

The Work Sites of an American Interactionist: Anselm L. Strauss, 1917–1996

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This article offers a situated overview of the work of Anselm Strauss. Beginning from its intellectual genesis at the University of Chicago with Blumer and Hughes, Strauss's creation of a sociology of action through concepts of routine and nonroutine action, negotiated order, social worlds, arenas, properties and kinds of work, and trajectory are examined. Strauss's ideas about medicine and chronic illness, psychiatric institutions, death and dying, awareness contexts, biography and trajectory are discussed. His profoundly innovative contributions to research methods, including grounded theory and the integration of structural elements through his conditional matrix, are also detailed. In conclusion, the ways in which Strauss himself framed the critical space of an interactionist sociologist are laid out through new interview materials.

I ask questions as I breathe. I don't know where that came from but somehow it developed along the way.

Anselm Strauss

The concept of action can be seen as Ariadne's thread which weaves the work of Anselm Strauss together. There is action around personal and group identity (*Mirrors and Masks* 1959), action around death (*Awareness of Dying* 1965; *Time for Dying* 1968; *Anguish* 1970, all with Barney Glaser), the action of various professional and non-professional groups negotiating order and change in organizations (*Psychiatric Ideologies and Institutions* 1964, with Leonard Schatzman, Rue Bucher, Danuta Erlich, and Melvin Sabshin) and, more generally, the action of negotiation and other processual forms of ordering social life (*Negotiations: Varieties, Contexts, Processes and Social Order* 1979), action to control the impact of new technologies and chronic illnesses on medical work (*The Social Organization of Medical Work* 1985, with Shizuko Fagerhaugh, Barbara Suczek, and Carolyn Wiener), and action around the management of chronic illness in everyday life (*Chronic*

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Illness and the Quality of Life 1975, with Barney Glaser; *Shaping a New Health Care System: The Explosion of Chronic Illness as a Catalyst of Change* 1988, and *Unending Work and Care: Managing Chronic Illness at Home* 1988, both with Juliet Corbin). This concept of action, accompanied by its structural environment (contexts and conditions), marks the specificity of the interactionist approach developed by Strauss.

As an introduction, I would like to highlight some of the lines of force permeating Strauss's overall work within his larger action frame. On the one hand, we note the constant concern to join the level of the individual actor and social micro-processes (from questions of identity in his first published book to the concept of biographical work in one of his most recent). On the other hand, organizational phenomena on the macro-social structural level that influence action—what Strauss called conditions—are ever present. Thus, in his work, we find very detailed presentations of the contexts of action, contexts on two planes: close (the immediate contexts of action) and distant (the structural contexts), “the global and general conditions that influence action and strategies of interaction, such as time, space, culture, economic and technological status” (Strauss and Corbin 1990, p. 10).

Work is another ongoing theme of reflection—work conjugated as action in all his books. In this sense, Strauss shifted the preoccupation of the sociology born of the Chicago tradition with trades, professions, and social control (largely initiated by Hughes and developed by others including Freidson) toward analysis of the work itself in terms of process. This allows researchers to focus their attention on the work as sets of tasks *and* on the individuals accomplishing these tasks (whether professionals or lay persons—including patients) in terms of their relationships to the work itself.

We should also note at the outset Strauss's creation of a systematic methodological approach to building up a certain type of theory—theory grounded in substantive areas and processes. This point cannot be separated from the rest of Anselm Strauss's work. The deliberate intermingling of theory and ethnography in several of his books is illustrative here. The grounded theory approach first presented with Barney Glaser in 1967 (Glaser and Strauss 1967) itself begins from a refusal to divide sociological work between the logico-deductive formulation of theories as distinct from data and the verification of these theories. In sharp contrast with other research approaches of that era, grounded theory considers research to be a process in which empirical and theoretical work are linked in a constant reciprocal dialogue. This is the very heart of Strauss's sociological approach. His analytic strategy is thus a non-linear mode of articulating different stages of research which is based on two central operations: comparisons among findings and theoretical sampling, especially but not only for greater range of variation.

Grounded theory is deeply rooted in the intellectual heritage to which Strauss lays claim. The project of a “natural” sociology (Schatzman and Strauss 1973), to which the grounded theory method belongs, reflects a vision of the world specific to American interactionism. Here, people's processes for defining situations are assumed to precede the researcher's entry into the field. Therefore, the researcher must ‘work in the actual environments in which the actions occur, in “natural” situations, to analytically relate participants' perspectives to the environments through which they emerge. “From the assumptions we have

made about man creating his own world, it follows that the naturalist as a researcher will not, in advance, presuppose more than the barest rudiments of social order and social value. What he will do is to maximize the possibilities of discovering these as they are developed by people within the situation" (Schatzman and Strauss 1973, p. 14). Here, we find the premises of the spirit of the "Chicago School Irregulars": "Go everywhere, see everything, listen to everyone."¹ This vision of the world was and remains the vision that unites a group of people around the term interactionism, a form of loose professional identity. This should not be taken to imply a homogeneity or temporal stability that do not exist.² In fact, Strauss was fond of using the metaphor of interactionism as a conceptual banquet from which guests could select and discard at will, assuring the heterogeneities of practice that he found so fascinating.

INTELLECTUAL GENESIS

Strauss was born in 1916 in New York, where he was brought up in an "ordinary" Jewish-American family.³ His father was a high school teacher and his mother a housewife. He arrived at the University of Virginia in 1935 and spent four years doing a premedical course. By the end of the first year, he was completely bored. In his second year, he took numerous electives and discovered psychology and sociology, which he found increasingly interesting. Strauss decided on sociology without really knowing why, except that "when I look back, I really was more interested in sociology." At this point, in 1939, he left for graduate school at the University of Chicago. In his undergraduate studies, he had been introduced to sociology through a textbook by Dawson and Gettys, a junior version of the famous Park and Burgess (1921) text, *Introduction to the Science of Sociology*. Thus, the Chicago spirit was already present. The first theoretical memo by Strauss, the graduate student, was on Thomas and Znaniecki's *The Polish Peasant in Europe and America*, and, "in this text, I was already leaning towards that Park business." He had also read Dewey and "was very impressed by him." Strauss was ready for Chicago.

Strauss's hesitation between psychology and sociology is perhaps reflected in his relationship with the University of Chicago, which can be divided into two stages. The first, during his studies (1939–1944), was marked primarily by Herbert Blumer. The second (1952–1958), when he returned to Chicago as an assistant professor, was more influenced by Everett Hughes. From the first lectures, Blumer was for Strauss the dominant figure. "He became my intellectual hero," and with him, the shadow of George Herbert Mead, who had died in 1931 and whose ideas permeated interactionist sociology and Blumer in particular.

Strauss then undertook his master's thesis under Blumer. The subject was "a critical analysis of the concept of attitude," a preoccupation of Blumer who proved to be an extremely demanding teacher. This study was most important for Strauss's intellectual formation. A trace of it can be found in an article that appeared in the *Journal of Psychology* (1945). The emphasis on a *sociological* social psychology is most evident in Strauss's early works and marks what we might call his first career.

But his master's degree project under Blumer's supervision was continually being rewritten based on Blumer's ongoing critique. Consequently, Strauss decided to do his dissertation with Burgess. He did it on mixed marriages and described it as virtually a "pot-boiler," completed in order to "get it out of the way so I could get down to real work." In fact, Strauss completed his dissertation before his master's thesis with Blumer had been accepted!

