



Commentary

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Editorial

In Volume 4, Issue 6 Kevin Gournay and Sue Ritter begged the question: 'What future for research in mental health nursing?' Here, they reply to the critiques made of their paper by Rolfe, Beech and Parsons. Since Professor Gournay and Ms Ritter clearly aimed to stimulate debate I have offered their critics another opportunity to join with them in scholarly dispute.

The issues raised on all sides are of central importance to the development of psychiatric and mental health nursing. Despite four years of 'Commentary' there have been few contributions that would merit the title of considered, scholastic dispute and debate. Gournay and Ritter's reflections on the quality of mental health nursing research, and related methodological issues, appears to be promoting a vigorous, informative and collegial debate. I hope that these protagonists will serve as useful models for Journal readers who might consider joining them in developing or extending the issues raised so far.

Discussion and debate is the lifeblood of any discipline that aspires to intellectual status. Concerns about research – its methods and funding – are timely, and echo concerns expressed by other eminent scientists. In the Education Supplement of the British daily 'The Independent', Susan Greenfield, Professor of Pharmacology, wrote recently (Greenfield 1996):

The basic flaw with the peer review system in higher education, whereby your colleagues decide whether or not you should receive funds for your research ... is that ultimately it hinges on subjective judgements that are not publicly accountable ... it is in the implementation of the system as it stands that the less obvious and hence more insidious injustices lurk.

Professor Greenfield also expressed her disenchantment with a research community bedevilled by the 'mind-set of "safe science"':

Why should caution be so desirable? Because

'risk' is minimised. This admirable brief can readily impress fellow committee members, as they watch you, alert to ensuring that public-sector funds are only spent on studies that will 'work'.

Professor Greenfield's critique was clearly meant to be inflammatory. In the world of 'hard science' it no doubt raised a few hackles. Readers of JPMHN might care to consider to what extent research in mental health nursing is compromised by the same 'basic flaw with the peer review system' and a similar 'mind-set of "safe science"'. Gournay and Ritter also intended to raise the debate, asserting that mental health nursing might be disabled by academics whose doctoral theses have fundamental flaws of design, analysis and write up; and leaders of the discipline (professors of nursing) who have no substantial portfolio of decent peer-reviewed publications? If such sentiments do not spark debate, then perhaps the field is already dead.

As Editor, I applaud Professor Gournay and Ms Ritter for opening this debate. If discussion and debate are the lifeblood of our discipline, then I trust that we have not heard the last on these vexed issues.

Reference

Greenfield S. (1998) View from Here. *Independent* 29th January

PHIL BARKER
Commentary Editor

What future for research in mental health nursing: rejoinder to Parsons, Beech and Rolfe

We thought that by now we could take for granted the 'identity of language with fiction' (Pierssens 1980, p. 77), that there is no such thing as a neutral science, and that rhetoric shapes as well as transmits meaning. That is, transparency, replicability, parsimony and avoidance of jargon are constituents

of a particular kind of rhetoric. Polanyi (1962) hints that it is farcical to suppose that scientific methods are anything but 'the maxims of an art which [the scientist] applies in his own original way to the problem of his own choice' (p. 311). And so acknowledgement of the fatuity of 'significance' testing is widespread in statistical analysis where confidence intervals aptly embody the notion of conditional probability. Moreover, nursing is a technological discipline in which knowledge (otherwise unspecified) is applied to practical action.

We were surprised therefore at the nature and extent of the displeasure evoked by our recent Commentary (Gournay & Ritter 1997). We have been attacked (cf. *Journal of Psychiatric & Mental Health Nursing* 1997, *passim*), it seems, not for the poverty of our evidence but for our aesthetics, and on shifting grounds. For example, we do not understand why 'objective statistics' (Parsons 1997, p. 443) are acceptable in discussions of standards of higher degrees but not in discussions of standards of nursing care. Our aim was not to wound readers by our superior discernment but to draw attention to the ways in which a community of knowledge is fostered by the research design that we favour. Our aspirations seem, then, to be very similar to Rolfe's (1997, p. 446) and we wonder why our (admittedly) polemical piece has attracted such personal disapprobation.

Standardization, control of probabilities and the blinding of both investigators and respondents to the research conditions of groups within a sample provide a rational framework for the generalization and dissemination of conclusions drawn from analysis of the results of a study. In this way you allow other investigators to test your conclusions, your methods, your analysis. You retain your raw data, so that your ratings, codes and scores can be checked and re-analysed if necessary. Dissemination means that you submit your work for disconfirmation by your peers, not that you boastfully distribute your findings.

