

THE THEORY AND APPLICATION OF CRITICAL REALIST  
PHILOSOPHY AND MORPHOGENETIC METHODOLOGY: EMERGENT  
STRUCTURAL AND AGENTIAL RELATIONS AT A HOSPICE

MARTIN LIPSCOMB

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## Abstract

**The theory and application of critical realist philosophy and morphogenetic methodology: emergent structural and agential relations at a hospice.**

Critical realist philosophy and realist social theory have much to offer nurse researchers and theorists who investigate or comment on the social dimensions of healthcare and health related behaviour. Critical realists argue that witting or, more often, unwitting ontological presumptions about the nature and powers of society and people are embedded in and influence social explanation. Critical realist theory seeks to make overt the logical ties binding ontology with epistemology and methodology. It proposes emergentist and relational rather than conflationary or epiphenomenal descriptions of structure and agency both of which are granted *sui generis* powers. Critical realist social theory presents a significant challenge to alternative non-realist perspectives. Potentially, it may even permit more accurate and therefore 'better' forms of social explanation to be advanced.

The thesis is divided into two sections. Section one describes and critiques the realist theories of Roy Bhaskar and Margaret Archer. The deficiencies inherent in non-realist approaches are exposed and a realist alternative is outlined. Thereafter, section two uses Margaret Archer's realist morphogenetic methodology to configure an illustrative study into aspects of hospice activity at one organisation in central England.

The illustrative study described in section two exposes both the benefits and problems that accompany the application of morphogenetic theory. Beneficially, it is suggested that the explanation of hospice activity presented in this work would not

have been available to non-realist researchers. In particular, structural and agential relations are outlined that alternative approaches might have overlooked or misrepresented. Problematically, researchers cannot apply social realism without maintaining an ongoing philosophic or theoretic interest in their objects of study and it is recognised that this continuing commitment places heavy demands upon practically orientated researchers.

## Acknowledgements

I want to acknowledge the unerring good humour, patience and encouragement provided by my beautiful wife Kath and children Harry and Ella throughout the writing of this thesis. The work would not have been completed without your support. With all my love, thank you. PS – *the Father's Day present was inspired. I shall treasure it always.*

I would like to express my gratitude to Professor Margaret Miers (Director of Studies) and Doctor Theresa Mitchell (Supervisor) for their respective contributions. You repeatedly alerted me to weaknesses that I would otherwise have missed and you have read and re-read my multiple drafts with stoic doggedness. It is a significantly better product for your input (albeit that the corrected 'typos' are now less humorous). Thank you.

I must thank the hospice, as an organisation, and the individuals who work within it for agreeing to help me in this study. The contribution made to this thesis by the openness of this organisation and kindness of those who work in it cannot be overstated.

I thank my employer the University of the West of England. The generosity of this organisation in providing financial support and study time has been of immense assistance. In particular I would like to thank everyone involved in enabling me to access Higher Education Funding Council for England 'buy-out' monies. The thesis would have taken considerably longer to finish without the time away from normal work duties that these monies facilitated.

Thank you – Martin Lipscomb (March 2009)

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## List – acronyms/abbreviations

A:a	Participant identifier – see also B:a through to Z:a
AD	Analytic dualism
BEN PCT	Birmingham East and North NHS Primary Care Trust
BSA	British Sociological Association
CAA	Culture and Agency: The place of culture in social theory
CCR	UK Centre for Critical Realism
CEP	Cultural Emergent Property
CIOMS	Council for International Organizations of Medical Sciences
Con1	Consultant 1
Con2	Consultant 2
CR	Critical realist/realism
CS	Cultural structure or cultural system
CT	Correspondence theory
DH	Department of Health
DoD	Department of Defense (US)
DPhil	Doctor of Philosophy
DXT	Deep x-ray therapy or radiotherapy
ESRC	Economic and Social Research Council
GP	General Practitioner
HSHS	Homerton School of Health Sciences
IACR	International Association for Critical Realism
IHU	An Inquiry concerning Human Understanding
ISHP	Invitation to Sociology: A Humanistic Perspective
ISS	The idea of a Social Science and its Relation to Philosophy
IV	Intravenous
IVI	Intravenous infusion
MDM	Multidisciplinary Meeting
MIA	Marxists Internet Archive
MM	Morphogenetic/Morphostatic theory or model
MRW	Making Realism Work
MST	Morphine sulphate tablet
NA	Nursing assistant
NCHSPCS	National Council for Hospices and Specialist Palliative Care Services
NGO	Non-governmental organisation

NH	Nursing home
NHS	National Health Service
NICE	National Institute of Clinical Excellence
NR	New Rules of Sociological Method
PCT	Primary Care Trust
PhD	Doctor of Philosophy
PN	The Possibility of Naturalism
PT or FT	Part-time or Full-time
RCN	Royal College of Nursing
RRRE	Resolution, Redescription, Retrodiction, Elimination
RST	Realist Social Theory: the morphogenetic approach
RTS	Realist Theory of Science
§	Section
SATSU	Department of Sociology University of York and the School of Social Sciences and Law, Oxford Brookes University
S-C	Socio-cultural interaction
SCR	The Social Construction of Reality
SEP	Social Emergent Property
SI	Social interaction
SMAC/SNMAC	Standing Medical Advisory Committee, Standing Nursing and Midwifery Advisory Committee
SPCU	Specialist palliative care unit
SpO <sub>2</sub>	Pulse oximetry
SS	Social structure
ST	Structuration theory
sub-cut	Subcutaneous
T <sup>1...n</sup>	Time
TA	Transcendental argument
TA <sub>T</sub>	Truth-directed transcendental argument
TA <sub>B</sub>	Belief-directed transcendental argument
TA <sub>C</sub>	Concept-directed transcendental argument
TA <sub>E</sub>	Experience-directed transcendental argument
TMSA	Transformational Model of Social Activity
TpA	Template analysis
UK	United Kingdom
US	United States of America
WHO	World Health Organisation
WMA	World Medical Association

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## Introduction

This thesis is premised on the assumption that realist philosophy and social theory have much to offer nurse researchers and theoreticians who investigate or comment on the social dimensions of healthcare and health related behaviour. The thesis begins by describing and critiquing the realist philosophy and theory of Roy Bhaskar (1998d, 1997) and morphogenetic methodology of Margaret Archer (1996, 1995).<sup>i</sup> Thereafter, morphogenetic modelling is used to structure an exploration into aspects of hospice activity at one organisation in central England.

### Study outline

The work is divided into two sections. Section (§) 1 introduces realist philosophy and theory to nurse researchers and theoreticians who may be unfamiliar with realism. It contains four chapters. §1 Chapter 1 describes Roy Bhaskar's critical realist philosophy. §1 Chapter 2 describes Margaret Archer's realist social (morphogenetic) theory. §1 Chapter 3 critiques and comments on the work of Bhaskar and §1 Chapter 4 critiques and comments on the work of Archer.

§2 is addressed to health care professionals, researchers and theoreticians with an interest in realist philosophy and theory and hospice or palliative care.<sup>ii</sup> It demonstrates the use value of the philosophy and theory outlined in §1 by guiding an illustrative study into aspects of hospice activity. §2 contains two chapters. §2 Chapter 1 bridges the theoretical and applied elements of the study. It describes the manner in which ethical responsibility was met, it evaluates the form and significance of data and evidence within the study and it details the data coding process. §2 Chapter 2 presents the study's 'findings' under two headings titled

‘Structures and institutions’ and ‘Relations within the hospice.’ A concluding chapter completes the thesis. A summary of the benefits and problems that attend realism in theory and use is presented. The value of realism for nurse researchers and theoreticians is reasserted. Literature specific to each element of the study is explored within the relevant section or chapter.

As stated, the thesis begins by presenting and critiquing critical realist philosophy and morphogenetic theory. It then applies this philosophy and theory in research that, from the perspective of participating study site personnel, describes relations between the organisation under review and hostile external institutional structures (here associated with the NHS and Department of Health). Using morphogenetic methodology, it is suggested that these structural relations created a logic of interests that caused senior managerial staff to re-designate the hospice a ‘specialist palliative care unit’. Organisational re-description or re-designation catalysed and encapsulated the development of pre-existing long-term trends in internal clinical practice. It also exacerbated tensions amongst clinical staff some of whom, it is argued, can be identified with pro- and anti-change groups. It is proposed that tensions between these groups are expressed or evidenced as conflicting beliefs about the purpose and form of organisational activity as well as the role of, for example, clinical treatments and interventions. Tentative suggestions are made concerning the causes of agential dissonance.

Realists claim that philosophy and theory must ultimately be judged according to use value. This thesis moves from the presentation and critique of philosophy and theory to the application of philosophy and theory and, hopefully, realism’s use value is demonstrated in this process. It is argued that morphogenetic methodology offers researchers – nurses and others – the opportunity to both



comment productively on the nature of society and overcome some of the problems associated with alternative metaphysics.

### **Personal commentary: three motives for undertaking this study**

An interest in realism provides the primary motive for undertaking this study. However, questions arising from clinical experience and reflection on the argumentative structure of nursing scholarship were also important drivers.

#### Realist theory:

The primary stimulus for this study stems from reflection upon and recognition of deficiencies in my understanding of the social realm. In particular I began this study with a desire to better appreciate the nature of causality in social explanation and engagement with this issue appeared necessary if I was to progress my understanding of the organisation in which I worked.

The difficulty of establishing causality in social explanation came to my attention when, in earlier work, I became aware that I employed causally implicative descriptors such as 'led to', 'encouraged', 'produced', or 'prompted' (the list can be extended *ad libitum*) without justifying the link between events or concepts thus associated. Failure to clarify what is meant by causation is not unusual. Yet lack of clarity is of signal importance to the status and validity of explanation.<sup>iii</sup> Reading led me to 'discover' the critical realist philosophy of Roy Bhaskar and realist social theory of Margaret Archer and the work of these theorists and the movement with which they are associated has, as the study progressed, broadened my interest from causality to the ontological stature of social phenomena and the nature of social

explanation in general by enabling me to articulate what had hitherto been merely an intuitive reticence towards alternative non-realist perspectives.

Unsurprisingly, my relation to realism altered over the course of this study. I was initially and perhaps naively attracted to the realisms of Bhaskar and Archer because they appeared to offer an element of ontological certitude as well as some, admittedly tentative, methodological guidance. Retrospectively, I now concede that the ontological claims and methodological suggestions of both theorists are less secure than I originally perceived. I suspect the version of free will apparently endorsed by Bhaskar and Archer is not necessary for realist theory and like Dean (2006) I believe that, to better inform research practice, realist insights require considerable support from non-realist theorists.<sup>iv</sup>

Nevertheless, despite this reappraisal and notwithstanding considerable qualification, the realisms of Bhaskar and Archer continue to offer, in my opinion, an attractive option for nurse researchers.<sup>v</sup> Why this is so and the precise nature of this 'option' is the major consideration of this thesis.

#### Clinical experience – from hospital to hospice to specialist unit:

I completed nurse training in 1993 and went to work on a Professorially led combined haematology, oncology and bone marrow transplant unit in a newly built hospital on the south coast of England. This 'high tech' and generously resourced facility, part sponsored by a cancer research charity, was considered to be one of the UK's most innovative and research active centres. Nevertheless, at any one time up to a fifth of inpatients might be dying and, although the care given to these patients was of a good clinical standard, this eventful and at times frenetic environment could be considered an inappropriate place in which to die. For, not only was the unit continuously busy (activity continued around the clock) but medical enthusiasm

for curatively orientated interventions was sustained, on occasion, up until the point of death. When this occurred, feelings of unease were often verbalised by colleagues and a personal interest in palliative care was kindled during this period.

Several years and a number of posts later I went to work at a charitably funded hospice in central England. This organisation provides outstanding care to those in its charge and comparisons between it and NHS hospitals with which I am familiar cast those NHS institutions in an unfavourable light. In particular, hospice staff spend more time with patients and their families, specialist expertise is greater, equipment and facilities are superior and more attention is paid to comfort and emotional support than appears feasible within the state sector.

Nonetheless, 'hands-on' experience as a staff nurse led me to query aspects of clinical and organisational practice and clarifying and addressing these questions provided a focus for the applied component of this study. Specifically, in conversation, staff expressed conflicting interpretations of what their work is or should be and, importantly, these various understandings, when translated into behaviours, directly influence the nature and quality of patient care. (This assumes, following Swinburne, 2005, that beliefs generate goals and purposes which may direct actions.) Colleagues with whom I spoke are aware of actual or potential inter-collegiate disagreement and some staff identify instances of friction associated with differing understandings. Conversations regarding such matters and their impact upon clinical care occupy a part of many daily interactions. Yet explanations regarding the cause(s) of ideational dissonance are mixed (when forthcoming).

In exploring these issues, a review of hospice and palliative care scholarship neither provided the answers I sought, nor described the situation in which I worked. Indeed, despite the existence of a flourishing, sophisticated and increasingly analytical literature (e.g. Woods, 2007; Randall and Downie, 2006; Sandman, 2005;

Seymour, 2001; Cobb, 2001; Lawton, 2000) significant areas of contention remain regarding the essential nature of hospice or palliative activity. Understanding how staff at the study site interpret their work and the organisation in which they function – i.e. as hospice *or* specialist palliative care unit – forms the focus of the applied element of this study and motivation for undertaking §2 of this thesis therefore comes from the simple desire to better understand or ‘study up’<sup>vi</sup> the organisation where I worked.

### Nursing scholarship:

An interest in nursing scholarship’s argumentative structures also influences the study. This interest complements realist concerns with scientific lucidity, it is an interest which is responsible for steering this thesis in a firmly theoretical direction and, as such, it is an interest that requires explanation.

Realists presume that argumentative coherence relies, in part, upon making explicit the mutually implicative logical bonds that connect ontological, epistemological and methodological reasoning (Bergene, 2007; Danermark *et al*, 2002). (These terms are defined in §1 Chapter 1.) Focusing upon argumentative structure may appear needlessly abstract to researchers grappling with complex real world issues (Foss and Ellefsen, 2002) and the ‘metaphysical paradigm’ or theoretical orientation that realists endorse is dismissed by Morgan (2007, p.62) on pragmatic grounds (it is seen as too abstract). Certainly scholars and scientists can and do operate effectively without developed philosophic understandings (Rose, 2006). Yet, as Leplin (2004, p.118 – italicisation in original) notes, whilst there ‘is no *a priori* stance from which philosophy can assume to dictate the standards and methods for acquiring knowledge. Philosophical assumptions are ineliminable from the reasoning by which science fixes its ontological commitments.’

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Mixed messages regarding the importance of philosophic and theoretic issues are apparent within the nursing literature. Table 1 (below) describes the results of an unlimited e-search of the British Nursing Index (BRNI) and Cumulative Index to Nursing and Allied Health Literature (CINAHL) using the keywords *research*, *ontology*, *epistemology* and *methodology*. As can be seen, a progressively smaller number of papers are identified using the combined terms *research and methodology*, *epistemology* or *ontology*. The significance of these data should not be over-egged; however, the small percentage of abstracts that identify their interests as including *research and ontic* or *epistemic* issues perhaps supplies indicative evidence for the proposition that many nurse researchers are reluctant to explicitly discuss philosophic issues (specifically ontological philosophy), scientific theory (here theories of epistemology) and research practice (methodological choice and methods in use).

Table 1: e-search all fields of BRNI (1994 to May 2008) and CINAHL (1982 to May week 5 2008) using keywords *research*, *ontology*, *epistemology* and *methodology* (search performed 06.06.08.)

	BRNI		CINAHL	
	Keyword	Research <i>and</i> keyword	Keyword	Research <i>and</i> keyword
Research	39631		232363	
Ontology	6	1	163	71
Epistemology	11	6	481	278
Methodology	422	352	15459	11694

Reluctance to engage with philosophic issues may be sustained by the perception that nurse researchers must maintain a ‘person-centred’ (McCormack, 2003, p.179) focus on bed-side patient care and the concomitant view that philosophy’s contribution to theory and investigation is intangible, distancing or superfluous. The

symbolic significance of clinically situated and patient focused research is apparent in Carr and Galvin's (2005) study into nurse consultant doctoral preparation and the notion that philosophic consideration detracts from instrumental immediacy is evident in Newell and Burnard's (2006, p.4 – emphasis added) claim that nursing research 'should have *immediate* consequences for patient care.'

Alternatively, Simons (2007, p.73), in an argument aimed at mixed method investigators, suggests that researchers must be sensitive to other 'conceptions of knowledge and reflect on their position in relation to the range of possibilities.' Reflection can and perhaps should prompt *all* researchers to consider the intertwined nature of philosophy, theory and scientific practice for, self-evidently, the existence of competing forms of explanation necessitates that researchers make witting or unwitting ontological, epistemological and methodological choices (Willmott, 2003). Moreover, as Collier (1994, p.16 – emphasis in original) notes 'part of the answer to the question 'why philosophy?' is that the alternative to philosophy is not *no* philosophy but *bad* philosophy.' Kuhn (1977, p.271), anxious not to overplay theoretic pedantry, correctly states that 'in the final analysis it is the individual scientist rather than . . . theory which is tested.' Yet, equally, argumentative explicitness and clarity are easily compromised when a pragmatic approach to methodological use is combined with an indifferent attitude towards theoretical dispute and the philosophic questions that this dispute articulates (Rose, 2006).

For example, Rycroft-Malone *et al* (2004, p.88) dismissively describe the quantitative-qualitative debate as 'sterile'. They do not explore the reasons for or importance of the philosophic or theoretical (ontological and epistemological) arguments that lie behind such methodological debates. However, they do suggest that nurse researchers use 'whatever approach(es) are relevant to the clinical problem and resultant research question' (*ibid*, p.88). This 'pick-n-mix' attitude is

not unusual (see also, for example, Weaver and Olson, 2006) though it is problematic. Methodologies rest upon and embody theories stemming from diverse and occasionally incommensurable philosophic traditions. A pragmatic approach to methodological use can be appropriate or acceptable where these extended linkages are understood and respected. However, when sundry methodologies or methods are employed without careful consideration, incoherence and irrationality may ensue (Hedström, 2005).

Despite this Bryman (2007, p.17) notes, again in relation to mixed studies, that ‘epistemological and ontological issues have been marginalized to a significant extent as pragmatism has emerged as a major orientation to combining quantitative and qualitative research.’ And a literature review by Kinn and Curzio (2005) into nurse researchers’ use of mixed qualitative and quantitative methods argues that although the combination of approaches is ‘not always appropriate’ (p.330) strong ‘enthusiasm amongst [nurse] researchers’ (p.331) for this activity is apparent.

Kinn and Curzio (ibid, p.322) also claim that researchers who mix methodologies or methods rarely address the rigour of study forms combined and different approaches ‘to integrating the results . . . [of diverse methodologies] were not commented upon in the majority of reports.’ Their analysis suggests that some nursing scholars are unreflective pragmatists and, as such, ‘a “sense of evidence”, or a feeling of plausibility’ (Hempel, 1945, p.8) presumably determines whether evidence successfully supports a study’s hypothesis (broadly defined), finding(s) or conclusion.

The problem with this approach is that it involves ‘a confusion of logical and psychological considerations’ (ibid, p.8). Pragmatists who accept or reject evidence on the basis of subjective criteria – that such evidence supplies a *sense of evidence* – ignore, for example, both the directive role that ontic and epistemic



assumptions play in sensitising researchers to study topics or problems and the influence exerted by ontology and epistemology on the form that investigation and analysis takes (Cruickshank, 2003b). Authorial interests as well as the object and purpose of study inevitably and properly determine the emphasis or balance given to theoretic concerns in research and scholarly papers. However, all explanation makes ontological, epistemological and methodological assumptions (Hammersley, 2005b) and whilst the balance given to these elements varies between reports, no element of this triptych can be disposed of.

Contra pragmatism, the need to acknowledge philosophy's affiliation with theory and research practice is also apparent in the nursing literature and voices from a range of perspectives argue that this relationship must be examined if nursing studies are not to be denuded of the robustness and validity that their subject matter deserves. Thus Annells (1996, p.712) claims it is 'essential' that nurse researchers who engage with postmodern hermeneutic phenomenology be cognisant of its roots in the philosophy of Heidegger and Gadamer. (See also Paley, 2005.) Gastaldo and Holmes (1999, p.233) call for a more philosophically, Foucauldian, informed approach to nursing theory and research and, in an argument favouring cross-disciplinary engagement, they claim that reticence to tackle traditional or non-nursing philosophic discourse in anything other than abridged secondary sources 'may have inhibited a more interdisciplinary and critical approach to nursing science.' Nolan *et al* (1998) likewise advocate, from a Nietzschean perspective, greater philosophic awareness amongst nursing theorists and researchers. And yet, the ability of nurse researchers to demonstrate this awareness is questioned when, like Gastaldo and Holmes (1999), Nolan *et al* (1998, p.251) suggest that nurses frequently engage superficially with philosophic ideas that are 'poorly understood.' As realists, Wilson and McCormack (2006, p.45) argue that

nurses should be more philosophically and theoretically aware, they suggest that researchers need 'to carefully consider not only the methodology but also the philosophical intent of the study' and Rolfe (2006b) develops kindred themes through an exploration of the misuse of postmodern concepts in nursing research.

Realists assert that scholars who understand and respect the logical ties binding ontic, epistemic and methodologic discourse are more likely to maintain and demonstrate argumentative coherence and validity than studies which ignore and break such linkages. Further, unless nurse researchers are prepared to examine the relationship between philosophy, theory and research practice (here associated with ontology, epistemology and methodology) then their outputs will, however patient focused, inevitably lack robustness.

As is evident, realism is *poii sto* 'where I stand' and a desire to link the realisms of Bhaskar and Archer with concrete social description structures the study. The danger in this approach is that more is asked of philosophy and theory than can reasonably be expected. Philosophy and theory then gets in the way of explanation or, worse, they become exclusionary, righteous, sectarian and inward looking whereon, as Seale (1999, p.87) warns, the: 'Readers of theory may feel immersed in a self sustaining literary fantasy.'<sup>vii</sup> The opposite danger is that naïve pragmatism produces explanatory muddle. In relation to my own study and where nursing research investigates care from a social perspective:

The view [of social science] I wish to commend presupposes a certain conception of philosophy . . . So, however irrelevant it may at first appear, a discussion of . . . philosophy is an *essential* part of the argument . . .  
(Winch, 1958, p.2 – emphasis in original)<sup>viii</sup>

My work therefore includes a substantial philosophic and theoretic component and to justify this inclusion I here quote and endorse Margaret Archer's statement that:

what society is held to be also affects how it is studied. Thus one of the central theses of . . . [this study] is that any given social ontology has implications for the explanatory methodology which is (and in consistency can be) endorsed . . . The tripartite link between ontology, methodology and practical social theory is the *leitmotif* of this whole text.

(Archer, 1995, p.2-3 – emphasis in original)

To conclude, this study is divided into two sections each of which has a distinct purpose. In §1 Bhaskar and Archer's work is introduced and critically appraised so that nurse researchers and theoreticians can gain an overview of its potential. In §2 realist philosophy and theory's use value is demonstrated as it guides an investigation into aspects of structural and agential interaction.

Inevitably, the thesis generates more questions than answers. However, I hope that in some small way my work productively adds to nursing research's philosophic and theoretic palette *and* furthers the literature on hospice activity.