From 1944 to 1952, Strauss taught sociology, first (until 1946) at Lawrence College in Wisconsin, and later at Indiana University. He did two unpublished studies: one on daydreams, a subject dear to Blumer, and one on solitude. Then, in collaboration with his Indiana colleague, Ralph Lindesmith, he worked on a social psychology textbook (*Social Psychology* 1949). But he was already dissatisfied with social psychology as it was then developed in sociology because it left very little room for interaction between the individual and society. We can see echoes of this dissatisfaction in his work on children's concepts of money (1952), where the problem of transformations of identity in relation to social organization are already apparent.

In 1952, Strauss returned to Chicago as an assistant professor and was, this time, "ready for Everett Hughes and all those people." "Those people" were, for the most part, former students of Hughes, a group that included Howard Becker, Erving Goffman, Fred Davis, and Eliot Freidson. At the time, they had all embarked on a program of research dealing with occupations and professions, supervised by Hughes. As a student, Strauss had attended only some of Hughes's lectures, which at the time he saw as merely "telling stories." In contrast, this time around, he read all of Hughes's published work (as well as that of his students) and undertook to do "that type of work as a sort of experiment."

Strauss started with a study of art students and young artists. In 1953, at the request of Nelson Foote, he wrote a paper devoted to social psychology for an edited book aimed at graduate students, never actually published. This paper, which made the rounds in a mimeographed version under the title, "An Essay on Identification," became the first part of *Mirrors and Masks: The Search for Identity*. But for it to be complete in his own eyes, Strauss needed to find a way of integrating the "old Park-Hughes tradition." That is, he needed to introduce a more structural dimension into his work. This took him four years and the book appeared in 1959.

In the introduction, Strauss lays claim, as a sociologist, to his own perspective on identity: "I had been dissatisfied with much of the theory and research about self, ego, and personality, because in this work the influence of social organization is so greatly underestimated, its role so insufficiently understood....In sum, my essay ought properly to be regarded as an attempt to juxtapose and fuse symbolic interactional and social organizational perspectives into a workable, suggestive social psychology," or, as he says at the end of the book, a move toward "a social psychology made by sociologists themselves" (Strauss 1959, p. 10-11).

The approach developed in *Mirrors and Masks* abandons theories of learning and individual problems of behavior and organization. Strauss is interested not in the identity of the ego but in the ways in which people develop relational involvements with other people or are influenced and reciprocally influence each other through such involvements. He sug-

gests different ways of theorizing the processes through which identity emerges, an identity which is not fixed once and for all when the person arrives at adulthood. Quite the reverse. Instead of working like psychoanalysis, for example, on the structure of identity, Strauss suggests working on the symbolic and cultural foundations of its structure. In fact, in this text, he uses the concept of identity not to define it, but as a conceptual lever to reveal heterogeneous relationships between individual identities and group identities, and to establish explicit linkages between structure and interaction.

This theme of identity persists throughout Strauss's work and informs other concepts, such as social worlds, negotiated order, and trajectory. All of these concepts allowed him to hone his ideas about identity. Strauss suggests that histories, social situations, and identities are built up interactively, and that perspectives and aspirations emerge in a dynamic manner from this interaction. Since every meaning is both culturally created and mediated, all of the interpretations or perspectives of individuals take root in communities or social worlds. However, this emergence is a complicated phenomenon, since communities and worlds are not clearly circumscribed and defined. Moreover, individuals participate simultaneously in several communities or worlds. In addition, individuals also participate in continuous processes of constructing the social worlds in which they are involved. Hence, identities, too, are multiple, processual, and dialogic. There is no simple, word-for-word relationship between perspective and belonging to a community. Joan Fujimura (1991) calls this the "principle of indeterminacy of perspectives." In this book and throughout his work, Strauss sought through a focus on identity to throw light on the tensions between indeterminacy and structure, identity and socio-historic situations, political choices and group memory.

Mirrors and Masks was read widely in the United States, particularly in the 1970s, and it is an important biographical milestone in Strauss's own trajectory. The theoretical basis for a number of themes in his work that would be developed later are sketched: the problematics of *social worlds* and the ways in which they are formed; the question of degrees of belonging to a group, which leads to some extent to the concept of *professional segments*; the theme of imposition of status and the rules and strategies that accompany it in interaction, which is developed more extensively in studies on death and in *Status Passage: A Formal Theory* (Glaser and Strauss 1971). However, it is the sociological problematics of *identity* that would be the subject of the most extensive—and perhaps the most perfected—development. Finally, the temporal dimensions of action, so important in interactionist thought, would serve as a theoretical framework for the concept of *trajectory*, which is central to Strauss's own work. However, the process of construction through induction—personal empirical work—is still absent from *Mirrors and Masks*.

In 1957, Strauss spent a month with young resident doctors at University Hospital in Kansas City, his first "real" fieldwork, as part of the famous research program initiated by Hughes and carried out primarily by Howard Becker and Blanche Geer (1961). These were also Strauss's first steps in an area of research—medicine—that he would rarely quit thereafter. In addition, the first elements of *grounded theory* were laid down at this time. Using comparisons among the different hospital services to which the young resident doctors were allocated in succession as a *methodological* tool, Strauss highlighted a period of

reciprocal evaluation among interns, residents, and the hospital's permanent medical and nursing staff, which in each iteration gave birth to a new definition of the division of work. Here, we see the variations, the structural contexts, the work of defining the social order in ongoing processes of negotiated evaluation.

In his dynamic model of action, Strauss integrated the idea of active individuals responding creatively to the events which they encounter with the fact that these responses, these individual and/or group actions, can only be analyzed as embedded in sets of prior conditions, which themselves influence the present situation and are also influenced by these actions. The present consequences of an action become, in turn, the prior conditions for actions yet to come. The reconciliation of Dewey-Mead and Thomas-Park had been accomplished. Strauss was ready to embark on his second career, grounded in work in the field.

A PRIVILEGED FIELD OF RESEARCH: MEDICINE AND ILLNESS

Psychiatric Institutions

Everything was now in place for the first large-scale field study. It began in 1957, in collaboration with Leonard Schatzman, Rue Bucher, Danuta Ehrlich and Melvin Sabshin. The field was composed of two psychiatric hospitals each of which housed very contrasting hospital departments, deliberately selected for the major differences between them. This work, *Psychiatric Ideologies and Institutions* (1964), led to developments in both the sociology of organizations and the sociology of professions.

First, the authors proposed a new framework for analyzing complex organizations, asserting that organizations should be conceptualized as sites of permanent negotiation. Their research showed that the structure of the division of work in the hospitals studied initially appears to be undefined, the goals of the organization non-specific and its rules equivocal. Only continuous processes of generating tacit agreements allow such organizations to actually function, including unofficial "working" arrangements, official decisions among the various professional and other groups concerning the overall strategy of organization, and ways of literally dividing up the work (Strauss et al. 1964, especially "The Hospital and its Negotiated Order"; Strauss 1982b, 1985).