Perhaps our critics did not notice our statement about the need for high-quality research that uses singly, or in combination, quantitative and qualitative methods. We unreservedly acknowledge that the study of narratives is an entirely appropriate way of generating testable hypotheses, not just of illuminating otherwise stark arrays of numerical data. We recognize completely the almost unlimited availability of methods for collecting and analysing data. We have no criticism of anthropologists' or

philosophers' research into nursing: but we do not think that our critics have refuted our assertion that the infrastructure of research by mental health nurses is poor and that one of the ways to address the problem is to embed both the training of researchers and the research itself within a multidisciplinary context. Nor have they shown why there is no need for a great deal more experimental research that uses randomized-controlled trial design. Nor have they refuted our unfavourable comparison of nurses' research against that of other academics, as rated by the last research assessment exercise. We think that our case for multidisciplinary research teams remains sound, not least because we cannot see the point, say, of a nurse carrying out a half-baked collection and analysis of anthropological data when there are highly qualified anthropologists available. We certainly do not accept the validity of statistics purporting to describe a convenience sample of less than a dozen respondents. We do not accept that scientific rigour is achieved by an interviewer who has not undergone interobserver reliability testing, or by validity testing that does not include a description of the constructs under consideration and that does not include test-retest data, or by the use of terms such as 'symbolic interactionism' in an article that makes no reference to Mead (1934).

Each of our critics seems to have missed our distinction between design and methods. We are not qualified to take part in disputes about methodology. We are personally committed to the randomized-controlled trial as the design of choice for testing cause (interventions) against effect (outcomes) in the mental health services. Polanyi (1962) asserted that 'the freedom of the subjective person to do as he pleases is overruled by the freedom of the responsible person to do as he must' (p. 309). This assertion highlights the risks of *ad hominem* arguments such as those of our critics, in which they substitute one-quote-upmanship for appraisal of evidence, and which seem to claim private access to our beliefs and motivations.

Our experiences of the research assessment exercises of 1992 and 1996 have shown us more than anything else does that our academic work bears little scrutiny unless rated by the standards of so-called nursing research. We are as sceptical as Rolfe or Beech (1997) about the validity of the standards of the research assessment exercise applied to anything outside the academic areas that it attempts to delimit. We recognize that it is an artifice for

rationing allocation of funds. But we believe that we are members of a profession (?) that has failed the users of its services in highly public ways for many years (Martin 1984, Report 1992). We have no doubt that services for people with mental health problems must be greatly improved, preferably by the provision of assertive, comprehensive and flexible multidisciplinary care. We are absolutely certain that mental health nursing is a spectrum of activities, at one end being the provision of day-to-day care connected with safety, security and activities of daily life, at the other being the delivery of specific psychological and medical therapies. We think that it is self-evident that there are many workers who may perform any of the activities along this spectrum. We do not know whether a flexible and comprehensive service is better delivered by, say, a multiskilled nurse or by a multi-skilled team. We believe that the best way of finding out is to use randomized-controlled trials.

We find it strange to feel obliged to make what we think is a pretty uncontroversial assertion that while the activities of nurses resemble those of doctors more than they do those of textual scholars, literary critics and linguists, a certain number of skills must inevitably be common to all five disciplines. We are reluctant to point out the obvious but the 1996 research assessment exercise shows that, as rated by their peers, departments of English Language and Literature, History, Applied Mathematics, Theology, Philosophy and Music achieve positions that range from 1 to 5. Not only are these subjects that encompass quantitative and qualitative research methods, but they also are clearly quite amenable to scrutiny and ranking. We regret as much as anyone does that nursing achieves the lowest rank of all subjects: one department ranked 5, two departments ranked 4 and a third of all departments ranked 1 (Unattributed report 1996). We have no hesitation at all in inferring a relationship between standards of clinical mental health nursing and standards of nursing as an academic subject: a relationship that can be publicly tested.

We wonder if Rolfe (1997, p. 444) used the J. M. Dent reproduction of one of the Fitzwilliam Museum's copies of *The Marriage of Heaven and Hell* and, if so, why he did not refer to the Plate number (21), why he has altered Blake's (1975) own punctuation and why he has truncated the narrator's response to the Angel which begins on the preceding Plate (20) just above a depiction of Leviathan captioned 'Opposition is True Friend-

ship'. What precedes Rolfe's quotation is this:

So the Angel said: thy phantasy has imposed upon me & thou oughtest to be ashamed.

