. The kinds of action characteristic of a particular world and/or of an arena—the nature of the basic social processes—are empirical questions. The meanings of the actions in the arena are to be understood by developing a dense understanding of the perspectives taken by all the collective actors, the social worlds involved in that arena. What are the meaningful commitments of the social world and how are these collectively acted upon in the situation? What is happening between particular worlds? Here structure/process is enacted in the flows of people and nonhuman objects doing things together. Structure is action and action is structure and everything is perspectival.

Data that address these questions can be generated in heterogeneous ways: from interviews, organizational documents, historical as well as contemporary archives, observations at meetings or other gatherings of key actors, secondary data (previous historical and contemporary research on the topic, media imagery and discourses), and so on. As a researcher, you need to think through what kinds of data you want, what you can realistically obtain, and, eventually, the adequacy and trustworthiness of the materials gathered and analyzed. Further data gathering may well be necessary.

That is, data may point to the presence of social worlds not yet noted or noticed, and further research on them may be necessary to determine their salience to the stories you want to tell. The social worlds/arenas map may well elaborate over the course of the research.

Discourses per se are not explicitly represented on social worlds/arenas maps. This is not because they are not present in worlds and arenas but because social worlds *are* universes of discourse (Strauss 1978) in arenas—constituted and maintained *through* discourses. Instead, the focus of social worlds/arenas maps is on *collective social action*. Attention to collective action—meso-level analysis—is often profoundly inadequate, especially in qualitative research. Few people really grasp “the social” and the ways in which collectivities and their discourses of various kinds organize us all, day after day. One major analytic map is requisite to ensure that collective action analysis is adequately undertaken. This way, the collective actors are vividly clear at least somewhere in the project’s analysis, whether or not they end up in final products. At least they will have been framed, explicated, and given systematic analytic consideration.

However, in the initial memos on each major social world, the key discourses of that world should certainly be at least noted and briefly narrated. The more important they seem, the more they should be elaborated. These narrations will be based on your grounded theorizing analyses of the discursive materials produced by the various worlds. Positions taken in such discourses are analyzed in the positional maps discussed below. Full-scale discourse analysis maps can be made later—if and when you decide to pursue an in-depth discourse analysis of some kind. Mapping and analyzing extant narrative, visual, and historical discourse materials are discussed in Chapters 4-7. But for this initial effort, making the social worlds/arenas map is complex enough in itself.

Next we come to the problematics of relative size and power and placement on the map. When you have a working draft of the social worlds/arenas map, you can start tinkering with it a bit, if it seems worthwhile, to attempt to represent such differences. This can be done by enlarging or diminishing the graphic size of particular social worlds, the type size they are named with, color codes, the thickness of the dotted lines around them, and so on. I have only used relative size in the maps included here, and I have not tinkered a lot with placement. My usual pattern in placement is generally to place like with like and to try and loosely represent conflictful/oppositional relations by placement on opposite sides of the page.

Spending considerable time on such tinkering would only be worthwhile if you planned to use your social worlds/arenas map as a project map or as part of such a map—as a representation for public use in presentations

and/or publications. Here we are predominantly concerned with doing maps as analytic exercises. But there are ways to do this as needed. Computer graphics will eventually make this easier and likely much more fun as well. In terms of temporality, if you are mapping social worlds/arenas at more than one historical moment, please see Chapter 7.

Once the basic social worlds/arenas map is done for your situation of inquiry, it becomes the basis for other forms of entering/interrogating the data. *The next task is describing each major social world in a memo in enough detail to meet your needs:*

- What is the work of each world?
- What are the commitments of a given world?
- How do its participants believe they should go about fulfilling them?
- How does the world describe itself—present itself—in its discourse(s)?
- How does it describe other worlds in the arena?
- What actions have been taken in the past and are anticipated in the future?
- How is the work of furthering that social world’s agenda organized?
- What technologies are used and implicated?
- Are there particular sites where the action is organized? What are they like?
- What else seems important about this social world?

I think of these memos as analytically walking round and round and through and across the worlds and staring relentlessly until their commitments, ideologies/discourses, work organization, technologies, and so on can be specified. Put in these memos whatever you currently think is important on the different social worlds and add to them later as needed.

Similarly, one needs to memo a description of the arena or arenas in which the social worlds of concern are involved or implicated—situating them appropriately:

- What is the focus of this arena?
- What social worlds are present and active?
- What social worlds are present and implicated or not present and implicated?
- Are there any worlds absent that you might have expected?
- What are the hot issues/contested topics/current controversies in the arena’s discourses?
- Are there any surprising silences in the discourse?
- What else seems important about this arena?

In many ways, the social worlds/arenas maps offered here are very crude drawings, especially in attempting to “represent” relative size and power of different worlds in relation to one another. But even crude

drawings like these work well in at least three ways. First and most important, doing them forces you—the analyst—to actively draw the social worlds/arena(s) map. You must figure out how best to conceptualize and represent collective actors—the social worlds and arenas in your study. *The process of producing the map is analytically important in itself.* Second, even crude representations are often quite adequate to grasp the limited and simplified stories that we can actually tell in an article—or even a book. They suffice far more than one would imagine at first glance as they become the *conceptual infrastructure* of the project at hand, undergirding many of the analytic stories later told. Last, once you have tried to produce such a map, you often remain engaged with it, seeking to improve it, make it better represent your interpretation of your data. These kinds of engagements help sustain interest and deepen the analysis in the research process over time. They set up ongoing interrogations of the self as analyst.

Once the basic social worlds/arenas map and memos are done, the analyst has a working big picture of the structuring of action in the situation of inquiry. Where to go next is a decision or set of decisions to be made by the analyst (now or later). There are many possible foci through which to further pursue social worlds/arenas analysis, discussed shortly. But first I want to emphasize that the analyst may want to move next to the positional maps before going further with social worlds/arenas analysis. That is, by now you are already fairly deeply into the social worlds/arenas analysis, and going further would usually be done based on a decision that one of the directions is really interesting, should be pursued, and may well become part of research reports—one of your main “stories.” Moving next to positional maps delays this decision making—often quite appropriately.

Possible directions for going more deeply into social worlds/arenas analysis if you so choose include (but are far from limited to) the following:

- An intense focus on the work of a particular social world
- An intense focus on a technology a social world uses or produces and how it travels within and among worlds
- An intense focus on actions taken by particular worlds on particular issues
- An intense focus on boundary construction processes between worlds by different worlds in the arena and discourses about them
- An intense focus on discourses produced by a world or worlds within the arena
- An intense focus on the arenawide discourses (which may also implicate other arenas)

The direction needs to be decided by the analyst based on interest, availability and accessibility of data, and many other concerns.

Social Worlds/Arenas Maps: The Exemplars

The exemplars on emotion work in nursing and on race, class, and gender in cardiovascular epidemiologies are continued here.

Social Worlds/Arenas Map Exemplar I: Bone's Project

Looking at Figure 3.12, we see a wide array of social worlds in the hospital arena, itself in a much broader U.S. health care domain (which, of course, has multiple other arenas in it).¹¹ We can think of this hospital arena as both constituted of the several hospitals where the nurses Bone studied worked and as an exemplar of smaller to mid-sized, nonuniversity-based American hospitals. Giant and university-based American hospitals are rarer and would be more complex, and Bone sought instead to portray mainstream hospital nursing work under regimes of managed care. Many of the social worlds in the hospital arena in Figure 3.12 are business related (management consulting, hospital management, public and private insurance companies). Many are professional (nurses, physicians, other health professional worlds). Patients are present but not as collective actors. Rather, they dwell in spaces “in between” physicians and nurses and their families and insurance coverage. But they are also implicated actors, discursively constructed by many other worlds in the hospital arena—including business-oriented worlds. Interestingly, all the social worlds and patients themselves simultaneously have a presence in the broader U.S. health care domain outside the hospital arena as well. The hospital is thus only one of several arenas that these social worlds are active in, tracking and monitoring them all.