Second, the authors introduced a new way of looking at professions by analyzing the medical profession as a non-homogeneous world that is constantly changing and composed of *segments*, each of which harbors different ideologies concerning the specificity of their practices and their central activities. Professional segments also harbor different identities which are formed, maintained, develop, and/or disappear (see especially "Professions in Process" in Bucher and Strauss 1961). All of Strauss's later work assumes such meaningful heterogeneities. The general organization of a profession is shaped by conflicts and competition among segments in movement and change. Numerous compromises are established by the representatives of the different ideologies of the professional segments involved with both other professional segments and with clients/patients as well. There are

also micro-level negotiations among philosophies specific to each person, which are linked to their individual biographies. In this way, professions are contextualized. Strauss's meso-level work had begun.

Working on Death

Strauss left the Department of Sociology at the University of Chicago in 1958 to head the project on psychiatric institutions at Michael Reese Hospital. The Department had undergone numerous changes and, with the exception of Strauss and Otis Dudley Duncan (assistant professors who did not take part in important decisions concerning the department), there were only two other professors trained in the Chicago tradition: Everett Hughes, who chaired the department, and Philip Hauser, who was basically a demographer. The two men disagreed profoundly about the future of the department and Hughes's point of view did not prevail. All the remaining interactionists left, including Hughes himself, in 1960.

In 1960, Strauss also took a new post at the University of California, San Francisco (UCSF). He accepted after receiving assurances of administrative and financial support from the university to establish a department and a doctoral program in sociology.⁴ Both are alive and well (if changed) today. Another reason for Strauss's acceptance was that UCSF was headed toward becoming one of the largest university-based biomedical research centers in the United States.⁵ Strauss, whose major interest had always been the sociology of work, occupations, and professions, saw this campus and the substantial federal funding granted him as creating a particularly interesting place and opportunities to do the kind of research he wanted to do.

With Barney Glaser, Strauss then embarked on six years of research on the management of death in the hospital.⁶ By choosing to study death, Strauss anticipated one of the major preoccupations of American society. He participated in both breaking the taboo against talking about death and helping to open up a new field of research, as he was to do again several years later for chronic illness. The hospice and death and dying movements both appeared later and were partly based on this work. At the heart of the problem was the question of interactions between the dying patient, hospital personnel, and family members.

In this project, we again see the determination to link the actions of individuals with social structure. Strauss and Glaser argued that it is necessary to work continuously on maintaining the bases of the social order, on both established and emergent arrangements that will preserve this order. Social order—whether at the level of society, organizations, and groups or individual interactions—is continually produced through dealing with comparatively unpredictable consequences at these multiple levels. This distinctive conception leads to explorations of the “emergent possibilities” of the situation, an approach that differs, for example, from that of Goffman, who examines interactions in terms of the social relations that subtly govern them and which, from his point of view, are therefore a direct incarnation of social order. In contrast, for Glaser and Strauss (1965, p. 15), it is the indeterminate and problematic nature of interactions that hold attention:

Rather than focusing on interactional stability, we shall be preoccupied in this book with changes that may occur during the course of interaction....[O]ne must also consider the tactics sustaining that stasis which constantly is subjected to change and unforeseen consequences; one must combine both the rule and the "working at" basis of social order. Thus in our account of the interactions around dying patients, we shall be interested in not only the social regulations and other structural conditions entering into the interaction, but also in the tendency for interaction to move out of regulated social bounds and into new interactional modes.

Keeping in mind the central position of the interaction thus defined, we can identify three key points of this work on death:

1. *Medicine involves social definitions of natural phenomena.* Although this point is almost a truism in the contemporary sociology of medicine and illness, that was not the case in 1965. At a time when death was an unusual subject for sociology, posing the question of "whether people could (in the hospital) be dead socially before dying biologically and what this possibility meant for human relations" (Glaser and Strauss 1965, p. x) appeared incongruous. Today, however, given recent developments in biomedicine and technology, it does not take a great deal of imagination to see the need for conceptual theoretical tools with which to address this question.

Glaser and Strauss's problem was of more limited scope: they wanted people to understand the crucial importance of this question in the actual hands-on management of death. The response to this question itself conditions different expectations of death and of the actions and interactions of the people involved, which arise in part from such definitions. When the patient arrives at the hospital, how does the medical team determine that the patient is going to die and approximately when? How does each person define his or her status (and sometimes his or her "self") with respect to this patient? Conversely, how does the patient accomplish the same task with respect to the medical team, even without knowing their ultimate definitions of his or her state? There are many responses, depending on various parameters for reading certain clues, all of which integrate an evaluation of the degree of certainty of death and its timing (or duration). Significantly, these expectations are not necessarily the same for all members of the team and there may be sharp differences between the expectations of the medical team, the patient and his or her family. It is the *combination* of all these different perceptions of the patient's situation which constitutes what the authors called the *awareness context* around the patient.

2. *Dying patients are enmeshed in (potentially divergent) awareness contexts.* This concept allows us to grasp in analytical terms the multiple situations identified by the sociologist and the global image that built up of "each person interacting...." The different possible combinations of "who knows what" suggest different types of awareness contexts organized around various dimensions, such as the number of people involved, acknowledgment of the awareness (pretense or not), the degree of awareness, the object of the awareness (here the dying person), or the awareness which the others have of the object (Glaser and Strauss 1965). Each context of awareness characterizes different modes of interaction.

Glaser and Strauss defined four major awareness contexts: closed awareness, suspected awareness, mutual pretense awareness, and open awareness. They further note that as conversations, actions, and the clues accompanying them occur, some contexts of awareness tend to evolve toward other contexts. To retrace typical patterns of development of the interaction and their linkages with contexts, they propose adopting the following frame of reference: (a) describe each context of awareness; (b) seek the structural social conditions that enter into the context; (c) examine the resulting interactions, including the different tactics and counter-tactics; (d) analyze the change in interaction from one type of awareness to another; (e) analyze the ways in which the different interacting persons guide changes in context; and (f) monitor the different consequences of the interaction for the interacting persons, the hospital, and for later interactions.

This concept of awareness contexts has a general thrust and has been used by other researchers in other fields of social life, especially in research on education. And, as we will see, the very notion of context is one of Strauss's favorite conceptual tools.

3. *Dying is a temporal process.* Dying takes time. This observation, less banal than it might appear, opens the way to a theoretical construct which, associated with the concept of trajectory, continues to inform even the most recent of Strauss's work. Conceiving of death as a process allowed the authors to see it as a series of *transitional statuses* in a passage from life to death. By questioning the facts and comparing them with other situations of status passage, the authors defined the trajectories of death as a status passage and retraced its major dimensions.

In this profoundly process-oriented conceptualization, we can clearly see the influence of Mead and Blumer. But there is also a structural concern with linking temporality and social structure. Already in 1964, in the preface to the second edition of selected papers by Mead, Strauss (1964, pp. xiv–xv; see also 1991a) insisted on the need to sociologically elucidate Mead's statement

...that people bring to any organization their own temporal concerns and that their actions on the organizational site are profoundly affected by those concerns....In general, there are organizational mechanisms which contribute toward that temporal articulation, but there are also non-institutional mechanisms, including continual negotiation and certain less self-conscious forming of agreements. Temporal order refers to this total, delicate, and continuously changing articulation of temporal considerations.