I answered: we impose on one another. & it is but lost time to converse with you whose works are only Analytics (Plate 20).

And what follows it is this:

Thus Swedenborg boasts that what he writes is new: tho' it is only the Contents or Index of already published books

A man carried a monkey about for a shew, & because he was a little wiser than the monkey, grew vain, and conciev'd himself as much wiser than seven men (Plate 21).

We speculate that a fuller quotation would have inconvenienced him in two ways. Firstly it is important to convict us of sniping and name-calling' (Rolfe 1997, p. 446) without appearing to engage in a 'slanging match' (p. 444); and so William Blake utters Rolfe's *argumentum ad invidiam*. Secondly Blake's own words would, if more fully represented, have undermined that very argument relied, until so recently, on the personal judgement of fallible, but often highly opinionated physicians, it should be of some comfort that today we are protected by rigorous clinical trials (Porter 1995, p. 691).

Note

To use knowledge or information as if they are weapons invites not only a hostile response but also a response that seeks to increase progressively one individual's advantage over another. We suggest that readers who are interested in a light-hearted approach to this topic have a look at Kipling's (1908) *Stalky & Co*. Simons (1989) provides a comprehensive introduction to the subject of rhetoric and the human sciences. Before a person labels another person a 'positivist' it is advisable to see what Mill (1866) has to say on the subject. Olson (1967) discusses, among other matters, subjectivism and objectivism as well as Blake, authority and power. The Fitzwilliam Museum, Cambridge, exhibited *The Marriage of Heaven and Hell* in the second half of 1997. Although what any of this has to do with nursing is beyond us.

References

- Beech I. (1997) Research as power: a reply to Gournay and Ritter. *Journal of Psychiatric and Mental Health Nursing* 4, 443-444.

- Blake W. (1975) (c 1790) *The Marriage of Heaven and Hell*. Oxford University Press London, in association with the Trianon Press, Paris.
- Gournay K. & Ritter S. (1997) What future for research in mental health nursing. *Journal of Psychiatric And Mental Health Nursing* 4, 441–442.
- Journal of Psychiatric and Mental Health Nursing (1997) 4 (1).
- Kipling R. (1908) *Stally & Co*. Macmillan, London.
- Martin J.P. (1984) *Hospitals in Trouble*. Blackwell, Oxford.
- Mead G.H. (1934) *Mind Self and Society*. University of Chicago Press, Chicago, IL, USA.
- Mill J.S. (1866) *Auguste Comte and Positivism*, 2nd edn. N. Trübner and Co., London.
- Olson C. (1967) *The Human Universe and other Essays*. The Grove Press, New York, NY, USA.
- Parsons S. (1997) The methodology of choice. *Journal of Psychiatric and Mental Health Nursing* 4, 442–443.
- Pierssens M. (1980) [1976] *The Power of Babel* (translated by Carl R. Lovitt). Routledge & Kegan Paul, London, p. 77.
- Polanyi M. (1962) *Personal Knowledge*. Routledge and Kegan Paul, London.
- Porter R. (1995) Birth of the clinical trial. *Nature* 377, 691.
- Report (1992) Committee of Inquiry into Complaints about Ashworth Hospital Cmnd 2028-I, Cmnd 2028-II. HMSO, London.
- Rolfe G. (1997) Knowledge, power and authority: a response to Gournay and Ritter. *Journal of Psychiatric and Mental Health Nursing* 4, 444–446.
- Simons H.W. (ed.) (1989) *Rhetoric in the human Sciences*. Sage, London.
- Unattributed Report (1996) Research Assessment 1996. *Times Higher Education* (Suppl. 20) December 1996, pp. i–xvii.

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The Marriage of Heaven and Hell: further remarks on the future for mental health research

‘*Enough! or Too much*’ William Blake (1975), his punctuation.

On getting personal

I find it quite difficult to reply to Gournay & Ritter’s reply to my reply to their paper *What future for research in mental health nursing* (Gournay & Ritter 1997), since the waters have become so muddied by claims and counterclaims that it is now difficult to discern exactly what their position is. Furthermore, they have set themselves

the complex task of replying to three critiques in a single rejoinder, and so I will do my best to tease out those issues that appear to apply to my particular critique (Rolfe 1997).

