



Commentary

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After critique

'Old criticism' and concrete thinking

Our . . . concern is that Rolfe almost entirely neglects the notion of thought. (Closs & Draper 1998, p. 338)

One of the first things I did on becoming an Associate Editor of the *Commentary* section of this journal was to publish a short piece calling for more debate and critical writing. As I am now stepping down, it seems apposite to return to the issue. In the original paper (Rolfe 2000), I encouraged potential writers to push at the conventional boundaries of critique and the received wisdom that all critique should be objective, balanced and clear. Although these values are for some regarded as almost axiomatic in psychiatric and mental health nursing (PMHN), their rejection is neither a new nor a radical idea in the wider academy. Forty years ago, the French literary theorist Roland Barthes was already referring to the reverence for these traditional values as 'old criticism', which:

. . . moves in accordance with an intellectual logic which ordains that one may not contradict that which comes from tradition [*doxa*], from Wise Men, from current opinion, etc. . . . As it is that which *goes without saying*, it never raises questions of method. (Barthes 2004, p. 4)

Barthes considered this fixation with such values as objectivity and clarity as resulting from 'a-symbolia'; a form of concrete thinking, an inability to move beyond the literal to the hidden, metaphorical or symbolic meaning of a text. I would suggest that the rejection of 'old criticism' is part of the coming-of-age of an academic discipline. In fact, we can see parallels here with some theories of human development in the transition during adolescence from concrete to abstract thought and the challenging of traditional establishment values.

However, my personal experience of reading and receiving critique suggests to me that the academic discipline of PMHN continues to revere the 'tradi-

tional' values of clarity, objectivity and balance, with the consequence that much critical writing has the *very opposite* of the intended effect of critique. Terry Eagleton (1996), for example, argues that critique should have an overtly political function which includes 'its crucial role of maintaining from within the academies a critique of ruling-class culture' (p. 8). As a Marxist, Eagleton was writing against the ruling classes in society as a whole, but his point is just as relevant when applied to the established power base within an academic discipline such as nursing. Critique, then, should be aimed primarily at the dominant discourses which maintain the status quo by controlling the values and power base of academic PMHN.

Barthes (2004) argues that the aim of critique is to challenge the *doxa* (the prevailing, establishment view), and Foucault (1988) similarly tells us that: 'A critique is not [merely] a matter of saying that things are not right as they are . . .' (p. 154). However, I would argue that much of what passes as critical writing in PMHN does not even attain this basic function of critique: rather than challenge the *doxa*, it is more usual for PMHN critique to admonish writers for not conforming to the established conventions of rigour or scholarship. Of course, many journals (present company excepted) do not even have a forum for critique, but where it does occur, it usually takes the form of complaints that researchers have not followed established methods or academic convention, or that writers are not adhering to the rules of good writing. Rather than *challenge* the status quo, much PMHN critique simply reinforces it by *seeing off* any challenges.

Deconstruction and meta-critique

While writing for an academic journal, Rolfe adopts an almost playful stance . . . (Balsamo 2003, p. 95)

However, Foucault wishes to go further. A critique is not *merely* a matter of saying that things are

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not right as they are, ‘. . . it is a matter of pointing out on what kinds of assumptions, what kinds of familiar, unchallenged, unconsidered modes of thought the practices that we accept rest’ (Foucault 1988, p. 154). Critique is (or, perhaps, should be) concerned with disturbing the very foundations of the academy, with articulating ‘that which goes without saying’. The question, however, is how this is to be achieved. Lyotard (1988) argues that challenges to the accepted rules and conventions of academic discourse are very difficult to articulate from within the academy itself, as they would have to conform to the very rules and conventions that they were challenging. Neither can they be posed with any great effect from outside the academy, as they would be dismissed *de facto* as *literally* ‘unacademic’.