Figure 3.12 helps us to see that there are a number of other very powerful social worlds in the hospital arena potentially constraining and differentially enabling the situated actions of nurses. While nursing work, including emotion work, is central to hospital work, it is far from the only work done there and, furthermore, may not be the most symbolically valued work. That is, if hospitals are places where very ill people go to be treated, then symbolically the work of physicians of various kinds and the effects of medical technologies, drugs, and devices may, in the minds of many (but not all), trump that of nursing. The business of running the hospital at a profit (or not at a loss) will occupy

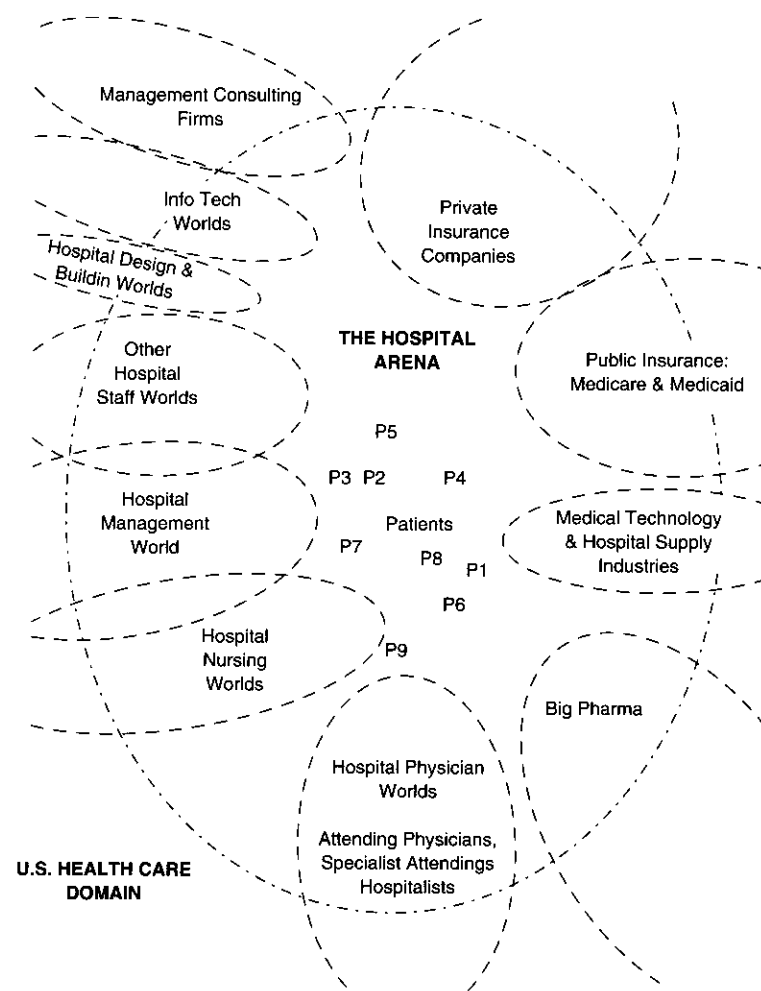


Figure 3.12 Social Worlds/Arenas Map: Nursing Work in the Hospital Arena

many others—and so on. Nurses in hospitals are, as Bone has ably documented, “feeling squeezed,” and the social worlds/arenas map helps us see how and why and its complexities. Furthermore, most nursing work is squeezed, not only emotion work. This situates nurses’ emotion work itself more clearly in this situation.

Let me emphasize here the distinctive analytics of constructing the big picture through the social worlds/arena analysis. Describing the big picture requires the analyst to take several steps back from the phenomenon of interest. The goal of arena analysis is to locate the research

project in its broader situation, not to focus narrowly on the project per se. For example, for Bone’s project, we have located nursing and nursing work in the broader hospital arena where it is undertaken. Emotion work is but one part of nursing work—and even nursing work and the hospital are here situated much more broadly. We might be tempted to do a map that is focused much more closely, for example, on a particular hospital unit, and look at the many different kinds of work going on around and with a particular patient. These would not be “bad” maps, but they would be project maps—focused on particular aspects of the project per se—rather than a social worlds/arenas analysis. The social worlds/arenas analysis is intended to reveal certain broader conditions—constraints, opportunities, and resources—that may well otherwise go unnoted. It is a key part of situational analysis that replaces the conditional matrix.

Social Worlds/Arenas Map Exemplar II: Shim’s Project

Figure 3.13 on Shim’s project situates expert cardiovascular epidemiologies and people/patients diagnosed with CVDs in the United States today in an arena focused around CVD, itself within a much broader domain of health care that includes multiple other arenas. Inside that CVD arena (but often extending beyond it as well into other arenas in the broader health care domain) are a number of quite large and complicated social worlds that have key segments or subworlds pertinent to her project. Shim’s project centers on U.S. research largely sponsored by the federal government, so the first major worlds are composed of those related agencies and organizations: the U.S. Congress, the NIH, and the Offices of Research on Minority and Women’s Health in the NIH. By virtue of their gate keeping and control over access to funding resources, these entities retain considerable bureaucratic and regulatory power to shape the agendas, methods, and conduct of epidemiologic work. Also in this arena is a huge private nonprofit nongovernmental organization (NGO)—the American Heart Association (AHA)—a social world unto itself with local, national, and international suborganizations. By positioning the AHA as a large and similarly significant world to the NIH vis-à-vis CVDs, this map signals that this nonprofit organization is continuous/coconstitutive with the governmental organizations in highly significant ways. The map thus constructs what might be considered a “cardiovascular disease enterprise,” parallel to what Estes (1979) called “the aging enterprise”—a broad network of major players who have tremendous powers and influence over most aspects of the CVD arena—including but far from limited to the world(s) of cardiovascular epidemiological research. Such enterprises typically have long and consequential histories.

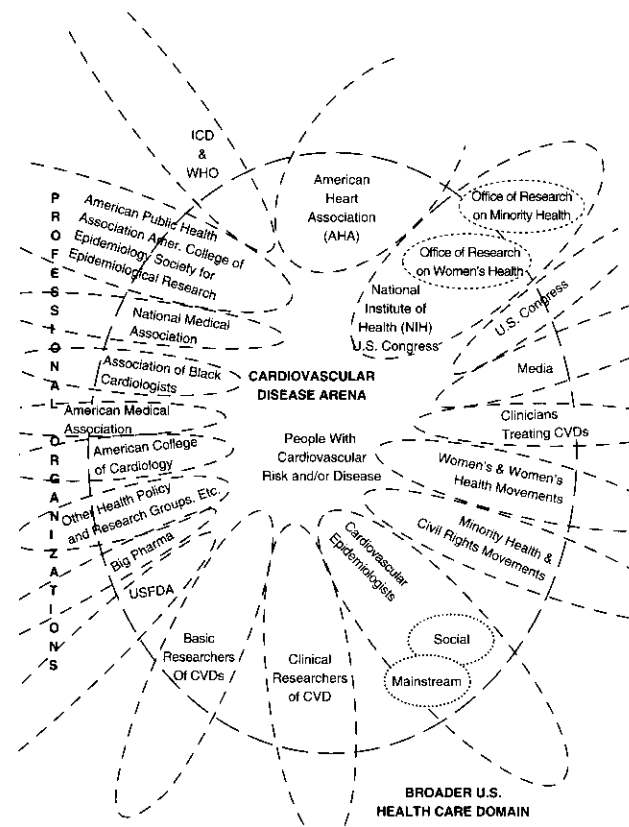


Figure 3.13 Social Worlds/Arenas Map: The Cardiovascular Disease Arena

The next major social world in this map is that of epidemiologists and their professional associations. When considering the concept of individualism discussed earlier, it quickly became clear to Janet Shim that the discipline of epidemiology seems in actual practice to be divided into (at least) two subgroupings or segments: mainstream epidemiology and social epidemiology. Mainstream/conventional epidemiologists tend to focus on cardiovascular risk factors as *individual* phenomena, while social epidemiologists tend to conceptualize sex/gender, race, and class as more complicated *social/cultural* processes. After some months of research and a lot of thought and analysis, Shim decided that these were segments of a single social world rather than separate worlds for several reasons.

Both groupings still identify professionally as epidemiologists and are in the same professional organizations. Both use many of the same methods

and share many other disciplinary trappings. While the research agendas and questions raised by social epidemiologists differ from those of mainstream epidemiologists, this is more in degree than in kind, and mainstream epidemiology itself is characterized by divergent agendas as well. Social epidemiologists are definitely critical of many mainstream research assumptions. Yet, given their as yet still somewhat marginalized status within the discipline and vis-à-vis funding organizations, and so on, and the many possible contestations over their research agendas, Shim sees them as relatively modest in their critiques. She finds that social epidemiologists are arguing now that epidemiology merely needs to expand its lens, to pursue research at multiple different levels, *including* the social. This is not arguing for a totally different kind of epidemiology. Thus we can view the social epidemiologists as constituting a “reform movement” inside the social world of epidemiology (e.g., Bucher 1962). Shim has further noted that this segment is having some successes as more social epidemiologists are being hired into major U.S. departments and are chairing more such departments. The professional associations of epidemiologists are also on the social worlds/arenas map (e.g., the American Public Health Association, the American College of Epidemiology, and the Society for Epidemiological Research).

The nonmonolithic nature of this social world highlighted for Shim an important theoretical sampling issue: In interviewing epidemiologists, she should attend scrupulously to their categorization of their own work as conventional or social epidemiology. She could get even more specific by asking herself—and asking her informants and data—questions such as: Why are there seemingly two groups of epidemiologists? Where did they come from? Are there other debates between them? What perspectives on data collection, conceptual models, measurability do they share or disagree about? What are their relationships to funders and regulatory agencies? Are there other groups?

In the cardiovascular arena, there are in addition several loosely bounded social worlds of the clinicians of various kinds who treat CVDs. These range from M.D. epidemiologists (who are *both* clinicians and clinical researchers) to general practitioners, internists, hospitalists, nurse practitioners, and other health professionals. Another loosely bounded world is composed of basic and medical scientists who do basic scientific research on CVDs and their underlying biological processes, usually using animal models or computer models rather than human subjects. The professional associations of clinicians are also on the social worlds/arenas map. These include the American Medical Association, the American College of Cardiology, and the National Medical Association (a predominantly African American organization

founded in 1895 when “Negroes” were not allowed to join the AMA) and its Association of Black Cardiologists.

