



Research Paper

Use of the Symbolic Interactionism theory in Nursing research

Ana Paula Alonso Reis Mairink¹; Clícia Valim Côrtes Gradim²;
Marislei Sanches Panobianco³

¹Federal Institute of Education, Science and Technology of Southern Minas Gerais (ISULDEMINAS) –
Muzambinho Campus, Brazil

²Graduate Program in Nursing of the Federal University of Paraíba, Brazil

³Maternal-Child Nursing and Public Health Department of the Ribeirão Preto Nursing School:
University of São Paulo, Brazil

Corresponding Author: Ana Paula Alonso Reis Mairink

ABSTRACT: Symbolic Interactionism (SI) has been increasingly used in qualitative research studies because it contributes to better understanding the phenomenon under study. In the Nursing area, it is a theoretical framework that allows researchers to get closer to their study object and contributes to providing qualified care to clients with specific diseases. The objective of this article was to discuss the use of the theoretical framework called Symbolic Interactionism (SI) in Nursing research, using data from a postdoctoral research study entitled “Spiritual/Religious dimension in coping with breast cancer amidst the new coronavirus disease (COVID-19) pandemic”, approved by the Ethics Committee [CAAE: 32425020.1.0000.5393 and Opinion: 4,867,129]. In order to understand the SI theory and its applicability in Nursing research, this study used excerpts from some statements of the actresses participating in this research that best portrayed the concepts of SI: the symbols, the self (divided into “I” and “me”), the mind, social interaction, and society. The use of this theoretical framework is encouraged in Nursing research studies, a profession whose essence is care, because understanding human behavior based on the SI concepts makes individualized care for clients more assertive and humane.

KEYWORDS: Nursing, Symbolic Interactionism, Qualitative Research Study, Individualized Health Care
Received 09 September, 2021; Revised: 22 September, 2021; Accepted 24 September, 2021 © The author(s) 2021. Published with open access at www.questjournals.org

I. INTRODUCTION

Symbolic Interactionism (SI), a theoretical framework that deals with social interaction and human behavior, has been widely used in qualitative research studies, because it favors understanding of the extent of the investigated phenomenon, allowing researchers to approach their study object.

Qualitative research studies are interpretative techniques that aim at translating and expressing the definition of events occurring in the social world, though the meanings created in human relationships [1]. In this sense, it has been gaining prominence in the Nursing area, a profession whose central element is care; this type of research brings researchers closer to the social world, contributing to qualified care to patients with specific diseases [2].

The theory (SI) emerges with George Herbert Mead (1893-1931), a philosopher at the University of Chicago, and gains strength with Herbert Blumer, one of Mead's former students, sociologist and his disciple [3].

In order to use this theory, it is indispensable to understand the concepts described by these two idealizers of SI, namely: the symbols, the self (“I” and “me”), the mind, social interaction, and society [4].

Thus, the objective of this article was to discuss the use of the theoretical framework called Symbolic Interactionism (SI) in Nursing research, using data from a postdoctoral research study.

II. METHODOLOGY

A qualitative research study with Symbolic Interactionism and the Grounded Theory (GT), Strauss and Corbin strand, 2008 [5], as its theoretical and methodological frameworks, respectively.

This framework started to be used in *stricto sensu* graduate education and continued to be employed up to postdoctoral degrees. These opportunities led to a closer approach to the framework and its clearer visualization in practical application.

This article used data from a postdoctoral research study entitled “Spiritual/Religious dimension in coping with breast cancer amidst the new coronavirus disease (COVID-19) pandemic”, approved by the Human Research Ethics Committee [CAAE: 32425020.1.0000.5393 and Opinion: 4.867.129], and which respected the ethical recommendations set forth in Resolutions No. 466, dated December 12th, 2012 [6], and No. 510, dated April 07th, 2016 [7], of the National Health Council (*Conselho Nacional de Saúde*, CNS).

The term “interactionism” comes from the word “interact”, which means “to mutually act”; and the word symbolic comes from the Latin *symbolicu* and from the Greek *symbolikós*, meaning “something that constitutes a symbol” [4].

To understand SI, it is necessary to know the concepts described by Mead and better explained by Blumer in the 1930s, namely: symbols, *self* (divided into “I” and “me”), mind, social interaction, and society [4].

The symbols represent everything that expresses communication/meaning between and for people. The *self* is the person (“I” when it has spontaneous attitudes, and “me” when its attitudes are guided by the influence of other people), and it is the mind that interacts with the *self*, guiding the direction of the actions. It is in society that social interactions occur, and it is precisely this society that emits symbols for the *self* and instigates its interaction with the mind.

