Field Notes and Theoretical Memos in Grounded Theory

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In this article the authors expose some of the mystique surrounding field notes and theoretical memos in a Glaserian grounded theory study. Definitions, types, and content of field notes and theoretical memos are presented. Exemplars from a study of mothers living with serious mental illness are provided to illustrate how these forms of documentation evolved during the course of the study. The authors argue that, although the processes of field noting and memoing may blur as a study progresses, they nevertheless retain their independent functions. The authors contend that without understanding the complementary function of these two types of documentation, data cannot evolve to a higher interpretive level. This article contributes specific ideas for improving the methods used by qualitative nurse researchers.

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A problem facing the beginning qualitative nurse researcher is the documentation of ideas during data collection, analysis, and interpretation (Morse & Richards, 2002; Sandelowski, 1998). Contributing to this problem is the relative invisibility of field notes and theoretical memos in and of themselves (Glaser, 1998; Hammersley & Atkinson, 2002). Rather than presenting raw, unedited field notes or theoretical memos, researchers typically expose the reader to the end product of their analysis and/or interpretation (Robinson, 2003). In a review of qualitative research abstracts listed in the CINAHL database from January 2000 to January 2005, field noting and memoing were common recording processes of data and conceptual

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insights, respectively. Unfortunately, explicit pragmatics regarding such documentation were not usually described within these articles. Partially, this might be explained by the publication word limits, confusing information about documentation in qualitative research articles (Rogers & Cowles, 1993), and the assumption that field notes are too subjective for scientific discussion (Ottenberg, 1990). Field notes and memos are typically written to and for the researcher (Miles & Huberman, 1994) and, therefore, considered as private documents (Sanjek, 1990).

An attempt to expose some of the mystique surrounding field notes and theoretical memos, a Glaserian grounded theory study is presented in this article. By no means is this a review of memoing in grounded theory or field noting in ethnography, as documented in a number of research texts (Emerson, Fretz, & Shaw, 1995; Glaser, 1992, 1998; Strauss & Corbin, 1990). Rather, the purpose of this article is to describe and illustrate the application of the distinct and, at times, overlapping elements of these two forms of documentation. We argue that although these elements can blur as a study progresses, they nevertheless retain their independent functions. Without understanding the complementary functions of these recording processes, data cannot evolve to a higher interpretive level. This article is divided into three sections: definitions, types, and content of field notes and theoretical memos. Concrete exemplars from a grounded theory study of mothers with serious mental illness (SMI) will be integrated into each section. To represent the original data, the exemplars appear as they were written during the course of the current study. They are small segments of raw, decontextualized data and analysis excerpts. The readers will recognize the researcher's individual style of documentation and may identify alternative interpretations. This article contributes specific ideas for improving the methods used by qualitative nurse researchers.

The Study of Mothers With SMI

A grounded theory study was undertaken to understand the experience of mothering from the perspective of women with SMI (Montgomery, Tompkins, Forchuk, & French, 2006). Grounded theory method allows for the discovery of the underlying social process; that is, the research aims to uncover "what is actually going on" (Glaser, 1998, p. 21) with regard to a particular issue and how it is handled. Following ethical approval, a sample of 20 mothers psychiatrically identified as having a SMI agreed to participate in the current study. *SMI* was defined according to Bachrach's (1985) trilogy of diagnosis, disability, and duration. For the current study, mothers with a SMI of at least 2-year duration with a resulting disability were included.

The unfolding of illness varied among the participants. Three mothers identified their diagnosis as schizophrenia, four had bipolar, nine had major depression, and four did not specify their diagnosis. Several of the mothers talked of receiving a variety of psychiatric diagnoses over time. To ensure extensive data covering a range of behaviors in grounded theory, diversity in diagnoses and illness experiences is essential (Hutchinson & Wilson, 2001). The length of time this group of mothers lived with illness varied from 3 to more than 20 years. Many of the participants believed that they had been ill for several years before seeking psychiatric services. The complexity of their situated experiences shaped how mothers told their stories. Even though the mothers were willing to share their stories, their communicated thoughts and impressions were often colored by the presence of illness. At times, the mothers' experiences were not immediately comprehensible to the researcher. Indeed, being a "good listener" was difficult to balance with being a "good grounded theorist researcher." In such circumstances, interpreting what was pertinent to the topic of mothering and illness was a challenge.