In sharp contrast, any set of people diagnosed with particular conditions and patients in general are not *collective* actors, the special focus of social worlds/arenas analyses. This absence of collective identity and commitment to act together among patients has been a key aspect of understanding many medical practices historically, especially how patients are situated differently from medical professionals (e.g., Alford 1972).

Yet people (who are some of the time also patients) often have their own understandings, thoughts, and beliefs—“lay” knowledges—about their health conditions. Such “knowledges” are rarely recognized by medical professionals and, even then, are usually marginalized, in contrast to the centrality of “official” knowledge production regarding cardiovascular health and disease. Lay actors in medical arenas are rarely given active voice and participation in the production of authoritative knowledge. As such, they are more often “implicated actors.” However, under certain conditions, people diagnosed/patients can become collective and agentic actors in health care arenas—when they organize themselves into social movements concerned with health issues generally (such as the women’s health movement) or into “patients’ movements” around particular conditions/diseases (AIDS, Alzheimer’s movements). Such groups are becoming increasingly common and today are changing the dynamics in many arenas in the health care domain quite powerfully in the United States and elsewhere.¹²

Unsurprisingly, then, another major set of social worlds in Shim’s social worlds/arenas map are social movements of various kinds. Those diagrammed here include civil rights/antiracism movements, women’s movements, women’s health movements, and AIDS movements. Not only did Shim find that these social movements were extremely consequential in structuring what “differences” epidemiologists should attend to, and who should be included in their research, but they also raised larger concerns about the public credibility and social status of U.S. health research in general and about epidemiology as a field of professional expertise in particular.

Yet another social world in Shim’s analysis is the media, who increasingly consider it their responsibility to translate new scientific findings to the public to implement the claims of epidemiologic science regarding cardiovascular risk and disease prevention. Health and illness are “news,” and coverage of medical topics by the media has expanded dramatically, as well as extensive direct-to-consumer advertising of pharmaceuticals. Big Pharma, the current term for the vast international network of major pharmaceutical companies, is also quite present as a social world. The CVD arena is particularly important to them, as many people diagnosed with such diseases,

especially in the first world, take *daily* medications for them—the backbone of pharmaceutical profit making. Yet another world or set of worlds present in the cardiovascular arena are health policy, public health, academic health, and other groups who attend to developments in this arena, including Shim and myself as researchers!

Looking at this social worlds/arenas map, Shim can ask: What is possible in the world of cardiovascular epidemiology now? Given the situation(s) in which they are located, where do researchers think the discipline should go and how do they think they can get there, given possible path options? How do these research directions relate to the conceptions of race, class, and sex/gender held by epidemiologists? And by people of color diagnosed with CVDs?

In sum, we can see in the Bone example that even if one’s research project is using in-depth interviews to focus on individuals’ lived experiences of something, the phenomenon of interest will be embedded in social worlds and arenas—scenes and sites of collective action. These social structural elements deserve articulation in project narratives, as they are fully present and quite consequential *in the situation* that the individuals are describing and in which their specific (inter)actions that are the focus of the research take place. In her research, Bone was focused specifically on the perceptions and interpretations of *only* the expert nurses in this complex hospital arena. Thus hers is a study from the perspective(s) of only one segment of a social world in the arena. But, as we have clearly seen, the presence of all the other worlds was pervasively experienced and consequential for all the nurses. Moreover, the views from that one world were far from monolithic.

Similarly, Shim pursued the perceptions and interpretations of people in one social world—epidemiologists—and those of people who are not collectively organized—patients/people of color diagnosed with CVDs. These people are themselves varyingly aware of and involved with the social worlds and arenas in which their CVDs are studied, but those worlds are highly consequential for them. They are, then, implicated actors in those worlds. By and large, epidemiology seems unaware of and unconcerned about the perspectives of the people/patients with CVDs.

Shim’s study thus works beautifully for her explicit comparative purposes. She can compare and contrast the meanings of race, class, and gender constructed by epidemiologists (who constitute a highly focused if highly segmented professional social world and who frequently communicate with one another across multiple venues) with the meanings held by people of color diagnosed as having the disease (who are not in communication with one another, nor with the epidemiologists). Here, as is often the case, there are considerable differences *within* particular groups as well as *across* “different” groups. Such studies help us deconstruct difference as essential.

Final Comments on Social Worlds/Arenas Maps

What is a good enough social worlds/arenas map and how do you know when you have one? The first indicator is that no new major social worlds have appeared in your arena(s) of concern for some time. Data may have revealed related arenas and their worlds, and some of those worlds and arenas may be active in terms of the one you are focusing on, but their primary arena(s) are not yours. The related collective entities that you have wondered whether they were social worlds on their own or segments of other worlds have resolved into one or the other. Alternatively, the fact that they have not done so has been interpreted as their being at a turning point in the history of that entity to be further tracked. If there are implicated actors, you have found, described, and analyzed their constructions by various worlds in the arena. You have described and analyzed the major constructions of the non-human implicated actants and their consequences as well.

If you are historically minded, you have some glimpses of how the arena might have appeared some years ago—a strong sense of the changes that have happened—and you have pursued sufficient data to be able to explicate the situation. You may glimpse how two previously distinct social worlds intersected and became one by the present moment, or how one former world became two or more through segmentation processes. If you are studying emergent or rapidly changing worlds and/or arenas, you have noted particular sites where segmentations and/or intersections might occur and marked them to return to prior to publishing anything.

Because social worlds/arenas analysis attempts to represent most if not all of the major social worlds in a given arena, it is a much more democratic “regime of representation” (Latour 1988b) than many other analytic approaches. This grew out of and fits well within a Deweyian pragmatist/symbolic interactionist approach. It also challenges functionalist models based on normal/deviant, core/periphery, or substructure/superstructure distinctions. Significantly, in the very act of representing the key social worlds, the analyst grants greater power to the less powerful worlds—the democratizing move discussed in Chapter 2.

In many ways, social worlds/arenas analyses are figure/ground relations—multiple simultaneous legitimate analyses are possible at the same time. They can be slippery to do, but one can use this to analytic advantage. One social world can itself be teased out and analyzed as an arena itself as a means of deconstructing it, determining its segments, their positions, commitments and agendas, the implicated actors, nonhuman actants and their constructions, and so on. The porous nature of the boundaries of worlds and arenas and their plasticity are vital, as it is through these that changes enter the situation of inquiry. Social worlds/arenas analysis is a form of organizational analysis, dealing with how meaning making and commitments are organized. The boundaries of

social worlds may crosscut or be more or less contiguous with those of formal organizations. This element fundamentally distinguishes social worlds theory from most organizations theory (Clarke 1991; Strauss 1978, 1982a, 1982b).

For example, some of the organizations in the diagram of Shim’s project are represented as social worlds unto themselves (the NIH and the AHA). Because they are themselves so vast, they may well require a focused sub-analysis. They overlap and interlock with other organizations and worlds so complexly that it is like watching morphing Russian dolls running amok. Here, at the same time that the elasticity of the social worlds/arenas concepts is advantageous, it can be quite challenging.

To proceed in the face of such challenges, I would like to draw attention to what has happened here, through this discussion. In struggling to make the social worlds/arenas map of Shim’s project, we have confronted and are still involved with coming to grips with how to think about these very large and very powerful actors in the cardiovascular arena. This, I would argue, is an *analytically* useful and worthwhile place to be as researchers. We will not have answers to everything. But pointing out and pointing at particularly important complexities such as this is part and parcel of a strong situational analysis. The take-home lesson here is that often when we run into big, thorny problems during the analysis, especially conundrums that do not fit comfortably into our analytic categories and/or our expectations, and that do not go away over time, they may be among the Big News findings of the situational analysis.

Last, there are ways in which social worlds/arenas analysis can work analytically to smooth over differences, especially within particular worlds but also at times between them, that the analyst should be aware of and attempt to guard against. In some part, the risk is heightened because it takes a lot of space simply to narratively lay out the worlds and arenas, and we often stop short of full elucidation of them—thus representing them in simplified form. In some senses too, narratives of differences can be suppressed in favor of fuller representation of social worlds’ perspectives/ideologies/discourses as articulated by participants themselves. We can and should certainly struggle against such smoothing and oversimplification. But it is precisely such differences that we can still seek through the positional maps discussed next.

Doing Positional Maps

Both within and against conventional notions of social science research, the goal is not so much to represent the researched better as to explore how researchers can “be accountable to people’s struggles for self-representation and self-determination.”

—Visweswaran (quoted in Lather 1999:140)

Positional maps lay out most of the major positions *taken in the data* on major discursive issues therein—topics of focus, concern, and often but not always contestation. Issues, positions on issues, absences of positions where they might be expected (sites of discursive silence), and differences in discursive positions central to the situation under study are the focus of positional maps. That is, positional maps are analytic tools applied here to the discursive materials gathered through fieldwork, participant observation, and interviewing. (Such maps can also be used for studies of extant discourse data, discussed in Chapters 4-7.)

Here there is no such thing as a “negative case”—no “normal” versus “deviant” position. That would require the researcher to be committed to the perspective of particular discursive position(s). Instead, here there are just *other positions*, perhaps outlier, less common, or more marginal positions. And it is fine to note this, as indeed we do seek to analyze power in all its fluidities. The goal is to *represent the positions articulated on their own terms*. These are not necessarily the terms of the researcher but rather the researcher’s best effort to grasp and represent the positions taken in the discourse. Thus this is based in a more insistently democratic theory of representation as noted earlier.