The first thing to note is that Gournay & Ritter (G&R) only refer to me by name three times in their paper, twice to agree with my position and once to query the source (and punctuation!) of the short epigraph to my paper. However, their rejoinder has introduced a number of contradictions, both between their original position and their later one, and also *within* their later paper, which make it necessary to look wider than their critique of my position.

Their rejoinder begins with a partial withdrawal of their previously stated view. Thus, they now claim to agree with Polanyi’s comment that scientific methods are nothing but the maxims of an art which the scientist applies in his own original way. Having stated a position that they claim is similar to the one I took in my original critique, a relativist position that recognizes the subjectivity inherent in all research paradigms (see my original references to Kuhn, Feyerabend and others), G&R then attempt to turn that argument back on their detractors: if all research paradigms are subjective, then, as they say, ‘we have been attacked... not for the poverty of our evidence but for our aesthetics...’, in other words, for their choice of paradigm.

In fact, we need to distinguish between the perceived attack on G&R themselves, which they claim is for their aesthetics, and the attack on the position that they were putting forward. My objection is certainly not to G&R as people, nor to their chosen methodology, which I acknowledged in my earlier reply to have its place in mental health research, but rather to their attitude that theirs is the *only* tenable methodology. However, since they now seem to partially be retracting their position, I would like to draw attention to some of the inconsistencies between their earlier and later stance.

On relativism and fundamentalism

Firstly, I do not dispute that G&R provide ample evidence for their position, but from the relativist perspective that they are now claiming to endorse, much of that evidence is self-referential. Thus, randomized control trials (RCTs) must be good because researchers who employ them are awarded research grants and high research assessment exercise (RAE) scores; the award of research grants and

high (RAE) ratings is an accurate measure of good research because they are given to RCTs, which are good because researchers who employ them are awarded research grants... *ad infinitum*. But as G&R themselves now concede, 'We are as sceptical as Rolfe or Beech about the validity of the standards of the research assessment exercise applied to anything outside the academic areas that attempts to delimit it. We recognize that it is an artifice for rationing allocation of funds'.

Or do they? In the paragraph that follows, the RAE is no longer 'an artifice for rationing the allocation of funds' which has no validity when 'applied to anything outside the academic areas that it attempts to delimit'. Rather, 'We regret... that nursing achieves the lowest rank [in the RAE] of all subjects... We have no hesitation at all in inferring a relationship between standards of clinical mental health nursing and standards of nursing as an academic subject – a relationship that can be publicly tested'. This comment appears to reinforce the view stated in their original paper that 'The RAE exposed the poor quality of nursing research...' rather than their later 'sceptical as Rolfe or Beech' position. Either the RAE is merely an artifice for funding allocation and therefore cannot be used to judge quality, or else it can be used to measure standards of nursing research, but not both; either RAE scores have no validity when applied to anything outside academic areas, or else they can be used to support a relationship between academic standards and clinical standards, but not both.

Secondly, G&R's rejoinder takes their critics to task (myself included) for our claim that they placed quantitative research above qualitative research: 'Perhaps our critics did not notice our statement about the need for high-quality research that uses *singly* or in combination quantitative and qualitative methods' (my italics). I certainly did not notice such a statement, because it was never made. What they did say, however, was that the RCT is the 'gold standard' of research, and that: '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*, including outcome evaluation, for *it to have any meaning*' (my italics).

Thirdly, G&R accuse their critics of missing 'our distinction between design and methods. We are not qualified to take part in disputations about methodology'. However, closer scrutiny of their original paper reveals not only that they jump

around in their discussion between design and methods, but also that they clearly attack qualitative methodology. Thus, they begin, as they say, by critiquing '*methods* that are completely unacceptable to any conventional research discipline' (my italics), such as the use of anecdotal accounts (but even here they are judging acceptability according to the criteria of positivist methodology), but quickly turn to criticize 'fundamental flaws of design' (says who?) and 'qualitative and uncontrolled studies'. This is surely a critique not of method but of methodology, indeed, of an entire research paradigm, a critique which they earlier admitted that they are not qualified to engage in. As advocates of Polanyi's position, they should learn to keep quiet about such matters, since: 'science is a system of beliefs to which we are committed. Such a system *cannot be accounted for... from experience as seen from within a different system*' (Polanyi 1958, my italics).