Using the idea of transitional statuses in a status passage immediately forces the researcher to place the discussion within the framework of a social structure. The study of trajectories of death in hospital organizations allowed Glaser and Strauss (1968, pp. 239–40) to advance the idea of a structure in movement, a *structural process*:

[I]f one considers dying as a process extending over time, then the hospital's structure can be seen as continually changing to handle different phases in that process. Its structure, then, is in process....[R]ather than considering a relatively inflexible structure with a limited and determinable list of structural properties, it is better to conceive it as a process with a far greater range of properties.

Strauss would return to an analysis of this flexibility in the concept of the illness trajectory.

Chronic Illness, Management Work, and Trajectories of Illness

Starting with his article "Chronic Illness" published in *Society* in 1973, Strauss and his collaborators actively drew attention to problems raised for the health system by the growing prevalence of chronic illnesses over acute illnesses, and the technologies developed to deal with such illnesses. Strauss called for the transformation of the health system by changing the *model* of treatment from acute to chronic. This would involve two distinctive shifts: the central person in the model would become the patient rather than the doctor, and the geographical site of care would shift from the hospital to the patient's home.

In 1975, again in collaboration with Barney Glaser, Strauss published a short book, *Chronic Illness and the Quality of Life*, aimed more at practitioners than researchers. It offered a frame of reference to "begin to think about long-term illnesses in terms that are not strictly medical...and to [teach them to] see with some directness and clarity the social and psychological problems faced by the chronically ill (and their immediate families) in their daily lives" (Strauss and Glaser 1984, p. 16).

Although these ideas are widely disseminated today, we should remember that for many years it was a battle cry, particularly as far as medical sociologists were concerned. In effect, this book remains a battle cry addressed to those actors in the health system seen as the most easily mobilized. But Strauss's initial work did not offer an in-depth sociological reflection on chronic illness. That was manifest later, across multiple writings which together elaborated a conceptual network organized around one central point: the heterogeneous and complicated work necessary for the management of chronic illnesses on a daily basis. Without reviewing this work in its entirety, I would like to acknowledge its theoretical density by highlighting its principal stages, less in order to establish a chronology than in an attempt to hold onto the factor that permits its extension—its grounding in fieldwork.

Trajectories of Illness and Medical Work

Glaser and Strauss's research on death, defining it as a sometimes long temporal process, cleared the path for an initial and essentially linear formulation of the concept of trajectory and its links with the organization of the medical team's work. That organization is influenced by the different possible types of trajectory: slow or rapid, expected or unexpected. This opened up the possibility of highlighting the reciprocal effects of patients, the medical team, and the institutional structure on the work of managing death in the hospital. Conceptualization of a structure in movement—a structural process—led to the reflection that would, in a second stage of formulation, produce the concept of trajectory. This time it was associated with chronic illness and no longer simply death:

[*Trajectory* refers] not only to the physiological unfolding of a patient's disease but to the total organization of work done over that course, plus the impact on those involved with that work and its organization. For different illnesses, the trajectory will involve different medical and nursing actions, different kinds of skills and other resources, a different parcelling out of tasks among the workers (including perhaps, kin and the

patient), and involving quite different relationships—instrumental and expressive both—among the workers. (Strauss, Fagerhaugh, Suczek, and Wiener 1985, p. 8)

However, it is more than a change in the particular substantive field, from death to chronic illness; this definition indicates that we are seeing a transformation of the concept itself. Here, the concept in a sense quits the substantive field of illness for the more general one of work. Work itself would become the center of the web of concepts organized around the concept of trajectory. From a sociological point of view, in Strauss's usual fashion, the concept is eventually understood to transcend the substantive setting and become a part of his version of "formal theory."

Thus, one of the first merits of the concept of trajectory is to remove the study of chronic illnesses from biological, medical, and psychological frames of thought and instead equip the researcher with a reflective stance based on the work involved—clearly and distinctively social phenomena. This shift is comparable to Freidson's (1970) sociological reframing of medical professionals' constructions of illness as ultimately aspects of broader professional processes. We can also compare it with Becker's (1963) reframing of deviance, since the task for Strauss was to formulate a viewpoint on chronic illness *autonomous and unique to the social sciences*. This point also distinguishes Strauss's approach from most contemporary sociological research on chronic illness. In this way, he diverges from Conrad (1987) who, in an article examining the same question, and unlike Strauss, suggests creating a taxonomy of chronic illnesses to break down what he sees as an amorphous category which prevents conceptual mastery of the different characteristics associated with these illnesses. Instead, all of Strauss's efforts are bent toward creating an *analytical grid* which, while allowing the researcher to acknowledge the differences associated with particular illnesses, transcends these differences by constructing a coherent *sociological object*.

The initial framework of this formulation is a research monograph devoted to the combined impacts of chronic illness and new medical technologies on medical work in the hospital, *The Social Organization of Medical Work* (Strauss et al. 1985). As in the earlier studies on death, the idea of trajectory organized the different factors and events that influence the work of controlling the illness sociologically. But this time, the scene is much more complex: the illnesses themselves are extremely varied (new technologies prolong the trajectories and even create new ones), and the work is carried on in different places in the hospital (from the most sophisticated diagnostic departments to the simplest laboratories, from neonatal intensive care departments to various floors and wards).

This diversity can be conceptualized only by tackling the content of the work and its concrete execution. This is the juncture at which work and trajectory meet. Meticulous ethnographic analysis of the different *types of work* composing medical work is built up around the concept of trajectory to allow an analytic understanding of the organization and execution of the therapeutic work.

The trajectory of the illness can be seen as composed of series of successive, overlapping tasks which, taken together, make up "arcs of work." In this sociological framework, the medical treatment based on the diagnosis becomes a plan of action or schema of the trajectory, a kind of map-making through which the chief physician—conceived as the main tra-

jectory manager—visualizes the actions to be taken and the necessary coordination of these actions which will bring into play very different specialists, working in very different geographical sites (units in a given hospital, other hospitals, or other places entirely). However, this schema of the trajectory is precarious because it is governed not only by the very weighty contingencies of the medical work related to the illness itself, but also by the work itself, as well as its organization, and the respective biographies of the protagonists. Although it is obvious that individuals have biographies, it is less obvious that the hospital, medical specialties, units, and even the machines in a unit also have pasts, presents, and futures—biographies or careers—that can matter.

The interaction of efforts to control the illness and the contingencies (predictable or not) shapes each trajectory. This attempt to control and shape the trajectory is conceptualized as a *trajectory projection*. Significantly, the different actors involved in the illness do not necessarily share the same projection; the more problematic the trajectory, the more lively and numerous the differences in projection and the more likely *trajectory debates* will occur. The choices are often difficult to reconcile. This is true at each *point of option* since these schemas of the trajectory are not fixed. The schemas of the physician and of the patient change in response to the illness, treatment, other pertinent social conditions, and across the different *trajectory phases*.

As an heir to the Chicago school, particularly Hughes, Strauss has a different way of looking at work.⁷ His point of departure, in fact, is neither the existence of a formal division of labor nor the problem of allocation of tasks. Quite the reverse. His central argument concerns the primacy of the work: *The work processes themselves shape the division of work, as well as the experiences and the careers of the individuals doing this work, and influence the very structure of the organizations within which it takes place.*

Therefore, the first job of research is to undertake an analytical examination of the work itself, that is, of its characteristics and traits. In this way, different types of medical work have been identified and analyzed: working with machines, working on clinical safety, the work of comfort, working with feelings, working on errors, working with the body, the work of information, the work of negotiation, and the work of articulation (Strauss, Fagerhaugh, Suczek and Wiener 1981, 1982a, 1982b, 1985; Strauss 1988, 1993; Strauss and Corbin 1988). However, the types of work and their combination vary across the overall trajectory of the illness and its specific arcs of work. Hence, it is necessary to try to understand the links between tasks and workers as *accountability chains*.