Within this context, the collection of data using written field notes in addition to audiotaping interviews was essential to yield a richer account of the mothers' subjective view of how they managed mothering and illness. The audio recordings provided a complete, concrete, and detailed record. The written field notes included data about variables such as the setting, the mother's presentation, direct quotations, the researcher's reactions, and the unfolding of these complex encounters (Patton, 1990). Although permanent audio recordings are considered by some to be a form of field notes (LeCompte & Preissle, 1993; Sanjek, 1990), in this article, the focus is the written reconstruction of the data.

Definitions of Field Notes and Theoretical Memos

Field Notes

Field notes are commonly defined as written records of observational data produced by fieldwork (Hammersley & Atkinson, 2002; Jackson, 1990). As a data-gathering strategy often used by ethnographers, field notes consist of descriptions of social interactions and the context in which they occurred (Roper & Shapira, 2000). They represent "the process of transformation of observed interaction to written public communication" (Jackson, 1990, pp. 6-7). In a survey of ethnographers regarding field notes, Jackson found no standard definition of precisely what constitutes a field note. Rather, ethnographers expressed strong feelings associated with field notes.

They shared a diversity of opinions regarding issues such as training in field noting, kinds of field notes, publicizing field notes, and length of field notes. Jackson concluded that field notes capture "the attachment, the identification, the uncertainty, the mystique, and perhaps above all, the ambivalence" (p. 33) of being in the field.

Being in the field is evident in the following exemplar. This excerpt, from an initial field note, was written after an interview with a mother preparing to return home after a psychiatric inpatient admission. In the current study, all field notes were introduced by a date and the mother's pseudonym. The mother's words are presented in quotation marks to distinguish them from those of the researcher:

January, Brooke

> In response to my clarification regarding her efforts to "protect" her children, Brooke interrupts with an assertive response, "Definitely." Then, she becomes tearful and looks away. In a lower tone, she adds that her children are "normal" with a qualifier "to the extent that normal can be right now." Illness "creates chaos." There is a pause. I sense discomfort for both of us. Brooke then shifts the flow of the conversation using terms such as "fun loving," "very nurturing," and "well-balanced" to describe her children.

In retrospect, one could question the inclusion of particular observations related to a mother's emotional reaction ("she becomes tearful and looks away") or that of the researcher's ("discomfort"), and whether the observational details were comprehensive.

Theoretical Memos

Memos, on the other hand, are records of the researcher's developing ideas about codes and their interconnections (Glaser, 1998). Memos are a documentation of the researcher's thinking processes rather than a description of a social context. By theorizing from the data, memos transform field-note descriptions into theoretical accounts. In 1978, Glaser identified four goals and 12 rules outlining the pragmatics of memoing. Subsequently, he critiqued the formality of this structure stating that its rigidity impeded conceptualization (Glaser, 1998).

According to Schreiber (2001), there are three levels of coding in grounded theory. They involve moving from: first-level coding, the use of participants' words resulting from line-by-line analysis; to second-level coding, categorizing of first-level codes; to third-level coding, the selection

of theoretical labels to represent the links between categories. The following theoretical memo demonstrates beginning conceptual thinking about Brooke's field note grounded in the interview data. Each theoretical memo begins with a date, a levelling, and a code label:

February, First-Level, Protect

> A mother [Brooke] seems to become guarded when she fears that her illness may have inadvertently harmed her children [January field note, Transcript lines (TL): 140–143]. This may demonstrate protection of self-as-mother [TL: 254–258]. A mother's efforts to "protect" her children unravel in illness [TL: 15-17]. For Brooke and the other initial participants, their illness must not hurt their children. Mothers express emotions of sadness and guilt as they are unable to protect their children from illness. They are searching for guidance re: how to protect their children when their illness is overwhelming. They know of few positive role models in illness.

Based on preliminary analysis of Brooke's transcript and the emerging theoretical memos, including the above exemplar, the researcher questioned the nature of mothers' child protection efforts in the chaos of escalating symptoms. The current study's theoretical memo is intentionally not polished. In fact, like field noting, memoing is initially awkward. The potential significance of any memo remains unknown and is dependent on further conceptual elaboration.

As Glaser (1978) suggested, to "get ideas out" is not a straightforward process as there are loose boundaries around emerging ideas. As memoing progresses throughout a grounded theory study, the boundaries become defined by the evolving categories. As Schreiber and Noerager Stern (2001) caution, "[i]t is far better to get the idea down on paper than to lose it because of concerns about writing style, or worse, to talk about it with others and have no record of it" (p. 72). In the current study, the first-level code *protect* evolved into a theme within the subcategory of mothers' sense of responsibility for their children in illness. The theme *protect* further evolved into maintaining their valued position as mother and minimizing children's exposure to illness.