III. RESULTS AND DISCUSSION

In SI, the symbol is the central point, being fundamental for the interaction between human beings. Communication occurs through symbols, which can be words, human actions, or physical objects that have a meaning among people and whose interpretation makes social interaction possible. Something is considered a symbol only when it has intentionality, meaning [8].

A practical example of a symbol is presented below:

“I think that some people really don't care, well, at least here, my husband [and] my kids only went out to buy things.” (E13)

In this example, the symbol is the guidance regarding social contact restriction due to the COVID-19 pandemic. World and national health authorities requested social distancing, which, after being interpreted, generated the meaning for the family to follow the action of isolating themselves.

Communication occurs through the use of symbols and, based on the interpretation of these symbols, there is the social interaction that creates and defines the *self*. Communication enables the transmission of meanings, and the person becomes what the other is seeing [9].

“I ask God not to have it [cancer again]. I'm not doing chemotherapy any more, it's [an] awful suffering.” (E10)

This statement reveals that the chemotherapy treatment is permeated by suffering, with the *self* being “modeled” by the idea that chemotherapy is a painful treatment that wears the patient down, generates discomfort, and is not intended to be repeated.

It is known that this is an experience reported by this social actress that cannot be generalized, because each individual experiences this treatment modality in a different way, depending on several factors, such as the type of chemotherapy drug used, the dosage prescribed, and the body's response to adverse events.

According to Mead, the *self* (the ego/the very person) is the inner individual and is divided into two phases: “I” and “me”. In the “I” phase, the individual acts spontaneously and impulsively, in an unsocialized manner; whereas in the “me” phase, the person is a social object that originates from the interaction with the others, which allows people to reflect about themselves and perceive themselves in the role of the other.

“I've put it in God's hands, because, if I'm supposed to die, I will, otherwise it's all by God, I think everybody has a fate to go through.” (E8)

In this excerpt, the “I” (individual acting spontaneously) is represented by the surrender of their own life to God and the acceptance of death as something that belongs to a person's life cycle (we are not immortal beings). The “me” phase (individual acting as a social object that originates from their interaction with the others) is contextualized by reflecting that every person has struggles and difficulties, that is, “everybody has a fate to go through”.

According to Mead, in SI the mind interacts with the *self*, as it represents the communication of meanings to the *self*. Individuals define things to themselves due to the interaction with the mind and, based on the interpretation made, they follow an action. Thus, the mind is defined as a process that is manifested when

individuals interact with themselves, using significant symbols. Finally, society is characterized as a dynamic entity, since individuals interact, thus changing and defining the direction of their actions [8].

“Many people are afraid, I myself say that, if I get sick, I'm afraid of going to the hospital, because they'll [put] me in the COVID ward, because they only treat COVID, so this is what I'm afraid of. This is the greatest fear of my family, our fear.” (E10)

In the COVID-19 pandemic, many appointments and treatments were postponed due to the high occupancy rate in health care institutions due to the demands resulting from this disease, in addition to the precaution of avoiding circulation in these places, in order to reduce spread of the SARS-CoV-2 virus. Thus, in this statement, the fear of going to the hospital and eventually having their complaints referenced as some of the typical COVID-19 symptoms is the mind making this interpretation and following an action: not attending health care institutions during the pandemic. It is society adapting itself to the recommendations for preserving life (direction of the actions): “this is the fear of my family, our fear”.

SI allows interpreting people's perceptions, the sense and meaning they attribute to things, and how this sense and meaning are related to their experiences, because these meanings emerge from the social interaction that a person has with the others. Furthermore, the meanings can be modified or attributed according to the way in which people experience and cope with the fact [10].

“One thing I don't understand so far is that you can go to a restaurant, you have to enter with a mask, you sit down, you eat, people pass near you and you're without the mask, I can't understand it! We do this, but I can't understand why! It doesn't make much sense to me, you put on the mask when you get up; I mean, don't you catch COVID when you're seated? People may pass near you and you don't catch it? It's very weird!” (E10)

As the importance of wearing a mask has been extremely spread during the pandemic, especially outside home environments, this experience of being able not to wear a mask in a restaurant and not getting contaminated does not make sense to this woman and this is, perhaps, due to the scenario of the pandemic in her municipality of residence in the interview context.

As a research model, SI is inserted into the interpretivist paradigm that aims at comprehending life experiences according to the understanding of those who went through the situations studied. This framework allows for a broad understanding of the phenomenon and understanding whether a given meaning results from or is the result of the interaction of the elements that are involved in the social process. It seeks to ascertain whether these elements are significant when they interact and how they employ the interpretive process when they mutually act with significant objects of their reality [4,11].