Perhaps the most important and radical aspect of positional maps after the postmodern turn is that *positions are not correlated/associated with persons or groups or institutions*. Instead, we are seeking here to begin moving with Foucault (1973:xiv) beyond “the knowing subject.” *Positions on positional maps are positions in discourses*. Individuals and groups of all sorts may and commonly do hold multiple and contradictory positions on the same issue. Positional maps represent the heterogeneity of positions.

I cannot overemphasize the importance of *not* seeing these maps as “representing” individuals or groups. Positional maps do *not* seek to represent individual or collective voices or experiences “in their own terms” in depth. Other qualitative approaches such as various narrative, feminist narrative, autoethnographic, and phenomenological approaches do this very well.¹³ Rather, in positional maps, various social sitings are captured and represented through the mapping process. Emphasis here is on the map rather than particular positions. A focus on particular position(s) can, of course, be developed downstream in the research if that is deemed appropriate. If so, a full-scale discourse analysis should be considered.

Why analyze positions separately—on their own? How can they be properly framed without connecting them to social worlds or organizations or individuals? It is important precisely because the centralizing tendencies and the stereotyping inherent in social science focused on similarities rather than differences constantly deletes heterogeneities from our vision. We are

constantly blinded by binaries. It is difficult to see that which one does not expect. It is even more difficult to see that which one does not grasp or understand! And yet even more difficult to hear silences (see note 5). I am ironically arguing that articulating positions independently of persons, organizations, social worlds, arenas, nonhuman actants, and so on allows the researcher to ultimately, downstream, see *situated positions* better. Contradictions abound and positional maps enable us to see the broader situations, as well as specific positions, better.

The concept of positionality here creates an important “space between.” The researcher can (at least temporarily in the research process) attempt to step outside the politics of representation that tend to routinely and at times tediously imbricate us in various politics of identity. These are very hot political areas in the United States and elsewhere, and tendencies are toward oversimplification. Instead, analytically focusing on the space between actors and positions can allow fresh analyses. I see this space between as a post-modern space; it is not naive, but rather highly reflexive and analytic. Such spaces can allow us to see what happens to the empirical materials themselves in our own visions of them as the analyses begin to merge, and to see what other shapes they might flow into or might flow into them. Such spaces allow us to articulate doubts and complexities where heretofore things had appeared “unnaturally” pat, sure, and simple. As Massumi (2002:8) has asserted, “[P]ositionality is an emergent quality of movement.”

Should you later decide to write about or otherwise articulate and represent the positions of individuals or groups, social worlds in an arena, on particular issues, this is of course completely legitimate. In fact, one of the exemplars used here, Shim’s project, compares the positions taken in the data from two different sets of respondents. Furthermore, one can always articulate positional maps with the social worlds/arenas maps if that seems a valuable pursuit. I have certainly done so myself, seemingly productively in a paper on RU486 used as the exemplar for Chapter 5 on narrative discourse analysis (Clarke & Montini 1993). In doing such work, I would argue for as nuanced a portrayal as possible, delineating intraindividual and intragroup differences at least as enthusiastically and elaborately as interindividual and intergroup differences. Of course, such representational projects are commonly highly politically charged. Representationally handling those politics with great care is crucial.¹⁴

It is often radically democratic to represent the major positions taken in a situation *on their own terms*. It is, in fact, a form of relativism, a term that requires some discussion. Relativism is often *misinterpreted* to mean that if you represent multiple positions, this equals valuing all such positions equally, or that you yourself value such positions equally. Most interactionists find

such an interpretation ludicrous, asserting that we always have operant values that lead us individually and collectively to different valuations, and that valuation is rarely if ever genuinely “equal.” We have also asserted that representing *all* positions on their own terms is a democratizing move, a *politics of the acknowledgment of presence* instead of fascist denial and repression of diversity. Certainly, many of us have been deeply moved by feminist theory in this regard.¹⁵ Many silences still need to be broken.

Abstract Positional Maps

To do positional maps, one first seeks to elucidate from the data what the basic (often but not always contested) issues are in the situation of inquiry about which there are different positions, and array these dimensionally in some fashion. While this sounds simple, it of course quickly gets complicated in the empirical world. And furthermore, one may come across what seems to be a position and not know what issue(s) it speaks to. Thus, in practice, the analyst weaves back and forth from elucidating issues and axes to positions and vice versa.

Figure 3.14 offers an Abstract Positional Map that portrays positions on a particular issue in the larger specific situation of concern. There are two main axes, and an infinity of positions is possible. The analyst tries to lay out the axes in terms of “more versus less,” if this seems to work. Otherwise, alternative means of clearly articulating the axes could be pursued. Analytic fracturing—basic grounded theory coding and situational and social worlds/arenas mapping—opens up data for positional analyses. Heterogeneous positions and other aspects of difference(s) and variation are usually manifest during coding. Coding allows the analyst to see and ultimately carefully name the different positions held down in the data.

Positional Maps: The Exemplars

The first exemplar of a positional map is from Bone’s project on the emotion work of nurses under managed care.

Positional Map Exemplar I: Bone’s Project

In Figure 3.15, Positional Map: Clinical Efficiency and Emotion Work in Nursing Care, we see four basic positions articulated through her data. At the top left is the position that clinical efficiency is the most important work in hospital nursing care. The top right position holds that both clinical efficiency and emotion work are important in hospital nursing care. And the lower right

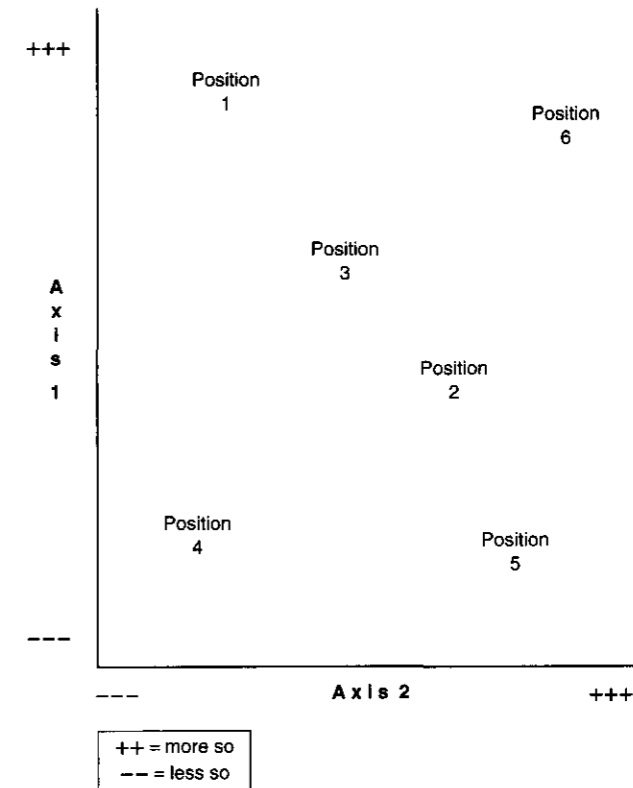


Figure 3.14 Abstract Positional Map

position is that emotion work is most important in hospital nursing care. Yet another position further held that what is most important is an empirical situational question for the nurse(s) involved to address! That is, what is important actually varies with the needs of the specific patient and is thus *situation specific*. Because it did not fit easily on this map, I placed this position in the center of the map. Although this is a bit awkward, it works well enough for us to see the full range of positions taken and not taken in this situation. Its awkwardness works to highlight its distinctiveness. Missing in Bone’s data was the position that *neither* clinical efficiency nor emotion work is important in hospital nursing care. While this position did not present in Debora Bone’s research, and would be expected to be very rare, it still might exist.

What should certainly be clear is that disarticulating positions from persons and institutions (individually and collectively) is important in allowing complexities and differences to be more fully represented. Through such mapping

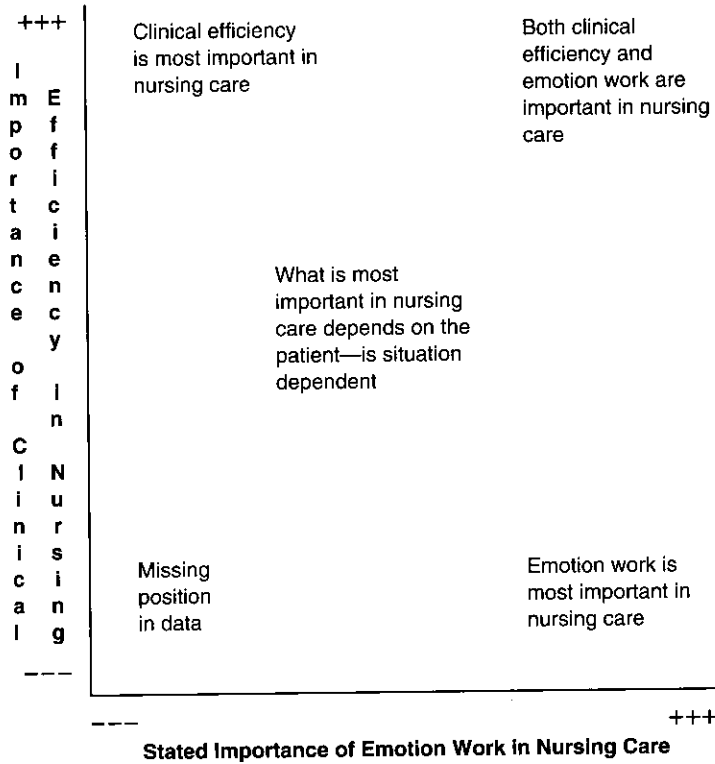


Figure 3.15 Positional Map: Clinical Efficiency and Emotion Work in Nursing Care

and careful articulation of the multiple positions, no set of actors becomes or remains monolithic and unnuanced. Of course, we can critique this map as not sufficiently distinguishing between the two axes—as clinical efficiency can certainly be argued to include sufficient emotion work to “get the job done well.” But that does remain a different position than asserting that emotion work is the most important kind of work in nurses’ caregiving in the hospital.