### Prior publication

Several chapters in this study contain material published by the author during the writing of this thesis. In accordance with University guidelines and with the publishers' permission, copies of these papers are included with the thesis.

1. The introduction and passages in §1 Chapters 3 and 4 and §2 Chapter 1 are informed by and reproduce material from: Lipscomb M (2008) Mixed method nursing studies: a critical realist critique. *Nursing Philosophy*. 9(1), 32-45. [An abridged version of this paper was presented at the HSHS Mixed Method Conference, Fitzwilliam College Cambridge on 9<sup>th</sup> July 2007.]
2. References to Groff in §1 Chapters 1 and 3 are, in part, taken from Lipscomb M (2006a) Book Review: Groff R (2004) *Critical Realism*, Post-

- positivism and the Possibility of Knowledge. *Nursing Philosophy*. 7(2), 104-105.
3. §1 Chapter 2 reproduces passages from Lipscomb M (2006b) Rebutting the suggestion that Anthony Giddens's Structuration Theory offers a useful framework for sociological nursing research: A critique based upon Margaret Archer's Realist Social Theory. Critical Response. *Nursing Philosophy*. 7(3), 175-180.
  4. §1 Chapters 3 and 4 are informed by and reproduce passages from: Lipscomb M (2006c) Review Essay: Realist Theory In Research Practice – Review of Making Realism Work: Realist Social Theory and Empirical Research. Carter B and New C, eds. (2004). With a response commentary by Carter B and New C. *Journal of Critical Realism*. 5(2), 362-379.
  5. §2 Chapter 2 reproduces brief excerpts from: Lipscomb M (2007b) Maintaining patient hopefulness: a critique. *Nursing Inquiry*. 14(4), 335-342.
  6. §2 Chapter 2 reproduces brief excerpts from: Lipscomb M (2007a) Book Review: Jewell A, ed. (2004) Ageing, Spirituality and Wellbeing. *Nursing Philosophy*. 8(1), 68-70.

## Endnotes - Introduction

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- <sup>i</sup> The descriptors *realist* and *realism* are often employed loosely. In this study, unless otherwise stated, the terms refer exclusively to the realist philosophy and theories of Roy Bhaskar and Margaret Archer. Where alternative realist theoreticians are introduced their work is differentiated appropriately.
- <sup>ii</sup> Bass (2006) notes that, within the literature, the terms hospice, palliative and terminal care are often used interchangeably. Unless otherwise stated, references to hospice and palliative care organisation and delivery are UK specific.
- <sup>iii</sup> Berlin (1998 [1960], p.32) states: 'If these bridges [causally implicative terms] from one set of facts or statements to another were suddenly withdrawn from our textbooks, it is, I think, not too much to say that the transition from one set of statements to the other would become a great deal less smooth.'
- <sup>iv</sup> Nicolas Rescher (2000) might be advanced as a candidate for this role since, amongst much else; Rescher (*ibid*) addresses subjective influence (i.e. the researcher's role) in realist analysis. Various interpretations, Thomas (2004a) situates Rescher as a pragmatic idealist.
- <sup>v</sup> Noting Edwards's (2001) critique of Bhaskarite realism it is not here suggested that realism necessarily speaks to nursing's normative concerns (though this possibility is not excluded).
- <sup>vi</sup> Nader (1972, p.284) introduced the phrase 'studying up' in an essay on the limits of anthropological participant observation. Following Nader (*ibid*), use of the phrase in the current context signals that, whilst the researcher was a participant observer at the study site, realist research does not limit data or evidence to that obtained in any one manner (see §2 Chapter 1).
- <sup>vii</sup> I am indebted to Bob Carter and Caroline New (2005) for bringing to my attention the danger inherent in theoretical over-elaboration and the unfinished or loose-ended nature of realist thought.
- <sup>viii</sup> Fay (2000) suggests that this quotation echoes sentiments originally expressed by Wittgenstein in *Philosophical Investigations* (1976 [1953]). The citation captures the link between philosophic theory and social scientific practice that Roy Bhaskar and Margaret Archer promote or maintain. Realists however, would distance themselves from the *certain conception of philosophy* advanced by Winch and Wittgenstein.

## Introduction to Section 1

### Realist theory in this thesis

Theoretical description and critique is integral to this study for a number of reasons. First, as the quotation below makes clear, critical realism is primarily a philosophy of ontology rather than a methodology for research and this hiatus, between philosophy and methodology, necessitates and justifies the detailed examination in this study of texts by Bhaskar *and* Archer.

There is simply no way to move directly from . . . critical realism (as philosophy) to substantive methodological development. The need to engage in in-depth philosophical groundwork can frustrate practicing social scientists, who . . . are keen to employ it in substantive research without getting bogged down in complex philosophical speculation. Yet, the fact that critical realism places ontology at the heart of analysis means that there can be no specification of methods in an ontological vacuum . . . Critical realism as a philosophy . . . cannot be directly 'plugged' into social research . . .  
(Wight, 2006, p.33)

Like Wight (*ibid*), Carter (2000, p.65 – emphasis in original) claims that any 'distinctively *sociological* realism . . . requires some considerable refinement of Bhaskar's *philosophical* naturalism.' Archer's realist social theory (1996, 1995) attempts this refinement. Yet it is here asserted that Archer's work cannot be adequately understood or successfully employed without an appreciation of Bhaskarian theory. For, not only must knowledge of philosophical or qualified naturalism precede consideration of its sociological embodiment; but, understandably in work aimed at researchers, Archer fails to describe the philosophic underpinnings of her theory and methodology in the detail that Bhaskar provides – detail necessary for the critical appraisal of that theory and methodology.

Second, a misleading and unbalanced understanding of Bhaskar and Archer's theories would ensue if only ideas or concepts with immediate use value were presented. A rounded but by no means comprehensive account of their work is therefore outlined since the alternative (disjointed and partial explanation) would handicap evaluation of the approach to social understanding that these authors promote. Inevitably this means that elements from their respective works are discussed that, whilst necessary for internal explanatory coherence, might be considered overly exhaustive in this context.

Third, explicit utilization of any theory exposes its limitations as well as possibilities and, to the extent that these features affect applicability, a critique of realism is therefore integral to this study.

Fourth, realism potentially offers a valuable, if qualified, alternative to established empiric and idealist metaphysics and, in consequence, it is beginning to stimulate interest in a variety of fields including nursing (McEvoy and Richards, 2006, 2003; Wilson and McCormack, 2006; Porter 2001, 1998), mental health (Bergin *et al*, 2008), health and social care (Hart *et al*, 2004; Williams, 2003c), palliative care (Tolson *et al*, 2007) and social policy (Pawson, 2006). Problematically, some of these texts (e.g. Tolson *et al*, 2007) use CR terms idiosyncratically or without adequate clarification and it might therefore be suggested that Bhaskar and Archer's work has yet to receive substantive or sustained attention from nurse researchers and theoreticians. Relative novelty thus necessitates that a more detailed description and critique of this study's conceptual framework and nomenclature be advanced than would be required were a more familiar approach adopted.

To validate this claim it might be noted that critical or social realist designs are not identified in McVicar and Caan's (2005) study into research design popularity. This work reviewed the abstracts of 204 nursing and allied health

professionals who completed PhD, DPhil and Professional Doctorate theses (published on electronic databases between 1983 and 2002). Increased interest in 'Naturalistic/realistic evaluation' was noted, up from 1 percent of 1983-1996 studies to 3.9 percent of 1997-2002 studies (ibid, p.637), and Pawson and Tilley's (1997) *Realistic Evaluation* is associated with this development. However, McVicar and Caan's (2005) use of the term 'naturalistic' requires clarification (it is linked with 'Think aloud' methods, ibid, p.641). As will be shown (§1 Chapter 3), 'naturalism' is capable of supporting a variety of meanings and, in this conjoint form, the term 'realistic' also needs explanation. Moreover, it is uncertain whether Pawson and Tilley (1997) are situated by the abstract writers against the descriptor 'realistic' or, alternatively, whether this connection is made by the reviewers and, in the absence of such information, it may be that interest in realist designs is overestimated even at 3.9 percent.

Fifth, nurse researchers and theoreticians do not always recognise or adequately respect the links that bind ontological, epistemological and methodological reasoning (see 'Introduction' this thesis). Realist theory is concerned with these links and detailing this concern makes apparent the significance of such connections.

Sixth, §1 describes realist theory so that reference can thereafter be made to its descriptors and precepts in §2 without additional explanation.

Seventh, study at higher degree level not only seeks to develop new knowledge or understanding, it also aims to facilitate the training of researchers (McVicar and Caan, 2005; Thompson *et al*, 2005) and, in this latter respect, a focus upon theory and the manner in which it relates or fails to assist in social explanation is germane (i.e. reflection on these issues contributes to this training).



## Section 1 – Chapter 1

Roy Bhaskar

It is increasingly evident that in order to gain a critical understanding of the social and political disciplines, we must face not only epistemological but metaphysical issues.

(Bernstein, 1979, p.117)

Miller (2002) states that ‘the nature and plausibility of realism is one of the most hotly debated issues in contemporary metaphysics, perhaps even the most hotly debated issue in contemporary philosophy’ and Collier (1994, p.ix) enthusiastically describes Bhaskar’s critical realism (henceforth CR) as ‘the most exciting development in Anglophone philosophy in this half-century.’ Interest stems from the possibility that CR offers a ‘point of entry into epistemology and metaphysics for practicing social scientists’ (Groff, 2004, p.23)<sup>i</sup> and Archer (1995, p.5 – emphasis in original) acknowledges this potential when she notes that: ‘The practical analyst of society needs to know not only *what social reality is*, but also *how to begin to explain it*, before addressing the particular problem under investigation.’

Bhaskar’s early work focused on the philosophy of science and *A Realist Theory of Science* (1997, first published 1975, henceforth *RTS*) and *The Possibility of Naturalism: A Philosophical Critique of the Contemporary Human Sciences* (1998d, first published 1979, henceforth *PN*) have been especially influential (Archer *et al*, 1998). Both books challenge established orthodoxies, together they launched a self-conscious movement<sup>ii</sup> in the humanities and social sciences (Engholm, 1999) and CR now inspires work across a broad range of academic fields.<sup>iii</sup>

This Chapter describes *RTS* and *PN*. *RTS* chiefly presents a philosophy for physical science and although Bhaskar touches upon the humanities in this work,

the implications of CR theory for social explanation are primarily developed in *PN*. Both texts are outlined since together they introduce CR thought and inform the sociological writing of Margaret Archer.

### Philosophy's purpose:

Bhaskar is interested in causality and the nature of knowledge claims. These concerns prompt him to theorise about the relationship between ontology (being), epistemology (theories of knowledge), methodology (structures and rationalisations of enquiry that develop or test ideas) and methods (techniques or procedures to obtain and assess data).<sup>iv</sup> Significantly, Bhaskar advances theory in order to affect scientific reasoning and practice<sup>v</sup> and this approach contrasts with thinkers such as Wittgenstein (2001, 1976)<sup>vi</sup> or Russell (Irvine, 2004)<sup>vii</sup> who query the use value of philosophy, or those such as Scruton (1994) who maintain a distinction between pure and applied philosophy. Thus, for Bhaskar, metaphysical or ontological theory, whilst 'recondite and abstract' (*RTS*, p.226-7), is important because it guides or underpins the acceptability or otherwise of claims which inform belief and action.

Social theory, proto-theory and theory proper, inevitably contains explicit or, more commonly, implicit ontological presumptions which legitimise or veto ideas, behaviours and doxastic<sup>viii</sup> criteria concerning what can be admitted in explanation. With this in mind, Bhaskar proposes that ontological precepts materially affect human life. Further, he maintains that metaphysical truth (i.e. contingent and 'theoretically-informed' but nonetheless accurate scientific descriptions of reality – *RTS*, p.240) possesses, if attainable, a liberating dimension that reflects or is grounded in CR's strong commitment to reason's potential as an emancipatory force.<sup>ix</sup> And, although some of Bhaskar's later outputs have a strong spiritual focus

(Hostettler and Norrie, 2003), CR's emancipatory claims rest in *RTS* and *PN* upon recognisably Marxist insights (Trigg, 2001).

Bhaskar's basic argument is that within the physical sciences a defective ontology has been conjoined with a flawed epistemology to misinterpret a special situation (experimentation). The apparent predictive success of this developed perspective (traditional empiricism) allowed it to colonise the natural and human sciences, including those branches of social science that ostensibly recognise the problems inherent in empirical reasoning and, in consequence, social science has yet to articulate a satisfactory philosophic base. Sociology's 'theoretical fragmentation' (Dean *et al*, 2006b, p.1) reflects, for Bhaskar, the confusion wrought by the importation of this false metaphysic and the neglect of overt ontologic and epistemological reasoning in much sociological writing evidences researcher unease with the grounding philosophy of their discipline.<sup>x</sup>

#### Terminology and commentary:

Before considering *RTS* and *PN*, three general points need to be made concerning Bhaskar's use of terminology and his style or form of argument.

First, Bhaskar is a dense author (Scambler, 2002) and comprehension is occasionally hindered by the variety of terms that are used to describe CR theory.<sup>xi</sup> To avoid misunderstanding, the descriptors realism, critical realist or critical realism (CR) and transcendental realism are used here to describe Bhaskar's philosophy.

Second, Huntington (1996, p.21) claims that: 'We know who we are only when we know who we are not and often only when we know whom we are against.' *RTS* introduces and defines CR through an appraisal of two alternative philosophies of science. In this process, Bhaskar employs a number of interchangeable terms. Thus, Humean, empiricism,<sup>xii</sup> empirical realism,<sup>xiii</sup>

deductivism<sup>xiv</sup> and positivism<sup>xv</sup> collectively describe one metaphysic. Kantian, neo-Kantianism, idealism<sup>xvi</sup> and transcendental<sup>xvii</sup> idealism jointly describe another. Similarly, in *PN*, CR argument is advanced through the critique of positivist (Humean) naturalism and anti-naturalist hermeneutics.<sup>xviii</sup> As with *RTS*, a variety of descriptors characterise the non-CR perspectives.

For clarity, this study will generally describe the non-realist perspectives in *RTS* thus, Hume (Humean) or empiric (empiricism) and Kant (Kantian) or idealist (idealism). In *PN*, Bhaskar opposes Humean empiric naturalism (which he conflates with materialism and positivism) and Kantian, idealist or hermeneutic anti-naturalism. These descriptors are explained as they are introduced within the thesis. However, it should be noted that the meaning of some of the terms used by Bhaskar are contested and vary depending upon whether they are used in a sociological or philosophic sense ('naturalism' is, for example, particularly vulnerable to contextual misinterpretation).<sup>xix</sup> Bhaskar's terminological usage is critiqued at several points within the study.

Third, metaphor, allegory, simile and analogy play a significant part in most, if not all, scholarly or scientific theories and arguments (Greenwood and Bonner, 2008) – as they do in all discourse – and Bhaskar consciously manipulates language's evocative potential in presenting his philosophy. Thus both *RTS* and *PN* advance a nomenclature that includes open and closed systems, emergent strata, 'powers, tendencies, structures, generative mechanisms, transfactuality, normic statements etc . . . [so that] What one is dealing with here is a network, 'family' or constellation of concepts . . . [in order] to introduce the reader to a new way of thinking . . . in the hope that the reader will *get a feel for it*' (*PN*, p.169 – emphasis added).

Whenever possible, this study utilises Bhaskar's own words to describe CR. Overuse of direct quotation can seem excessive. However, first, the use of multiple

citations (common in literature studies) may assist the reader to get a *feel* for the *family* of concepts that Bhaskar wishes to convey. Second, little benefit accrues from précising an original that is clear and succinct and third, citations are a protective device. Bhaskar's work can be variously interpreted and the outline presented here will inevitably differ from alternative interpretations. Reference back to the source material is one means by which this particular reading can be sustained.

### A Realist Theory of Science

As its name implies, transcendental realism is founded on the question: What must the world be like for science to be possible? This starting point is significant for it allows that phenomena precede and are 'independent of experiences' (RTS, p.32).

. . . it is not the fact that science occurs that gives the world a structure that is known by men. Rather, it is the fact that the world has such a structure that makes science whether or not it occurs, possible.

(RTS, p.30)

Like Kant (1990 [1781], *Critique of Pure Reason*), Bhaskar recognises that mind (the knower) contributes to perception. However, for Bhaskar, development and elaboration of the phenomena-experience distinction informs an opposition to both neo-Kantian transcendental idealism and deductive Humean empiricism. Both traditions are accused of misleadingly equating scientific laws with event conjunctions. Separately, Kantian idealism is charged with underplaying the ontological reality of phenomena and Humean empiricism is indicted for neglecting the perceiver's role in experience.

CR recognises that scientific knowledge is socially derived ('knowledge is a social product, produced by means of antecedent social products' RTS, p.16-17) and

that the objects of study are ontologically discrete (i.e. that things exist apart from the knower). Bhaskar thereby distinguishes what *is known* from what *might be known*. He accepts that truth claims vary through time but denies reality is similarly plastic (Cruickshank, 2007). *RTS* argues *against* judgemental relativism (which, by CR criteria, speciously gives equal voice or weight to multiple theories or interpretations), *for* epistemological relativism (which acknowledges ‘the impossibility of knowing objects except under particular descriptions’, *RTS*, p.249) and *for* judgemental rationality (which suggests that it is in principle possible to reach contingently reasoned and accurate judgements concerning truth and reality).

CR is implacably hostile to postmodern thought (Curry, 2003) and unfashionably traditional in its support for the modernist ideal of potential scientific progress. Modernism’s confidence in experience is abandoned however, when *RTS* invokes *a priori* arguments to maintain that physical and social reality are both stratified and emergent. *RTS* thus simultaneously denounces what it defines as Humean and Kantian traditions in science whilst dialectically reformulating and integrating elements from both philosophies into a theory that transcends their alleged limitations. In this process Bhaskar claims he is an ‘under-labourer’<sup>xx</sup> in the production of a new metaphysics or ‘conceptual science’ (*RTS*, p.36), a realist ‘philosophy *for* science’ (*RTS*, p.10 – emphasis in original). If taken seriously CR requires that a radical overhaul of non-realist research theory and practice take place.<sup>xxi</sup>

### Humean experience:

Although Bhaskar takes issue with Kant and Hume and their intellectual heirs, *RTS* directs its most sustained attack at Hume who, Bhaskar claims, inadequately described as subjective expectation ‘the conditions under which experience is

significant in science' (RTS, p.13). Orthodox empiricism, which Bhaskar equates with Hume, is charged with misunderstanding the place and meaning of experience in scientific theory (particularly in regard to experimentation) so that explanatory criteria, ideas concerning confirmation, falsification and notions of rationality become confused (*explanandum* becomes conflated with *explanans*). Allegedly, these failings stem from Hume's description of causality and scientific law.

Hume's *An Inquiry concerning Human Understanding* (1955 [1748], henceforth *IHU*) distinguishes knowledge derived from 'Relations of Ideas' (e.g. Euclidian geometry – *IHU*, p.40) from 'Matters of Fact' (e.g. that the sun has risen – *IHU*, p.40). Relational knowledge is 'discoverable by the mere operation of thought' (*IHU*, p.40). However, observation rather than a priori reasoning is required to determine factual understanding since, to quote from Book One of *A Treatise of Human Nature* (Hume, 2004 [1739], emphasis in original) it is 'by EXPERIENCE only, that we can infer the existence of one object from that of another.' This experience is *of* an event and a constant conjunction of such events are necessary 'to make us pronounce any two objects to be cause and effect' (Hume, *ibid*), that is, establish the relationship as law-like. Indeed, Hume's argument within the three books of *A Treatise of Human Nature* is summarised in the phrase: 'No matter of fact can be proved but from its cause or effect. Nothing can be known to be the cause of another but by experience' (Hume, 1955 [1740], p.191).

RTS (p.25) argues that Hume's focus on establishing objective event regularities and the investigator's attempt to *abstract* him or herself from the process leaves experimental science as 'a kind of automatic and behavioural response to the stimulus of given facts and their conjunctions.' Further, Humean empiricism fails, according to Bhaskar, to acknowledge the perceiver's role in understanding or defining experience (other than to see it as a nuisance to be eradicated or overcome)

and, as will be seen, the pre-eminence afforded to observable event conjunctions problematises the role and function of theory (remainder) in explanations of what is observed. That is, theory, necessary to comprehend and order experience, is unobservable and therefore *un-real* by Humean standards.

Bhaskar's use of transcendental argument and his interpretation and critique of Hume and Kant are discussed in §1 Chapter 3. However, it might be prudent here to note that Hume's concept of causal relations involved:

three elements: ideas of spatial contingency, temporal succession, and necessary connection. Whereas in the case of the first two the matching of these ideas to experiences is unproblematic, there is, Hume presumes, no perceptual warrant for the idea of a necessary connection between events, such that given the first the second had to follow, and that had not the first occurred the second would not have happened. This being the case he offers a *psychological substitute*, namely that succession and contiguity of types of objects found conjoined in our experience are such as to determine the mind to *form the idea* of one object or event upon the occasion of observing (or forming the idea of) the other object or event.

(Haldane, 2002, p.100 – emphasis added)

At stake is the extent to which mind interprets or creates a version of a putative external reality. Given Haldane's (ibid) account it might be argued that Bhaskar's interpretation of Hume as *negating the perceiver's role in experience* is misguided since Hume situates causation 'in the mind (imagination)' (Salmon, 2002, p.26). This is indeed the conclusion reached in §1 Chapter 3 though the fault is not fatal to CR and it is here merely noted that, in arguing against Humean empiricism, Bhaskar is persuasive in his attack upon naïve empiricism and its consequents.

Bhaskar's critique of the role of empiricist theory in physical science is also challenged by, for example, Monod (2004), who argues that post Einstein and Heisenberg, quantum physicists (contra Hume) neither directly observe events nor require that laws rest upon repeatable conjunctions.<sup>xiii</sup> Nevertheless, Bhaskar claims



that empiricism's apparent predictive achievement within physical science has cloaked the shortcomings outlined above (regarding observation) and, quantum physics notwithstanding, this success has amplified empiricism's influence so that its assumptions, regarding causality and the justifiable basis of law-like or generalisable statements, now pervasively inform both the natural and human sciences including, as will be seen, those forms of neo-Kantian and idealist human science which ostensibly reject its precepts (Bhaskar, 1998b; Bhaskar, 1998c). Exposing inherent flaws within the empiricist tradition can, CR maintains, help establish a more satisfactory philosophy for science and hence, better science (Archer *et al*, 1998).

The epistemic fallacy (transitive knowledge and intransitive reality):

For Bhaskar, Hume's error stems from his belief 'that statements about being can always be transposed into statements about our knowledge of being' (RTS, p.16). Reducing ontology to epistemology is described by Bhaskar as the 'epistemic fallacy' (RTS, p.16) and recognising this error is vital to CR argument.

CR differentiates between the social production of knowledge (what is known) and the things that exist (what might be known). The *objects* of scientific knowledge are the mechanisms or structures that generate phenomena. These 'objects are neither phenomena (empiricism) nor human constructs imposed upon the phenomena (idealism), but real structures which endure and operate independently of our knowledge, our experience and the conditions which allow us to access them' (RTS, p.25). These real structures constitute an intransitive and ontologically existent domain that transitive or fallible human scientific knowledge aims to penetrate.