Academics are therefore placed in a difficult, perhaps an impossible, position. On the one hand, they are the (albeit self-appointed) guardians of academic rigour and tradition, while on the other hand, critique demands that they challenge and question this tradition which they are supposed to uphold and promote. Some, whom Lyotard (1988) terms ‘intellectuals’, acquiesce to the former position ‘for the sake of political hegemony’ (p. 142), while others, whom he terms ‘philosophers’, engage in a critique of this hegemony ‘to save the honour of thinking’ (p. xii). Lyotard (1984) referred to this (impossible) act of philosophical critique as *paralogism*, ‘in which the point is not to reach agreement but to undermine the very framework in which the previous “normal science” had been conducted’ (p. xix). This higher (or perhaps deeper) level of meta-critique is questioning not only the products of the academy, but the underlying processes and values according to which the products are judged.

We can now perhaps see the differences between the traditional ‘old criticism’ as the policing of the rules of the discipline in order to ensure rigour, conformity and ‘valid’ knowledge, and the meta-critique of calling into question those very rules of the discipline which are usually taken for granted. This latter activity is essentially what Derrida (1974) referred to as ‘deconstruction’. For Derrida (meta-)critique can only effectively challenge the academy by deconstructing it; that is, by demonstrating the internal inconsistencies of its rules and conventions; by showing that the academy itself does not conform to its own rules. This would entail a *close reading* of the paradigmatic texts of the discipline, the authoritative/authoritarian texts

usually cited in order to establish and enforce the foundations of the dominant discourse or paradigm. The purpose of such a close deconstructive reading would be to demonstrate, for example, that the decision to adopt ‘objectivity’ as a criterion of excellence *is itself* a subjective move, that the idea of ‘clarity’ *is itself* a vague and largely undefined concept, or that the ideal of ‘balance’ *is itself* a distorted and one-sided view of the world. While space does not permit a full deconstruction of these criteria, each will now briefly be examined in turn.

Objectivity

Rolfe . . . has based his arguments on a wrong premise and has made personal and unwarranted attacks on distinguished figures in UK nursing. (Watson 2002, p. 274)

I do not intend to spend very much time on the issue of objectivity. The objectivity–subjectivity debate has been well rehearsed in nursing research circles and the deconstruction of objectivity as a subjectively chosen position is gaining mainstream acceptance (see, for example, Denzin & Lincoln 1998). However, one of the consequences of taking a subjective approach to critique is that, by definition, things *inevitably* start to get personal. This does not mean that subjective critique descends into *ad hominem* attacks on the character of the writer, but is rather a recognition that all critique emerges from situated and subjective individuals. Once we move away from the notion of an objective, balanced and depersonalized weighing up of the facts in favour of a subjective and positioned engagement with them, it is difficult to escape the conclusion that the ideas we are engaging with and critiquing originate not from disembodied brains, but from *persons*. A subjective position requires *subjects*, and we cannot critique ideas without consideration of the individuals who proposed or promulgated those ideas: meta-critique is not an objective, depersonalized engagement with ‘pure thought’, it is *embodied*, and it is bad faith to pretend otherwise. Meta-critique involves naming names and engaging with individual writers at a personal level (which does not, as I have said, mean that the critique should be directed at their person). However, to fail to acknowledge *by name* the individual at the source of the ideas we are engaging with is, at best, very bad manners. Unfortunately, many nurse academics appear to be uncomfortable with such a view of critique, confusing a questioning of the consistency of

the *arguments* of an individual (a common form of deconstructive critique) with *ad hominem* attacks against the *person* of the individual. While both require the naming of names, it is perhaps a sign of our insecurity as a discipline and as individual writers that we find it so difficult to distinguish between the two.

Clarity

In my humble opinion, this time Rolfe is going too far. (Burnard 1999, p. 598)

So let us name some names, then. One of the ways in which Burnard (1999) has accused me of 'going too far' was in deliberately writing in an unclear and 'difficult' way. He appears to regard it as more or less self-evident that 'we must write, surely, to communicate' (p. 227) and that in order to communicate with 'practitioners and others', clarity is an essential requirement. This emphasis on clarity and simplicity remains one of Burnard's most important tenets, and has continued as a theme throughout his career as a writer and critical commentator. In a recent editorial for this journal, he stated that 'my main contention is that writing should be simple' (Burnard 2005, p. 256). But in what way is this concern with clear, simple and straightforward writing a 'self evident' notion?