Positional Map Exemplar II: Shim's Project

The second exemplar is Shim’s research on race, class, gender, and cardiovascular epidemiologies. In Figure 3.16, Positional Map: Race in Expert Cardiovascular Epidemiology, we see three major positions held down. Working from the top right, the first position holds that race is very significant

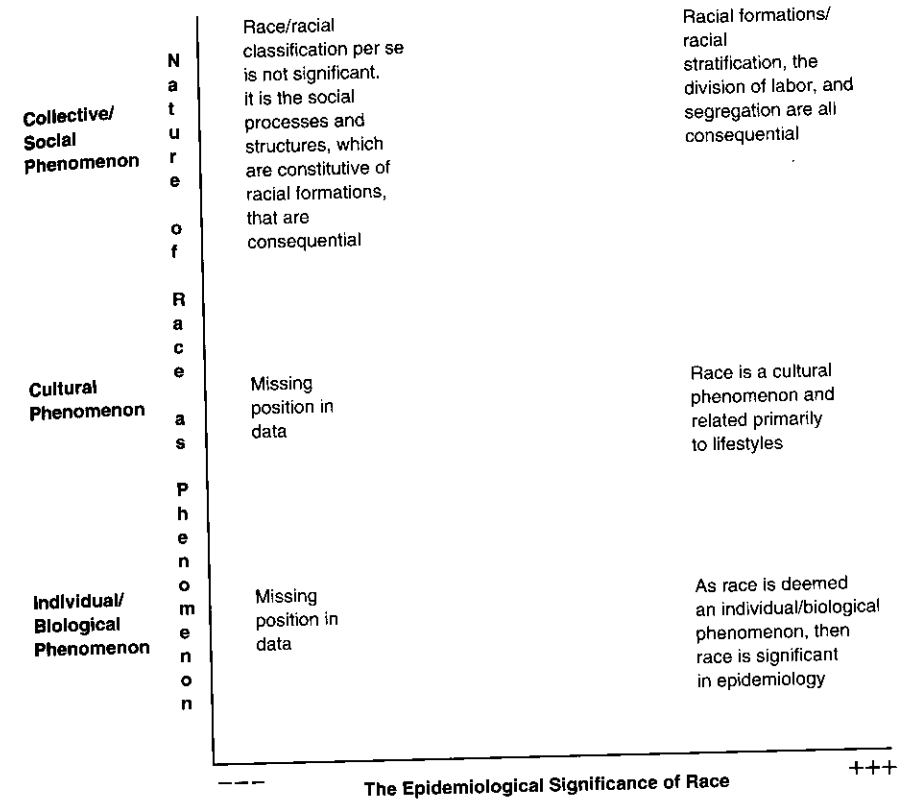


Figure 3.16 Positional Map: Race in Expert Cardiovascular Epidemiology

epidemiologically and that race is a *collective/social phenomenon*. Specifically, racial formations and racial stratification as manifest in the division of labor, institutional and geographic segregation (e.g., from housing to region in the United States), and so on are all consequential for cardiovascular health. The second position is that race is an epidemiologically important *cultural phenomenon* and manifest in lifestyle practices that are consequential for cardiovascular health. This, Shim finds, is a more middle-of-the-road position on race in contemporary epidemiology, especially insofar as it constructs race as more than an individual, biological, and perhaps genetic attribute. The third position holds that race is an epidemiologically significant *individual/biological phenomenon*. (I should also carefully note that the concepts “biological” and “race” are handled quite complexly both within epidemiology and in Shim’s work in ways I am *not* detailing here.)

All but one position predicated on race *not* being epidemiologically significant were missing from Shim's data. This is not to say they do not exist within epidemiology, but that after years of research, they did not appear in her data. The one position that did appear, on the top left, is very nuanced. Here it is argued that it is not race in and of itself that is consequential (read it is not race *biologically* that is important). Rather, it is the social processes and structures that constitute racial formations that produce *racism*. The position is that *racism in its many guises* impacts people of color and has negative consequences for their cardiovascular health.

In sum, in Shim's study, race seems to be a significant variable to most if not all cardiovascular epidemiologists but for different, if sometimes overlapping, reasons. The most nuanced position disarticulates race per se as a property of individuals from the practices of racism. While I will not offer the positional map on class/socioeconomic status for Shim's project, the patterns were essentially the same as for race. Historically, much of epidemiology has been the study of the consequences of the effects of poverty on health, today captured in the new language of "social disparities in health" and "population health."

Figure 3.17 is another positional map of Shim's work, focused this time on sex/gender in expert cardiovascular epidemiology. The left axis on the nature of sex/gender as a variable makes the classic if still problematic social science distinction between sex as a biological category and gender as a performative social category on which various kinds of stratifications systems are built. These include paid employment, work undertaken in families, and other kinds of segregations and stratifications. In between is "sex/gender" as a hybrid nonfungible social category—the elements of which cannot meaningfully be separated. Neither Shim's epidemiologists nor the individuals of color she studied took up this category. It is present in this positional map because it is present theoretically in the social constructionist social sciences today where the assumption that biology is, after all, "really" "underneath it all" is refused. Instead, the relations between what we usually deem "social" and "biological" are viewed as inseparable, coproduced and coconstitutive. In this instance, then, the researcher has clearly stepped into the analysis in terms of constructing the *possible* categories on the positional map. This position was added because it is available to epidemiologists as a conceptual resource in related social science research. This position on sex/gender is also close to the nuanced position on *racism* articulated above. The fact that the epidemiologists did not take *any* related positions is quite interesting. This is another way of helping the data speak to silences.

Sexism and its consequences are not understood similarly to *racism* even among social epidemiologists. Shim's data were actually quite bifurcated here. Most epidemiologists, social and mainstream alike, would support the position that sex as a biological category is fundamentally central to the

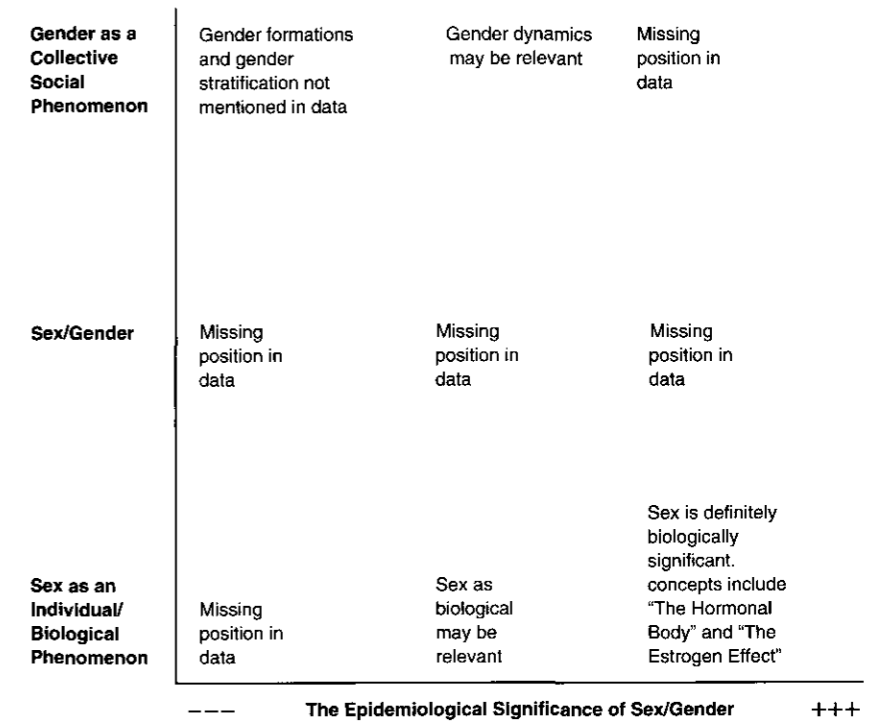


Figure 3.17 Positional Map: Sex/Gender in Expert Cardiovascular Epidemiology

study of CVD. There is very little doubt in their minds that hormonal and other physiological differences between the categories of persons deemed women and men are significantly responsible for differences in CVD incidence. However, a few epidemiologists question whether gender—that is, power relations and social processes predicated on socially constructed assumptions of difference and hierarchy—might not *also* have effects on cardiovascular risk, the position represented at the top middle site on the positional map. Also, the upper right position, that gender formations and discrimination are consequential, is actually missing in epidemiologists' accounts, and hence missing here. Shim carefully noted, however, that this last position was common in the narratives of the people/patients of color diagnosed with CVD who she interviewed.