Transitive knowledge is not knowledge *of* reality, it is 'only a description of that reality' (Porpora, 2004, p.49). Transitive knowledge is contingent because it

inevitably includes or entails both theory and values (it is socially and historically positioned)<sup>xxiii</sup> and it is therefore epistemologically relative (there is no immanent or unmediated access to reality). However, recognising that human understanding lacks certitude need not imply, according to *RTS*, that ontologically objective reality is illusory or that judgementally rational and provisionally accurate statements cannot be made about reality (Cruickshank, 2007, 2003a; Groff, 2004).

Hume's epistemic fallacy is, for Bhaskar, the natural if fallacious result of misreading experience's ontological status (i.e. empiricism's error is to believe that experience is necessary to comprehend reality, that observable event regularities describe causality and that a constant conjunction of events is both necessary and sufficient in establishing laws). Contra Hume, separating transitive social knowledge from intransitive reality enables Bhaskar to maintain that events 'are categorically independent of experiences. There could be a world of events without experiences. Such events would constitute actualities unperceived and, in the absence of men, unperceivable' (*RTS*, p.32) and this claim, that knowledge cannot circumscribe existence, allows him to assert that 'not only is a constant conjunction of events not a sufficient, it is not even a necessary condition for a causal law' (*RTS*, p.12).

#### Closed and open systems:

CR proposes that, to be intelligible, experimental activity must accept the redundancy of definitions of causality that rely upon event regularities (indeed, experience is essentially an 'accidental property', *RTS*, p.28).<sup>xxiv</sup> If correct, this claim undermines a major bulwark of empiric science.

Bhaskar states that explanatory causal laws must describe how mechanisms 'endure and continue to operate in their normal way under conditions, which may be characterised as 'open', where no constant conjunction or regular sequence of

events is forthcoming' (RTS, p.33). CR thus distinguishes between *open* (uncontrolled) and *closed* (controlled laboratory or experimentally isolated) systems.

Humean causality allegedly binds laws to closed systems because it is only within such systems that manipulation and control of antecedent activities by scientists makes a constant conjunction of events possible. Closure 'depends upon either the actual isolation of a system from external influences or the constancy of those influences' (RTS, p.74). However, in open or non-isolated systems, a myriad of confounding mechanisms interact so that laws, established in closed systems, are seldom evidenced as regular event conjunctions. RTS proposes that empiric activity only acquires meaning when the relation between closed experimental situations, in which constant conjunctions *can* occur, and real world open systems, where they infrequently *do*, is understood. For committed empiricists the general absence of event conjunctions in open systems presumably indicates, absurdly, that no laws are operating. However, the non-empirical or counterfactual status of closed system laws in open systems indicates, to Bhaskar, that the place of experience in scientific explanation must be re-conceptualised.

#### Intransitive reality – mechanisms, tendencies and nomic laws:

The world consists of mechanisms not events. Such mechanisms combine to generate the flux of phenomenon that constitute the actual states and happenings of the world. They may be said to be real, though it is rarely that they are actually manifest and rarer still that they are empirically identified by men. They are the intransitive objects of scientific theory.

(RTS, p.47)

To explain how causality and laws operate in open systems RTS outlines a theory which differentiates between three domains (the real, the actual and the empiric)

and three types or objects of knowledge (termed generative mechanisms, events and experiences), see table 2.

Table 2 – Domains and objects of knowledge (RTS, p.56 – adapted)

	Domain of Real	Domain of Actual	Domain of Empirical
Mechanisms	√		
Events	√	√	
Experiences	√	√	√

Mechanisms or generative mechanisms refer to phenomena operative in the intransitive realm of the real. They represent the ‘way of acting of a thing’ (RTS, p.51) and possess ontological status.<sup>xxv</sup> Mechanisms are possible objects of knowledge though they may remain forever unknown.<sup>xxvi</sup> Mechanisms need not cause events to take place in the domain of the actual since they can be blocked, disrupted or redirected by the operation of alternative mechanisms. Mechanisms may thus operate but remain unexercised (existing solely within the domain of the real) and this indeterminacy in actually causing events means that mechanisms cause and underpin laws that in open systems are best described as *tendencies*.

Tendencies may or may not be exercised, but even when exercised, tendencies, in open systems never guarantee or determine that particular outcomes ensue. As per mechanisms, tendencies produce events erratically ‘due to the presence of ‘offsetting factors’ or ‘countervailing causes’ (RTS, p.98). Significantly, it is only in regionally isolated systems that ‘a tendency once set in motion must be fulfilled’ (RTS, p.96) and, in open systems, tendencies are unlikely to instigate an ‘invariant pattern or regularly recurring sequence of events’ (RTS, p.14). Tendencies are the *powers* of generative mechanisms.<sup>xxvii</sup> However, tendencies are distinguished

from powers through the concept of continuing temporal activity: 'In the concept of tendency, the concept of power is thus literally dynamized and set in motion' (RTS, p.50). In closed systems, tendencies may be actualised and experienced (identified) through Humean empiric practice. Yet, contra Hume, CR does not conflate experience with events since 'in an experiment we [scientists] are a causal agent of the sequence of events, but not of the causal law which the sequence of events, because it has been produced under experimental conditions, enables us to identify' (RTS, p.33). Experimental activity, Bhaskar notes, artificially aligns mechanisms, events and experiences, which are 'not naturally or normally in phase' (RTS, p.57) through the deliberate causative intervention of agents (scientists).

Laws are thereby re-described. They now apply equally in closed and open systems and, in open systems, become explanatory rather than predictive. Thus defined, laws are non-deterministic. They are 'neither empirical statements (statements about experiences) nor statements about events. Rather they are statements about the ways of acting of independently existing and transfactually active things' (RTS, p.51-2). Laws thus refer to potentialities rather than certainties and are '*normic*, rather than subjunctive' (RTS, p.51 – italics in original).<sup>xxviii</sup> Nomic statements (the 'indicative form' of normic statements, RTS, p.51) refer to generative structures and not events. They describe what is happening irrespective of actual events and are not generalisations (i.e. such and such is *likely* to occur), indeed they 'are not empirical statements at all' (RTS, p.102).

### Stratification and emergence:

Mechanisms and the nomic laws they generate suggest to Bhaskar that reality is *stratified* and *emergent*. This means that, for example, physical mechanisms are necessary for the emergence of chemical mechanisms, which are necessary for the

emergence of biological mechanisms, which are necessary for the emergence of human social and psychological mechanisms.<sup>xxx</sup> In each instance, a prior or lower level mechanism or strata (e.g. physical) was required *before* a subsequent or higher level mechanism or strata (e.g. chemical) could develop or emerge. Lower level mechanisms or strata constrain or place limits on the actions of higher level emergent mechanisms or strata (chemical laws cannot abrogate physical laws). However, lower level mechanisms or strata do not *cause* higher level mechanisms or strata. Each emergent strata is defined by specific mechanisms the operation of which are irreducible to (not determined by) those at a lower level and thus, just as ‘the path of my pen does not violate any laws of physics . . . [so] it is not determined by any either’ (RTS, p.105).

Bhaskar states that there are in principle no limits to the ‘new and ever deeper, and explanatory more basic, strata’ (RTS, p.169) that await discovery in either the human or physical sciences.<sup>xxx</sup> The significance of the concepts of stratification and emergence are developed later. However, since each strata and its mechanism(s) is ontologically real and distinct, ‘the transcendental realist sees the various sciences as attempting to understand things and structures in themselves, at their own level of being . . . and as making causal claims which are specific to the events and individuals concerned . . . according with the way things really are’ (RTS, p.78). In consequence, CR makes possible a science of the social that recognises the ontological reality of mechanisms (powers) specific to both structure *and* agency (i.e. it sanctions non-epiphenomenal and non-elisionary or non-conflationary theory). Structure thus describes the pre-formed social and cultural forces that agents confront and are embedded in and this distinction, between structure and agency, permits explanations to be advanced that give weight to the emergent powers of man and society without denying their separate status or complementary interaction.

Emergence and stratification emasculate reductive (and reified) theories in sociology (see pages 33 and 34 this thesis),<sup>xxxii</sup> psychology (e.g. Behaviourism), biology (e.g. socio-biology)<sup>xxxiii</sup> and physics (e.g. reductionism proper)<sup>xxxiiii</sup> – which suppose that functions at one level should correctly be understood by reference to another (higher or lower) level. For example, from a realist perspective Durkheim's sociology overemphasises structural factors at the expense of agential freedom (downwards conflation),<sup>xxxiv</sup> whilst socio-biology suggests that higher level functions such as consciousness and behaviour are best explained by reference to lower level functions such as brain chemistry and genetic imprinting (upwards conflation). Similarly undercut are (upwards conflationary) reductive idealist theories (e.g. phenomenology) which valorise the perceptions of individual agents and underplay pre-existing material and ideational social and cultural structures so that social life becomes the aggregated output of individual insights and actions.<sup>xxxv</sup>

Emergence and stratification are intrinsic to CR. They describe the interrelated, layered and essential nature of mechanisms but do not invoke determinism or preclude change. Objects can therefore possess *essences*<sup>xxxvi</sup> that allow explanations 'in terms of more fundamental structures and things' without conceding that such explanations are 'ultimate' or exclusive (RTS, p.213).

#### Transitive knowledge (Kantian idealism and the significance of theory):

The aim of physical science, according to RTS, is to comprehend the generative mechanisms which, independently of man, constitute intransitive reality (i.e. that 'generate the actual flux of phenomenon of the world', RTS, p.17). Science is 'concerned with both taxonomic and explanatory knowledge: with what kinds of things there are, as well as how the things there are behave' (RTS, p.20). However, the relationship between what exists and the form of its explanation requires

clarification. Bhaskar rejects correspondence theories that suggest reality can be grasped without or apart from human theoretical constructs.<sup>xxxvii</sup> He states that: 'If we can imagine a world of intransitive objects without science, we cannot imagine a science without transitive objects, i.e., without scientific or pre-scientific antecedents. That is, we cannot imagine the production of knowledge save from, and by means of, knowledge-like materials' (*RTS*, p.22). These knowledge-like materials are defined by *RTS* as: 'the raw materials of science – the artificial objects fashioned into items of knowledge by the science of the day. They include the antecedently established facts and theories, paradigms and models, methods and techniques of inquiry available to a particular scientific school or worker' (*RTS*, p.21). And thus:

men never construct their knowledge from scratch. It stands to them always as a given product, a social transmit; which they must themselves reproduce or partially transform . . . man never creates, but only changes . . .  
(*RTS*, p.148)

This focus on knowledge's social construction is reminiscent of Kant's insight that cognitive processes structure experience. Kant argued that mind uses a priori reasoning to actively create, interpret and manufacture understandings from external sensory experience (i.e. in contrast to Locke's dark room metaphor, mind is not a passive recorder, Zeitlin, 1997). However, whilst CR and Kant jointly reject forms of thinking associated with Humean empiricist reductionism and accept that science (knowledge production) is a social or human process, they fundamentally disagree about the ontological status of the thing perceived.

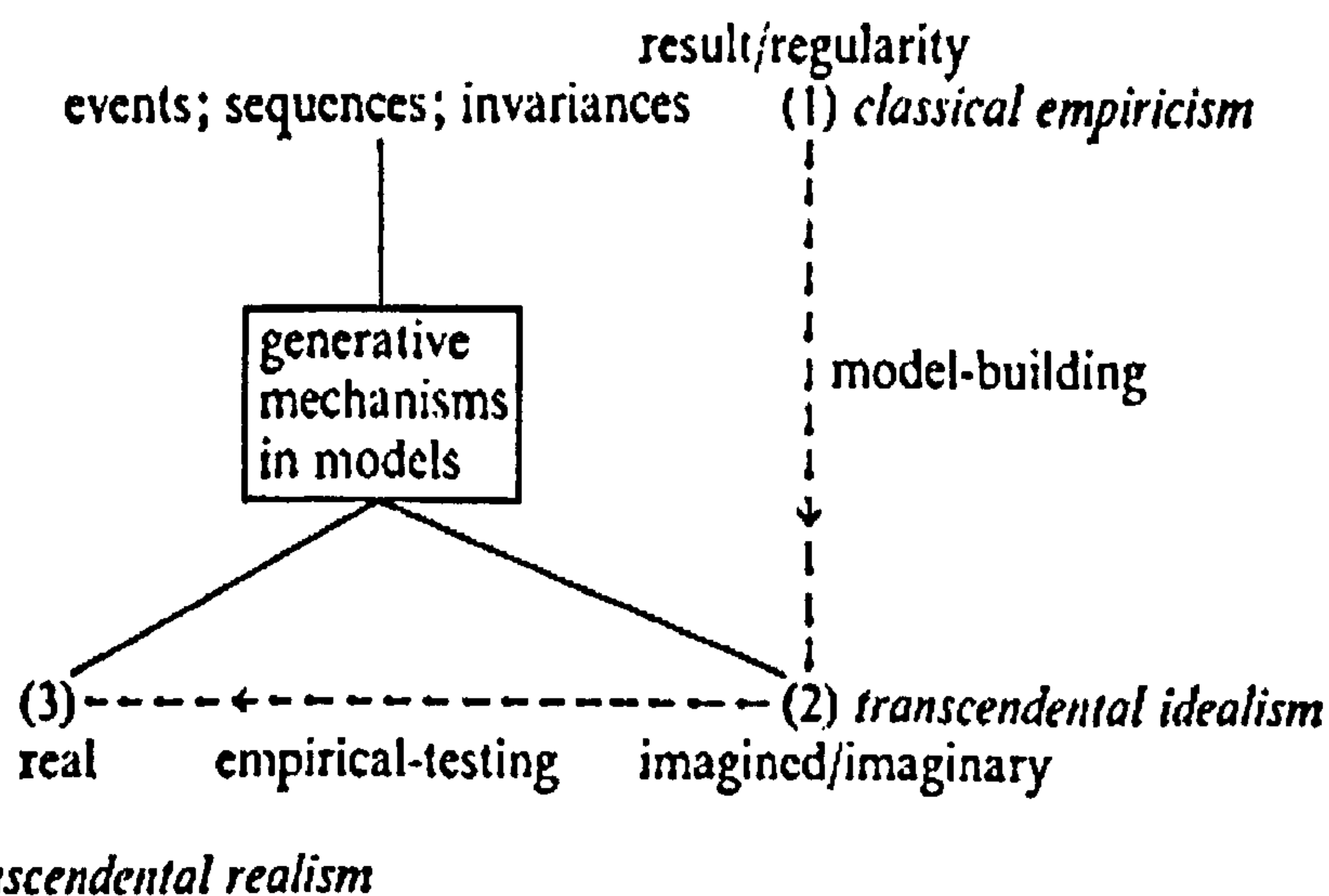
For Bhaskar 'it is necessary to assume for the intelligibility of science that the order discovered in nature exists independently of man' (*RTS*, p.27). Yet whilst Kant similarly recognises the existence of a noumenal world of real things that exist



apart from man (*Dinge an sich*, things-in-themselves) we can ‘only know it as it is for us (“things-for-us”)’ (Butchvarov, 2002, p.283). Kant is, contra Bhaskar, therefore agnostic regarding ‘the sources of our perceptual experiences’ (Sprigge, 2002, p.233) and reluctant to accept that man can ever know this world or decipher its order (Stern, 2000).<sup>xxxviii</sup> Kantian idealism is perforce ambivalent regarding the ontological status of objects in the noumenal non-human realm.

To clarify the difference between ontologies and the implications of such difference, *RTS* proposes that the philosophy of science can heuristically be envisaged as a three stage process (diagram 1).

Diagram 1. The Logic of Scientific Discovery (*RTS*, p.145 – reproduced)



In the first instance, classical or Humean empiricism formally concludes with the establishment of event regularities. Empiricism has problems conceptualising theories and models that might explain observed events because these theories and models cannot be experienced or observed (Howson, 2000). Clearly, empiric science does advance new theories; however, their status, along with the ‘auxiliary’ theories and concepts that support experimental activity remain indeterminate (*RTS*, p.55).<sup>xxxix</sup> On the other hand, Kantian idealism (stage two) does acknowledge the

social or man-made nature of scientific activity. Theory development is integral to this metaphysic. Yet knowledge is here seen to reside *within* such theories (models, concepts etc.) and the reality of external phenomena (to which theory approximates) is marginalised.

In contrast, Bhaskar claims that CR is prepared to accept that the theories science proposes *may* refer to a concrete reality. That is, the generative mechanisms suggested by theory might actually exist. In this third step, *RTS* distinguishes itself from Humean empiricism (by reinterpreting event regularities at step one as experimentally produced outcomes that need not occur in open-systems) and Kantian idealism in granting that ‘what is imagined’ (*RTS*, p.15) in theory may have ontological substance (reuniting theory with incident to restore the ‘relevance of empirical research’, Carter, 2000, p.2). Thus theory ‘is not an elliptical way of referring to experience, but a way of referring to hypothesized inner structures . . . which experience can . . . confirm or falsify’ (*RTS*, p.158).

#### Ontology and the human sciences:

Within the physical sciences ‘rough and ready regularities are everywhere at hand’ (*RTS*, p.68), so that, according to Bhaskar, predictive control seems plausible if ultimately misguided in open systems. However, within the human sciences few if any Humean constant conjunctions have been identified.<sup>x1</sup> The absence of empiric law-like statements and the palpable difficulty in establishing them has proved problematic for the humanities and *PN* (p.18) suggests that, in consequence, these sciences historically ‘see-saw’ between the poles of fashionably competitive and exclusive epistemologies. The neo-Humean response to this absence has, Bhaskar asserts, been to weaken the requirements for such statements so that statistical tests and P values have come to replace the need for invariant constant conjunctions.

(Probabilities are not the same as nomic laws which refer to underlying mechanisms rather than the likelihood of event conjunctions.) Alternatively, *RTS* proposes that the neo-Kantian or idealist response to empiric hegemony has been to concede that the Humean definition of causality and laws is substantively correct but to withdraw half-heartedly from attempting to make generalisable statements about reality. Idealists instead focus upon the uniqueness of individual meanings, understandings and perceptions as if these were formed *ex nihilo* through a process unaffected by externally patterned socio-cultural constraints and enablements.<sup>xh</sup> Focusing upon unique perceptions raises questions about the translation and transmission of such understandings and, to the extent that idealists look for commonalities of understanding between perceivers, they can be accused, Bhaskar suggests, of generalising by default.

For CR, the ‘patent absurdity’ (*RTS*, p.104) of attempting to find constant conjunctions in the social and psychological strata is a consequence of the open and stratified nature of mechanism interaction. In such circumstances scientists cannot erect anything other than the most cursory of regional closures around their objects of study and attempts to establish full closure (experiment) are generally doomed since the complex and pre-formed nature of individuals and societies means that both evidence manifold and non-predictable responses to externally applied stimuli. Further, even if it were possible to manipulate the flow of external stimuli *and* the prior development of the individual or society thus affected, it would remain impossible to control the internal and emergent development of individuals or societies. Indeed, since emergence may be retrospectively explained but not prospectively predicted simple metrics whether founded on deductive or inductive reasoning must, according to CR, give way to theories based upon retroductive or retrodictive argument.

### Retroduction and retrodiction:

Morris (1970) associates abduction or inference to the most explanatory helpful form of explanation with retroduction and, again in relation to abduction, Evers and Wu (2007, p.207) emphasise the: ‘role of background theory in helping to adjudicate the matter of the best explanation. Strictly speaking, for inferential purposes hypotheses never occur in isolation but rather as embedded in some theoretical context.’

Emphasising the relative significance or *role of background theory* in adjudicating between discrepant explanatory hypotheses highlights important differences between retroduction and retrodiction. Retroduction occurs when knowledge of mechanism function is relatively impoverished. Retrodiction takes place when knowledge of mechanism function is relatively advanced.<sup>xiii</sup> Hereafter, to simplify explanation, this thesis generally employs the term retroduction to describe this form of inferential reasoning. However, since the difference between retroduction and retrodiction is relative and, potentially, contestable, this thesis discusses and delineates retroductive from retrodictive analysis in §2.

For realists retroduction describes a ‘thought operation’ (Downward and Mearman, 2007, p.88) or ‘mode of inference in which events are explained by postulating (and identifying) mechanisms which are capable of producing them’ (Sayer, 1992, p.107). As a form of inferential reasoning retroduction occurs in many contexts (e.g. it is evident in historical studies, archaeology, palaeontology, biology and theoretic astronomical physics). For Bhaskar, retroduction moves from:

present effects to prior (perhaps hidden, perhaps just unrecorded) causes,  
via the application of normic statements.

(RTS, p.135).

Thus described, retrodution permits explanations that cite or invoke the nomic tendencies of unobserved and possibly unobservable generative mechanisms in open systems (i.e. situations not amenable to experimental verification or falsification). It involves:

the building of a model, utilizing such cognitive materials and operating under the control of something like a logic of analogy and metaphor, of a mechanism, which *if* it were to exist and act in the postulated way would account for the phenomenon in question.

(*PN*, p.12 – emphasis in original)

CR theory relies upon retrodution to underpin the transitive models that, it claims, describe intransitive reality. In granting that unobserved mechanisms may have ontological substance, retrodution differentiates itself from deductive Humean science and inductive neo-Kantian idealism (stages 1 and 2, diagram 1, page 20 this thesis).<sup>xliii</sup> Retrodution cannot *prove* the existence of hypothesised mechanisms and the ‘move from (2) to (3) involves experimental production and control, in which the reality of the mechanisms postulated . . . are subjected to empirical scrutiny’ (*RTS*, p.146). Yet, contra empiricism, this scrutiny aims to clarify or reveal the mechanisms that lie *behind* observed events. It does not simply codify the existence of event conjunctions and it occurs within a process that acknowledges the contingent and man made nature of scientific knowledge, i.e. it recognises that science is: ‘the imaginative and disciplined work of men . . . [where] the instruments of the imagination are themselves provided by knowledge’ (*RTS*, p.185).

#### Conclusion to description of *RTS* – introduction to *PN*:

In a postscript to the second edition of *RTS* Bhaskar asserts that, although ‘I have developed my arguments . . . mainly from a consideration of the experimental

sciences of physics and chemistry, ideologies, derived from defective conceptions of those sciences, weigh, like a dead hand, heavily on the shoulders of . . . the proto-sciences of society and man' (*RTS*, p.260-1).

Bhaskar thus believes that exposing the epistemic fallacy (an orthodoxy supposedly accepted by empiricists and idealists alike), positing a distinction between transitive and intransitive knowledge, developing a new language for causality, delineating closed from open systems, recognising stratification and emergence in relation to the generative mechanisms that constitute reality and the promotion of retrodution are as relevant to social as they are to physical science.

Bhaskar does not advance in either *RTS* or *PN* a substantive sociology or psychology but rather the 'formal or a priori conditions for them' (*PN*, p.22). Nevertheless, *RTS* offers a vocabulary (of tendencies and norms) to describe the physical world and, as will be seen, *PN* takes some tentative steps towards developing and modelling these abstract concepts for use in social explanation.

### **The Possibility of Naturalism**

*PN* performs two interrelated tasks viz. the human sciences. First, as the title suggests, Bhaskar argues for a form of naturalism. Second, *PN* presents a transformational model of social activity (henceforth TMSA). Both tasks progress through a critique of naturalist Humean positivism<sup>xlv</sup> and anti-naturalist Kantian hermeneutics (personified by Winch) and, in this process, *PN* develops ideas initially presented in *RTS*.