A short(ish) unscholarly but enthusiastic digression

There are a number of other contradictions and suspect arguments for which space does not allow a detailed discussion. I will instead turn to G&R's rather curious critique of the William Blake quotation at the head of my previous paper. G&R have devoted a whole paragraph to this issue, and while I feel that the points they are making are minor, they do at least deserve the courtesy of a considered reply. However, I fear that I might well be at a disadvantage to Gournay and/or Ritter here, since I am not a Blake scholar, merely an enthusiast.

G&R make four points about my use of this quotation. Firstly, they wonder whether I used the J. M. Dent reproduction of one of the Fitzwilliam Museum's copies of *The Marriage of Heaven and Hell*. I am not entirely sure why they should wonder this, since the quotation is clearly referenced as coming from the anthology *Poems and Prophecies* (Blake 1927). The reason I chose this edition is that the facsimiles of Blake's original plates to which G&R refer can be misleading, since all nine existing copies are partially hand coloured, and hence all are unique and different. For example, in my facsimile (Blake 1975) (which must be of the *other* copy in the Fitzwilliam) the aphorism 'Opposition is true friendship' has been painted over, arguably because Blake considered that it was not universally applicable (Plowman, in

Blake 1927, p. 52). It therefore made more sense to refer to a transcript of Blake's text than arbitrarily to one of nine different originals. This also answers G&R's second point of why I did not refer to the Plate number (there are no plates in *Poems and Prophecies*). It also addresses G&R's third point, which was why I had changed the punctuation from Blake's original. In fact, it was not I who changed the punctuation, but Max Plowman, the editor of the volume, who noted that 'Blake's spelling, use of capitals, and abbreviations have been followed as in his etched plates. His punctuation, however, was modified for the sake of clarity...' (Blake 1975, p. xxviii).

And so to their final and most substantial point regarding my use of the Blake quotation, where they claim that I have truncated the quotation to alter Blake's meaning for my own purpose. Limiting quotations whilst retaining meaning and context is always difficult, but I would argue that my short quotation is actually more representative of Blake's argument than G&R's longer one. The extract that I used is a commentary on a preceding 'Memorable Fancy', the end of which G&R include in their longer quotation (why only the end?). The 'Memorable Fancy' concerns an imaginary trip to hell on which Blake was taken by an angel, followed by a trip 'between Saturn and the fixed stars' on which Blake took the angel. The *denouement* of this story is when the angel accuses Blake of embroiling him in a phantasy (the trip into space). 'So the angel said: thy phantasy has imposed upon me and thou oughtest to be ashamed', to which Blake replied that the trip to Hell was no less of a phantasy, and that 'we impose on one another & it is but lost time to converse with you whose works are only Analytics'.

One interpretation of this allegory is that Blake was challenging the established religious order, which he believed elevated rationality, the empiricists and the mind/soul (heaven) at the expense of intuition, the poets and the body (hell). Blake, however, was not trying to argue that hell was better than heaven, but rather that each attempts to describe the world from a one-sided perspective ('we impose on one another'). What Blake was arguing for, which is explicit in the title of his book, was a *marriage* of heaven and hell; a mutually dependent relationship in which neither one claims superiority over the other (although admittedly, Blake did get carried away at times with his vision of the 'Poetic Genius').

Heaven and Hell: grounds for divorce?

My choice of quotation therefore was intended as a comment on the way that the quantitative research paradigm appears to have imposed its values and its epistemology on the qualitative paradigm ('Angels have the vanity to speak of themselves as the only wise'). However, as I hope I made clear in the main body of the paper that followed the quotation, I was not arguing for a reversal of the position, but rather 'a recognition of the impermanence and imperfections of *all* research paradigms and the knowledge which results from them' (Rolfe 1997, p. 446). Thus, in response to G&R's claim that I have not refuted their assertion of a poor research infrastructure or of the need for a great deal more experimental research in nursing, I can only plead guilty, with the mitigation that this was never my intention. My aim was not to refute those claims, but rather to challenge the epistemological hegemony that is effectively squeezing out other designs and other paradigms. Unfortunately, whilst G&R are now unreservedly acknowledging the study of narratives, anthropology and philosophical research in nursing, they are, at the same time, dismissing qualitative and uncontrolled studies, the universities at which these are carried out, and professors of nursing with no experience at managing experimentally based projects.