Types of Field Notes and Theoretical Memos

Field Notes

A number of field-note typologies have been presented in the literature (Clifford, 1990; LeCompte & Preissle, 1993; Lofland & Lofland, 1999;

Table 1
Guidelines for Field Note Taking

Guideline	In Practical Terms
Mechanics	Keep interviews to 1 hour to assist with recollection
	Jot a word in presence of participant if not intrusive
	Reserve time for fuller accounts after each interview
	Put aside equal amount of time for fieldnotes as interviewing
	Hand write impressions versus verbal recording or word-processing to stimulate recollection about encounter with participant
	Use quotes to indicate participant's words
	Demarcate data from interpretation of the data using [ ] and quotation marks
Content	Freely write observations and impressions
	Attend to participant's use of language
Style	Be aware that the focus of the notes may narrow over time
	Recognize that the length of notes vary
	Free write to maintain flow of ideas
	Leave wide margin for coding

Source: Modified from LeCompte and Preissle (1993) and Lofland and Lofland (1999).

Sanjek, 1990). These authors agree that documentation is "hierarchically organized" and not merely a record of what the researcher sees and hears; that is, the type of field note influences the what, how, and when of field noting (Hammersley & Atkinson, 2002; LeCompte & Preissle). Although the above authors used different labels to designate the form and content of field notes, most descriptions share similar qualities. For example, Clifford (1990) defined *inscription notes* whereas Sanjek (1990) described *scratch notes*, and Lofland and Lofland (1999) referred to *jotted notes*, as mnemonic aids, a written source of data for subsequent elaboration.

In the above study, the field notes were structured in accordance with an adaptation of LeCompte and Preissle (1993) and Lofland and Lofland's (1999) guidelines for field noting (Table 1). The resultant field notes were similar to Sanjek's (1990) definition *of field notes* proper and Clifford's (1990) description notes. The field notes were a freely written chronicle of the researcher's observations of events and interactions during data collection. Initial notes were hand written immediately following the interview. Within 12 hours, these notes were reviewed for their comprehensiveness and additional details were added. As data collection progressed, the field notes contained preliminary insights and emerging analytic ideas. In the current study, field notes were a detailed account of descriptive, methodological, and analytic "facts." The field notes helped the researcher to make sense of

the mothers' perspectives and the process of grounded theory research. The resultant study field notes portrayed a mixture of individualistic, distinct perceptions derived from being present with a mother in a moment of time.

LeCompte and Preissle (1993) suggested that instead of being overly concerned about the type of field note, pioneering a mixture of note taking that best preserves the researcher's observations and impressions may be more useful. Similarly, Hammersley and Atkinson (2002) stated:

> Like most aspects of intellectual craft, some care and attention to detail are prerequisites: satisfactory note-taking needs to be worked at. It is a skill demanding repeated assessment of purposes and priorities, and of the costs and benefits of different strategies. (pp. 175-176)

Theoretical Memos

Glaser (1992, 1998) did not support types of memos. He suggested that the adoption of a typology of memos such as developed by Strauss and Corbin (1990; code notes, theoretical notes, operational notes, diagrams, logical diagrams, and integrative diagrams) limits the abstraction of data beyond the descriptive level (Glaser, 1992). For Glaser (1998), a theoretical memo simply captures the "meaning and ideas for one's growing theory at the moment they occur" (p. 178). Although the style of Glaserian theoretical documentation may vary from a few words to a "ten page conceptual paper" (Glaser, 1998), memos essentially reflect the researcher's conceptual speculations.

The following three theoretical memos are included to illustrate the researcher's thoughts about the first-level code *hide*. Although this was a recurring term used by some participants, it was initially overlooked by the researcher. Attending to Glaser's (1992, 1998) emphasis on the process, rather than the form of memos, increased the researcher's sensitivity to the meaning "behind the words" as concurrent data collection and analysis occurred. The following three memos show progressively more depth to understanding the code *hide*. For example, in the February memo, Brook hides illness away from others:

February, First-Level, Hide

> In Brook's story, she hides illness away from her family even though she is expected to be present as parent [TL: 170-184]. Brooke portrays a mothering image of strength - " . . . I am strong, being strong, being independent." This image mirrors the ideal at the cost of her sense of self. The image or the "mask" serves to mutually protect mother and child. To protect self as

mother, Brooke lets "no one see" behind her mask. Brooke wants her children to witness ideals that she hopes "they will follow." She fears that if she lives in illness, life for her children will be framed by illness.