According to *PN*, social science is split between two factions; naturalists advocate the essential unity of science, whereas anti-naturalists suppose that social and natural science are set apart by their objects of study.<sup>xlv</sup> For Bhaskar, naturalism

rests upon Humean empiricist and positivist principles, it is nomothetic in character (Erklären) and can be *reductive* (all sciences share a common subject) or *scientist* (all sciences share a common method).<sup>xlvi</sup> Anti-naturalism, by contrast, seeks to describe or understand ideographic or unique (Verstehen) meanings invested in concepts and objects. Consequent to these differences, naturalists and anti-naturalists have developed distinctive and exclusive research programmes, epistemologies, theories, models and world-views: 'For the positivist, science is outside society; for the hermeneuticist, society is outside science' (PN, p.123).

PN asserts that naturalists and anti-naturalists are united in error. They both mistakenly link empiricism with natural science, they both accept Humean notions of causality and law and they are both ultimately 'individualistic' (PN, p.15). In contrast, CR claims that its precepts are equally applicable to natural and social science and, contra traditional positivist-naturalism and hermeneutic anti-naturalism, Bhaskar argues for a 'qualified anti-positivist naturalism' (PN, p.3), the radical compass of which is apparent in the following quotation:

From the standpoint of transcendental realism, rivers, hydrochloric acid and humans are equally (1) agents, (2) products, (3) possible objects of scientific investigation. Any metaphysically significant differences between them must be located at the level of their different kinds of properties/powers, not in their possession, generation or susceptibility to scientific explanation per se.  
(PN, p.113)

Bhaskar unreservedly accepts that social and natural science employ different methods 'grounded in real differences in their subject-matters and in the relationships in which their sciences stand to them' (PN, p.3). Yet although variable objects of study necessitate the use of different investigative strategies, this does not detract from the fact that, from a CR perspective, the aim of all science is identical (i.e. it attempts to uncover hitherto unknown explanatory strata and generative

mechanisms or reveal new or unrecognised relations between strata and mechanisms).<sup>xlvii</sup>

Anti-positivist naturalism informs social explanation through the TMSA. As will be seen, Archer adapts and develops this model for practical use (albeit that as a theorist she continues to operate at a relatively conceptual level) and the significance of Bhaskar's TMSA within this thesis therefore rests upon the philosophical direction or weight that it lends to Archer's morphogenetic-morphostatic theory (TMSA's offspring).

To expose the TMSA's philosophic underpinnings, to demonstrate the tight connection between *RTS* and *PN* and to open up CR thinking in the social realm for critique, it is necessary to outline the ideas and premises that support this model. A description of Bhaskar's attack upon Humeanism and hermeneutics in the human sciences therefore precedes commentary on the TMSA. Specifically, four themes are explored: (i) Hume's legacy for the social sciences, (ii) Hermeneutics and Hume, (iii) The linguistic fallacy of Winch and (iv) Agency, reasons and causes.

#### Hume's legacy for the social sciences:

As per *RTS*, exposing Hume's epistemic fallacy plays a pivotal role in demolishing the 'ontological gap between causal laws and their empirical grounds, which both parties to the naturalist debate have hitherto ignored. This not only renders standard positivist methodological injunctions patently inapplicable, but vitiates the most familiar hermeneutical contrasts' (*PN*, p.11). Bhaskar traces a philosophic history through Hume to the allegedly erroneous positivist principles of '*empirical-invariance*' and '*instance-confirmation*' (*PN*, p.124 – emphasis in original). This allows him to accuse empiricists of misunderstanding the role of experience and observation in experiment *and* of falsely generalising the significance of constant conjunctions



beyond closed systems ('the illicit generalisation of a special case', *PN*, p.128). According to Bhaskar positivist sympathisers respond to the absence of observable conjunctions in the social realm by claiming that either 'the empirical invariances that govern social life are so *complex* as to elude detection, or . . . they operate at some more *basic* (for example, neurophysiological) level' (*PN*, p.126 – emphasis in original). These rationalisations are rejected however since they derive from 'unthinking commitment to the legend of regularity determinism' (*PN*, p.126).

### Hermeneutics and Hume:

Both *RTS* and *PN* direct fire at Hume and his successors. However, *PN* also aligns its sights squarely on the hermeneutic and idealist traditions in social science that, it claims, fail to either capitalise upon shortcomings in Humean reasoning or disentangle themselves from empiricist logic. Thus, 'the hermeneutical tradition is determined in the last instance by its acceptance of an essentially Humean account of natural science, and more generally of an empiricist ontology. And . . . significant aspects of the thought of different hermeneutical writers can be reconstructed as dependent upon essentially positivist theories' (*PN*, p.132). Hume's influence on hermeneutic and idealist thought is evident in anti-naturalism's uncritical acceptance of the 'empirical realist dissolution of ontology, of the actuality of causal laws . . . [which are] interpreted . . . following Hume, as empirical regularities. In this way causal laws are reduced to sequences of events, and events to experiences. Anything further, any 'surplus element' in their analysis, is then supposed to be contributed by mind' (*PN*, p.15).

Traditional empirical science only designates an object as real if it meets perceptual (observable) causal criteria. Yet, as Bhaskar points out, phenomena such as magnetic fields are directly unobservable albeit that they can be identified

through their ability 'to bring about changes in material things' (PN, p.12). And the ontological argument of proof by effect is invoked by PN when it asserts that hermeneutics:

ignores precisely those possibilities opened up by a causal criterion for ascribing reality. Thus both parties to the naturalist dispute have assumed that the social must be either merely empirically real or in effect transcendently ideal, so producing either a conceptually impoverished and deconceptualised empiricism, or a hermeneutics drained of causal import and impervious to empirical controls.

(PN, p.12)

#### Winch and the linguistic fallacy:

Hermeneutic's inability to sever itself from Humean notions of causality and law stem, like the empiric epistemic fallacy, from the 'denial of ontology, and the collapse of the intransitive dimension' (PN, p.133). Taking Winch to be 'representative of the hermeneutical tradition' (PN, p.155), Bhaskar describes how Wittgenstein's insight, that the meaning of language derives from social rules concerning the relation of words and ideas to other words and ideas *in use* (rather than correspondence), was misappropriated by Winch who, in extrapolating Wittgenstein's linguistic metaphor, mistakenly conflates concepts with behaviours, a mistake described by Bhaskar as the linguistic fallacy. Thus Winch correctly 'perceiving ideas to be distinctive of social reality, incorrectly infers them to be exhaustive of it' (PN, p.136). Winch's achievement was to see 'that social life does not exist independently of the concepts in terms of which agents think their own existence' (PN, p.134). His error, according to Bhaskar, was to reduce social science to the study of concepts.

Any adequate account of social science must be able to do justice to Winch's intuition that the subject-matter of social science is concept-dependent . .

without committing itself to the position that it is *exhausted* by such conceptualisations . . . Similarly . . . social science must accept that social causation depends upon the identification by the agents concerned of conceptual connections (that is, that social causation is conceptually and linguistically mediated), so that our knowledge of social causation depends upon our identification of these connections; that is, that social science depends upon *Verstehen*, without committing itself to the position that *Verstehen exhausts* social science, or that the ontology necessitated by its recognition requires a fundamentally different analysis from the normic one appropriate to the science of nature.

(PN, p.135-6 – emphasis in original)

For Bhaskar, social explanation must acknowledge that agents often act intentionally, that intentions derive from reasons (concepts, beliefs, desires and interests) and that, in some but not all instances, an interpretation of these reasons *may* be available to the individuals concerned. However, even when social explanation can be derived from agential interrogation, material or structural factors are inevitably implicated in full or adequate explanations. And thus, whilst social behaviour inevitably involves some understanding on the part of those involved, this need not imply that such understanding is sufficient or complete or that the understanding does not ‘actually function so as to mask, repress, mystify, obscure or otherwise occlude the nature of the activity concerned’ (PN, p.136).<sup>xlviii</sup>

Klein (2004) suggests that hermeneutics can meet the challenges levelled against it by Bhaskar. Yet the idea of flawed or false consciousness is not easily assimilated into those forms of hermeneutic thought that explore social life by privileging the explanations of sovereign individuals over the influence of covert or unrecognised external referents (Manicas, 1998). Individuals can be mistaken (misled) about the causes (reasons) for their holding opinions just as they can be wrong about substantive factual issues. Allowing that agents need not be omniscient with regard to their own understanding removes a great burden from them, it permits a more fulsome explanation of the relation between reasons and causes to

be developed and prevents or saves, as will be seen, agents from *always* having to act volitionally, whilst permitting that they may.

Agency – reasons as causes:

The claim that humans have volitional emergent properties depends, for Bhaskar, on two interrelated factors. First, since ‘mind is a sui generis real emergent power of matter’ (PN, p.81) agents possess the ability (capacity or possibility) to formulate and recognise reasons or intentions that may, but need not, cause or motivate behaviours, actions or inactions.<sup>xlix</sup> Second, structural or contextual influences (e.g. pre-existing social and cultural mechanisms) circumscribe and enable but *never* determine agential reasons or intentions.

External environmental influences therefore contribute to agential decision making (for example, by constituting reasons or interests) but it is agents who act. And, in recognising that agents are not governed by structural influences Bhaskar aligns himself with incompatibilist rather than compatibilist conceptions of free will.<sup>l</sup>

. . . the freedom of self-determination itself cannot exist *in a determined world*. For it cannot exist unless *some* acts in the life histories of agents were undetermined and such that the agents could have done otherwise, namely, self-forming acts.

(Kane, 2005, p.173 – emphasis in original)

Although Bhaskar might have provided greater clarity, he implicitly suggests that a distinction should be made between initiating *reasons*, which may derive from conscious or unconscious, logical or emotive beliefs and desires or any mix thereof, and *actions* (failure to make this distinction would reduce reasons to observable behaviours). Actions and attitudes are always guided by reasons or intentions and agents can always explain their behaviour or thoughts, a feat termed ‘psychic

ubiquity determinism' (PN, p.96). However, whilst reasons or intentions construe 'a disposition or state' (PN, p.84) that incline agents towards action, they are not the sole determinants of action. Reasons are one factor amongst (possibly) many in affecting actions or outcomes and when identifiable as causes it is argued that they 'so tipped the balance of events as to produce the known outcome' (PN, p.83).

It is left to Archer to fully explore the implications of this argument. However, *if* 'beliefs cause real effects' (Potter, 2003, p.162), agential reasons or intentions volitionally ground actions that support, enhance, conflict with or contradict existing social mores as well as the recognised or unrecognised *interests* of individual agents or groups, *then*, Bhaskar asserts, CR is employing a form of agential causal reasoning that is non-Humean and non-hermeneutic. Specifically, CR contradicts established (stereotyped) sociological approaches such as Durkheim's Humeanism which leads to the designation of agents as indeterminate matter (Thompson, 2004), a position antipathetic to the possibility of significant volitional agential action, whilst Weberian hermeneutics fails, according to PN, to adequately recognise material or external (structural) influences and constraints on individual thought and action.<sup>li</sup>

Bhaskar designates long-term dispositions and, although he does not make the point, presumably those of especial strength, as nomic tendencies. Such tendencies orientate agents, consciously or otherwise, to adopt and articulate certain reasons as genuine rather than ad hoc rationalisations for action preferences and, in this way, CR connects philosophic ontology with social theory. For example, individual or agential reasoning and volition is here linked to interest bearing social structures. Significantly, reason initiated action need not cause the effect intended, or that effect alone and, although Bhaskar again fails to develop the point, no correlation can be assumed between reason directed action and consequence.

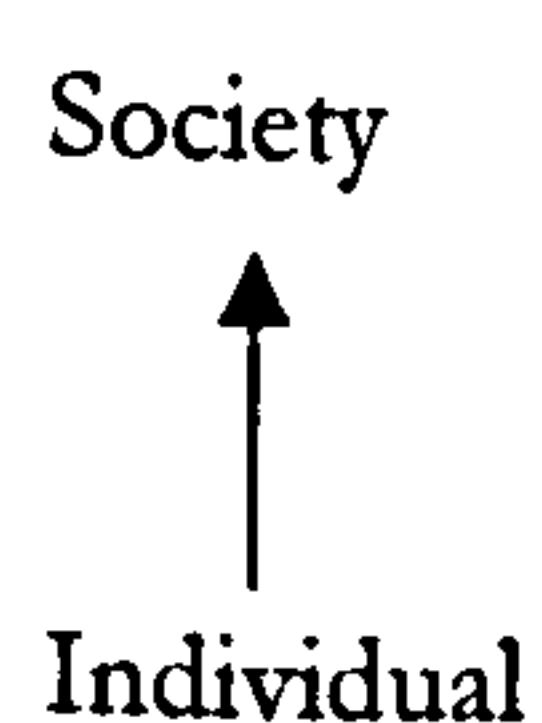
Agents may support, ignore or contravene existing social conventions, norms, rules or habits deliberately through conscious design or unthinkingly (unconsciously or unknowingly). However, social reproduction *or* transformation can ensue from intention as well as chance and thus the unintended outcome of support (witting or otherwise) may be transformation just as action aimed at change can reproduce (entrench) existing structures. It is the job of social theorists to explain what has or is occurring.

#### The Transformational Model of Social Activity:

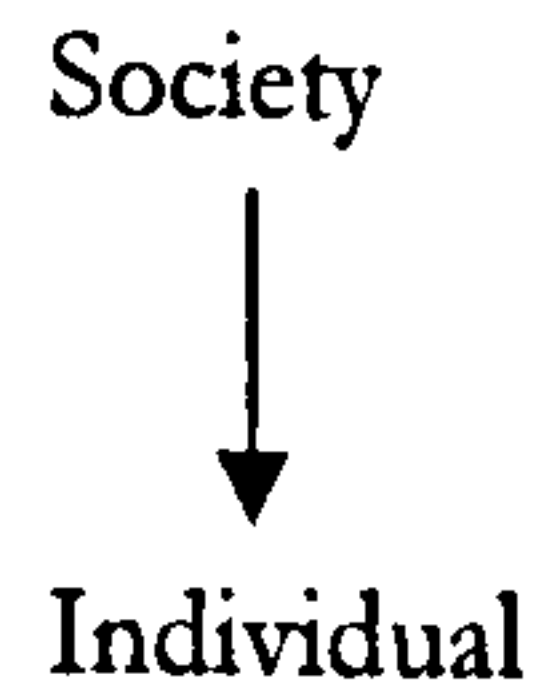
For Bhaskar, ‘society does not consist of individuals [Or, we might add groups], but expresses the sum of the relations within which individuals [and groups] stand’ (*PN*, p.26 – parenthesis in original). Sociology is thus concerned with the nature and form of relations between individuals and society. However, disagreement exists regarding the factors (people or society) that are most significant in this process as well as the degree of freedom agents have, or do not have, in affecting social transformation. To describe existing sociological perspectives regarding the relationship between structure and agency and to advance CR social theory, *PN* presents four models, three of which, it is claimed, typify erroneous forms of empirical or idealist thought.

Model I symbolises the Weberian tradition. Here, ‘social objects are seen as the results of (or constituted by) intentional or meaningful human behaviour’ (*PN*, p.32) i.e. society is the sum of voluntary individual actions (upwards conflation).

#### **Model I: The Weberian stereotype – ‘Reification’** (*PN*, p.36 – adapted)



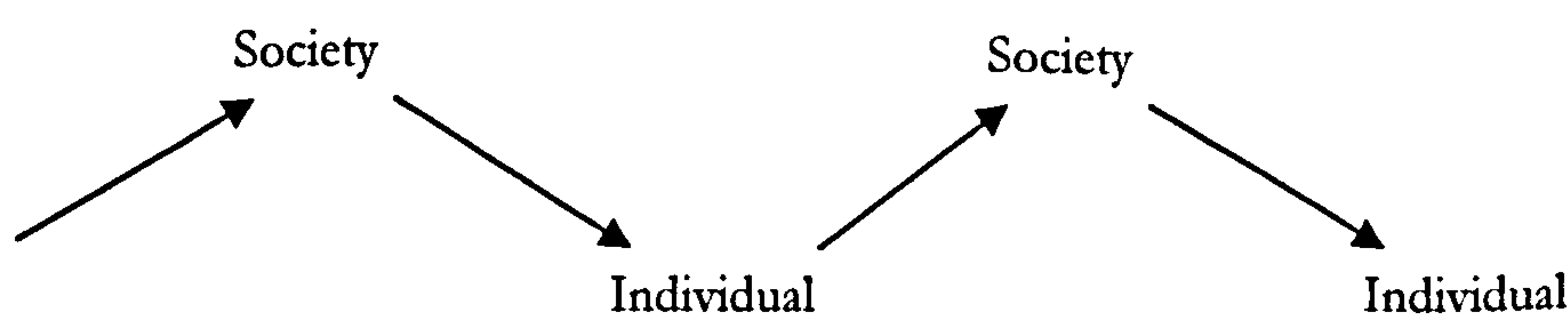
**Model II: The Durkheimian stereotype – ‘Reification’** (PN, p.36 – adapted)



Model II, in contrast, represents the Durkheimian tradition. Here society is reified and agential freedom is curtailed. Durkheimian society possesses an independent existence and directs or coerces individual opportunities (downwards conflation). Further: ‘With some stretching the various schools of social thought – phenomenology, existentialism, functionalism, structuralism etc. – can be seen as instances of one or other of these positions. And the varieties of Marxism can then also be neatly classified’ (PN, p.31-32).

For Bhaskar, Humean inspired empiricist positivism is responsible for the Durkheimian stereotype (Model II). This form of social explanation is associated with, for example, distinguishing normalcy from deviance in a metrics of social health that creates ‘a sociology which sees in the spirit of discipline the essential condition of all human life’ (Zeitlin, 1997, p.362, citing Durkheim’s [1895] *The Rules of the Sociological Method*, p.124). Alternatively, the idealist Weberian stereotype (Model I) might be accused of overplaying, for example, the ability of charismatic individuals to bypass or circumvent bureaucratic barriers to action (Adair-Toteff, 2005).

**Model III: The ‘Dialectical’ conception – ‘Illicit Identification’** (PN, p.36 – adapted)



Model III (above) synthesises models I and II. It is linked, by Bhaskar, with the work of ‘Peter Berger and his associates’ (PN, p.32) and suggests that ‘society forms the individuals who create society; society, in other words, produces the individuals, who produce society in a continuous dialectic’ (PN, p.32). According to Bhaskar, model III reproduces rather than overcomes the shortcomings in models I and II. It elides or conflates social structures with agency by portraying society as the ‘objectivation or externalization of human beings. And human beings . . . are the internalization or reappropriation in consciousness of society’ (PN, p.33). Bhaskar argues however, that: ‘People and society are not . . . related ‘dialectically’. They do not constitute two moments of the same process. Rather they relate to radically different types of thing’ (PN, p.33).<sup>lii</sup> Thus, whilst it is:

true to say that society would not exist without human activity . . . [it is equally] true to say that such activity would not occur unless the agents engaging in it had a conception of what they were doing (which is of course the fundamental insight of the hermeneutic tradition). But it is . . . [not true] that agents *create* it. Rather one must say: they *reproduce* or *transform* it . . . Society stands to individuals . . . as something that they never make, but that exists only in virtue of their activity.

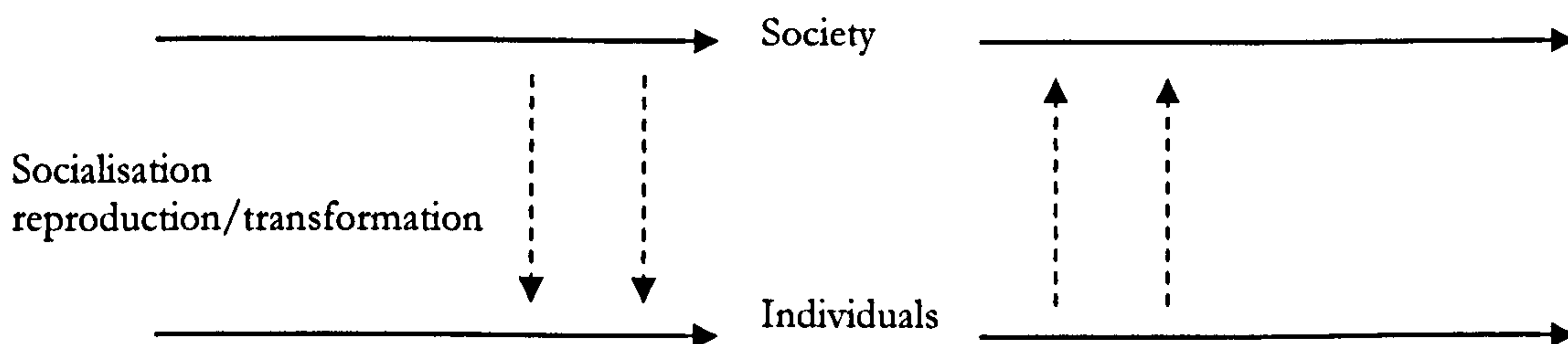
(PN, p.33-34 – emphasis in original)

The Durkheimian truth which model III loses is that society is ‘*outside*’ and ‘*prior*’ to individuals for whom it is always ‘*already made*’ (PN, p.33 – emphasis in original). And, because society pre-exists individuals, cognitive or physical activity is ‘work on *given* objects’ (PN, p.34 – emphasis in original). Thus: ‘Speech requires language; making materials; action conditions; agency resources; activity rules’ (PN, p.34). This suggests to Bhaskar that society and persons share a ‘*dual character*. Society is both the ever-present *condition* (material cause) and the continually reproduced *outcome* of human activity. And praxis is both work, that is, conscious *production*, and (normally unconscious) *reproduction* of the conditions of production, that is society. One could



refer to the former as the *duality of structure* and the latter as the *duality of praxis*' (PN, p.34-35 – emphasis in original).