Similarly, I have nothing against multidisciplinary research, only against the attitude that 'Mental health topics *demand* input from various perspectives' and 'It is *essential* to group together not only psychiatrists, psychologists and nurses, but also pharmacists, statisticians and health economists'. Demand? Essential? It is difficult to reconcile these views with G&R's acknowledgement of Polanyi's position that scientific research methods are 'axioms of an art which [the scientist] applies in his own original way to the problem of his own choice'. The bottom line is that by using such language, G&R state their *beliefs* about research in a way that precludes the expression of the beliefs of others. If they are now advocating a marriage between quantitative and qualitative research paradigms, it is certainly a rather patriarchal and one-sided marriage, and we can hardly blame many qualitative researchers for demanding a divorce on the grounds of unreasonable and overbearing behaviour.

But perhaps it is not too late for a reconciliation. Like in most marriages, the problem has arisen

from a breakdown in communication, to the extent that researchers from the quantitative and qualitative paradigms see the basic issues from such different perspectives.

Thus, the whole premise of G&R's original paper is that 'mental health nursing research... has effectively split itself off from developments such as evidence-based practice' in favour of the qualitative paradigm. However, this is hardly the way that qualitative researchers see the situation, as evidenced by their increasing difficulty in accessing research funding and high RAE scores. It would appear, then, that each group of researchers feels (probably without justification) threatened by the other, and perhaps the time has come to stop fighting and start talking.

References

- Blake W. (1927) *The Marriage of Heaven and Hell*. In: *Poems and Prophecies* (Plowman M. ed.). Dent, London.
- Blake W. (1975) *The Marriage of Heaven and Hell*. Oxford University Press, Oxford.
- Gournay K. & Ritter S. (1997) What future for research in mental health nursing? *Journal of Psychiatric and Mental Health Nursing* 4, 441-442.
- Polanyi M. (1958) *Personal Knowledge: Towards a post critical philosophy*. Routledge & Kegan Paul, London.
- Rolfe (1997) Knowledge, power and authority: a response to Gournay & Ritter, *Journal of Psychiatric and Mental Health Nursing* 4, 444-446.

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What future for research in mental health nursing: share the objective statistics!

I am puzzled by Gournay and Ritter's response to my comments on their recent paper (Gournay & Ritter 1997), since they did not address the comments I made and, in addition, appear to have taken criticism where none was intended.

Gournay and Ritter may be surprised to learn that I agree with many of their arguments. I accept that the only way for psychiatric and mental health nursing to progress as a discipline and as a profession is to establish a base of high-quality research carried out by experienced, high-quality, researchers with good research backgrounds. I also agree that it is essential that PhDs obtained by nurses, or any other discipline, are of a high and consistent

standard. However, I would guess that where Gournay and Ritter and I differ is in our definition of quality. In their original piece there is a clear impression that poor-quality research means qualitative research. This impression is repeated in their reply when they refer to 'standardization, control of probabilities and the blinding of both investigators and respondents to the research conditions in groups' (Gournay & Ritter 1998), all attributes of quantitative research are actually undesirable in many qualitative research designs. They acknowledge a place for qualitative research only as an adjunct or pilot to quantitative research when they say (Gournay & Ritter 1998):

... the study of narratives is an entirely appropriate way of generating testable hypotheses, not just illuminating otherwise stark arrays of numerical data.

It is clear that they do not accept that qualitative research findings are valuable in their own right, nor do they appear to accept that it might not be either appropriate or desirable to attempt to 'validate' qualitative findings with quantitative research.

Gournay and Ritter's view of research paradigms is also clear when they wonder how objective statistics can be applied to higher degrees but not to standards of nursing care. Qualitative and quantitative research, including PhD theses, can be judged by objective standards, some of which they mentioned. All work submitted for higher degree examination should be clearly written, contain a comprehensive literature review, a full methodology, a clear exposition of research findings and an intelligent, original discussion that adds to the existing body of knowledge. In addition, the material should normally be publishable. These standards apply to both quantitative and qualitative theses equally. Theses that fail to meet these standards should not pass. *I repeat again my request to Gournay and Ritter to share any objective statistics that show that nursing PhD theses, which have passed, do not meet the above standards.* Gournay and Ritter seem to be implying that the adoption of a qualitative methodology alone means that a thesis is of poor quality.

To conclude I restate my position that psychiatric nursing must have access to a range of methodologies. Some research questions, particularly those concerned with clinical effectiveness, are suitable for randomized quantitative designs. Others, those concerning the 'human' facet of nursing or experi-

ence of illness and health, require qualitative designs. The adoption of a qualitative methodology does not mean that the research is of poor quality.