One of the essential analytic effects here is to establish a *distinction between acts and actors*, given that the same task can be carried out by different actors, with different qualifications, at different moments of the trajectory. If we consider an illness trajectory as a particular type of project and then replace it with another type of project—such as putting a man on the moon, climbing the Himalayas, creating a software circuit (examples taken from Strauss), or creating a work of art (an example from Becker)—we can apprehend the richness of the model, particularly if we look at work scenes liable to multiple changes under the effects of new technologies. By basing the analysis not only on occupations and professions or organizational structures, but also on the work itself (its conception, organization, the concrete actions of doing it), concepts such as “mistakes at work,” “dirty work”

(both Hughes's ideas), group work, and work with customers or clients are seen in a different light.

This approach, based on the work itself, has another major implication: it allows conceptualization of the *patient as an actor* in the medical work and analysis of the different components of patients' work. In fact, patients are involved virtually throughout the work process, but their work is usually difficult to identify if they are not conceived as actors. The issue is not so much knowing the patient's place in the division of work as it is understanding how the different types of work that she or he accomplishes fit into the overall work of the team and the relationships among their respective trajectory projections.⁸ Analytically, this conception of patient work must be distinguished from what is often called the patient-technician or the managed care patient, who is made responsible for the treatment by enforced delegation by the provider, and also from a consumerist-oriented analysis in which the dimension of the patient as an actor in the care process itself is absent. In sum, work is synonymous with action; this is Strauss's notion of work as developed in his final research projects.

The Work of Management: Biography and Trajectory

Earlier research clearly indicated that the lion's share of the trajectory of a chronic illness takes place not at the hospital but at home and that the sick person is not the only person affected by the problems encountered. In addition, patients are not only patients, but also workers, spouses, parents, sports-lovers, or music-lovers. Every facet of a person's life and that of his or her family and friends was involved in differing degrees (including the duration of the illness, the person's age, sex, and income bracket) with the work of managing the new conditions of life brought into existence by the illness. The target of Strauss's last empirical project, carried out in collaboration with Juliet Corbin, is thus the analysis of the dimensions of this work of management carried out every day by couples in which one of the spouses is afflicted with a chronic illness or a disability. It was vividly and all too appropriately titled *Unending Work and Care: Managing Chronic Illness at Home* (Corbin and Strauss 1988).

Here, we see the deployment of a complex theoretical web linking trajectory and biography with work conjugated as action. This web-type approach can be compared with what Winkin (1988, pp. 48–49) notes about Goffman—a branching mode of presenting ideas.⁹ We might extend this comparison by juxtaposing Goffman's goal of “frameworks of the lower range” (Winkin 1981, p. 4) and Strauss's “grounded theories.”¹⁰

Within an illness trajectory, the work of management and the illness itself have—for the patient and to some degree for the professionals involved—physical and biographical effects as well as effects on everyday life. All must be managed by biographical work and management of everyday life. One of the great merits of Corbin and Strauss's *Unending Work and Care* is how it directly tackles the experiences which people afflicted with a chronic illness go through—especially the sense that their bodies have betrayed them. They do not commit the error, so common in sociology today, of simply talking about

problems of body image or using psychological and psychiatric concepts of stress and coping. Moreover, interactionism is not a homogeneous tradition and its different currents take on particular resonance when dealing with questions of identity, the body, and the subject's own experience. Indeed, Strauss differentiated his concerns from those of some other interactionists:

So I think the phenomenon [of experience] is interesting but I think [sociologists centered on experience] don't do it right. Methodologically, it's very deficient to me....People like me are always looking at interaction with oneself or with others. And as soon as you do that, you start to bring in structural conditions, as soon as you do that you run into interaction and sequences of time, so it's different....I come out from Dewey, from Mead, too, [so] as soon as I hear "what does it mean"....right away it is an active business....My version of interactionism is an action-oriented model...and with the structural things that have to be brought into the picture because they are constraints to action, they are the context in which action takes place—contexts and contingencies. So you have people who, as Blumer says, are very active; sometimes they are passive, but they try to control their destinies. So that lies at the heart of interactionism. (Interview, September, 1989)

This quotation highlights precisely how Strauss breaks with recent approaches, which tend to focus upon and analytically rehabilitate the meanings that patients themselves give their experiences, but do so decontextually. Strauss makes this break despite his own awareness of the demystifying power of these approaches compared with the medical perspectives so often reported by sociologists, and despite the fact that his own work and that of a few others made so great a contribution to their emergence.

What Strauss sought instead was a more in-depth approach to biographical work processes—or action—an idea rooted in the fieldwork he did with Corbin. There, the illness was always placed in biographical context: what happened before, what life was like in the past, what hopes and dreams had been shattered or altered. For Strauss and Corbin, a biography is made up of three elements: biographical time, concepts of the self, and the body.¹¹ For each aspect of himself or herself, a person must accomplish various groups of tasks in relation to biographical management. All these tasks fit into biographical time, since they are part of the past, the present, and the future of this individual.

The accomplishment or execution of these tasks linked to the self requires that the body functions in an appropriate way. Through the expression *biographical body conception*, Strauss and Corbin seek to conceptualize the interdependence of these three elements: conceptions of the self (identity) are generated directly or indirectly through the body and evolve in line with the unfolding of biographical time. These three elements form a whole, "biographical body conceptions chain," and the combination of these elements working together gives an individual structure and continuity at any instant of his or her life. A chronic illness breaks this chain. Here, the centrality of the body is evident: it resides in its capacity to act and to be acted upon as a person attempts to carry out all the tasks associated with the different aspects of the self. For Strauss, of course, one's conception of the biographical body is situated temporally and in interaction.

The structural conditions arising from the illness—the individual biography and everyday life on the one hand, and on the other, more general political, social, and economic

conditions—influence the effectiveness, speed, and even the mood in which the work is done. The structural backdrop against which trajectory management takes place is important because of its implications for this work. The immediate interaction is combined with close and distant structural conditions to create a work context. The context then throws light on the core of the action by showing how interaction becomes the means whereby the work itself is accomplished under different—and specified—conditions. In this sense, structure and interaction are intimately linked.

THE WEB OF NEGOTIATION AND SOCIAL WORLDS

I now tackle more directly Strauss's theories about social space and social relationships, bearing in mind the fact that these theories simultaneously nourish the work presented so far and are generated by it. The creation of an approach conceived in terms of the negotiated order is a good example of the empirical style of the Chicago tradition, as pointed out by Joas (1987). Starting with their research into professionals and hospitals, Strauss and his collaborators (1964) developed a different approach to what is more generally known as the sociology of organizations. Here, organizations are not seen as formations structured by unequivocal, standardized rules. Individual and collective reflection and dialogue are necessary not only to modify the rules but also to maintain and reproduce them. The very existence of organizations depends on their continuous reconstitution in action. Their aims and strategies can be debated, and the agreements arrived at can take on varied forms, including the intentional or tolerated coexistence of many different goals. Each agreement is transient and conditional. The actors themselves have theories, arising from their daily experience, concerning the nature, scope, and possible success of the negotiation processes.