**Model IV: The Transformational Model of the Society/Person Connection** (PN, p.36 – adapted)



In contrast to models I, II and III, Bhaskar allows that both society and individuals have specific emergent *sui generis* powers and thus 'the properties possessed by social forms may be very different from those possessed by the individuals upon whose activity they depend' (PN, p.35). Model IV (above) purports to encapsulate this emergentist perspective. It illustrates what Bhaskar terms The Transformational Model of the Society/Person Connection and it is a model in which society:

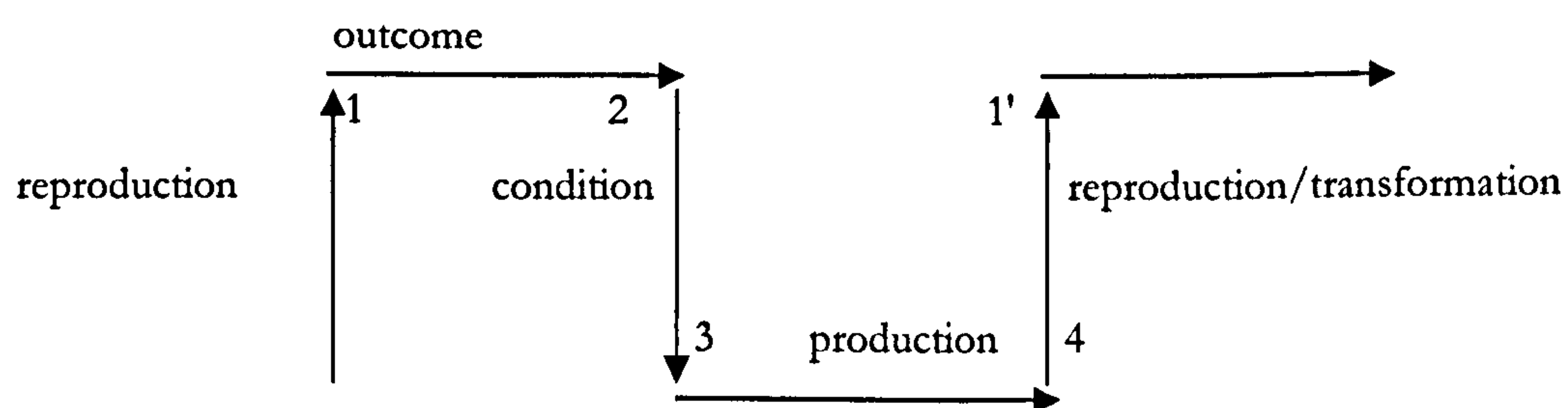
provides the necessary conditions for intentional human action, and intentional human action is a necessary condition for it. Society is only present in human action, but human action always expresses and utilises some or other social form. Neither can, however, be identified with, reduced to, explained in terms of, or reconstructed from the other. There is an ontological hiatus between society and people, as well as a mode of connection (viz. transformation) that the other models typically ignore . . . on Model I there are actions but no conditions; on Model II conditions, but no actions; on Model III no distinction between the two. Thus in Durkheim, for example, subjectivity tends to appear only in the guise of the interiorised form of social constraint. But it should be equally clear, against voluntarism, that real subjectivity requires conditions, resources and media for the creative subject to act.

(PN, p.36-37)

Bhaskar argues that in most instances people unconsciously (non-intentionally) reproduce or transform existing social structures and relations although, with

varying degrees of success, agents may consciously and deliberately act to refashion their environment. However, wittingly or unwittingly, reproduction or transformation always occurs *through* existing social structures and reproduction or transformation cannot be perceived (as CR claims hermeneutic and idealist thought permits) ‘as the immaculate product of unconditioned (‘responsible’) human decisions, free from the constraints (but presumably not the opportunities) inherited from the past and imposed by its environment’ (PN, p.37).

**Model V: Bhaskar’s amended TMSA (1989, p.94 – adapted)**



In response to criticism,<sup>liii</sup> Bhaskar subsequently developed the TMSA and the revised schema (from *Reclaiming Reality*, 1989) is illustrated in model V (above). This amended and clarified form more clearly matches Archer’s theorising towards a usable CR social methodology. Specifically, in model V:

(a) the prior *emergence* and current influence of structural properties at points 1 and 2, as the unintended consequences of past actions and unacknowledged conditions of contemporary activities, are now explicitly introduced: (b) their influence is to limit actor’s understanding of their social world which is compounded, at 3 and 4, by limitations in self understanding, thus rendering the *necessary production process* . . . the *mediated* product of agents who are far from highly knowledgeable about why they find themselves in the relations they do and why they do whatever they do in those situations: (c) the *temporal* phasing of the process is now prominent, the diagram is now a sequence through time – 1 is the explicit outcome of an antecedent cycle and 1' signals the start of a new and different posterior cycle (if transformation ensues). If reproduction is the outcome, then we are in for a structural replay in the next cycle but not necessarily an action replay.

(Archer, 1995, p.155-6 – emphasis in original)

### Agency and Structure – relational concepts:

Since social structures are reproduced or transformed by the agents who sustain and are themselves sustained by society, the transformational model necessitates ‘a system of mediating concepts’ (PN, p.40) to link both parties. To this end:

the mediating system we need is that of *positions* (places, functions, rules, tasks, duties, rights, etc.) occupied (filled, assumed, enacted, etc.) by individuals and of the *practices* (activities, etc.) in which, in virtue of their occupancy of these positions (and visa versa), they engage. I shall call this mediating system the position-practice system. Now such positions and practices, if they are to be individualised at all, can only be done so relationally.

(PN, p.40-41 – emphasis in original)

Bhaskar’s argument here is akin to Marx’s insistence that society does not consist of individuals but rather expresses the connections and relationships *between* individuals (Layder, 1994). Social analysis, which aims to discover the generative mechanisms that support and describe its structures, must perforce therefore commence with reference to actual social relations. Such relations may be between man and nature, man and social products (things) as well as between bodies (individuals or organisations, e.g. subjects and governments).<sup>liv</sup> Articulating these relations and explaining how they are sustained and transformed is the very core of sociology and since the reproduction or transformation that occurs between relations may be considered productions, sociology’s subject matter is defined by Bhaskar as ‘*relations of production*’ (PN. p.44 – emphasis in original).<sup>lv</sup>

### Internal and external relations:

The sociology envisaged by the transformational model is concerned with ‘persistent *relations* between individuals (and groups), and with the relations between those relations (and between such relations and the nature and the products of such

relations)' (PN, p.28-29 – emphasis in original). Recognising that society and agency are both sui generis entities allows Bhaskar to critique existing theories of relations. Humean causality is attacked for tending towards the idea that all relations are external,<sup>lvi</sup> whilst 'absolute idealists . . . have usually subscribed to the equally erroneous view that all relations are internal' (PN, p.42). In contrast, Bhaskar wishes to maintain that 'some relations are internal, and some are not' (PN, p.42).

PN argues that: 'A relation  $R_{AB}$  may be defined as *internal* if and only if  $A$  would not be what it *essentially* is unless  $B$  is related to it in the way that it is.  $R_{AB}$  is *symmetrically internal* if the same applies also to  $B$ . (' $A$ ' and ' $B$ ' may designate universals or particulars, concepts or things, including relations.) The relation bourgeoisie-proletariat is symmetrically internal; traffic warden-state asymmetrically internal; passing motorist-policeman not (in general) internal at all' (PN, p.42-43).<sup>lvii</sup>

Furthermore, it is 'vital to appreciate that there can be no presumption of explanatory equality between the *relata* of an internal relationship . . . Internally related aspects may command, as it were, differential causal force (PN, p.43 – emphasis in original). Depending upon the nature of agential and structural relations, Bhaskar thus permits a cause or causes (e.g. reason  $R^1$  and material interest  $M^1$ ) to act (normically) in trumping or overriding alternatives (e.g. reasons  $R^2$  and  $R^3$  and material interest  $M^2$ ) and, in emphasising the emergent and dynamic nature of such interactions, Bhaskar differentiates his interpretation of Marx from alternative variants such as the 'static and closed notion of a structure frozen in time' that is associated with Althusser (Layder, 1994, p.53).<sup>lviii</sup>

#### Conclusion to description of PN:

PN cements arguments for a qualified naturalism with a critique of Humean (naturalist) and hermeneutic (anti-naturalist) forms of social scientific theorising. It

also outlines a model of social explanation (TMSA) and, in this process, Bhaskar builds upon and develops those concepts originally advanced in *RTS* that describe the physical sciences. His achievement is to propose an ontologically stratified conception of society and agency that acknowledges their sui generis emergent nature whilst simultaneously avoiding the twin dangers of social reification and excessive agential voluntarism. As will be seen, Bhaskar's insights are extended by Margaret Archer in the construction of a theory and model of social explanation that moves yet closer towards the goal of usable theory.

## Endnotes §1 Chapter 1

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- i Carter (2000, p.1) likewise suggests that realism may reconcile the threatened ‘divorce between social theory and empirical research,’ and Tudor (1982, p.181) claims that Bhaskar reconnects ‘the discourse of the philosophy of science with that of sociological theory.’ See also Pawson (2006).
- ii The descriptor ‘movement’ is difficult to define. Nevertheless, suggestive evidence for a realist movement is apparent. The UK Centre for Critical Realism (CCR) was founded in 1996 and The International Association for Critical Realism (IACR) was launched in 1998. The CCR newsletter *Alethia* has grown into the *Journal of Critical Realism*. Routledge publish two CR book series. The British Sociological Association (2004) inaugurated the Realism and Empirical Research group in 2003 and, in the US, Utah University has been prominent in promoting discussion around Bhaskar’s work.
- iii CR now underpins activity in a number of fields albeit that Bhaskar’s ideas are occasionally used erratically or loosely. With these caveats in mind it may be noted that CR informs work in: ecology and environmental studies (Benton, 2001), economics (Jamie, 2003; Lewis, 2003; Downward *et al*, 2002; Fleetwood, 1998; Foss, 1994), international relations (Jones, 2002; Morgan, 2002a; Wight, 1999), political theory (Jones, 2003b; Patomäki, 2003), psychoanalysis (Clarke, 2003), religious or spiritual studies (Archer *et al*, 2004a), social science (Williams, 2003c; Cruickshank 2002; Danermark *et al*, 2002; Harvey, 2002; Brante, 2001; Sayer, 2000), statistics (Amit, 2002), cultural studies (MacLennan and Thomas (2003), as well as applied or practical disciplines such as accountancy and business studies (Burrowes *et al*, 2004; Easton, 2002; Harrison and Easton, 2002), education (Scott, 2005, 2000), management theory (Ackroyd and Fleetwood, 2000; Connelly, 2000), nursing (Littlejohn, 2003; McEvoy and Richards, 2003; Porter, 2001; Porter, 1998; Wainwright, 1997; Porter and Ryan, 1996), organisational and systems studies (Mingers 2004; Del Casino Jr *et al*, 2000) and social work (Morén and Blom, 2003; Houston, 2001).
- iv Rolfe (2006a) and Olsen and Morgan (2005) likewise delineate methodology from methods.
- v ‘Practice’ refers here to scientific techniques of research and experimentation as well as social relations and interactions.
- vi *Tractatus Logico-Philosophicus* (2001 [1921]) questions the meaningfulness of metaphysical propositions whilst *Philosophical Investigations* (1976 [1953]) suggests that, although philosophy clarifies and advances argument, it should not, cannot, adjudicate between positions (*ibid*, p.49 [124] ‘Philosophy . . . leaves everything as it is’). See also Biletzti (2004) on Wittgenstein and philosophy’s use value.
- vii Russell, according to Irvine (2004), thought philosophy only benefited the philosopher.
- viii Pertaining to belief and the justification of belief.
- ix Realism’s liberating potential rests on the negative-critical assumption that truth’s consequents are preferable to those of falsehood (Wight, 2006, p.35). This assumption is under-explored within *RTS* and *PN* and may be contested. Nevertheless, Trigg (2001, p.237) notes that ‘it must be true that understanding what produces a situation may give us the ability to do something about it. Indeed there is little point in furthering social science if it is useless in helping to deal with the human world in which it is situated.’ Suggesting parallels between Bhaskar and Enlightenment ideals regarding the emancipatory potential of reason, Collier (1994, p.ix) records that Bhaskar opens *Reclaiming Reality* (1989, p.1) with Kant’s Enlightenment motto *Sapere aude!* – ‘Have courage to use your own reason’. Further, by linking scientific theory with critical thought Bhaskar embodies Enlightenment thinking insofar as his work resembles Zeitlin’s (1997, p.2) description of the *Philosophes* for whom rational discourse ‘was no longer merely a matter of abstract thinking. It acquired the practical function of asking critical questions about existing institutions and demanding that the unreasonable ones . . . be changed . . . Enlightenment thinking, then had a *negative-critical* as well as a positive side’ (emphasis in original). Wilson and McCormack (2006) connect CR’s emancipatory potential with nursing via critical theory and realistic evaluation.

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<sup>x</sup> Many theorists lament sociology's internal fragmentation (e.g. Hedström, 2005; Brante, 2001; Tudor, 1982; Bernstein, 1979). For Bhaskar (RTS, p.195) the 'trouble with social science . . . is not that it has no (or too many) paradigms or research programmes; but rather it lacks an adequate general conceptual scheme.'

<sup>xi</sup> These terms include realist theory (RTS, p.20), transcendental realism (RTS, p.25), critical realism (PN, foreword 3<sup>rd</sup> edition), dialectical critical realism (PN, foreword 3<sup>rd</sup> edition), critical theory (PN, p.94), critical naturalism (PN, p.147) and 'depth realism' (Wight, 2006, p.33). Collier (1994, p.xi) describes the evolution of the term 'CR' whilst Groff (2004, p.10) connects terminological and theoretical developments across an extended period.

<sup>xii</sup> See pages 9-12 this thesis.

<sup>xiii</sup> For Bhaskar empirical realism refers to the idea that 'the only objects which exist are those that have been perceived' (Groff, 2004, p.34). So used, the descriptor summarises Humean thought and produces, according to Bhaskar, the epistemic fallacy (p.12 this thesis). However, if observation and perception are not clearly delineated, the term may also be seen as 'a prime example of subjective idealism' (Groff, 2004, p.34) a trait associated by Bhaskar with Kant. The ability of this descriptor to refer to traditions associated with both Hume *and* Kant may (i) highlight the influence of Hume upon Kant and/or (ii) it might illustrate the lax use of terminology by Bhaskar (discussed §1 Chapter 3).

<sup>xiv</sup> Deduction here refers to a form of reasoning reliant upon logical inference where conclusions inescapably follow premises (Trigg 2001).

<sup>xv</sup> Following Baert (1998), positivism refers to a radical form of inductive naturalistic philosophy that denies metaphysical claims regarding the ontological reality of unobservable structures or powers. Induction refers to reasoning from observed occurrences; it is associated with *a posteriori* reasoning (Lipton, 1999).

<sup>xvi</sup> Idealism describes the 'view that existence depends logically on perception by a mind' (Trigg, 2001, p.257). Sprigge (2002, p.219) more exhaustively defines idealism as involving acceptance of one or more of the following propositions: '(1) Nothing really exists which is not mental or mind-dependent. (2) Physical things are really mental. (3) Physical things are really mind-dependent. (4) The fact that a physical thing exists is really simply the fact that it would be perceived under certain circumstances.' These propositions differ in the degree to which they delineate perception from the thing perceived. Proposition '1' describes a radical or strong form of idealism that denies the existence of mind independent reality whereas proposition '4' might be accepted, with caveats, by many non-idealists.

<sup>xvii</sup> §1 Chapter 3 suggests that Bhaskar misidentifies Kantian transcendental idealism – transcendental reasoning in CR is also critiqued.

<sup>xviii</sup> Originally linked with scriptural interpretation, hermeneutics is now claimed by many disciplines and perspectives. Paul Natorp promoted its value in historical study (Kim, 2004). Fredrich Schelling's *Naturphilosophie* employed hermeneutic arguments to situate nature's significance beyond the restrictions of positivistic science (Bowie, 2004). Wilhelm Wundt, co-founder with William James of experimental psychology, sought to explore higher mental processes non-experimentally through *völkerpsychologie*, the hermeneutic study of culture (Thomas, 2004b). And Paul Ricoeur advocated that the study of man combine phenomenological description with hermeneutic interpretation of linguistic mediating structures (Dauenhauer, 2004). Associated with idealist conceptions regarding the significance and place of language in human thought and understanding, hermeneutics traces the creation of meaning through linguistic analysis, the study of signs, signifiers, symbols and texts.

<sup>xix</sup> For Kaidesoja (2005, p.50) 'the meaning of the term 'naturalism' is controversial . . . it is used differentially in different contexts.'

<sup>xx</sup> Winch (1958, p.3), who pointedly rejects the concept, notes that the 'Underlabourer Conception of Philosophy' is associated with Locke.

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xxi The significance of CR for social theory is recognised by Groff (2004). She suggests CR offers ‘a more complete break with positivism’ (ibid, p.8) than post-positivist (idealist) and postmodern (relativist) alternatives and critical realism, which is ‘primarily an account of causality’ (ibid, p.2), achieves this by proscribing ‘relativism on ontological grounds’ (ibid, p.1).

xxii A similar point is made by Howson (2000), though not in relation to CR. Further, Rees (2008) asserts that theoretical astrophysicists postulate the existence of multi- or bubble-universes that, in principle, cannot be observed or known through effects.

xxiii So that ‘meaning has a history’ (Harré and Madden, 1998, p.111).

xxiv However, to anticipate §1 Chapter 3’s critique of Bhaskar’s reading of Hume, it should be noted that Hume similarly recognises that ‘we cannot directly perceive causal powers, and thus our belief in causal relations cannot be justified by appeal to experience’ (Stern, 2000, p.190).

xxv Many social theories invoke the concept of mechanism; Hedström (2005, p.25), a non-CR realist, provides a typology of such theories.

xxvi Demonstrating the ontic status of unknowable and unperceivable entities or laws is problematic. Bhaskar asserts that ‘there are (or may be) laws which are unknowable; and . . . there are (or may be) laws whose instances are unperceivable’ (RTS, p.59-60). However, this bold claim might benefit from greater explication (for example, see Priest, 2000). Lycan (2002) and Pruss (2002) examine, from a non-CR perspective, the logic and paradoxes inherent in such theorising.

xxvii Bhaskar differentiates between two types of tendency. First, a tendency is ‘just a power which may be exercised unrealised, a power normically qualified’ (RTS, p.229). Second, in the social realm, ‘All men . . . possess the power to steal; kleptomaniacs possess the tendency to do so’ (RTS, p.230). This is an important clarification because: ‘In distinguishing in this way between tendencies and powers we are able to avoid the dilemma of supposing either that all behaviour is law-like or that some events are uncaused’ (RTS, p.230).

xxviii Bhaskar ascribes original use of the term ‘normic’ to Scriven (1959).

xxix Two points might be made here. First, Haldane (2002, p.101) notes that Aquinas and scholastic-Aristotelian discussion regarding the essential nature of substances or properties involves the belief that *agere sequitur esse* (acting follows upon being) and being acts *ab intrinseco* (from within). Without arguing for too direct a linkage it could be suggested that CR and Thomist thought share certain orientating concepts and CR ideas on emergence might be pressed to demonstrate this linkage. Secondly, the concept of emergence can be coupled to ideas of subvening or supervening entities, multiple realisation or non-reductive materialism (Rose, 2006; McLaughlin and Bennett, 2005; Sawyer, 2002; Le Boutillier, 2001). Terms such as supervenience are variously interpreted (McLaughlin and Bennett, 2005) and analogies with CR should not be pushed too far. Nevertheless, supervenience supports the argument that ‘biological properties plausibly supervene upon chemical ones; mental properties upon chemical ones . . . [and] One promise the notion holds out is that by its means we can understand the relation of such different layers of description without attempting a reduction of the one area to the other’ (Blackburn, 1994, p.368). Important differences separate Bhaskar’s concept of emergence from ideas concerning strong supervenience (Le Boutillier, 2001) albeit that connections between these ideas are recognised (Sawyer, 2002; Le Boutillier, 2001). The term supervenience does not appear in RTS or PN and Rose (2006, p.22) restricts its technical application to ‘the materialist mind-body relationship’. However, in ethical study it is associated with Hare (Blackburn, 1994) who is cited in both RTS and PN. Arguments challenging the concept of emergence come from a variety of sources including Heard (2006), Rose (2006) and Hedström (2005).

xxx Blaikie (2000) disagrees. He questions whether new and ever deeper levels exist in the social realm since social mechanisms derive from social constructions (this does not imply constructivism). Blaikie (ibid) implies that social stratification is ontologically *shallower* than physical stratification.

xxxi Bhaskar argues that Weber and Durkheim reify their objects of study. Bhaskar does not recognise Durkheim as an influence in CR thinking and Durkheim’s model of social explanation is



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critiqued in *RTS*. Nevertheless, just as Marxist insights litter Bhaskar's work, so links can easily be made between CR and aspects of Durkheim's thought (see endnote xlvi, §1 Chapter 3).

xxxii However, note Dawkins (1999) comments regarding the misuse by sociologists of reductive labels in relation to socio-biology.

xxxiii More properly, the term 'compositional nihilism' (which denies the existence of composite entities) should perhaps be used here. See Rosen and Dorr (2002) for a discussion of compositional nihilism and the mereological challenge.

xxxiv To aid descriptive clarity Archer's metaphors of *upwards* and *downwards conflation* are introduced here.

xxxv Bhaskar's position is perhaps synonymous with the third of Alexander *et al's* (1987, p.14) five definitions of micro-macro relations in social theory: that 'socialised individuals re-create society as a collective force through contingent acts of freedom.'

xxxvi Or, possibly, monadic properties (Swoyer, 2000).

xxxvii Correspondence theories of truth (and many such theories exist) suggest language (a human construction) can truthfully or accurately describe material non-human and human or social objects (their powers, attributes etc). Epistemologically, correspondence theories are usually contrasted against coherence theories (Rose, 2006); however, Bhaskar (1998a, p.651) situates correspondence theories alongside Marxist, 'coherence, pragmatic, redundancy, performative, consensus and Hegelian theories'; as well as his own Alethic theory which, as Potter (2006) critically notes, defines Alethic truth *as* ontological truth. Here 'truth is itself simply *a category mistake*. Truth is inescapably epistemological . . [whereas] 'Things', 'powers', 'causal mechanisms' etc. are neither true nor false; they simply *are*' (ibid, p.102 – emphasis in original).

xxxviii For Kant, 'intuition and the organizing principles of our understanding . . partly *constitute* the objects of our experience . . [so that] the objects of our cognitive experience (and our empirical knowledge) have to conform to our ways of cognizing (or knowing) them, not *visa versa*' (Kaidesoja, 2005, p.33). Contra Berkley, Kant did not hold that 'everything is mental' (Butchvarov, 2002, p.283); however, Kantian argument is associated with the idea that knowledge or truth claims exist within an *ideational system* (a concept allied with certain forms of coherence theory) and, in some versions of this system, the external referent becomes tenuous or attenuated. The validity or standing of knowledge and truth claims within an ideational system is judged by their closeness of fit to or within the system and this; it is argued, undercuts or inverts, from a realist perspective, the relation between knowledge and externality. A criticism of coherence theory, (arguably not dissimilar to Aristotle's Principle of Non-Contradiction or inter-belief rationalisation, Stern, 2000) is that truth or knowledge claims may, if erroneous, be difficult to refute because they are buttressed by the totality of the ideational system. Alternatively, irrespective of their truthfulness, knowledge claims may come to be seen as false if the system in which they are embedded collapses into disrepute.

xxxix Tudor (1982, p.73) likewise notes that: 'Any analysis of science which is strongly rooted in empiricism is bound to have difficulties here, difficulties even in answering the primary question: why do we have theories at all? . . The root of the problem . . [lies] with the central empiricist act of faith: commitment to the view that science's achievements stemmed from its constant reference to the empirical.'

xl Of course the social world is patterned and Bhaskar, as Engholm (1999) notes, introduces the concept of limited 'conditional predictions' in recognition of this fact (*PN*, p.176). Thus CR, whilst denying the feasibility of social prediction, nevertheless recognises a distinction between conjunctions and constant conjunctions. As Potter (2003, p.163) points out: 'There are many empirically observable relatively enduring regularities in the social world. Indeed . . without such it would be impossible for human beings to navigate this world. The existence of agency and open systems does not rule out empirically observable regularity. Nor does it rule out the possibility of useful quantitative statistical analysis or mathematical modelling.' However, for Bhaskar, Humean closed system laws do not and cannot generate empirically observable *constant* (invariable) conjunctions in open systems.