References

- Gournay K. & Ritter S. (1997) What future for research in mental health nursing? *Journal of psychiatric and mental health nursing* 4, 441–442.
- Gournay K. & Ritter S. (1998) What future for research in mental health nursing: A rejoinder to Parsons, Beech and Rolfe. *Journal of Psychiatric and Mental Health Nursing* 5, 000–000 (this issue)

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What future for research in mental health nursing – rediscovering the yin

There are a number of points that emerge from Gournay and Ritter's rejoinder that could become the basis of discussion. Among these points might be the accusation that the responses made to their original piece were *ad hominem*, and the assertion that anthropological research by a nurse might be 'half-baked' compared with that of an anthropologist yet an RCT carried out by a nurse might stand up to scrutiny by other professions. I will neither become embroiled in *ad hominem* argument nor will I entangle myself in arguments about methodology. I prefer to concentrate on what I consider to be a telling philosophical point that forms the very last sentence in the note at the end of the current rejoinder, I quote:

Although what any of this has to do with nursing is beyond us.

In concentrating on this sentence I hope that I am not claiming 'private access to... beliefs and motivations', since these seem to be laid out in the sentence itself. Watts (1995, p. 74) once remarked that:

What is notable, noteworthy, notated, and noticed is what appears to us to be significant, and the rest is ignored as insignificant.

Both Gournay & Ritter's (1997) original piece and their rejoinder in this issue are examples of just such a thing happening. The authors show a reliance on what might be termed the *yang* in psychiatric and mental health nursing (PMHN). By

this I mean a reliance on the technical, evidence-based, masculine aspects of PMHN at the expense of the yin, the artistic, aesthetic, feminine side. However, as can be seen by their erudite dealing with the works of Blake, Kipling and others, the authors do have a yin aspect to them, as do we all. The yin aspect in us is, however, ignored as insignificant and irrelevant to nursing. I believe this to be a mistake for reasons that I will go on to explore.

Yang without yin is as untenable a situation as yin without yang (Kwok, Palmer & Ramsay 1993, p. 46):

If you mould a cup you have to make a hollow:
it is the emptiness within it that makes it useful.
In a house or room it is the empty spaces – the doors, the windows – that make it useable. They all use what they are made of to do what they do, but without their nothingness they would be nothing.

Research or indeed any aspect of nursing that concentrates on one aspect at the expense of another is impossible to sustain. We cannot recognize dark without knowing light, happiness without knowing sadness. A random control trial is a valuable research tool for 'testing cause (interventions) against effect (outcomes)'. However, without the more yin aspects of research that consider context (relationships between nurses and people in care) against meaning (the experiences of the person in care and the nurse) only the yang aspect of the story is told.

Martin Buber (1970) considered that our relationships with the world can take the form of I-it (subject-object) or I-thou (subject-subject). In each case, however, the I is an integral part. In other words the I is changed by the it or the thou. In the I-it relationship we are onlookers, measurers, researchers. We are in effect exerting the yang aspect of our being. In the I-thou we are co-respondents, fellow travellers, carers, we are yin. If we are purely being yang we are in danger of objectifying the people in our care and doing research to them. We become, in effect, as Uncle Andrew in the Narnia Chronicle (*The Magician's Nephew* – Lewis 1955, p. 27):

I am the great scholar, the adept, who is doing the experiment. Of course I need subjects to do it on. Bless my soul, you'll be telling me next that I ought to have asked the guinea-pigs' permission before I used them!

In measuring certain effects after certain causes the yang properties of the RCT have a place.

However, in the world of people and relationships we should not dismiss or overlook the yin. Gournay and Ritter have illustrated their yin aspects as well as their yang. I invite them to allow the yin to have something to do with nursing.

References

- Buber M. (1970) *I and Thou* (trans. Walter Kaufman). Clark, Edinburgh.
- Gournay K. & Ritter S. (1997) What future for research in mental health nursing. *Journal of Psychiatric and Mental Health Nursing*, 4, 441–442.
- Kwok M., Palmer M. & Ramsay J. (1993) *The Tao Te Ching*. Element, Shaftesbury.
- Lewis C.S. (1955) *The Chronicles of Narnia: The Magician's Nephew*. Collins, London.
- Watts A. (1995) *The Tao of Philosophy: The Edited Transcripts* (ed. Watts M.) Eden Grove, London.

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