In an April memo an additional abstraction of the dimension of *hide* is identified in Gloria's data. Not only does Gloria hide illness from others, she "hides from [illness]," illustrating the evolving depth of the code *hide*. The April memo reflects more refined theoretical thinking as the data within this first-level code *hide* expands:

April, First-Level, Hide

> Gloria truncates illness from her identify [TL: 69-77]. Her illness was in the past. Now her "partner is still" with her, her "children are in the home," she has "time" to pursue some of her interests, and there is "money coming in." There-fore, she has no concerns as a mother [April field note, TL: 22-24, 27, 31-40]. Gloria no longer perceives self as ill and her serious recent life-threatening suicidal attempt is put aside, removed from her image of self/self-as-mother. Does she hide from illness? Acute illness, involuntary psychiatric hospital admission, family stress and the threat of child removal are in the past and so, leave them there. Gloria re-balances self in relation to her children by return-ing to mothering and taking her medication [TL: 100-108, 112-116].

The third theoretical memo reflects an increasingly refined understand-ing of the code *hide* and is subsumed under a higher code invisibility. This memo includes an accumulation of hunches based on several ideas not lim-ited to an individual or single first-level code.

June, Second-Level, Invisibility

> There seems to be value associated with being able to simultaneously hide self and being seen. Efforts to hide the ill self—"masking," "camouflaging," "pretending," "removing self," "using substances," "being admitted to hospi-tal"—seem to be for the sake of keeping connected to their children. Mothers' believe this is "what is best" for their children. The self as mother becomes broken in illness. The mother attempts to hide her ill self in order to protect children from the "monster," (illness). As severity of symptoms increase, hiding to remain hidden becomes problematic. When hidden, a mother becomes increasingly isolated and alone in illness. Further, under-standing by others, including their children, becomes all that more difficult as the children must "seek" for the authentic mother among the pretences.

An invisibility strategy was meant to cloak the undesirable implications of being recognized as a mother with mental illness. Thereby, mothers were

able to sustain closeness, but only to a point as illness often disabled their mothering abilities.

To further develop a conceptual understanding of what was happening for this group of mothers, the ideation of the June memo about invisibility was considered in view of other first-level codes, *hitting bottom* and *falling*. Integrating conceptual ideas yielded the following memo tentatively labelled as visibility as a result of reconstructing the theoretical story:

July, Second-Level, Visibility?

> "Falling," "spiraling," "up-and-down," and "spinning" (examples of motion within the category "illness") result in mothers "hitting bottom." Isolation from children and uncertainty about what is reality and how best to respond to the children seem to characterize bottom for them. The movement away from their children towards the bottom via strategies of invisibility are painful for these mothers. For many mothers, bottom is a place (space?) of profound suffering. At bottom, mothers realize that their tactics of invisibility did not "truly" sustain closeness to their children. In fact, mothers perceive that such actions may have contributed to their descent to bottom. Is the visible "hitting bottom" potentially beneficial because it allows mothers to "see" their fractured self and identify their need for support or alternative ways of coping as a mother in illness?

This latter memo demonstrates that additional memos are constructed on other memos. These theoretically "more mature" memos are not directly sparked by data appearing in a field note. Instead, memos of "momentary ideation" are assembled into conceptual relationships toward developing a framework. As Miles and Huberman (1994) suggested, the standardization of memo types, and even formats, risks impeding a researcher's ability to creatively sort individual ideas for the purpose of developing a higher theoretical explanation.

Content of Field Notes and Theoretical Memos

Field Notes

The information in Table 1 guided the field noting in the above study. This information may appear unsophisticated. Nevertheless, at the time of the current study, it was useful as a broad guide for note taking. Furthermore, the guidelines are not meant to be dogmatic, as there is no one right way to do field noting (Patton, 1990). Researchers must have a clear field-note-taking approach that best suits their area of inquiry. For example,

in the current grounded theory study a decision was made not to jot notes in the presence of the mother recognizing that this might disrupt the telling of their experiences. Instead, immediately after data gathering, data recording was initiated by jotting down a list of observations such as the process, the context, and the features of the field. These observations then became a source for further descriptive elaboration.