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xli Contra Bhaskar, a distinction might here be made between phenomenologist idealists (who may make strong *ex nihilo* claims) and social constructionist idealists (who need not). See §1 Chapter 3. Paley (2005) notes that, in nursing texts, phenomenologist, constructionist and other idealist standpoints are often conflated.

xlii Professor Steve Fleetwood – personal communication 16.10.07.

xliii Linking deductive logic with Hume and inductive logic with Kant might be considered simplistic.

xliv Specifically, Bhaskar attacks the Popper-Hempel explanatory model (wherein he links explanation with prediction) and the consequents, though not the essence, of Popper's argument against historicism. Thornton (2004) summarizes Popper's definition of historicism as a belief in historical determinism.

xlv Tudor (1982) similarly recognises that problems attend divisions between naturalist and anti-naturalist approaches in social theory and he states that: 'it has become common in sociology to claim that the fact that social actors are active agents necessitates a non-naturalistic social study. One of the disturbing features of such claims is that they invariably lead to a neglect of structure in favour of a subjectivist viewpoint' (ibid, p.180-1 – emphasis in original).

xlvi However, contra Bhaskar, CR theorists have argued that (i) quantification is not invariably nomothetic (quantification is not synonymous with positivism) and (ii) it is possible to measure qualitative change (New, 2001). Williams and Dyer (2004) even argue that CR can and must develop a theory of predictive probability.

xlvii 'To posit an essential unity of scientific method is to posit an account which conceives the sciences as unified in the form that scientific knowledge takes, the reasoning by which it is produced and the concepts in terms of which its production can be most adequately theorised or reconstructed' (PN, p.18).

xlviii Bhaskar does not refer to Gottlob Frege in either *RTS* or *PN*. However, in some respects Frege's theory of language resonates closely with elements of CR philosophy. For example, Frege distinguishes between the referents of ordinary and special case statements. This differentiation permits speakers to advance propositions that, whilst truthful for them, do not accord with reality (Zalta, 2004; Dummett, 1991; Dummett 1973). In this way, Frege's argument complements Bhaskar's insight that social explanations should take into account agential reasoning without committing itself to the idea that agential interpretations are necessarily primal or final. CR interest in Frege comes from authors such as Arp (2005). And non-CRs, such as Stroud (2000) describe Frege's philosophy in a manner reminiscent of, or translatable into, Bhaskarian nomenclature.

xlix The term 'action' can presumably imply the possibility of inaction as a choice (deliberate or otherwise).

<sup>1</sup> Bhaskar apparently takes an incompatibilist position akin to that developed by Kane (2007, 2005) in order to grant agents the emergent power to effect change and resist social or external determination. However, the relationship between reasons, intentions, causes and actions is complex and contested (Enç, 2006). Counter-intuitively compatibilists such as Fisher (2007) and determinists such as Pereboom (2007) allow agent-structure distinctions to be maintained. Further, a close reading of Pereboom (ibid) suggests that some forms of determinism are not antithetical to CR ideas regarding emergence. Bhaskar's reticence in discussing this issue is surprising given CR's focus on causality. This topic would benefit from additional theoretic clarification.

li Equating Durkheim with Humeanism and Weber with hermeneutics is contentious. As stated, §1 Chapter 3 critiques Bhaskar's terminological usage.

lii However, from within a realist perspective, Dean (in Dean *et al*, 2006a) problematises the idea that society and people are radically different things.

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liii It was suggested that although the two-way arrows in the TMSA distinguish CR from upwards and downwards conflationary models 'the features which are repressed in this representation (historicity, emergence and mediation) [did not sufficiently] . . separate the TMSA from central conflation' (Archer, 1995, p.155).

liv Contra Bhaskar (e.g. see *PN*, p.41), Archer is prepared to examine individual psycho-social historical perspectives (developed §2 Chapter 2).

lv By using the phrase *relations of production*, Bhaskar self-consciously invokes Marx and in particular Marx's [1848] *Wage Labour and Capital* (Bottomore and Rubel, 1963). As the following quotation illustrates, strong ties link Bhaskar's interpretation of social reality with Marx: 'The social relations within which individuals produce, *the social relations of production, are altered, transformed, with the change and development of the material means of production, of the forces of production. The relations of production in their totality constitute what is called the social relations, society, and moreover, a society at a definite stage of historical development, a society with a unique and distinctive character* (Marx, [1848] – Bottomore and Rubel, 1963, p.156 – emphasis in original).

lvi A critique endorsed by G E Moore (Baldwin, 1993).

lvii However, first, Engelskirchen (1996) recognises that agents are unlikely to be aware of such issues, second, Bhaskar here introduces the concept of 'universal' (and perhaps by implication it's modern denotation, 'property') without sufficient explanation. Aune (2002) notes the existence of at least three major classes of theory concerning universals (i.e. those derived from or associated with Platonic, Aristotelian and trope theories). Bhaskar's use of the term may be incompatible with significant aspects of each theory or its variants and it is not necessarily clear which, if any, of these concepts Bhaskar is referring to at this or other points in *RTS* and *PN*.

lviii Althusser employed Marx's later dialectical materialist writings to emphasise the *deep* power of social mechanisms to maintain stability (reproduction) (MLA, 2005; Althusser, 2003 and 1962). This perspective downplays the transformatory ability of agency. However, see Dean (2006) for a positive CR reading of Althusser.

## Section 1 – Chapter 2

Applied and theoretical realist sociologies owing a considerable debt to Roy Bhaskar have been advanced by authors such as Layder (1997, 1994, 1990), Pawson (2006, 1989), Pawson and Tilley (1997) and Sayer (2000). Archer is used in this study since she has, arguably, developed the fullest and most nuanced realist sociology to date.

### Margaret Archer

Margaret Archer is a major theorist whose ‘accomplishment cannot be overstated’ (Potter, 2003, p.161).<sup>i</sup> Together with Bhaskar, Collier, Lawson and Norrie, she edits two realist Routledge book series, *Critical realism: Interventions* and *Studies in Critical Realism*. Archer is a member of the editorial advisory committee for the *Journal of Critical Realism* and a Trustee of the Centre for Critical Realism.

In addition to those texts by Bhaskar already described, this thesis is informed by Archer’s *Realist Social Theory: the morphogenetic approach* (1995, henceforth *RST*, not to be confused with Bhaskar’s *RTS*) and *Culture and Agency: The place of culture in social theory* (1996, first published 1988, henceforth *CAA*).<sup>ii</sup> Both texts combine forms of transcendental realism and qualified naturalism to extend and apply CR to social theory for use in research practice.

As the title suggests, *RST* is an overtly CR text. The frontispiece claims it is ‘the sociological complement of transcendental realism’<sup>iii</sup> and the social theory it advances is described as ‘the practical methodological complement of the realist social ontology’ (*RST*, p.16). However, *CAA* is more reticent in acknowledging its antecedents. Bhaskar provides the main philosophic scaffolding that Archer builds upon in *RST* and *CAA*. Yet despite Archer’s sustained and intimate involvement in

the realist movement Bhaskar's name is absent from the main index of *CAA* and realism's significance is not specifically mentioned until page 275 of the second and revised edition.

Archer's relationship with realism is therefore complex. She occasionally uses Bhaskarian terms without clarification,<sup>iv</sup> her developed theory evidences input from non-realist sources and, as acknowledged, CR themes are occasionally introduced in *RST* without being exploited. For example, Archer follows but does not develop arguments from *PN* when she states that:

In any field of study, the nature of what exists cannot be unrelated to how it is studied. This is a strong realist statement, which I endorse, but cannot explore here.

(*RST*, p.16)

As might be expected in works written for researchers rather than philosophers, CR concepts such as emergence, stratification, open system explanation and the impossibility of experimental social closure are, compared with *RTS* and *PN*, relatively underdeveloped in *RST* and *CAA*. In consequence, this thesis occasionally employs CR terminology (e.g. generative mechanisms, intransitive reality or transitive knowledge) to clarify meaning where Archer points towards, but does not necessarily use, Bhaskar's nomenclature. It might be suggested that this misrepresents Archer, though, hopefully, this is not the case.

#### Morphogenetic-Morphostatic Theory – an overview:

Like Bhaskar, Archer is concerned with the nature of causal reasoning in social explanation. She begins *RST* and *CAA* (mirroring the structure of *RTS* and *PN*) by debunking the direction and implications of causal argument in alternative forms of social theory. In *RST* these alternative forms are 'identical' (p.139) with models I, II

and III in *PN*, i.e. downwards, upwards (epiphenomenal) and central (elisionary) theoretical stereotypes.<sup>v</sup> Thereafter, Archer combines Lockwood's (1964) concept of analytic dualism (henceforth AD) with CR philosophy, overtly or otherwise, to produce, following Buckley's (1967) terminology, the morphogenetic-morphostatic model (henceforth MM) of social interaction.<sup>vi</sup>

For Archer, MM is 'the practical methodological embodiment of the realist social ontology' (*RST*, p.16) and AD is 'the basis of the morphogenetic approach' (*RST*, p.165). AD treats structure (both cultural and social<sup>vii</sup>) and agency as distinct but interacting emergent entities and this enables Archer (*RST*, p.65) to argue that sociological explanation need not privilege the causal significance of either society's 'parts' or 'people' on a priori grounds. In contrast to antithetical epiphenomenal and elisionist theories, MM exploits the 'explanatory power'<sup>viii</sup> (*RST*, p.171) that derives from dealing separately with society's features and, moreover, Archer maintains that ontological substance accompanies this 'analytic distinctness' (*RST*, p.171), i.e. the things described possess discrete essences.<sup>ix</sup>

Notwithstanding the emphasis placed upon Lockwood by Archer, it may be argued that he is unnecessary to MM since AD is, as Archer acknowledges, presupposed within CR and, in particular *PN*, wherein 'separability is indispensable to realism' (*RST*, p.70).<sup>x</sup> Nevertheless, ignoring this quibble, the centrality of CR and AD is apparent in the two founding principles of MM; first, that 'structure necessarily pre-dates the action(s) leading to its reproduction or transformation . . . [and second] That structural elaboration necessarily post-dates the action sequences which give rise to it' (*RST*, p.15).<sup>xi</sup> It might at this point be suggested that recognising the historical pre-existence of structure inadvertently undercuts the volitional capacity of agency. However, the powers inherent in agential emergence preclude determinism and Archer would not therefore countenance this criticism.

In their developed form (to be discussed), these two principles underpin a three part explanatory cycle, i.e. 'structural conditioning → social interaction → structural elaboration' (RST, p.16). (Analogues exist for social and cultural structures, as well as primary and corporate forms of agency.) And this cycle generates as its final product a narrative or 'analytical *history* of emergence' (RST, p.91 – emphasis in original).

Several CR and AD themes are thereby introduced or suggested which enable MM to avoid explanatory conflation whilst recognising the stratified, open and nomic nature of social reality and causation. For example, temporality, which is intrinsic to CR philosophy (Dean *et al*, 2006b) 'is incorporated as sequential tracts and phases rather than simply as a medium through which events take place' (RST, p.89). And it is in or through this medium that distinct processes of generative activity and their elaborative 'emergent consequences' (RST, p.62) occur or function. Similarly, AD underpins the idea that structural or agential analytic histories can be told apart from the entities with which they interact and overlap. And, in consequence, MM makes it possible to theorise about the differential morphogenesis (change) or morphostasis (non-change) occurring between structures and agents over time. Another way of putting this is that agential or cultural- or socio-structural developments need not take place synchronously (i.e. cultural- or social structural as well as agential change may occur in any order).

This form of causal reasoning can only be accommodated by emergentist theory, it is denied to epiphenomenalists and elisionists. Thus, using CR nomenclature, upward conflationists rebut the suggestion that structure may in some instances be unaffected by agential change or that structural change could precede or promote agential change since structure is, for them, simply an epiphenomena or reflection of agential activity (structure cannot be granted sui

generis status).<sup>xii</sup> Alternatively, downward conflationists (e.g Althusser, 2003) reject the idea that agents may be relatively unaffected by structural developments since agents, as anonymous Träger, instantiate and objectify structure. And elisionists, who by definition conjoin structure with agency, deny the possibility that their interplay can be separately investigated or differentially described.

MM develops CR social theory in three ways. First, it elaborates upon and updates Bhaskar's critique of non-CR social theory (e.g. by redirecting the attack upon elisionism towards Giddens). Second, it exposes and improves upon deficiencies in Bhaskar's original TMSA as well as a later version of this model in *Reclaiming Reality* (Bhaskar, 1989) (page 36 this thesis). Third, whilst accepting realist arguments concerning emergence, openness and the impossibility of prediction, Archer outlines the beginning of a practical methodology for use. She therefore emphasises society's potential comprehensibility and the possibility of explanation.<sup>xiii</sup>

### **Methodological Theory and Research Practice**

Archer connects claims that social explanation inevitably contains ontological premises with assertions that methodological theory (the means by which such issues are formally addressed) must usefully guide practice if it is to be of any real value. Indeed, 'methodology broadly conceived of as an explanatory programme, is the necessary link between social ontology and practical theory' (*RST*, p.5). Archer follows Bhaskar in arguing that abstract theories about what is admissible in or for explanation are ineffectual unless they can fruitfully inform research so that more accurate accounts of reality are developed (progress being an aspirational objective rather than a guaranteed outcome) and theory is therefore purposeful: 'It is never an end in itself but a tool for the working social analyst which gives explanatory



purchase on substantive social problems, through supplying the framework for their investigation' (*RST*, p.12-13). Thus:

Social theory has to be useful and usable . . . The vexatious fact of society has to be tackled *in* and *for* practice. These two tasks cannot be separated, for were practical utility to be the sole criterion we would commit ourselves to instrumentalism – to working with theoretically ungrounded rules of thumb. Conversely, a purely theoretical taming of the vexing beast may give a warm inner glow of ontological rectitude but is cold comfort to practical social analysis.

(*RST*, p.135 – emphasis in original)

Archer therefore sketches in *RST* and *CAA* a methodology for practical social theorising. She acknowledges that her work 'remains at a high level of theoretical abstraction and at certain points becomes purely speculative for want of appropriate data' (*CAA*, p.xxviii). MM, as a conceptual theory, presents orientating principles for social research. It is *about* method but it is not *a* method (New, 2001). As will be seen, abstractness and the provisional nature of realist social theory mean that Archer's work is susceptible to criticism. Nevertheless, MM provides researchers with some basic guidance if not a detailed map to help them proceed<sup>xiv</sup> and hers is therefore a work (to borrow from a rival theoretician):

about 'method' in . . . the sense in which Durkheim used it in his *Rules of Sociological Method*. That is to say, it is not a guide to 'how to do practical research', and it does not offer any specific research proposals. It is primarily an exercise in clarification of logical issues.

(Giddens, 1976, p.8)

Archer is contrite in acknowledging that realist theory is underdeveloped, 'a mess . . . with few worthwhile offerings' (*RST*, p.136). However, her response is that the 'only thing to do is admit it, confront it, and hope to do something about it' (*RST*, p.136).

As part of this response she emphasises that social explanation's theoretical underpinnings must be acknowledged head-on.

. . . no social theory can be advanced without making some assumptions about what kind of reality it is dealing with and how to explain it. All social theory is ontologically shaped and methodologically moulded even if these processes remain covert and scarcely acknowledged by the practitioner.  
(RST, p.57-58)

Following *RTS*, Archer suggests that 'social reality, ought to regulate how we explain it' (RST, p.21) and she therefore agrees with Bhaskar that 'what social reality is held to be cannot but influence how society is studied . . . [since] there is always a connection between social ontology and explanatory methodology' (RST, p.13). Ontology, epistemology and methodology are thus mutually implicative. ('An ontology without a methodology is deaf and dumb; a methodology without an ontology is blind', RST, p.28.)<sup>xv</sup> However, within this triptych ontology dominates. Primacy emanates from ontology's ability to regulate and 'govern *those concepts which are deemed admissible* in explanation as in description' (RST, p.20 – emphasis in original). It is 'both gatekeeper and bouncer for methodology' (RST, p.22).

### **Epiphenomenalism and Elisionism in social explanation (Hume's ghost)**

Archer critiques epiphenomenalism and elisionism in individualist and collectivist forms of social explanation. For Sawyer (2002, p.537) the debate between individual and collectively orientated perspectives 'occurs at two levels: an ontological level, concerning arguments about what entities and properties exist in the world, and a methodological or epistemological level, concerning the proper way to proceed in scientific practice.' Archer engages with both of these levels.

Whereas RTS and PN commence with a frontal assault upon the legacy of Hume and Kant, Archer begins her critique of epiphenomenalism (in RST) by introducing the work of Alexander *et al* (1987). This is not however, a radical departure, for it permits her to stick with familiar Bhaskarian themes. She suggests (mirroring Alexander *et al*, *ibid*) that debates within social science about society and the individual, voluntarism versus determinism, micro-macro levels of analysis or structure and agency, can *all* be understood as re-descriptions of an essentially similar problem, viz: 'The perennial conflict between individualistic and collectivist theories' (RST, p.7). Archer thus trails Bhaskar in critiquing those forms of social causal reasoning that PN describes as Humean or Durkheimian collectivist or downwards conflationary and Kantian or Weberian individualist or upwards conflationary. Since the form of this criticism was outlined in relation to Bhaskar's models I, and II (pages 33 and 34 this thesis), it is presumed that the fundamental 'problem' with both variants is recognised and, if this is granted then, for Archer:

In the heritage of Individualism it was 'structure' which became the inert and dependent element, whilst Collectivism fostered instead the subordination and neglect of 'agency'.

(RST, p.33)

Obvious difficulties attend the collapse of different and nuanced non-realist social theories into a simple and perhaps simplistic opposition (i.e. individualism vs. collectivism).<sup>xvi</sup> Nevertheless, differentiating between ideational protagonists in this manner enables Archer to claim, following Bhaskar, that it is an uncritical 'rooting in empiricism' (RST, p.8) which ultimately grounds, by realist criteria, the historic failure of each epiphenomenal tradition.<sup>xvii</sup> And thus, whilst UK theorists discussed the problem of structure and agency and North Americans investigated scope or micro-macro-sociology 'it is empiricism which bedevils both standpoints' (RST,

p.28). Accordingly, empiricism or the perceived need to base explanation in observables (behaviour or speech) provided:

individualists with their trump card (for who could doubt the existence of flesh-and-blood people) and the collectivists with their stumbling block (since how could they validate the existence of any property unless they could translate it into a series of observational statements about people). The American debate was even more unabashed in its positivism, since its defining terms, the 'micro-' and the 'macro-' necessarily dealt only with an observable property, that is *size*.

(RST, p.8 – emphasis in original)

As will be seen, Archer argues that this micro-macro distinction (and by analogy the agency-structure debate) is more usefully conceptualised in terms of *relations* rather than *bulk*. However, before outlining the role of relational theorising in MM, the significance of the absence of this dynamic within epiphenomenal and elisionary reasoning is noted.

Archer argues that individualist and idealist social methodological theories (e.g. phenomenology or hermeneutics) fail to adequately address (and therefore underestimate) the enabling possibilities and constraining realities that society generates for agents. And thus, despite protestations to the contrary, theorists with an individualist or idealist orientation inevitably minimise or ignore the significance of exterior structural (social or cultural) factors when describing concrete interactions. Downplaying the impact of structural factors in social explanation allows agency to assume unwarranted freedoms. This occurs, Archer argues, because individualist theories erroneously privilege the demonstrably objective and empirically verifiable reality of face-to-face interaction between small groups of people. And although MM provides scant guidance as to how particular interpretations of reality and abstract social theory are to be reconciled by

researchers, it is important to avoid an overemphasis upon personal (respondent) understandings in explanation for, as Archer notes:

To the social realist there is no 'isolated' micro world – no *lebenswelt* 'insulated' from the socio-cultural system in the sense of being uncontrolled by it, nor a hermetically sealed domain whose day-to-day doings are guaranteed to be of no systemic 'import'.

(*RST*, p.10 – italicisation in original)

Structuralists and collectivists are also chided by Archer for failing to draw the correct ontological conclusion which, she claims, their explanatory success would permit, namely that 'a causal criterion of existence is acceptable' (*RST*, p.23). Archer asserts that historically, theorists such as Mandelbaum (1959)<sup>xviii</sup> and Gellner (1968)<sup>xix</sup> recognised links between causation and ontological veracity as well as the role that emergence plays in this process. However, at the time that they wrote, the 'framework of empiricism' (*RST*, p.50) presented a 'brick wall' (*RST*, p.52) insofar as non-observables, which collectivists identified as influencing social life, could not 'be 'pointed to' in the sense in which we can point to material or organic objects, or to their qualities or activities' (*RST*, p.52) and they therefore failed to meet empiric criteria for existence. Like Bhaskar, Archer claims that what had yet to be discerned was that agreeing to 'play a purely methodological game according to Humean rules . . . undermines the Collectivist programme' (*RST*, p.55) since for 'most of the time, in open social systems, regularities at the level of events are just what emergent features do not generate' (*RST*, p.54). Conflict between individualist or idealist and structural or collectivist perspectives was however, then and now, often cloaked and the 'unsatisfactory' (*RST*, p.58) nature of social theory often bypassed researchers who continued in:

a state of inarticulate unawareness . . . at one extreme interpretive sociologists undertook small-scale interactional studies and simply placed a big etc. after them, implying that the compilation of enough sensitive ethnographies would generate an understanding of society by aggregation. At the other, large scale multivariate analysis pressed on towards some predictive goal without reference to the interactional processes generating such variables.  
(RST, p.58)

Archer does not explain why this *state of inarticulate unawareness* had to end. However, in outlining the historical development of elisionism, she proposes that ‘idealist’ (RST, p.60) neo-phenomenological and symbolic interactionists were the first to attempt to surmount or evade the limitations associated with traditional individualist and collectivist approaches by merging structure with agency. Thereafter, ‘mutual constitution’ (RST, p.60) or elision (model III, page 34 this thesis) developed into a ‘distinctive theoretical orientation’ (RST, p.60) when Giddens (1976), the apogee of elisionist thinking for Archer, advanced Structuration Theory (henceforth ST).<sup>xx</sup>

For Bhaskar, Berger personified elisionist social explanation. Archer acknowledges Berger’s influence (RST, p.63), but primarily critiques elisionism through an attack upon ST which, she asserts, illegitimately conjoins structure and agency to preclude ‘examination of their interplay, of the effects of one upon the other and of any statement about their relative contribution to stability and change at any given time’ (RST, p.14). ST, Archer claims, is grounded upon the idea that language is a valid metaphor for society and, just as Bhaskar criticised Winch for perpetrating what he defines as the linguistic fallacy, so Archer lambasts Giddens for committing an identical offence. Thus, having justifiably noted that ‘many elements of syntax are mutually implicative’ (RST, p.95), ST illegitimately, in Archer’s view, employs the linguistic metaphor to assert that within society ‘every aspect of ‘structure’ is held to be activity dependent in the present tense and equally open to transformation, and . . . [thus the] causal efficacy of structure is dependent

upon its evocation by agency' (*RST*, p.60). ST is thereby equated with the 'phonological revolution' (*CAA*, p.43) which denies AD by discounting the separability and relative temporal autonomy of structure and agency:

Because 'structure' is inseparable from 'agency' then, *there is no sense in which it can be either emergent or autonomous or pre-existent or causally influential.*  
(*RST*, p.97 – emphasis in original)

Archer suggests that elisionist theories of one sort or another gained in popularity because their adherents believe that they thereby circumvent the now passé 'old debate' (*RST*, p.61) of individualism vs. collectivism. However, sociologists are, she claims, still confronted with a choice between two competing world views, since:

'Elision' (the term used for those grouping themselves around Structuration theory) and 'Emergence' (those exploring the interface between transcendental realism and social theory) are based upon different ontological conceptions, related to disparate methodological injunctions and thus have quite distinct implications for practical social theorising.  
(*RST*, p.60-61)

### Morphogenetic-Morphostatic Theory

In *RST*, Archer acknowledges that Bhaskar is the primary influence on developed MM theory. She states that Bhaskar's 'ontological realism, premised explicitly upon emergence, is used to develop the framework of a social theory which seems set fair to navigate a passage between Individualism and Holism' (*RST*, p.136) and she notes that TMSA and MM are in 'objective and approach . . . very close indeed' (*RST*, p.137).<sup>xxi</sup> That said, Archer recognises that Bhaskar's work can be variously interpreted,<sup>xxii</sup> she acknowledges the existence of other ideas within MM and unacknowledged influences may also be discernable.<sup>xxiii</sup>

### Metaphors of relation rather than size:

As previously noted, an alternative to size orientated assumptions concerning the micro-macro metaphor was advanced by Alexander *et al* (1987) in an edited work that contains a review by Münch and Smelser (1987). In part, this review refers to micro-macro descriptors as relational distinctions that are 'analytic rather than . . . concrete' (ibid, p.357) and Archer makes considerable use of this distinction. She interprets it as applying equally to the agency-structure debate and its significance, for her, is that if micro-macro or agency-structure links are relational then actual group or unit size becomes immaterial. Defining these concepts in relational terms complements CR attempts to explain interaction within and between *strata*. It is a viewpoint which does not assume 'that observable differences in the size of groups automatically means that they constitute distinct levels of social reality' (RST, p.9) and it allows for forms of explanation wherein 'a given stratum can be 'micro' to another and 'macro' to a third' (RST, p.9).