“[We talk on the] phone, make video calls; my sister [would] come by the door, see me and go away. Friends, people from the church would come at the door of [my] house [and all] was strengthened.” (E7)

The pandemic demanded social contact restriction and, as it is well known, in breast cancer support networks (family, friends, health care professionals, spirituality/religiosity, support group) are important elements that contribute to coping positively with the disease and its treatments. Therefore, this report shows that it was necessary to readjust the way to obtain this support, that this readjustment was made, and that it was fundamental for strengthening to cope with the adversities to be faced at the time: breast cancer and pandemic. Resorting to virtual communication strategies, or having remote contact, were strategies used to develop the framework's social process.

SI has been used in Nursing to interpret human responses and to understand the meanings that individuals attribute to the situations they experience by valuing the language of their discourse and the symbolic language of their behavior [12].

Thus, individuals try to attribute meanings to the facts inherent to their reality, taking into account their own interpretation and interaction, showing that their experiences are filled with values and meanings. When living the present time, the individual is influenced by the past, present and future experiences [12,13].

IV. CONCLUSIONS AND IMPLICATIONS FOR THE PRACTICE

The use of the theoretical framework called SI allows interpreting people's perception and the meanings they attribute to the symbols (the central element in SI), contributing for the reflection on the reality from the subjects' perspective and from their experiences with the phenomenon.

SI is experientially understood, and each research study using this theory enables greater approximation between the researcher and the framework. The use of this theoretical framework is encouraged in Nursing research studies, a profession whose essence is care, because understanding human behavior based on the SI concepts makes individualized care for clients more assertive and humane.

REFERENCES

- [1]. Amezcua, M. and S.M.H. Zambrano, Investigación sobre el cotidiano del sujeto: oportunidades para uma ciência aplicada. Texto Contexto Enferm, 2012; 21(3):p. 675-83.
- [2]. Leite, J.L., et al., Thoughts regarding researchers utilizing Grounded Theory. Rev Esc Enferm USP, 2012; 46(3):p. 72-777.

- [3]. Haguette, T.M.F., Metodologias qualitativas na sociologia. 1992, 3. ed. Petrópolis: Vozes.
- [4]. Blumer, H., A natureza do Interacionismo simbólico. 1980, São Paulo: Mosaico.
- [5]. Strauss, A. and J. Corbin., Técnicas e procedimentos para o desenvolvimento de Teoria Fundamentada. 2008, 2ª ed. Porto Alegre: Artmed.
- [6]. Brasil. Ministério da Saúde. Conselho Nacional de Saúde, Resolução nº 466, de 12 de dezembro de 2012. Dispõe sobre diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos.
- [7]. Brasil. Ministério da Saúde. Conselho Nacional de Saúde, Resolução nº 510, de 07 de abril de 2016. Dispõe sobre as normas aplicáveis a pesquisas em Ciências Humanas e Sociais cujos procedimentos metodológicos envolvam a utilização de dados diretamente obtidos com os participantes ou de informações identificáveis ou que possam acarretar riscos maiores do que os existentes na vida cotidiana, na forma definida nesta Resolução.
- [8]. Mead, G.H., Espírito, persona y sociedade: desde el punto de vista del conductismo social. 1982, Barcelona: Paidós.
- [9]. Mead, G.H., Mind, Self and society: from the standpoint of a social behaviorist. 8th ed. Chicago (USA): University of Chicago Press; 1972.
- [10]. Reis, A.P.A. and C.V.C. Gradim, Alopecia in breast cancer. Rev. Enferm. UFPE on line, 2018. 12(2): p. 447-455.
- [11]. Lopes, C.H.A.F. and M.S.B. Jorge, Interacionismo simbólico e a possibilidade para o cuidar interativo em enfermagem. Rev. Esc. Enferm. USP, 2005. 39(1): p. 103-108.
- [12]. Carvalho, V.D. and L.O. Borges, and Rêgo, D.P., Interacionismo simbólico: origens, pressupostos e contribuições aos estudos em psicologia social. Psicol. Ci. Prof., Brasília, 2010. 30(1): p. 146-161.
- [13]. Sampaio, B.A.L. Significado da alopecia para mulheres submetidas à quimioterapia para o câncer ginecológico ou mamário. 2013. 97f. Dissertação (Mestrado em Enfermagem em Saúde Pública) – Escola de Enfermagem de Ribeirão Preto – USP.