We might begin to deconstruct clarity as a cornerstone of the academy by pointing out first that communication with others is not the only reason for writing. We also write for and to *ourselves* in order to reflect (Jasper 1998) and to learn (Richardson 1998). Second, it is naïve to regard written communication merely as a one-way process of expressing ideas as clearly as possible. Barthes (1977) distinguishes between *readerly* texts whose function is to inform clearly and simply, and *writerly* texts, which aim to initiate a dialogue with the reader by presenting themselves in a deliberately ambivalent and obscure way that demands interaction and interrogation by the reader, who thereby becomes a *co-writer* of the text. It is also naïve to believe that *any* communication can be completely value-neutral. Barthes (1967) argues that clarity (*la clarté*) is a politically motivated idiom adopted and prompted by the bourgeoisie or dominant discourse as an effective means of imposing its will on those beneath it. As Sturrock (1979) observes:

The relationship between writer and reader becomes more democratic when the writer no longer hands down to us from on high his firm

doctrine, in all its illusory simplicity, but sets us to work picking our way through his ambiguities, gathering meanings as we go. (p. 17)

Third, written communication is not simply the transmission of facts; it also involves the evocation of feelings and the resonance of abstract ideas. And finally, we should remind ourselves that clear ideas do not emerge fully formed, but begin as vague, confusing and contentious notions that require debate and critique with and by the wider academic community. My own experience tells me that if I only write what is already clear to me, there will very soon be nothing left for me to write about; I write in large part in order to clarify my own thoughts. Furthermore, if clarity is closely linked with simplicity, then the opposite of clear writing is complex writing. Is the discipline of nursing *really* opposed to complexity? Do we *really* believe that our academic and practice colleagues need to have everything spelled out for them in a clear and simple way? Do we *really* think that they are unable to recognize metaphor and irony, or to engage in complex and difficult arguments expressed as difficult and complex texts?

Of course, Burnard might well respond that I have mistaken what he means by clarity, but that is precisely my point: academic clarity is not itself a clear concept; it is vague and open to different readings.

Balance

Gary Rolfe has some pretty clear views – one might say an 'agenda'. (Whitfield 2004, p. 20)

Many nursing academics appear uncomfortable with the idea of critiquing a paper according to one's own biased and self-interested agenda. They argue that a balance must be struck, in which both sides of the argument are presented fairly and dispassionately (thesis–antithesis) before arriving at a reconciliation (synthesis). To take a current example, many nurse researchers argue that quantitative and qualitative methodologies both have their benefits and disadvantages, and conclude that some form of balanced 'mixed methods' approach is most appropriate for nursing research.

Barthes (1972) is particularly scathing of the academic ideal of balance, arguing that it serves to immobilize the mind by nullifying radical and paradoxical (in its original meaning of being counter to the *doxa*) ideas that might otherwise disturb it. Other critics of this 'balanced' and 'disinterested'

view would claim that such a position is untenable, as it fails to address the issue of power and its inseparability from knowledge (Foucault 1980). For Foucault, Lyotard and others, a knowledge dispute always entails a power dispute, and any resolution usually involves the subordination of the weaker side into the discourse of the stronger. Once again, it is important to personalize the debate. As soon as we shift from talking about inanimate discourses to considering the people who make up the discourse, the issue of self-interest immediately becomes apparent. Those who support and benefit from the dominant discourse have no time for balance, as to give equal recognition to supporters of an opposing discourse is, in effect, to weaken their own power, influence and access to resources. In the above case, for members of the dominant discourse of quantitative research to concede the 'gold standard', status of the randomized controlled trial would have a detrimental effect on the amount of funding they receive from grant-awarding bodies and hence on their professional standing and authority within the academy. Thus, rather than acknowledging that the qualitative research paradigm is making equally valid but different knowledge claims, the dominant discourse is more likely to 'accept' qualitative research methods by admitting them into the lower reaches of a hierarchy of evidence from where they and their advocates can be monitored and controlled.