Archer asserts 'complete agreement' (RST, p.9) with Alexander *et al* (1987) that there 'can be no empirical referents for micro or macro as such. They are analytical contrasts, suggesting emergent levels within empirical units, not antagonistic empirical units themselves' (RST, p.9). From this, Archer concludes that relational descriptors rely upon or are authorised by the existence of emergent properties that are size independent and that these properties, normically expressed, possess relational components which are 'internal and necessary' (RST, p.173) albeit that external and contingent relations may also influence each other 'reciprocally or asymmetrically' (RST, p.174).

As will be seen, MM in contrast to elisionist and epiphenomenalist theory, uses relational metaphors to explore the temporal interplay of links between and within agency and structure ('rather than *sinking* one into the other', RST, p.65 –



emphasis in original) without privileging the influence of either aspect (agency-structure or micro-macro) in advance of an examination of specific historical interaction(s). Archer follows Lockwood (1964) in analytically distinguishing social from system integration to differentiate 'the orderly or conflictual relations maintaining between groups of actors from the orderly or conflictual relations prevailing between parts of the social structure' (*RST*, p.67). And AD, thus defined, allows Archer, contra Giddens, to untie structure from agency in order that their respective emergent powers or tendencies can be identified.<sup>xxiv</sup> Archer thereby grants structure an ontological status that is distinct from agency. However, to support this position Archer must demonstrate how structure(s) can be identified 'independently of their occupants and incumbents, yet of showing its effects upon them (establishing the reality of structures via the causal criterion)' (*RST*, p.167) and to this end MM amalgamates CR ideas concerning emergence, temporality (or interplay), reason as cause and proofs of existence by effect (outcome).

Archer claims that whilst cultural and social structures differ from each other, serendipitously, they each 'raise identical difficulties and the method by which these can be resolved turns out to be exactly the same' (*CAA*, p.xi). This alleged homogeneity allows Archer to model cultural and social structure using the same descriptive morphogenetic sequences and, in this process, Archer emphasises that:

*all* structural influences (i.e. the generative powers of SEPs [structural emergent properties] and CEPs [culturally emergent properties]) work through shaping the situations in which people find themselves. It is the situations to which people respond which are mediatory because they condition (without determining) different courses of action for those differentially placed, by supplying different reasons to them. This is the basic manner in which I conceive of the mediation of the tendential powers inherent in material and ideational structures to agents, who, in their turn, represent necessary mediators if such structural powers are to be realized.

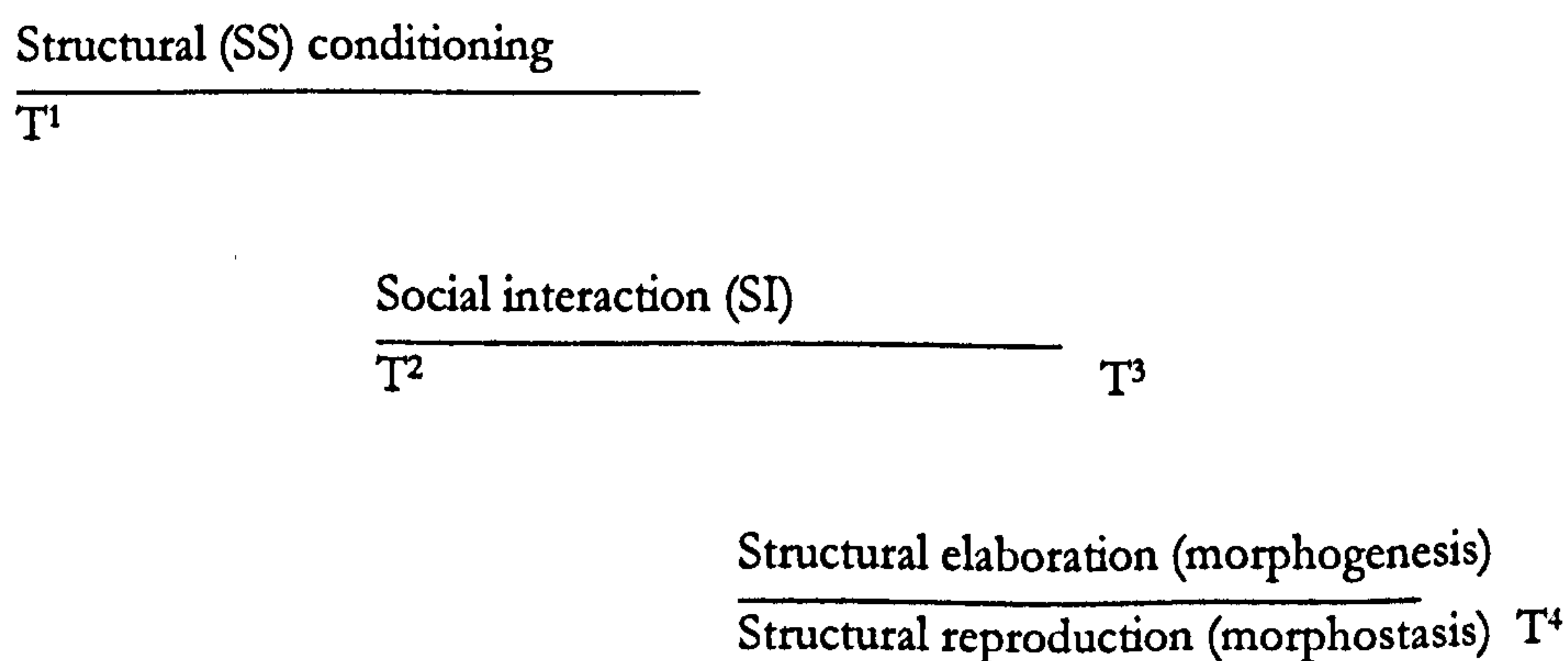
(*RST*, p.201 – emphasis in original)

To demonstrate how structural influences *work through* the situations in which agents operate, the ontological status and place in MM theory of structure (social and cultural) and positioned agency is explored and their respective morphogenetic-morphostatic sequences and propositional models are described.

Social structure in MM theory:

AD and the relational yet contingent nature of emergence are modelled through the morphogenetic sequence. Figure 1 (below) illustrates this sequence as a three stage orderly progression that begins at T<sup>1</sup> with emergent pre-existent irreducible social structures (SS) that constrain and enable but do not determine the social interaction (SI) of agents who evidence (T<sup>2</sup> to T<sup>3</sup>) independent emergent properties which, at T<sup>4</sup>, transform and elaborate (morphogenesis) or reproduce (morphostasis) but never create *ex-nihilo* the structures that initially confronted them at T<sup>1</sup>.<sup>xxv</sup>

Figure 1 – Social structure and the morphogenetic-morphostatic sequence (RST, p.157 – adapted)



Describing a complete cycle (T<sup>1</sup> to T<sup>4</sup>) articulates an analytic history (whence T<sup>4</sup> becomes T<sup>1</sup> for a successor cycle) and a double morphogenesis of structures and agents is narrated by analytic histories in which all components (parts and people) ‘*emerge, intertwine and redefine one another*’ (RST, p.76 – emphasis in original).

Importantly, the concept of double morphogenesis denies nominalism, which assumes or gives stable identities to structural or agential descriptors across time regardless of internal or external volatility (see Loconto and Jones-Pruett, 2006).

And thus:

at the end of a transformational [double morphogenetic] sequence, not only is structure transformed, but so is agency as part and parcel of the same process. As it reshapes structure, agency is ineluctably reshaping itself, in terms of organization, combination and articulation, in terms of its powers and these in relation to other agents.

(RST, p.74)

Historically, SS at  $T^1$  are the product of innumerable past sequences of antecedent agential and structural interactions each of which was, in turn, the product of still earlier analytic cycles. In the present tense, SS at  $T^1$  precedes and shapes the situations in which agents are located and the ontological status of SS are demonstrated through the emergent causal powers that they evidence in providing or suggesting *interests* to agents. SS thus have powers which are un-attributable to the actions of current agents<sup>xxvi</sup> and Archer claims these are identifiable:

because of their irreducible character, autonomous influence and relatively enduring character . . . this means that they pre-date any particular cohort of occupants/incumbents.

(RST, p.168).

Structure thus provides agents as individuals and groups with interests (i.e. 'frustrating or rewarding contexts', RST, p.90) in relation to the social roles or positions that they occupy.<sup>xxvii</sup> And SI ( $T^2$  to  $T^3$ ) is thereby structurally conditioned albeit that the possession by agents of emergent volitional properties means that actions are 'never structurally determined' (RST, p.90).

Interests, which provide *reasons* for actions, can be variously interpreted, need not generate consistent or even logical responses and initiate 'action patterns' (*RST*, p.90) aimed at change or entrenchment that may be explained but never predicted.<sup>xxviii</sup> As *RTS* and *RST* make clear, augury is inappropriate in open social systems where emergent powers are instantiated as interacting normic tendencies and deliberate attempts to maintain or reform structures are unlikely to meet individual or group expectations. Indeed, the outcome of structural elaboration is generally 'unintended' (*RST*, p.91).<sup>xxix</sup>

SS thus describe relations that pertain between stratified or differentiated classes, ethnic groupings, occupational roles and societal positions as well as relations between material organisations.<sup>xxx</sup> And, although agential SI can modify or maintain SS, SI does not, to repeat, create SS. Archer describes the model outlined below as a propositional model (model 6) which, as will be seen, mirrors that proposed for cultural system.

#### Model 6 – The propositional model of SS and SI interaction (*RST*, p.168-9)

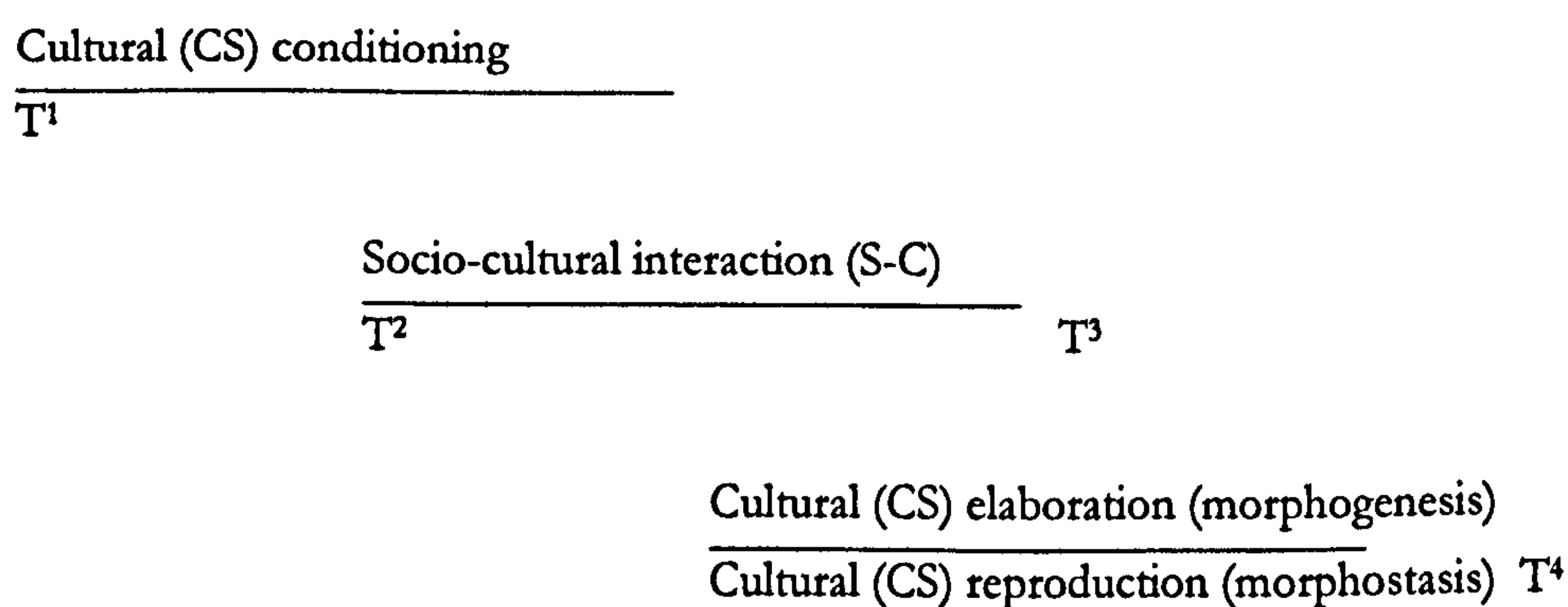
- i) there are internal and necessary relations within and between social structures (SS);
- ii) causal influences are exerted by social structure(s) (SS) on social interaction (SI);
- iii) there are causal relationships between groups and individuals at the level of social interaction (SI);
- iv) social interaction (SI) elaborates upon the composition of social structure(s) (SS) by modifying current internal and necessary structural relationships and introducing new ones where morphogenesis is concerned. Alternatively, social interaction (SI) reproduces existing internal and necessary structural relations when morphostasis applies.

#### Cultural structure in MM theory:

In *CAA* Archer argues that social structures are better understood than their cultural counterparts and, accepting this proposition, more attention is given here to

the description of culture as structure. As can be seen (figure 2 below) the morphogenetic-morphostatic sequence for cultural structure (defined as the cultural system or CS) and agential socio-cultural (S-C) interaction exactly reflects that depicting the SS/SI morphogenetic sequence. Similarly, CS/S-C interplay gives rise to a propositional model (model 7) that likewise mirrors its SS/SI counterpart.

Figure 2 – Cultural structure (CS) and the morphogenetic-morphostatic sequence (RST, p.193 – adapted)



Model 7 – The propositional model of CS/S-C interaction (RST, p.169)<sup>xxxi</sup>

- i) there are internal and necessary logical relationships between components of the Cultural System (CS);
- ii) causal influences are exerted by the Cultural System (CS) on Socio-Cultural interaction (the S-C level);
- iii) there are causal relationships between groups and individuals at the Socio-Cultural (S-C) level;
- iv) there is elaboration of the Cultural System (CS) due to Socio-Cultural Interaction (S-C) modifying current logical relationships and introducing new ones, where morphogenesis is concerned. Alternatively, Socio-Cultural Interaction (S-C) reproduces existing internal and necessary cultural relationships when morphostasis applies.'

To sustain the ontological distinctness of cultural structure, Archer offers a very particular definition of culture that distinguishes culture in total (everything that might be understood) from the CS which describes that part of total culture that has been or is capable of translation into propositional statements. Here Archer follows Bhaskar in viewing (CS) ideas as 'essentially specific *forms* of the material world, or . .

[as being] qualitatively specific material social entities in their own right' (Dean *et al*, 2006b, p.3 – emphasis in original). Significantly, culture is not therefore 'understood in its conventional sense as something that expresses the identity of a community' (Carter, 2000, p.22-23), but rather:

culture as a whole is taken to refer to all intelligibilia, that is to any item which has the dispositional capacity of being understood by someone. Within this I then distinguish the Cultural System, which is that sub-set of items to which the law of contradiction can be applied. These are propositions, for only statements which assert truth or falsity can be deemed to be in contradiction or to be consistent with one another. In turn this means that the Cultural System is restricted to the propositional register of society at any given time. The justification for defining the CS in this way rests partly on the fact that it meets the criterion of methodological workability, but partly, too, on the self-evident importance of those things held to be true or false in society at any given time and place.

(*CAA*, p.xviii)<sup>xxxii</sup>

By justifying her definition of the CS, in part, upon the grounds of *methodological workability*, Archer might be accused of allowing pragmatism (contrary to earlier assertions – *RST*, p.135, reproduced page 52 this thesis) to usurp ontological theory. However, Archer can equally be complimented for attempting to clarify the meaning of descriptors (where many social theorists abrogate precision) and she is aware of the limitations surrounding this definition.

Obviously we do not live by propositions alone (any more than we live logically); in addition, we generate myths, are moved by mysteries, become rich in symbolics and ruthless in manipulating hidden persuaders. But all of these elements are precisely the stuff of Socio-Cultural interaction. For they are all matters of interpersonal influence, whether we are talking at one extreme of hermeneutic understanding (including religious experience at the furthest extremity) or of the manipulative assault and battery of ideas used ideologically. All those other non-propositional things to which we assent or over which we dissent – such as tastes and preferences, likes and dislikes, affinities and animosities, patriotism and prejudice – lie in between.

(*CAA*, p.xviii-xix)

MM theory focuses predominantly upon the interplay of ideas within the CS rather than culture as *all intelligibilia*. And in this capacity it may be noted that Archer associates culture with interlinked Bhaskarian themes concerning the relation between transitive and intransitive forms of knowledge, the idea that knowledge is produced from knowledge-like antecedents and proof of emergence by effect.

If we think of culture then all knowledge was certainly activity dependent for its genesis and elaboration. Nevertheless, once recorded . . . it constitutes knowledge without a current knowing subject. It is knowledge because it retains the dispositional character to be understood, though it persists unrecognized, sustaining potential powers (of contradiction and complementarity with other cultural items) which remain unexercised. Ontologically it exists and if the theory it states is true, if the technique it describes works, or if the belief it articulates is justifiable, these remain the case quite independently of current actors knowing it, using it or believing it. We know that they are real by virtue of their realisable effects . . .

(RST, p.144)

It might be argued that Archer here (and at other points) conflates knowledge with true or justifiable knowledge, a position that problematises the ontological status of factually erroneous or unvalidated knowledge vis-à-vis agential action.<sup>xxxiii</sup> Nevertheless, despite this caveat, Archer is here making major claims for the ontological substance and power of CS propositions to inform sociological enquiry.

#### Logical relations and situated logics:

Archer argues that CS propositions coexist within a matrix of four ideal logical relations which generate, for agents, as role and position occupants, a series of interest bearing situational logics. This matrix of logical relations and the situated logics (influences) that they generate is integral to the claim that the CS register temporally pre-exists agency's ability to transform or reproduce it.<sup>xxxiv</sup>

Figure 3 (below) lists the structural (CS and SS) relationships that, Archer claims, pertain at  $T^1$  as well as the situated logics that they present to agents as interests in S-C and SI interaction between  $T^2$  and  $T^3$ . Significantly, if CS/SS logical relationships exist then they exist *regardless* of whether agents recognise, adopt or make use of them. Agents are free to identify or not-identify, observe or ignore the interests inherent in situational logics albeit that exercise of this freedom carries a price (i.e. failure to identify or meet the expectations that interests describe, for whatever reason, incurs material penalties).<sup>xxxv</sup>

Figure 3 – CEP and SEP, logical relations and situational logics (RST, p.303 – adapted)

	Contradictions		Complementarities	
	Necessary	Contingent	Necessary	Contingent
(Situational logic) CEP's C.S. level S-C level	(Correction)  Syncretism Unification	(Elimination)  Pluralism Cleavage	(Protection)  Systematization Reproduction	(Opportunism)  Specialization Sectionalism
SEP's S.S. level S-I level	Compromise Containment	Competition Polarization	Integration Solidarity	Differentiation Diversification

Each of the four relations of contradiction and complementarity that give rise to agentially situated logics is hereafter explained in turn. To avoid duplication only CS/S-C level interaction is described and the process is not repeated for SS/SI relations or logics (overt similarities in cultural- and socio-structural modelling make duplication unnecessary). Archer recognises that concrete instances of the relationships detailed in figure 3 will be complex and, in reality, ambiguous; nevertheless, she asserts that the schema presented above provides ontologically real



if idealised illustrations of relations existing between propositional and agentially situated logics. Sketched exemplars of the four permutations are now outlined. In these examples the same descriptors ( $A$  and  $B$ ) are used to signify both CS propositional sets and their sponsoring S-C groups.

Necessary complementarities describe situated logics of *protection*. In such instances it is supposed that agents who advance CS proposition (belief, theory, idea or idea set)  $A$  within the S-C realm also and inevitably invoke proposition  $B$ . Further, it is assumed that  $B$  reproduces, reinforces or promotes  $A$ . Supporters of  $A$  and  $B$  therefore have no reason to contradict or hinder each other (indeed they may be or become the same group) and a protective, supportive or defensive association may develop between the two agential groups as well as the ideational sets (propositions) in question (i.e. distinct propositional sets may become enmeshed and arguments may be erected against their mutual corruption). This cosy environment is not an unalloyed benefit however, since protection deters critical and challenging debate and agential and propositional positions may thus become entrenched, embedded and incapable of reform or development.

Necessary contradictions, on the other hand, describe situated logics of *correction*. In this instance, rather than reciprocal support, it is supposed that agential groups with (potentially) differing political or social power hold mutually implicative and co-dependent but disputational CS propositions that are at variance (bringing either CS proposition into play necessarily implicates the co-dependent other). Thus, for example, if proposition  $B$  is supported by politically more powerful individuals or groups than  $A$  and if in advancing the politically weaker proposition ( $A$ ) the contradictory other is inevitably invoked, then, in consequence, individuals or groups holding and advancing  $A$  will seek syncretism at the CS level and unification at the S-C level. Initially, though not necessarily subsequently, unification

will be attempted in regard to either or both ideational sets by group  $A$  (assuming that neither individual or group is willing simply to concede the field). However, as described, this is not a 'fair' fight and it may be expected that syncretism will be variously contested according to the cultural and material resources that each group can marshal within the S-C realm. Three options are available for the groups involved and, as will be noted, the outcome of each option differentially favours the advocates of each propositional set. The available options are (RST, p.233):

- (1)  $A \leftarrow B$ , i.e. correcting  $B$  so that it becomes consistent with  $A$ .
- (2)  $A \leftrightarrow B$ , i.e. correcting both  $A$  and  $B$  so they become mutually consistent.
- (3)  $A \rightarrow B$ , i.e. correcting  $A$  so that it becomes consistent with  $B$ .