Figure 3.18, Positional Map: People/Patients on Causes and "Cures" of CVDs, is a different positional map of Shim's work than the last two and needs some introduction. In examining constructions of "difference" across the "expert"/"lay" divide, Shim found some general differences. The people

Collective/ Social Phenomenon	Individuals need better coping strategies to reduce stresses of dealing with social inequalities, stratifications, and discrimination, and individuals should pursue healthy lifestyles to reduce the effects of dealing with social inequalities, stratifications, and discriminations	Major social and cultural changes are needed to reduce social causes of CVDs, including social inequalities, stratifications, and discrimination (position implied in data)
	C a u s e s o f C V D s	
Individual/ Biological Phenomenon	Missing position in data	Missing position in data

--- +++
Assessments of Locus of "Cure"/Alleviations

Figure 3.18 Positional Map: People/Patients on Causes and "Cures" of CVDs

of color she interviewed, when providing causal/etiological accounts of their CVDs, implicated complex and interlocking structural social processes. These included the racial and sex/gender divisions of paid and unpaid labor they confronted in their lives, the educational and employment opportunities they did and did not have, and the institutional and personal discrimination they observed and personally experienced. Thus lay epidemiology tended to be very social in its level of conceptualization. That is, for these people/patients, the causes of their CVDs were understood to lie in the highly racially stratified and discriminatory ways in which daily life and broader opportunities to make one's way in life are routinely organized unequally. To them, the concrete and deeply stratifying practices of *racism* and *sexism* were highly consequential for their health.

Looking at the figure, we see first that this map is part of the analysis of the discourse of individualism in Shim's project. It is based on Shim's ironic finding that at the same time some of her participants—the people/patients of color diagnosed with CVDs—viewed the causes of their cardiovascular conditions

and diseases as social, they also viewed themselves and their own individual actions as the sole source of improvement or "cure." That is, they articulated a position that *individuals* need better coping strategies to reduce the effects of stress on themselves from dealing with *social* inequalities, stratification, and discrimination. In that upper left position, there was in fact an intense discourse among participants regarding health promotion, healthy lifestyle, educate yourself, and self-awareness—all to be taken up on the *individual* level to counter *social* inequalities, stratification, and discrimination. On the upper right, the need for major social changes to reduce the social causes of CVD was only implied in the data, present but really only hinted at, according to Shim. The other two possible positions were missing from the data.¹⁶

In contrast, Shim found that the "expert" epidemiologists tend to define "difference" in largely *individualistic* terms: race as *cultural* difference, sex/gender as a *biological* distinction, and to most often conceptualize social class in terms of *individualized measures* of socioeconomic status (occupation, income, and educational attainment). Historically, such conceptions have been widely routinized in epidemiologic research. Shim found that there is a fair amount of controversy and acknowledgment that these interpretations are methodologically and conceptually inadequate in many ways, articulated especially by social epidemiologists. However, despite these controversies, a multitude of other conditions in the broader epidemiological research situation support and facilitate the continued standardization of race, class/sex, and sex in those historic ways in epidemiologic work today. These conditions include regulatory requirements regarding racial and gender representation that emerged from the complex influence of identity politics on late-20th-century U.S. health research; economic and research sponsorship constraints that structure what kinds of theoretical models and raw data—the tools of epidemiologists—are available; funding concerns; and criteria for scientific credibility that circumscribe possibilities of interdisciplinary work. In Shim's project, this story thus links many of the elements of the social worlds/arenas and positional maps together.

Again, we can see in the positional map exemplars the advantages of disarticulating positions from persons and institutions (individually and collectively) in terms of representation of the full range of variation—of differences both within and across groups of actors.

Final Comments on Positional Maps

What is a good enough positional map and how do you know when you have one? First and foremost, the key word again is saturation—from classical grounded theory. Here, saturation means that no hot new

issues, axes, or major positions are popping up in new data. You have done positional maps of everything that you think deserves them. Importantly, you have also done memos about the maps as well. Researchers should anticipate doing multiple versions of each positional map—multiple ways of representing a particular issue and positions taken on it—before successfully creating one that is really adequate to the representational tasks of the research. Because the wording is so distilled, capturing nuance and/or detail can be most challenging. Some details and conceptual refinements will, of course, be presented only in the narrative.

Furthermore, any one study will likely produce a number of different positional maps depending upon how many contentious issues there are in the situation of concern. Of course, not all such maps will earn their way into final research products. The researcher's anguish will, as usual, center on which ones to pursue among the (hopefully) dense data. To me, one of the most important aspects of doing positional maps is that they allow the researcher to see possible positions that are *not* taken in the data, positions that remain unarticulated. These possibly silent or silenced positions should trigger theoretical sampling (further data collection) if it seems worthwhile, or at least be otherwise noted in memos. The presence and/or absence of articulations of particular positions in various sites is itself information that aids in the analysis and in situating research more broadly. Silences can be made to speak. Noting silent positions is "speaking" them.

Positional maps may initially seem (too) procedural, formal, or even formulaic. Creating them—determining the axes and thinking about possible positions in relation to the actual data—does tend to ease such concerns. They *are* very systematic modes of interrogating data, and systematic approaches do risk rigidities. Yet given the difficulties of thinking about what is *not* there, gaining the ability to explore silences and to articulate positions missing in data make the risks worth taking.

The positional maps I have framed here can also be made using discourse rather than ethnographic data: documents, texts, and images of various kinds. They can also be done comparatively. I discuss such possibilities in Chapters 4-7.

Final Products: Project Maps

Undoubtedly, the most difficult skill to learn is "how to make everything come together"—how to integrate one's separate, if cumulative, analyses.

—Strauss (1987:170)

Project maps are maps of particular projects that may draw upon the three kinds of maps described here and/or traditional grounded theory diagramming but may or may not be identical with them (see note 1). They are no longer maps furthering one's own analysis but instead are maps tailored to explicate particular aspects of a specific project to intended audiences. Thus doing project maps involves developing representational practices that can travel well. The politics and mechanics of representational practices have been of profound importance in qualitative research since the postmodern turn (e.g., Denzin & Lincoln 1994, 2000; Lather & Smithies 1997; Visweswaran 1994), and project maps need careful attention. Here the crossings between text and fieldwork, the narrative and literariness of fieldwork data, and the final papers and book(s) produced from them are foregrounded.

In terms of doing project maps, it is very unlikely that actual situational maps would be used as published project maps. A situational map does not tell an analytic story but rather frames that story through mapping the broader situation as a whole and all the elements in it at a more general and abstract level. In contrast, a relational analysis using a situational map might well be the basis for a project map. Social worlds/arenas maps are also analytic and are very common project maps. They work well at quickly and easily providing research audiences with a big picture into which a narrative portrait can be placed and well situated.

There is no such thing as an "abstract project map," so I cannot offer one. I also cannot use Bone's or Shim's research here, as neither did a project map and I am unwilling to attempt one on a project not my own. The social worlds/arenas/discourses maps I did of their work could, of course, be used as project maps. Positional maps can also work well as project maps and are especially useful where the situation is very complicated and the positions very nuanced. For example, the positional maps we developed around Janet Shim's research would work as good slides or overheads for audiences to ponder while she orally elucidated and illustrated the nuanced positions she found in her data.

Here I briefly present two project maps developed by other students in their dissertation research. Sara Shostak (2003a, 2003b) recently completed a very ambitious dissertation at UCSF titled *Locating Gene-Environment Interaction: Disciplinary Emergence in the Environmental Health Sciences, 1950-2000*. In it she analyzes three emerging social worlds in the environmental health sciences numbered on Figure 3.19 as small circles (1), (2), and (3). Number (1) is molecular epidemiology, (2) is environmental genomics, and (3) is toxicogenomics. Each of these worlds or subworlds is developing a distinctive new technology that is radically changing the nature