This strategy of assimilation and integration has resulted in pronouncements from quantitative researchers such as 'There is of course a place for qualitative methods, but such research needs to use a rigorous approach and should be linked to quantitative methodologies . . . for it to have any meaning' (Gournay & Ritter 1997, p. 442). In an even more extreme example, Watson (2002) asks 'without in any way denigrating qualitative investigations . . . precisely what has qualitative research contributed to patient care?' His answer is: 'I am not saying that it has contributed nothing but the list will not be very long' (p. 274). In most cases, the assimilation of the challenge to the dominant discourse is far more subtle, but the tactics remain much the same: there is of course a place for B in the discourse, but its role is subordinate to A; and by extension, the role of supporters, advocates and practitioners of B is subordinate to the role of practitioners of A.

We have seen that such a strategy places qualitative researchers in a difficult position. If they

attempt to respond from outside the dominant discourse, their responses are rejected as academically unsound or lacking in rigour. If they respond from within the dominant discourse, then their positions are immediately weakened, as they are now advocating methodologies which are towards the bottom of the hierarchy of evidence, and are thus once again considered to be unsound.

The usual deconstructive response is therefore not to engage in the debate at all, but rather to demonstrate that the pairs of binary opposites on which such disputes are based (in this case, quantitative *vs.* qualitative research) are illusory (Derrida 1974). Thus, rather than taking sides in a dispute between quantitative and qualitative researchers, the deconstructionist would, in effect, attempt to show how such a dispute is based on a false dichotomy: there is no balanced view because there is nothing to balance against anything else. However, Derrida (1982) also points out that in cases where the dominant discourse is firmly entrenched, it is not enough merely to deconstruct the binary pair. First, the 'violent hierarchy' (Derrida 1982) must be overturned; the power structure must be inverted:

To overlook this phase of overturning is to forget the conflictual and subordinating structure of opposition. Therefore, one might proceed too quickly to a neutralisation that in practice would leave the previous opposition [in place]. (Derrida 1982, p. 42)

Thus, the ideal of balanced critique is not itself a balanced view, but always emanates from a positioned and unbalanced power dynamic. In some cases, a meta-critique would entail a deconstruction of the notion that there are two sides to be balanced, in others it would attempt to show that the dominant discourse has no serious interest in achieving a balance, and in yet others it would attempt to *invert* the hierarchy, to tip the scales in the direction of the subordinate discourse.

Love, friendship and meta-critique

The tone of Gary Rolfe's response to criticisms . . . is a touch petulant, suggesting a sensitive soul at work. (Griffiths 2005, p. 356)

I have argued in this paper that PMHN should reject the traditional academic values of 'old critique' in favour of a post-structuralist, deconstructive meta-critique, in which the aim is not to enforce the existing rules of 'good scholarship', but rather to confront them head-on. It is tempting to regard

this kind of deconstruction as akin to destruction, as dangerous and nihilistic. However, for Derrida, deconstruction (and thus, meta-critique) is never a negative act. Indeed, a *close* reading is an *intimate* reading: 'it is not negative . . . it always accompanies an affirmative exigency. I would even say that it never proceeds without love'; and 'the texts I want to read from a deconstructive point of view are texts I love . . .' (Derrida 1982, p. 87). This, I believe, is the basic assumption of meta-critique: it is first and foremost an *act of love*. When, for example, I have attempted in the past to deconstruct evidence-based practice (EBP), it is not because I am opposed to it, it is not because I regard it with contempt; on the contrary, it is because I believe strongly and passionately in EBP. However, I also consider EBP to be un(der)theorized and oversimplified, and I believe that it deserves far better consideration than it usually receives in the nursing and medical academic press. The same applies to the writers that I often find myself in conflict with. William Blake (1927) wrote that 'Opposition is true friendship': I might take issue with much of what some of the writers cited above have written (and vice versa), but I nevertheless value them as colleagues and (in a strange way, although in many cases we have never met) as friends.

Blake (1927) also wrote that 'Without Contraries is no progression'. In this paper, I have not only argued for a meta-critique that is contrary to the usually accepted values of objectivity, clarity and balance, but I hope that I have done so in a subjective, 'difficult' and biased way that has contributed to the progression of the discipline and discourses of PMHN.

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