Strauss continued this vein of work in his book *Negotiations: Varieties, Contexts, Processes and Social Order* (1979). As analyzed by Emmanuèle Reynaud (1980, pp. 461–63):

[F]or [Strauss], there is always a fringe of negotiation within any social order, even dictatorial, since negotiation is inevitable in enterprises common to several persons, groups or organizations. However we should....on the one hand distinguish it from all the other processes of interaction (constraint, education, manipulation, force...) to identify its specificity, and on the other, [re]place it in a context of rules, roles, relations with power (the social order) which makes it possible, gives it its meaning and at the same time influences its evolution by strengthening it or weakening it....To do this, it is essential to compare the most varied situations, confrontations of the most varied actors and the most heterogeneous social contexts.

Strauss proposes a “paradigm of negotiations,” a grid for analyzing negotiation processes, and applies it to a wide range of case studies. In the development of this paradigm, we find the same theoretical position as in all of Strauss's research. He starts, as in his analysis of work, from the negotiation itself and its secondary processes (e.g., bargaining, obtaining gratification, paying debts, and negotiating agreements), interactions, types of actors, their strategies and tactics, and proceeds to examine the consequences. He then builds a context of action on two levels: on the one hand, the structural context in which the negotiations take place and, on the other hand, the context of negotiation which refers back more specifically to structural properties acting *directly* as conditions on the progress of the negoti-

ation. Strauss (1979, p. 99) uses this context of negotiation as he used contexts of awareness: "Just as there are many types of awareness context pertaining to interaction with respect to dying persons, so also there are many specific types of awareness context pertaining to interaction among negotiating parties." These different types can be reconstituted in terms of the combinations of the general properties of any negotiation context.¹²

The importance given to negotiation in social life is not surprising on the part of a sociologist who has always sought to empirically grasp and specify with much range of variation one of the founding dilemmas of sociology: the opposition between constraint and freedom. It is interesting to see how Strauss examines interactionism as a tradition in the light of this opposition (Fisher and Strauss 1978). Strauss's analysis of society as composed of social worlds is closely associated with this preoccupation. Moreover, in my opinion, this demonstrates his desire to uphold the central position of Thomas and Park on social change—that it is produced by the shock and encounter of *groups*, by the reciprocal effects and reactions of groups encountering each other and their attempts to deal with such encounters (see also Blumer 1958). Strauss (1978, p. 123) formed a loose map of the territory to provide a perspective in terms of social worlds: "We are confronting a universe marked by tremendous fluidity; it won't and can't stand still. It is a universe where fragmentation, splintering, and disappearance are the mirror images of appearance, emergence and coalescence." This approach extends some Chicago analyses, particularly those of Hughes (1958, 1971), which sought to grasp the complexity of societies like ours by paying systematic attention to interrelationships between points hitherto explored very painstakingly but in too isolated a manner. In his famous conversation with Blumer, Hughes understood the need for this:

I think that in my earlier work on occupations, I made...I discussed them as if the isolation between even a closed occupation and the world were greater than it really is. If I were studying medicine now, I think I would start by studying abortion, instead of starting with the medical profession. You have to understand the whole 'blooming' system and the whole dynamic of it. (Lofland 1980, p. 272)

Starting with the problem of abortion, he would have encountered the medical profession and its different segments confronting each other as well as actors from other worlds (e.g., women's groups and religious groups) in multiple arenas (see Clarke and Montini 1993).

In effect, the social worlds and negotiated order approach sketches in lines of investigation, exactly as P.M. Menger (1988, p. 8) wrote about Becker's (1982) book on art worlds, a work that shares this approach:

If we define a social world network of actors cooperating to accomplish specific activities, the researcher has to identify who acts with whom, to produce what, with what degree of regularity, and on the basis of which conventions. One of the consequences of this mode of analysis is to relinquish the operational value of descriptions that establish strict distinctions and watertight classifications...[and to allow] development of an overall line of reflection about the way in which actors come to an agreement or into conflict in order to invent categories and classifications and draw boundaries. Once they are interpreted as a series of processes mobilizing actors, the resulting facts, values and meaning can change gradually or radically along with changes in the networks that produced them.

This approach does not define in advance either the actors in social worlds or their conventions but, on the contrary, attempts primarily to identify and represent them. By the same token, it opens up questions of boundaries and the “authenticity” of what is produced (whether it is a work of art or a medical treatment). The validity of such a perspective with respect to the rapid changes arising from the introduction of new technologies and the constant specialization that accompanies them is obvious. This perspective is deeply attuned with analysis of a “project” or a trajectory as described above. In two successive articles, Strauss (1982a, 1984) frames various processes of segmentation of social worlds, their interaction through processes of intersection, and processes of legitimation or recognition as developed in this kind of “social matrix.” Here, we can see the development of ideas initiated years earlier in work on professional segments (Bucher and Strauss 1961), expanded to embrace the whole social space. This perspective has been well developed by Strauss’s students in the sociology of science.¹³

GROUNDED THEORY AND THINKING THROUGH FIELDWORK

In 1967, quantitative procedures were the most commonly used methodological tools in the “social world” of American sociology, although it was possible to see the beginnings of a renewed interest in fieldwork.¹⁴ Glaser and Strauss (1967) gave this movement momentum with their now famous book, *The Discovery of Grounded Theory*, which sought to (re)establish the validity of qualitative sociological research. The book remains a benchmark for qualitative sociology. However, the authors also had another goal:

The book was self-consciously an attack on those [quantitative] kinds of people but it was also an effort to say this is what we do and we do all kinds of work. What was grasped essentially was the legitimation of qualitative work. The theoretical approach was less understood. The methodological approach was perceived aptly as an approach, but not in an operational sense, obviously, because the book did not go into detail about operations.

Over and above the deeper investigation of methodological issues, in *The Discovery of Grounded Theory* we find a concept of sociology as discipline; moreover prolonged fieldwork must be the basis of this discipline. Construction of a method of specifically qualitative analysis is, for the authors, the way to arrive at the only theoretical statements which they see as legitimate: “grounded theoretical statements” derived from painstaking field studies. Theoretical generalization remains possible, but only when based on such empirically-rooted statements.

This work was the start of a broader project, quite original compared with most work devoted to field studies, on the construction of *analytical categories* by researchers. Grounded theory as a research method was developed in a series of six publications. In the first, *The Discovery of Grounded Theory*, Glaser and Strauss (1967) provide the basis for this approach. The second, Schatzman and Strauss’s (1973) *Field Research: Strategies for a Natural Sociology*, describes their model of the field sociologist as “a natural sociologist,” based on all the aspects of one’s activity from arrival in the field to presentation of

findings to varied audiences. Strauss did not work on the third book, *Theoretical Sensitivity*, by Barney Glaser (1978), although it is an integral part of the series. Here, Glaser reflects at a fairly abstract level on work procedures (e.g., coding, memos, pacing) and anything likely to increase the researcher's own theoretical receptiveness. In the fourth book, *Qualitative Analysis for Social Scientists*, Strauss (1987) returns to the project of presenting work procedures, but this time, unlike Glaser, he organizes the presentation around concrete examples taken from his own research, from lectures aimed at students already involved in research, and from "consultations" with collaborators and former students. Over and above its contents, this book is itself a living ethnographic testimony to the way in which Strauss and his collaborators worked. It also allows us to measure the generosity—well known to all those who worked with him—with which he welcomed any person and research project, no matter how remote they might be from his own immediate interests.