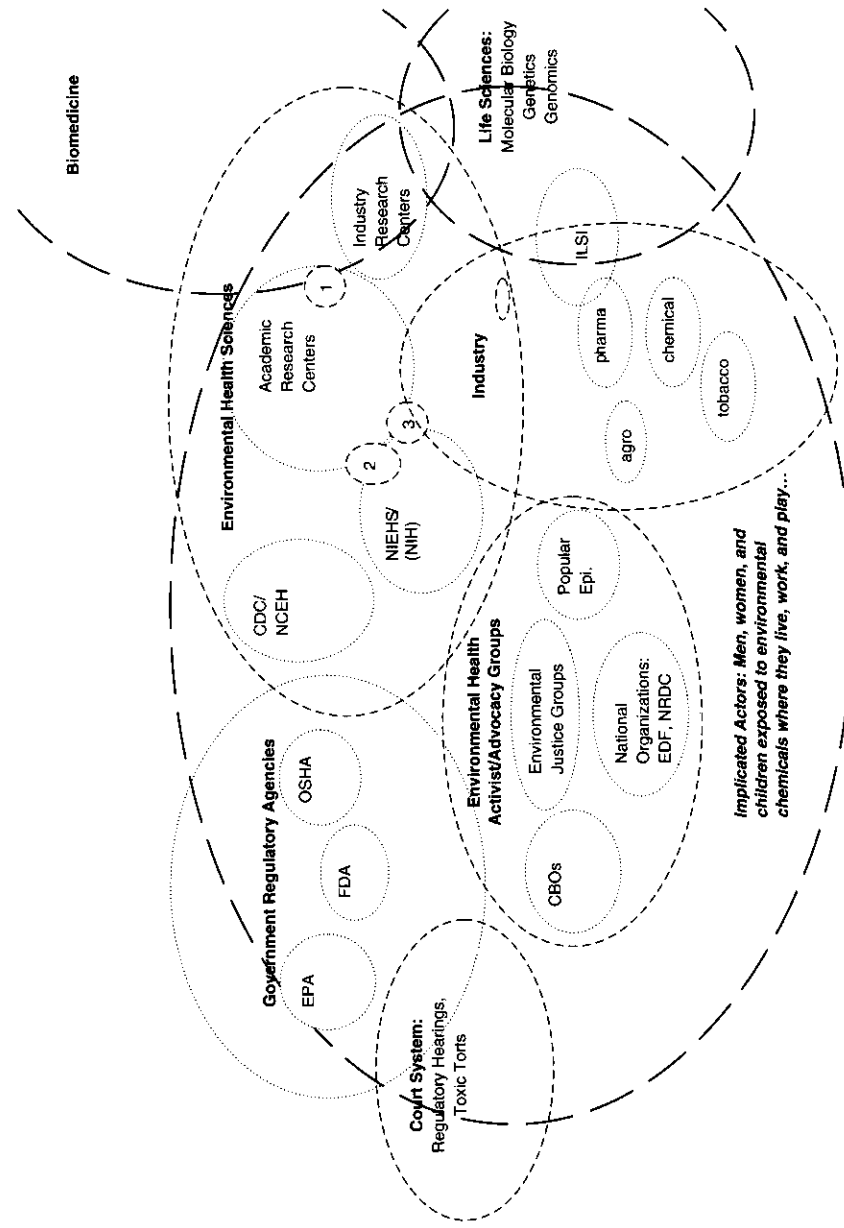


Figure 3.19 Shostak's Project Map: The Arena of Environmental Health in the United States

of knowledge production in these specialties and beyond, and Shostak tells these stories in her project. She uses Figure 3.19 to provide an accessible background framing for these stories and to help audiences to understand the intersectional character of these emerging disciplines. While this is a complicated project map, she needs to tell complicated stories, and has found that the map works quite well, especially when left up for the audience to stare at while she speaks.

In another project map example, Carrie Friese, a doctoral sociology student at UCSF, is interested in journalistic/print media discourses about cloning and new reproductive technologies and their production. Her initial project (Friese n.d.) is a content analysis of articles on sex preselection in major American newspapers from circa 2000 to 2004. She has also (Friese 2003) initiated an interview-based study of journalists who have produced in-depth articles on cloning, the focus here. She asks questions about the public understanding of science, the work of the print media in producing such understanding, and the conditions of work and production inside the media that may shape print media discourses on reproductive technologies. For example, does the fact that many newspapers now routinely run advertisements for infertility clinics affect reporting on cloning and stem cells? What are the consequences of the organization of science writers into different departments (business, science/medicine) in newspaper organizations? What are the consequences of the science training sessions (offered by universities, medical schools, and industry, often collaboratively) for science journalists in terms of producing ideoscapes?

Please look at Figure 3.20, Friese's Project Map: Reporting Cloning—Journalists' Perceptions About Relationships Between Science, Media, and Publics. The reporters interviewed essentially mapped their own positions as "in the middle," somewhere between science with its deep governmental linkages and many different publics. They discussed "translating" science to the people—and also discussed how they had to translate it quite similarly to their editors in order to get their articles in print! This is an effective project map that nicely captures how the reporters see the discursive worlds in which they dwell.

I also offer project maps elsewhere in this book. In Chapter 5, there is one based on my narrative discourse analysis. In Chapter 7, I present the project map from my historical discourse analysis of the organization of scientific research materials discussed above (see also Radnofsky, 1996).

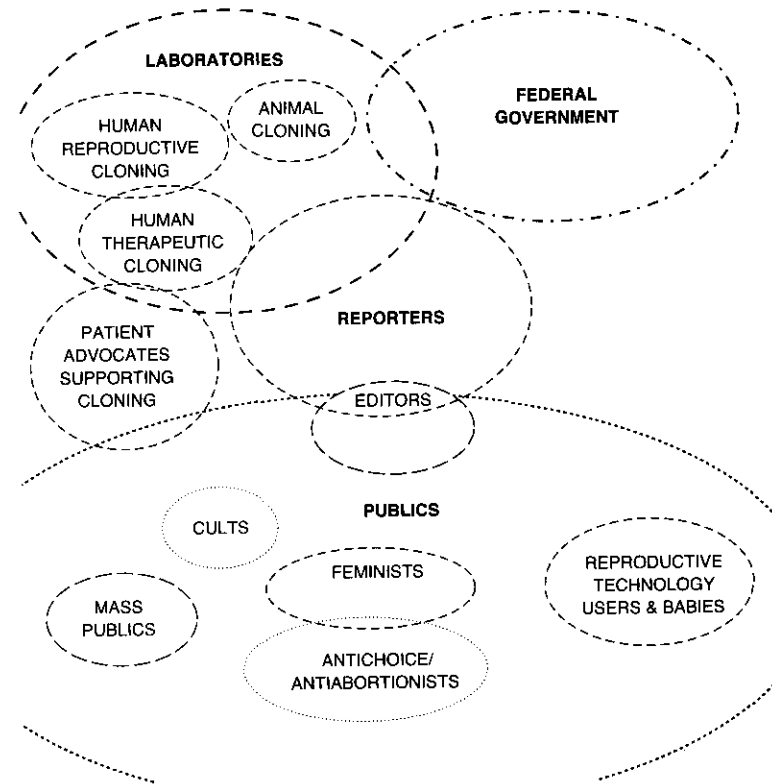


Figure 3.20 Friese's Project Map: Reporting Cloning—Journalists' Perceptions About Relationships Between Science, Media, and Publics

Provisional Conclusions

It is important to move away from formulaic criteria for the adequacy of research. . . . Glaser and Strauss do discuss various particular procedures. But these should not be regarded as constituting a hard and fast set of recipes.

—Atkinson et al. (2003:158, 151)

In sum, the three forms of situational maps and analyses elaborated here—situational maps used for relational analyses, social worlds/arenas maps, and positional maps—provide new means of entering and mapping data,

situating individuals and collectivities, nonhuman actants, discourses, organizations, and so on. They offer new modes of interrogating data analytically, demanding careful consideration and considerable reflexivity on the part of the researcher. They can supplement and complement “basic social processes” analyses generated through traditional grounded theory. The series of three situational analyses also go beyond basic social processes to structurally situate whole projects in ways that capture fundamental elements of the situation of inquiry. Echoing Atkinson and colleagues' epigraph, these maps are not intended as formulas for analysis, but as directions through which to begin and deepen analytic work, as sites of engagement.

While the format of this chapter features each of these mapping strategies one at a time, they can and usually would be pursued together, some aspects being constructed simultaneously. That is, later in the research process, it is often easier to have all three maps out at the same time, as in working on one of them, ideas for the others will emerge. It is fine to move back and forth among them, so long as a memo is done at the end, characterizing major changes and any new directions for each map.

I also discussed in this chapter that making these maps should make connections in our data that surprise us. The ways we are surprised by some results of our work often demonstrate covert assumptions we have had that we were blind to. Such assumptions had to be revealed to us through counterintuitive results that we were finally somehow able to “see.” Certainly we have assumptions we are aware of upon entering the research. Those we can usually be made to articulate through asking ourselves or being asked a few choice questions. What I am trying to point at here is that there are conscious and/or unconscious assumptions as well. I am always very happy when a student discusses being surprised at some outcome because it usually means they are working very hard analytically, confronting themselves as well as the data in seriously reflexive ways. I want to emphasize that surprise at grasping some new position or way of “seeing” something indicates openness to unanticipated data, analyses, and difference(s)—*not* stupidity for not having “seen” it before. Though the very process of analysis strives to open things up, partialities-r-us.

I have also written at length about mapping differences. Yet at the same time as we may target our analysis to seek differences, it remains important to problematize our own concepts and categories. In short, try not to take your own categories for granted but interrogate them as much as you do the categories provided by participants/informants. This involves asking yourself “What do *I* mean by X?” as assiduously as you might ask a participant “What do *you* mean by X?” At such junctures, a working analysis group is invaluable.

Final products using the approaches developed here should show some aspects of what Park (1952), as noted above, called “the big news” and some close-up shots. To do this, one needs to construct the full map(s) sufficiently to at least fully frame the smaller segments selected to be blown up as close-up shots. The TV documentaries by Ken Burns often use this visual strategy with historic photos—starting with a close-up of a person or thing and then pulling far back to show the entire photo—the wider situation. The various exploratory cartographies performed should find their way into memos of various sorts, which can then act as analytic holding places for return visits after the features for “blowing up” have been selected. The next generation of researchers will likely do these maps with specially designed computer graphics programs. All of the diagrams in this book were originally created in MS Word.