The following field-note excerpt illustrates data from an initial entry. Some contextual, behavioral, and process features of the researcher's interview with Sally are described. In particular, a methodological issue relating to the data-gathering process is identified in the third paragraph. This field note contains more low- rather than high-inference descriptors (LeCompte & Preissle, 1993). It includes concrete descriptions of her behavior ("her speech is thick") rather than an interpretation of the observations:

January, Sally

> Sally was identified as a potential participant by a nurse manager in an inpatient unit. The nurse informed me that I "probably know of her" since she is often readmitted to hospital. Sally has been an inpatient for more than three weeks and is now being "prepared for discharge." After introducing myself and before I can explain the study to her, Sally begins sharing her experiences as a mother. I made some mental notes while attempting to focus on the ethical process. Once she signs the consent, she invites me to return so that "she can help me" understand. When I returned, she informs me that she has just rested as her medications make her "so tired." This becomes evident toward the end of this 50-minute interview.
>
> I invite her to begin where she is most comfortable. She responds, "Ask me." I pose an opening question and she partially repeats it and then pauses. Her next response of five minutes is about "a disciplined self." Her speech is thick, her words are slurred, and she often takes small drinks during the interview. She has the movements of a person receiving antipsychotics. Sally requires time to verbalize her thoughts. She responds in concrete terms to my statements. She can focus and at times becomes tearful in reference to her oldest daughter. Her tone softens in reference to her children.
>
> Methodologically speaking, early in this initial interview I sensed that the guiding questions did not allow for comfortable dialogue. The question and answer format is too rigid. Our interaction seemed to change when I move away from a structural to a conversational style of interviewing. Using Sally's language, inviting her to share examples, lots of pausing, and seeking clarification are skills that encouraged her to talk more spontaneously.

As illustrated in this field note, the scope of initial field notes addressed as many aspects of the encounter as the researcher could recall. In retrospect,

initially the structure of the observations unintentionally resembled a version of a psychiatric nursing assessment. Within a short period of time, however, this cognitive template proved to be too restrictive and not fitting for the inquiry. In addition to the above observations, as illustrated in a later section of the same field note, there was inclusion of a preliminary interpretive element:

January, Sally

> By way of initial impressions, mothering involves a "disciplined self" in order to create a "bond" with her children that is "so strong" it is unbreakable by others or circumstances such as illness and limited resources. The "bond" is a symbol of motherhood. In the presence of being "ill, ill, ill" this bond is "tested" especially since her oldest has not seen her for several years. "No one knows [why the daughter doesn't visit] and I even asked." Much of her time outside of hospital is directed at "creating a space" for her and her children. Despite the increasing severity of illness, Sally tries to "stay close as much as I can."

As a general principal, the content of field notes changes as a study progresses. Field notes evolve as analytical ideas develop (Hammersley & Atkinson, 2002). The later field notes in the current study shifted from descriptive to theoretical impressions as the researcher became increasingly sensitive to the mothers' issues, language, and themes. In comparison to earlier field notes, the next example is less concrete in its reporting of observations and includes more high-inference descriptors or interpretations of the observations (Eastlick Kushner & Morrow, 2003; LeCompte & Preissle, 1993). In Nancy's field note, the first paragraph addresses some observations about Nancy whereas the second paragraph demonstrates high-inference descriptors:

July, Nancy

> Nancy was identified by a primary health care worker as being "stable and receptive" to participating in the study. The interview was conducted in a small, windowless interview room within an inpatient setting. Prior to beginning the interview, Nancy reports she was resting. Within the first five minutes of the interview, she becomes tearful and anxious. I suggest we rearrange for another time, but she refuses. Within the initial twenty minutes, she spontaneously shares: the "pain" of illness and treatment, her desire to be with her children, her inability to be with her children because of illness, a fear and uncertainty of the "unknown," and the "blue haze." The interview ends shortly thereafter.
>   The "haze" suggests the "unreal", "unpredictable" and "unbearable" suffering of mothering in illness. To hide her symptoms, Nancy, like other mothers in the study, withdraws her presence by using substances, considering suicide, making excuses to spend less time in the home, pretending, and keep-

ing secrets. Nancy's use of the term "battle" seems fitting in that for her defensive manoeuvres are necessary to endure—"afraid about my life." For Nancy, she moved [consciously or unconsciously?] deeper into the "haze" associated with overwhelming illness. The further Nancy travels into the "haze," the less transparent [hence its shade of "blue"] it becomes. With time in illness, unfortunately, her suffering and turmoil increases. Like other mothers, Nancy perceives the need to continually balance attending to her responsibilities as a mother and removing self to control illness and suffering. By removal of self-as-mother she is not able to "keep close" to her children. Again, chaos interferes with a mother's ability to "see" and to be "watchful" of their children [from field notes about mothers who "watch"] as well as threatening others.