The fifth book in this series, *Basics of Qualitative Research: Grounded Theory, Procedures and Techniques*, was written with Juliet Corbin (1990, 1999), and is addressed to beginners. "Data collection, analysis, and theory stand in reciprocal relationships with each other. One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge" (Strauss and Corbin 1990, p. 23). If there are indeed three main research operations—collecting data, coding, and drafting memos or notes—the relationships among them are not linear. Collection of data can lead very quickly to coding, which can then lead almost as quickly to the writing of a memo. This work of drafting memos can then inspire the researcher to seek new data or—and this point is important—to continue with coding or writing memos, or with inspection and coding of data already gathered and analyzed. The research work itself involves the researcher in deliberate reciprocal movement among the three operations—collecting data, coding, drafting memos, on the one hand—and each of the phases between them, on the other. The overall research arrangements must allow this movement.

As the work proceeds, the researcher must attempt to link primary categories and secondary categories that are built up by systematic use of a "coding paradigm," including axial coding. This coding paradigm was presented for the first time in *Qualitative Analysis for Social Scientists* (Strauss 1987). For each event or "occurrence" identified, the researcher asks four questions: What are the conditions of the action, the interactions between the actors, their strategies and tactics, and the consequences of the action? What we are dealing with here is a strategy of conscious recording through which the researcher's own experience is transformed. The singularity of this approach resides in the deliberately reflexive style of the analysis and the rhythm at which the research proceeds, along with the reasoned (if highly unusual) overlapping of its different stages. Starting from facts rather than theory makes it impossible to apply a research protocol in the sense of predicting and codifying all the operations to be carried out along with their progress over time. What we have here is a very different research strategy whose fundamental characteristic is adaptability to the contingencies of the field. Grounded theory is thus "a style of doing qualitative analysis that includes a number of distinct features, such as theoretical sampling [for the highest range of variation], and certain methodological guidelines, such

as the making of constant comparisons, and the use of a coding paradigm, to ensure conceptual development and density" (Strauss 1987, p. 5).

THE CRITICAL SPACE OF AN INTERACTIONIST SOCIOLOGIST

As Jean-Michel Chapoulie (1985, p. 16) has stressed, fieldwork has affinities with the Meadian conception of society and, I would add, in a broader sense with the interactionist conception of society as a collective production. Here, the question of the status of the researcher's theoretical statements takes on a particular dimension. Strauss (1987, p. 20), with a degree of mischievousness, highlights the double irony associated with reception of statements proceeding from a grounded theory approach, an irony that corresponds to the two contrasting audiences to whom the work is addressed:

When lay people, or professional people of the population who have been studied—such as nurses or physicians—read the paper or the monograph, they do not read it as theory but either as a more or less accurate description of what's been happening to themselves and others of their acquaintance, or as "a new way of seeing what we all know that is very useful"—even an eye opener. Then there is the audience of social scientists, who may read the publication, recognizing it's "solid sociology,"...but without recognizing that the bright and even "brilliant ideas" in the publication arose not from personal gift but from the hard work of research. The first irony should very much please the grounded theorist; the second will on occasion drive him or her wild with annoyance; but so be it. More informed social science colleagues will know better.

Beyond the anecdotal aspect, we acknowledge a concern, also expressed by Howard Becker (1963), that the people studied by sociologists are able to recognize themselves or recognize their activity in the sociological accounts devoted to them. This is not a question of soothing one's conscience by reducing the distance between expert and lay person, nor solely one of attempting to avoid the sentimentality denounced by Becker (1963, 1967) whereby researchers reassure themselves that they have indeed seen what they may have preferred not to see.

Rather, we are dealing with an attempt to delineate a possible critical space for a sociology in harmony with this very vision of society composed of people acting together, a vision supported by Dewey (1893, 1922) and Mead's (1932, 1934, 1938) schema for action.¹⁵ This schema integrates both the "experience" of individuals and the constraints of the action. It forces the researcher to adhere to the details of everyday life as closely as possible; otherwise, "it makes it impossible for us to put the real contingencies of action into our theories, to make them take account of the constraints and opportunities actually present. We may find ourselves theorizing about activities which never occur in the way we imagine" (Becker 1973, p. 216).

This theoretical requirement of adequately and appropriately handling individuals' experience is one of the most salient characteristics of Chicago interactionism, and is often poorly understood. It is partly responsible for that special coloration, sometimes criticized as impressionistic, of many of the monographs arising from this approach (Chapoulie 1984, 1996). However, it does highlight, for this tradition, certain aspects of the sociologist's rela-

tionship to the study object. First and foremost is the researcher's relationship to her or his own experience. Like Park and Hughes before him, Strauss is attentive to this point. Far from rejecting it as an expression of common sense, he insists that it be treated as a source of data. For the researcher, like any other human being, this experience acts in part as a basis for action. The data arising from one's own experience must, like all other data, be subjected to the questions and the coding paradigm of the grounded theory approach.¹⁶ In all of his methodological writings, Strauss insists on the use of specific tools to develop the researcher's own theoretical sensitivity based on such aspects as their own prior sociological knowledge and personal experience. Both should be approached with suspicion: categories arising from prior knowledge cannot be legitimately integrated into theoretical statements until the researcher has *sociologically* analyzed the field from which the analytical categories arose.

The interactionist vision of the world, and its definition of social life as collective action, requires the researcher to take into account the point of view and actions of all actors. As amply demonstrated by Becker (1963) on the subject of deviance, such theoretically grounded commitment exposes "interactionist theories" to crossfire from paradoxical criticisms (too conservative, too radical). This requirement of giving full measure to individuals' experiences can, I believe, be related to a desire, already formulated by Dewey (1934, p. 41), to explore the "embodied dimensions of subjects' experience in the action": "There is...an element of undergoing, of suffering in its large sense, in every experience. Otherwise there would be no taking in of what preceded. For 'taking in' any vital experience...involves reconstruction which may be painful." In the line of descent from Park's concept of the "marginal man," which includes this somber dimension of human suffering, Strauss, through his exploration of illness and death, seeks by various means including the concept of trajectory, to integrate this inescapable dimension of what I am tempted to call "the journey through experience." For interactionists and Strauss with them, this does not necessarily mean creating a sociology of emotions (what Strauss called sentiments), but rather trying, in their sociological analyses, not to forfeit the density of individual destinies.

This requirement to give full measure to individual experience is also present in the close relationship of Chicago interactionism with the question of change and social justice.¹⁷ The call to "lift the veil" from social life that informs the Chicago tradition should not, however, be likened to a scientific posture which, through the statements it produces, would allow subjects to become aware of the causalities that influence their subjective representations of themselves and their actions. Strauss's position in his relationships with the individuals he studies is, in my opinion, both more modest and more demanding. In the sense that no arrangement, no "social order," is perceived as static, the sociologist's work can be seen as participating in a temporary clarification of social life. I believe we can describe the sociologist's work as predominantly processual: creating a platform for the actors, allowing them to advance, and, in return, to subject the researcher's work to *their* critical regard.