Through these mapmaking processes, one is forced to think about the nature of various relationships in the data that otherwise might be unthought and unarticulated. *All mapping strategies are at base relational.* This is a radical aspect of the approaches offered here compared to “normal” social science and positivist approaches that are at base atomistic, based on supposedly isolable “variables,” and intentionally decontextualizing (for lack of a better term).

Of course, while the three modes of situational analyses offered here do certain kinds of analytic work very well in terms of structurally situating qualitative projects, they have their own partialities. Some partialities are addressed next, in Chapter 4, where we grapple more explicitly with “the society of the spectacle” (Debord 1967/1999)—the explosion of discourses that constitute the cultures of consumption, the seas of narrative, visual, and historical discourses in which we are all routinely awash. Grounded theorizing after the postmodern turn can be used to more fully address and integrate analyses of many kinds of discourses. The three modes of situational analyses presented here can also be expanded in a variety of interesting and provocative ways, including making linkages to coding diagrams or maps and producing project-specific maps that capture and articulate these analyses.

Notes

1. On coding, see especially Glaser and Strauss (1967:21-43, see also chs. 3 and 5), Glaser (1978:55-82), Strauss (1987:22-109), Strauss and Corbin (1998:55-181), and Charmaz (1995b, 2000, 2001, 2002b, 2003b, 2005, in press). On diagramming, see especially Strauss (1987:130-230) and Strauss and Corbin (1990:195-224, 1998:217-242). For examples of diagrams, see, e.g., Miller (1996) and Kearney, Murphy, Irwin, & Rosenbaum (1995).

2. On memoing, see especially Glaser and Strauss (1967:105-113), Glaser (1978:83-92), Strauss (1987:109-130, 184-214), Strauss and Corbin (1998:217-242), Charmaz (1995b, 2000, 2001, 2002b, 2003b, 2005), and Charmaz and Mitchell (2001).

3. On theoretical sampling, see especially Glaser and Strauss (1967:45-78), Glaser (1978:36-54), Strauss (1987:16-21, 38-39, 274-277), Strauss and Corbin (1998:201-216), Charmaz (1995b, 2000, 2001, 2002b, 2003b), and Charmaz and Mitchell (2001).

4. On silences, see Poland (1998), Charmaz (2002c), Schoenberg and Drew (2002), Star (1991a), Trepagnier (2001), and Zerubavel (2002).

5. There is no adequate language for what I am trying to get at here. First, second- and third-world rhetoric at least describes some orderings of power, distributions of capital, and other resources. The terms “less developed,” “developing,” “more developed,” “developed,” and “overdeveloped” are highly evaluative in linear, overgeneralizing, and other ways I find problematic, and do not take stagnancy into account, much less the moving toward (sliding back to ?) “less developed” status that is increasingly common. First, second, and third world language also allows one to discuss the complexities of regions, locales, or neighborhoods of third world cultures, lifestyles, and political economies that exist in first and second world nations and regions, and vice versa.

6. These include Moore’s (1997) on sex workers and safer sex, Casper’s (1998a, 1998b) on fetal surgery, Timmerman’s (1999) on CPR, Kearney’s (1998; Kearney et al. 1995) on pregnant women using crack cocaine, Wiener’s (2000a, 2000b) on accountability in hospitals and (1991) on careers and arenas, Miller’s (1996) on new mothers reentering the work place, and all the studies in Strauss and Corbin’s edited grounded theory research book (1997).

7. Bone completed the PhD in sociology in 1997. Virginia Olesen chaired her dissertation committee. See Bone (1997, 2002). See also Olesen and Bone (1998) and Bolton (2001) on the United Kingdom. Bone is currently associate professor of nursing at Cabrillo College.

8. Shim’s dissertation committee was chaired by Howard Pinderhughes. See Shim (2000, 2002a, 2002b). This writing on her research is based in part on a group analysis session done much in Strauss’s (1987) working group tradition with Jennifer Fishman, Jennifer Fosket, Laura Mamo, Janet Shim, and myself on November 2, 2000. Shim is currently on the faculty at UCSF.

9. These are also known as HMOs. Like preferred provider organizations (PPOs), these are private health insurance organizations. They are usually local or regional. Primary care physicians in HMOs do not collect a fee-for-service from each patient but instead are usually on salaries or, more commonly in the United States, are in capitation plans. Here, primary physicians receive a set amount of money that is “capped” for caring for each patient per year, no matter how much or how little care that patient needs or actually gets. The burdens of efficiency management vis-à-vis patient care outside the hospital thus fall in significant proportion on primary care physicians. This is one manifestation of the de facto “rationing” of health care services in the United States today. In PPOs, patients can often go

outside the main providers list, but if they do so, they typically incur greater out-of-pocket costs (copayments). Specialists too confront capitation. Surgeons, for example, may only receive \$X for a particular surgery under Insurance Plan A while Plan B might pay more or less for the identical surgery, depending upon the contract between the specific company and the physician. See also Wiener (2000a).

10. On universes of discourse, see Mead (1927/1964, 1934/1962), Strauss (1978), and Shibutani (1955, 1962, 1986). On situations, see Thomas and Thomas (1928/1978), Thomas (1923/1978), Mills (1940), and this book. On identities, see, e.g., Charmaz (1991), Lal (1996), Coffey (1999), and Zavella (1996). On commitments, entrepreneurs, and mavericks, see Becker (1960, 1963, 1967/1970, 1982). On shared ideologies, see Strauss et al. (1964, 1985/1997). On primary activities, particular sites, and technology(ies), see Strauss (1978) and Strauss et al. (1985/1997). On going concerns, see Hughes (1971). On subworlds/segments and reform movements, see Bucher (1962, 1988), Bucher and Strauss (1961), Bucher and Stelling (1977), and Clarke and Montini (1993). On bandwagons, see Fujimura (1988). On intersections and segmentations, see Strauss (1984) and Clarke (n.d.). On implicated actors and actants, see Clarke and Montini (1993) and Chapter 2. On boundary objects, see Star and Griesemer (1989) and Bowker and Star (1999). On work objects, see Casper (1994, 1998b). On discourses, see Chapters 4-7 herein.

11. The concept of domain here is used in the Straussian sense (see Strauss 1993:240) and Clarke (n.d.), not in the sense Spradley (1979) used it.

12. Patient movements are forms of "biosociality" (Rabinow 1992), often organizing around new "technoscientific identities," identities only determinable through technoscientific means (e.g., medical tests) (Clarke et al. 2003). There is considerable interest in such movements today because of their growing power, including movement organization sponsorship of their own research. See, e.g., Epstein (1996), Brown et al. (2004), Rabeharisoa and Callon (1998), and Ganchoff (2004).

13. See, e.g., Behar (1993), Benner, Tanner, and Chesla (1996), Bochner and Ellis (2001), Chesla (1995), Riessman (1993, 2002), Messias and DeJoseph (n.d.), and Traweek (1999).

14. On representation of difficult situations, see Ellis (1995), Kitzinger (2004), Van Maanen (1995), Fine (1994), Fine, Weis, Weseen, and Mun Wong (2000), Lather (2001a, 2001b), Lather and Smithies (1997), and Bloom (1996, 1998).

15. See Butler (1993) and Star (1995) on "Why I Am Not a Nazi." See also Becker (1967/1970), and on kinds of relativism, Hollis and Lukes (1982).

16. Shim had one caveat here. She did not explicitly ask nor did participants volunteer ideas on how to alleviate CVDs. Thus the upper right position is only implied in their accounts of what they think the causes of their CVDs were, and her asking about race, class, and gender and analytically arguing for a connection. She also carefully notes that sometimes the participants did not make connections between these dynamics and their health. The individual as the site of "cure"/alleviation is so intensely present because the participants all talked about how they managed their risks (or did not) when she asked them about what they thought their risk factors were.

4

Turning to Discourse(s)

The highest goals of discourse analysis are to support the freedom of access to knowledge through discourse and to help in revealing and rebalancing communicative power structures.

—de Beaugrande (1994:209)

Today the qualitative research enterprise is moving beyond field notes and interview transcripts to include discourses of all kinds. We dwell, in postmodern times, in "societ[ies] of the spectacle" (Debord 1967/1999)—explosions of images, representations, and narrative discourses that constitute cultures of consumption as well as production, of politics writ a million ways, of diverse individual and collective social and cultural identities, including racial, ethnic, gendered, religious, and subcultural identities, of dense histories, of old and new technologies and media from television to the Internet, and so on. Because *we and the people and things we choose to study* are all routinely both producing and awash in seas of discourses, analyzing only individual and collective human actors no longer suffices for many qualitative projects. Increasingly, historical, visual, narrative, and other discourse materials and nonhuman material cultural objects of all kinds must be included as elements of our research and subjected to analysis because they are increasingly understood/interpreted as both constitutive of and consequential for the phenomena we study. Chapters 4-7 therefore address the postmodern turn to discourse in qualitative research and how grounded theory and situational analysis can be used to analyze the increasingly heterogeneous forms of data pertinent to qualitative research projects.