The descriptive language captured in field notes grounds the emerging theory development. For example, even though the character of the field notes became more interpretative, mothers' actual words such as *haze* and *battle* were consistently documented into the field notes. "Situated vocabularies" (Hammersley & Atkinson, 2002) provide a context for the conceptualization of mothers' efforts to "keep close" to their children in illness. The mothers' unique ways of expressing themselves made it essential to attend to their use of words. Emphasis, therefore, was placed on what and how participants spoke. The discourse itself embodied data reflective of their main concern. Indeed, their actual words ("blue haze") provided descriptive information that grounded the researcher's theoretical speculations.

Theoretical Memos

Glaser (1992, 1998) advocated for the freedom to document "anything" in memos. He contended (1998) that the content of memos is an "ideational and conceptual production that come[s] to mind during coding, collection, analysing, and theoretically sampling" (p. 180). Ultimately, memos on memos sort into a conceptual framework. Unlike field notes that form the basis for the construction of memos, memos play a key role in the development of the theory.

As mentioned earlier, the aim of the current study was to explain the main concern as perceived by a group of mothers with SMI. To this end, the content of the memos represented the researcher's dialogue with the data. Such dialogue was prompted by asking Glaserian-type (Glaser, 1978, 1992) questions such as: "What is happening within these lines of data?" "What underpins the mothers' action/event?" "How does this code label relate to an earlier one?" "How does this memo compare with that memo?" In actuality, memos reflect a spectrum of theoretical clarity about mothering and illness.

Some memos were unsophisticated or selectively focused on mothers' main problem of "keeping close" to their children in SMI. Regardless of the level of maturity, memos are a way of capturing and preserving conceptual analysis. Memoing, grounded in the data, promotes ongoing inquiry and stimulates a researcher's theoretical creativity.

The following memo records the researcher's thinking about how the code *invisible* links to the core category *keeping close*. The development of this theoretical relationship was a result of the complex process of constant comparative analysis. The researcher had to continually compare data, codes, and memos between and among emerging categories:

July, Third-Level, Keeping Close

> In the context of illness, the mothers' struggles to keep close to their children resulted in practices that ultimately cost them their integrity. Over time, once perceived effective strategies of in/visibility contributed to escalating symptoms, suffering, and loss of a sense of closeness to their children. The '/' in the term in/visibility denotes the dialectic, the impossible position of being present as the desired mother while concealing the undesired mother within self. Keeping close, while at the same time keeping illness away, was an impossible situation for these mothers.

At the outset of the current study, field noting and theoretical memoing were understood as two parallel processes. As the study progressed, the inclusion of interpretative aspects of observations was at times difficult to distinguish from theoretical development within the memos. Indeed, with the unanticipated expansion of the field notes to include interpretative and descriptive data, the two documentation processes seemed to blur. This, in part, may be attributed to the earlier discussion about the variety of perspectives concerning typology of field notes. For example, LeCompte and Preissle (1993) equate high-inference content of field notes to Glaser's memos, and what Sanjek (1990) referred to as field reports. Nevertheless, as Glaser (1998) contended, although field notes evolve into illustrations of particular categories conceptualized in memos, only memos are annotates of conceptual ideas; that is, even though portions of the content of field notes may include an interpretative abstraction of a phenomenon, they remain as an element of data from which memos are created. Furthermore, memos evolve beyond the level of interpretation reflected in individual field notes. Memos, in contrast, focus on ideas that by fit, relevance and workability, find their way into the emerging theoretical explanation (Glaser, 1998).

Conclusion

In summary, field noting occurs in the field and requires observational sensitivity. Field notes have specific content that includes descriptive and interpretive data based on the observational experience of the researcher. Field noting is bound by the time in the field. These observations become a source of data that are not sorted or rewritten. According to Sandelowski (1998), these data represent the "facts" of the observational experience. In contrast, memoing requires theoretical sensitivity and represents the deconstruction and reconstruction of data from a combination of sources including field notes. They embody the ongoing process of constant comparative analysis.

Excerpts from a grounded theory study of mothers living with SMI highlight the functions, types, and content of field notes and theoretical memos. As evident in the current study, although field notes and memos can share descriptive and interpretive components, they have distinct yet complementary functions. Field notes serve a fundamental role in showing the field while memos abstract meaning from the field.

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