The sociological position, which I would describe as one of vulnerable detachment, can be seen in the following extract from a discussion with Anselm Strauss, wherein he explains his views on what he had been trying to do since 1965 by writing, in most cases, for two audiences. As we shall see, he has tried to do so without losing any of the skeptical

humor typical of the Chicago tradition, comparing the potential ill effects of sociological “truths” to those of the illness itself. Questioned about the reasons that encouraged him to also write for practitioners, and whether it was to validate his data and his statements or to reflect an ethical position, Strauss replied in the following way:

It's a complex phenomenon. Somebody who does the kind of research that I do, you don't have to give it back to the world. I mean you just write it for sociologists. Since I primarily write theory anyhow, why write theory for ordinary people?... You can test the validity of some of your ideas by trying them out. I did that early with the dying study; the nurses were curious and I would try [the ideas] out [on them]. Then I discovered that when I did that verbally, there was always somebody who would say, “yes, but...” or “no.” And I would say, “Tell me more,” because what I was doing was touching variations. Nobody ever said, “Absolutely no!” in such a way that I gave up. You just build in variations... I enjoyed that. Then also, I am a teacher. I learned relatively early to teach what I was interested in. I was able to do that already when I was in graduate school. In fact, Everett Hughes said, “Teach whatever you want to teach.” So there is a sort of complicity between you and the students about the work you are doing. So again you're getting this validation, but also variation and ideas.

But it goes deeper than that because I am also Jewish, liberal, and [of] my generation. So you want to do something in the way of reform. But the Chicago tradition which I come out of and which I never questioned until relatively recently, the Chicago tradition said, “You don't want to just do reform because you can only make things worse or it's useless. First comes science, then comes reform.” And I still believe that, although I realize that you can't always do thorough science before you have to act. But one of the functions of social scientists, [of] some social scientists, it seems to me, is to take what we know and feed it to reform elites or to liberal people. So you write for practitioners, or you write for politicians who are in a position to do something. It all comes together—you can distinguish it analytically, but it's all there. And I don't know which of these is the more important. I do know that I have never just written policy reform things.... It's more like science rests... but you have an obligation... a moral sensibility about these things.... Then I think there is also another aspect, one assumption I think that lies behind some of my work, what lies behind a lot of this in a way.... In terms of the power of medicine, people make arrangements and it's true that they have investments in them, but they don't want to give them up and they don't do it for unselfish reasons. So they make arrangements and some of those arrangements work for some people, but some don't.... Well, things are bad enough [with illness] without making them worse with a bad arrangement! But you have to remember, when we did the dying books that it was the first time that we tried to write for two audiences simultaneously. So it was a challenge to do that and it set a style. And I felt an obligation: people were dying. Why shouldn't they get something out of this? But its part of an older tradition of bringing ideas, not even theoretical, just ideas to people so they can do things that need doing.... That's what the Europeans call the social reform business. At its worst, it is bad, but at its best it has been superb. So it is quite American. The work seems difficult but it can be done. Sometimes you have to write separately for different audiences, that is quite clear. But there are things that can be written both ways. People are simply reading with different lenses.

The sociological work of Anselm Strauss is in harmony, in its own way, with this American tradition by offering its analyses to “people of goodwill,” professionals and lay people alike. This is done not in the form of a rhetorical position which would box them into a static understanding of their activities, but in the form of tools to understand action on their

own terms. To sociologists, he offers important markers helping them to grasp the complexities of individual and collective actions in a world in constant movement.

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NOTES

1. Schatzman and Strauss were part of this group of sociologists named after Sherlock Holmes and his "Baker Street Irregulars." This group was interested in "studying natural settings, daily life, everyday worlds, social worlds and urban lifestyles..." (Lofland 1980). See also Strauss (1967, 1971).
2. It is worth noting that Fisher and Strauss (1978) compare interactionism to "an auction house" or buffet banquet where each person takes and leaves what he or she wants.
3. To recreate the intellectual progression of Anselm Strauss—his trajectory—I was fortunate to have the opportunity of talking with him on several occasions in September and October of 1989 as well as January and February of 1991. All the quotes come from these taped and transcribed talks, unless otherwise specified.
4. At the same time, he was offered substantial funding to carry out a study on the socialization of nursing students, a project undertaken by Virginia Olesen and Fred Davis, whom he "brought" with him to UCSF.
5. The UCSF campus includes Schools of Medicine, Pharmacy, Nursing, and Dentistry. Strauss's Department of Social and Behavioral Sciences was and remains in the School of Nursing. The program set up by Strauss had no direct institutional links with the faculty of medicine. The campus also had doctoral programs in medical anthropology, health psychology, aging and human development, and the history of health sciences. There was even talk of establishing a "fifth school" of social sciences in medicine, which today is taking shape as a trans-school Center for Social, Behavioral, and Policy Sciences.
6. Jeanne Quint, a nurse, also contributed to this work. She collaborated in writing some articles, but not in writing the two books concerned here.
7. The creation of concepts (trajectory, arc of work, points of option, trajectory debates, etc.) which are unusual in the sociology of work demonstrate Strauss's determination to take a new approach to work itself, especially coordinated work, whether medical or otherwise.
8. Types of work in which the patient may be involved include work mirroring that of the medical team (e.g., giving blood and urine samples, complying with orders); work that supplements that of the team rather than simply mirroring it (e.g., remaining in control of oneself during an examination); work that replaces that of the team, which has either failed to do the work in reality or in the eyes of the patient; work that the patient judges necessary whereas the team, if it were to know, would disapprove of it (e.g., controlling gestures, correcting mistakes); correcting mistakes by reporting them to the persons responsible, and so on (see Strauss et al. 1982b; Fagerhaugh et al. 1987; Fagerhaugh and Strauss 1977).
9. With both of these authors, so different in other respects, this webbing or branching is linked to the determination to stay as close as possible to what happened in the field. The cumbersome nature of their exposition is the price that must be paid for "theories" which, in the case of Strauss, seek to retain the rich variations in the situations studied and, in the case of Goffman, seek *a priori* to envision all the possibilities.
10. Goffman's full statement was: "I have grave doubts about the value of recent grand sociological theories, and even about their circumspect successors—theories of the middle range....So what

we need, I feel, is a modest but persistent analyticity: frameworks of the lower range" (Winkin 1981, p. 4).

11. Note that for the interactionists, after Mead, the self is not one of the instances of the psychic structure, but an open-ended component of the identity (i.e., a process).
12. In his last book devoted to the grounded theory method (Strauss and Corbin 1990), he proposes this paradigm of negotiation as an example of the matrix for coding conditions relating to a phenomenon—"a conditional matrix"—which he developed as a tool of methodological analysis.
13. Three of Strauss's students (Star 1989; Star and Griesemer 1989; Fujimura 1996; and Clarke 1998) demonstrate the importance of Strauss's contribution of perspectives on identity, social worlds, and the negotiated order for the development of social studies of science.
14. As shown, for example, by Renée Fox's (1959) initial fieldwork in transplant medicine.
15. On this point, see Winkin (1988, p. 39) speaking of Hughes's concept of participant observation, "which is not a journalistic attempt to describe experienced feeling."
16. On this point, we might read the "methodological note" in the appendix to *Social Organization of Medical Work* (Strauss et al. 1985, pp. 291–96).
17. On these points, see, among other texts, Winkin (1988) and Fisher and Strauss (1978).

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