Contingent contradictions are associated with the situated logic of *elimination*. Here the logical relation is that of doctrinal incompatibility between mutually oppositional propositional sets. In this instance co-dependence is absent and relations between agents whose interests orientate them to 'take up' the antagonistic propositional sets are, whatever their relative political powers in the S-C realm, anti-syncretic and incommensurable. Rejecting syncretism, agents in S-C interaction become and remain hostile towards each other. Combative parties now have everything to gain and nothing to lose from engaging in activities that aim to annihilate their opponents (in argument or otherwise). However, in this process, even if it is assumed that advocates of one proposition in some sense 'win', propositional CS knowledge cannot be eliminated and, as long as a rump of adherents remain, the battle continues. Further, the consequence of hostilities are both the conscription of primary agents (unattached individuals) to corporate agency (organised groups), as well as the splintering of corporate agents to form new groups ( $C^n$ ) that may be partisan, insensible, agnostic or antagonistic towards the initiating fray. As can be

seen, co-dependence between propositions at the CS level and the ability or willingness of agents in S-C interaction to seek adjustment between or reformulate logical ideational relations differentiates contingent from necessary incompatibilities.

The fourth and final form of relation is termed contingent complementarity. It is linked with *opportunism* and in this instance the advocates of proposition *A* when confronted by proposition *B* (and its advocates) in the S-C realm are at liberty to employ, ignore or dispute the alternative proposition without restraint (all options are equally open) albeit that once a course of action is initiated, it may become difficult to change or alter course at a later date. Thus: 'Only the contingent complementarity is free from Socio-Cultural manipulation, designed to induce *avoidance or adoption or aversion*' (RST, p.244, emphasis in original).

To recap, Archer asserts that four forms of CS logical relation potentially exist at  $T^1$  independently of agents realising or caring to make use of them. However, to be known or identified, real people are required in historically contingent S-C interaction to utilise (deploy) contradictory or complementary propositional knowledge for their own interest informed but not determined purposes ( $T^2/T^3$ ). S-C activity is therefore needed to register the ontological reality of CS propositional knowledge (ontological existence is demonstrated through effect) albeit that observation of a perceived affect does not necessarily demonstrate CS existence. Within the analytic cycle, the outcome of S-C interaction determines the CS register at  $T^4$  so that, relative to  $T^1$  the CS at  $T^4$  can be modified through a process of morphogenesis or morphostatically maintained. In Archer's words:

As an emergent entity the CS has an objective existence and autonomous relations amongst its components (theories, beliefs, values or more strictly between the propositional formulations of them) in the sense that these are independent of anyone's claim to know, to believe, to assent or to assert them. At any moment the CS is the product of historical S-C interaction, but

having emerged . . . then *qua* product, it has properties of its own. Like structure, culture is a human product but it too escapes its makers to act back upon them. The CS contains constraints (like new things that can and cannot be said in a particular natural language), it embodies new possibilities . . . and it introduces new problems through the relationships between the emergent entities themselves (the clash of theories), between these and the physical environment . . . and between these and human agents (makers and openers of Pandora's box).

(RST, p.180-1, italics in original)

Described thus, the CS demonstrates its ontologically *intransitive* character by predating and 'shaping' (RST, p.215) the environment wherein human (mediating) activity thereafter affects it. As an emergent entity the CS occupies a rung within the stratified system of reality that Bhaskar described in *RTS*. The CS grounds and is anterior to S-C interaction. It supplies agents with conditioning but non-determining interests. Yet mutability in the face of S-C action illustrates culture's *transitive* quality and the peculiarly interactive nature of human or social strata.

Although it is known through its effects, the CS need not produce effects. Logical relations (CS or SS) may exist, using Bhaskarian terminology, unexercised and unrecognised within the realm of the unactualised real. Indeed, the CS can be imagined as conditioning S-C interaction along a metaphorical continuum. Thus, its influence might be unacknowledged or misunderstood, partially recognised or understood and fully recognised and understood. Viewed in this way Bhaskar's theory of knowledge domains and objects as well as auxiliary concepts such as powers and normative tendencies can be seen to underpin Archer's claims regarding the ontological status of CS propositions (though Archer does not make these connections explicit).

AD is integral to the morphogenetic model of cultural elaboration (figure 2, page 64 this thesis) since CS propositions at  $T^1$  and their instantiation in the S-C realm between  $T^2$  to  $T^3$  remain distinct. Wittingly or unwittingly, agents develop or

preserve the CS initially present at  $T^1$  in the period  $T^2$  to  $T^3$ . Yet agential freedom regarding development or preservation of the CS is enabled and constrained by at least two closely related factors. First, historically pre-existent circumstances (e.g. role or position occupancy or prior exposure to and acceptance of a belief system) suggest that agents enter at  $T^2$  with *inherited* interests that predispose them to favour certain contextually defined CS ideas over others. Thus, agents do not enter  $T^2$  as *tabula rasa*; they do not take up CS propositions whimsically. Second, assuming that agents seek at a psychological level to maintain at least a modicum of logical coherence between the most significant conscious ideas that they hold, agents are encouraged to orientate themselves towards achieving elaborated outcomes that enable coherence to be maintained with pre-existing logical CS relations and the situated logics (interests) to which these relations give rise. It is in promoting these outcomes that the ontological reality of CS propositional logics make themselves known. And thus, as Archer states: 'Systematic relationships (logical) impress themselves (causally) on S-C action . . . [and] This is the element of truth in downwards conflation' (RST, p.246).

#### Agency – ontology and MM theory:

Much has already been said about the concept of agency in MM theory. Nevertheless, it is necessary to briefly restate Archer's argument on voluntarism and determinism vis-à-vis agency in order that the linked concepts of persons and roles and primary and corporate agency can be developed.

For Archer (1990, p.73), the place and significance of agency 'stalks through the history of sociological theory'. In contrast to epiphenomenal *downwards* conflationary theories, CR grants that whilst pre-existing cultural and social structures provide agents with orientating interests (reasons), behaviour is not

determined by structure(s). Agents often lack 'discursive penetration' (RST, p.252) into their condition or situation and in such instances they may act without overt (or accurately perceived) structural guidance. Further, agents can deliberately and knowingly act against structurally generated interests albeit that a charge or penalty may be incurred for doing so. Indeed, agency's voluntaristic capacity depends upon the ability to act intentionally and this power (allowing both that reasons can be causes and that reasons may override structural interests) 'demarcates agency from structure' (RST, p.153) and demonstrates humanity's (psychic) emergent ontological status.

Alternatively, in contrast to epiphenomenal *upwards* conflationary theories, MM allows that structural (SS and CS) interests at T<sup>1</sup> enable and constrain the actions of free individuals. Actions 'presuppose an already existing set of structures' (Sayer, 2000, p.18 – commenting on Archer's work) and historically situated structural interests thus allow agents to formulate reasons or desires for certain actions and debar (as negative realities) the articulation of alternative intentions.<sup>xxxvi</sup>

Archer illustrates agency's emergent status by distinguishing between 'the 'human being', 'social agent' and 'social actor'' (RST, p.249)<sup>xxxvii</sup> as well as primary and corporate forms of agency. In this schema, persons beget agents who father actors 'both phylogenetically and ontogenetically' (RST, p.255). Persons provide 'the needed reflexive quality and generalized ability for innovation' (RST, p.256). However, persons, as singular bodies, lack interests and the concept of agency is therefore introduced. For Archer, agents are always 'agents of something. Baldly, they are agents of the socio-cultural system into which [as persons] they are born (groups or collectivities in the same position or situations) and equally they are agents of the systematic features they transform (since groups and collectivities are modified in the process)' (RST, p.257).

Agency is however, a complex entity. Corporate agency describes 'self-conscious vested interest groups, promotive interest groups, social movements and defensive associations . . . [and their] common denominators are articulation and organization' (*RST*, p.258). Primary agents, on the other hand, do not intentionally engage in structural change, albeit that 'dumb numerical pressure' (*RST*, p.262) can force corporate agents to accept unplanned or unintended structural morphogenesis or morphostasis.<sup>xxxviii</sup> And persons can be simultaneously primary and corporate agents at any specific  $T^2$  depending on the S-C/SS under consideration.

Actors, like persons, always exist in the singular. Actors embody roles and roles occur in relational role-sets. These can be internal and necessary (e.g. 'a pupil requires a teacher' *RST*, p.275) or, asymmetrical and dependent (e.g. 'a schools inspector [implies] teachers, but not visa versa', *RST*, p.276). Actors 'personify' roles insofar as they bring their 'own ideals and objectives, skills and incompetence, dedication or distancing, inflexibility or creativeness to the roles they occupy' (*RST*, p.187). Personification links individual psychology to or with social expectation. Roles pre-exist and are autonomous of the individuals who occupy them. However, by interrogating the interplay between actor and role it is possible to 'account for why some roles are personified in routinized ways whilst others can be cumulatively transformed in the hands of their incumbents' (*RST*, p.187).<sup>xxxix</sup> Thus it is possible to plot the double morphogenesis or stasis of roles and their occupants over time.

#### Synchronous and non-synchronous development:

The three analytic cycles proposed by Archer (cultural and social structural and agential) operate coterminously and are linked through their  $T^2/T^3$  'middle element' (*RST*, p.248). Yet each cycle can and to some extent must be described separately if the 'relative autonomy' (*RST*, p.248) of agency and structure is to be respected.

Diagram 2: Cultural and structural configurations generating morphostasis in society and agency (Archer, 2000, p.271 – reproduced)<sup>x1</sup>

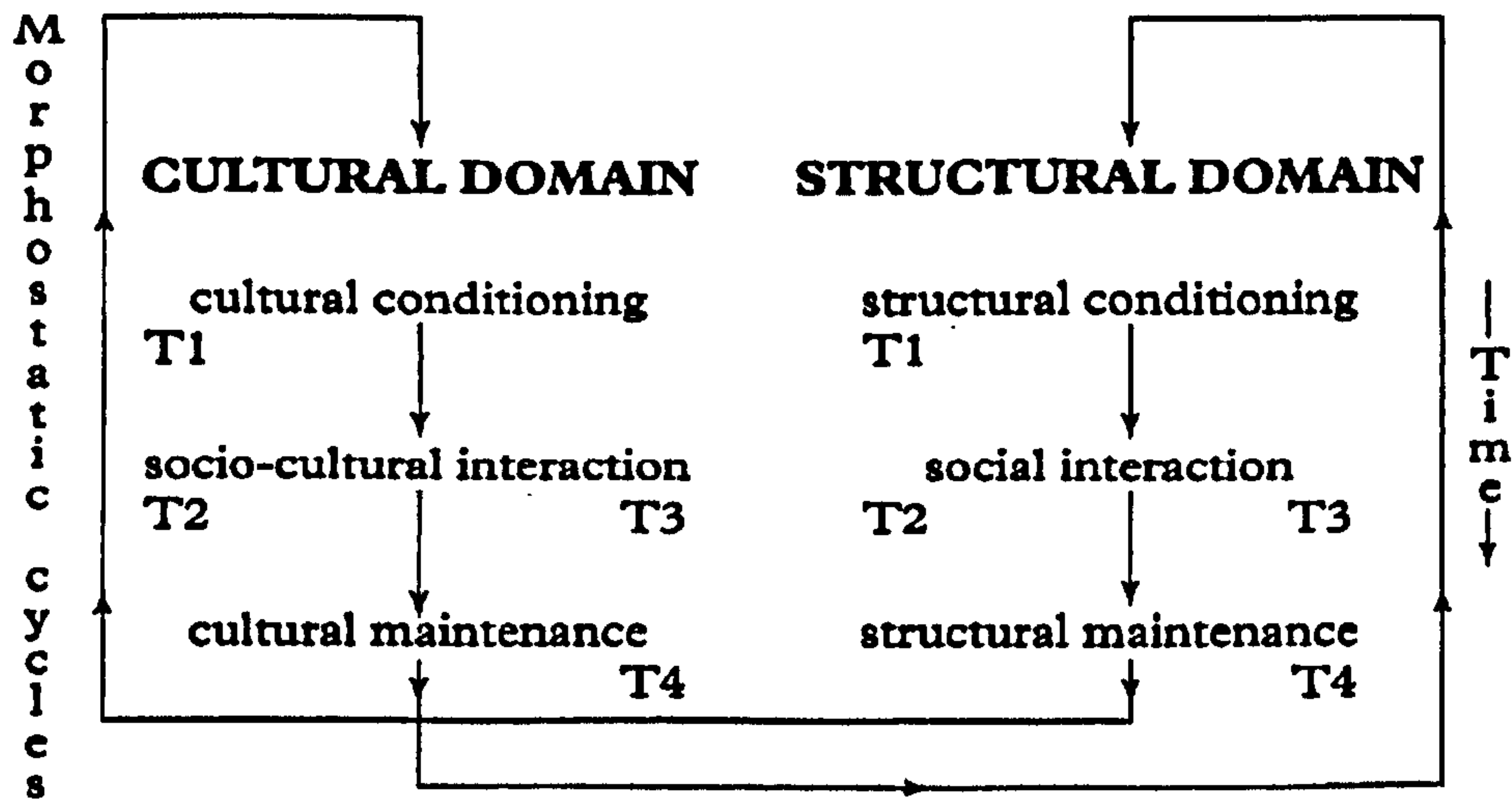
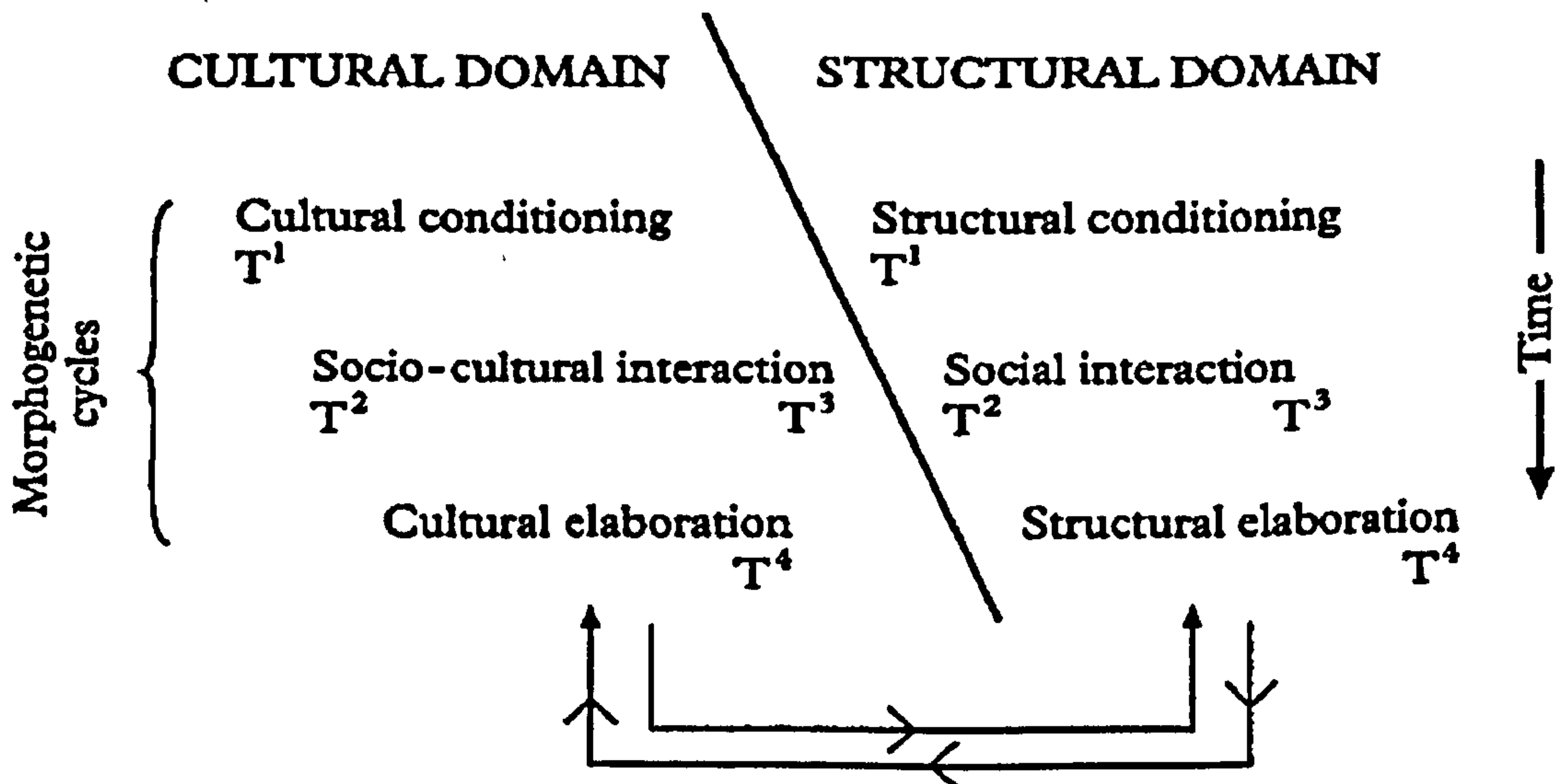


Diagram 3: Cultural and structural configurations generating morphogenesis in society and agency (RST, p.323 – reproduced)



As illustrative 'extreme instances' (RST, p.308), diagram 2 (above) depicts uniform structural (social) and cultural morphostasis, whilst diagram 3 indicates concurrent structural (social) and cultural morphogenesis. Each element may however experience stasis or genesis non-synchronously and it is thus perfectly feasible, according to MM theory, for morphogenesis to occur in one element of one cycle, or one part of a cycle, whilst stasis describes another element. Indeed, non-uniform or non-synchronous developmental histories are equally or more likely than those



depicted above. For example, structural morphogenesis and cultural morphostasis or structural morphostasis and cultural morphogenesis may pertain.

Conclusion to §1 Chapter 2:

Archer argues that the value of theory is synonymous with its explanatory power. In §2 of this thesis, realist social (morphogenetic) theory determines ‘the conceptual structures of explanation’ (Pawson, 1989, p.192). These conceptual structures frame, coordinate and give meaning to data and evidence regarding aspects of hospice practice. However, the object of this thesis is theory and, at the conclusion of §2, it is the usefulness of MM theory in social explanation that is primarily assessed.

- <sup>i</sup> Margaret Archer's influence and prestige extend far beyond her contribution to realist scholarship. Professor of Sociology at the University of Warwick. Archer was elected first woman President of the International Sociological Association (1986-1990). She Chaired the International Sociological Association's Publication's Committee (1982-1986). She edited *Current Sociology* (1973-1980) and is a member of the editorial board of the *Journal of Classical Sociology*. In 1994 she became a founder member of the Pontifical Academy of Social Sciences and the Academy of Learned Societies in the Social Sciences.
- <sup>ii</sup> Other of her works such as *Being Human: The Problem of Agency* (2000), *Structure, Agency and the Internal Conversation* (2003a) and *Making our Way through the World* (2007) are considered; however, these texts are not integral to the study.
- <sup>iii</sup> A claim repeated on p.167 of *RST*.
- <sup>iv</sup> For example, Archer states that her theory 'makes no leap from the real to the actual' (*RST*, p.175). In context these descriptors (real or actual) should be understood as part of Bhaskar's theory of domains and knowledge forms (see also *RST*, p.343). Other examples concern the impossibility of prediction in open systems (*RST*, p.159) and retrodution (*RST*, p.327).
- <sup>v</sup> In *CAA*, what Archer describes as the *myth of cultural integration* is explored through an essentially similar process.
- <sup>vi</sup> In its developed form, MM is perhaps more readily associated with *RST* than *CAA*. Morphogenesis and morphostasis are however, fully explained in *CAA* and the model applies equally to both texts.
- <sup>vii</sup> Archer uses the terms social structure and cultural system throughout *RST* and *CAA*. Moreover, she often distinguishes structure from culture. However, Archer also makes it clear in both *RST* and *CAA* (Chapter 5) that since: 'Culture is approached analytically in exactly the same way as structure . . . it is just as appropriate to speak of cultural as of social structures (*RST*, p.179). In this thesis, unless otherwise stated, the term structure refers to both cultural and social structures. No violence is done to Archer's work by this usage. Carter (2000, p.93) also references 'cultural and social structures.'
- <sup>viii</sup> As Downward and Mearman (2007, p.92) note, the 'notion of explanatory power is, of course, relative, and reflects the proportion of questions which are left unanswered in any particular enquiry.'
- <sup>ix</sup> Engholm (1999, p.27) contests this view and asserts Archer's models are merely 'heuristic devices'.
- <sup>x</sup> AD is integral to Bhaskar's work (Carter, 2000). It underpins Bhaskar's 6-point charter for TMSA (reproduced in *RST*, p.137) and Archer acknowledges that 'realism is *predicated* upon analytic dualism' (*RST*, p.151 – emphasis in original). However, in Archer's opinion Bhaskar also equivocates on AD (*RST*, p.141-149) and this leads her to emphasise Lockwood's (1964) 'seminal' (*RST*, p.67) and 'germinal' (*RST*, p.69) influence on MM theory.
- <sup>xi</sup> Differently worded versions of this two part propositional statement appear throughout *RST*, see, for example, p.76 and p.89-9.
- <sup>xii</sup> For example, Wiley (2006, p.36) commenting on the historic role of Charles Sanders Pierce in American sociology and semiotics, states that: 'The usual micro-macro view is that the macro is emergent from the micro.' It is this view that Archer challenges.
- <sup>xiii</sup> *CAA* differs slightly from *RST*; it performs a comparable function, yet focuses primarily upon the inter-relationship between culture and agency.

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- xiv In describing Bhaskar's TMSA and her own MM theory, Archer (*RST*, p.159 – emphasis in original) states that both 'approaches try to provide tool kits, and whilst tools presume that practitioners have to do considerable (substantive) *work* with them, they are also designed to be worked with and to be of practical use on the job.'
- xv The aphorism is Kant's.
- xvi In §1 Chapter 3 Bhaskar is accused of distortion by simplification and similar charges could perhaps be levelled at Archer.
- xvii Sawyer (2002) notes that philosophers and theorists identified by Archer with epiphenomenalism would defend their position against such charges.
- xviii Archer references Mandelbaum's essay 'Societal Facts'. This first appeared in 1955 in the *British Journal of Sociology*. However, Archer cites a later reprint in O'Neill's (1973) edited *Modes of Individualism and Collectivism*.
- xix Originally titled 'Explanations in History' and published in *Proceedings of the Aristotelian Society* (1956), the essay cited by Archer also appears as 'Holism versus Individualism in History and Sociology' in Gardiner's (1959) edited text *Theories of History* (p.488-503).
- xx Structuration theory continues to attract interest (e.g. Hardcastle *et al*, 2005; or Stones, 2005). Archer's critique of this form of theorising therefore remains pertinent.
- xxi Referring to Bhaskar's *Reclaiming Reality* (1989), Archer notes that: 'With minor alterations the TMSA and MM diagrams now readily combine' (*RST*, p.157).
- xxii Archer quotes Outhwaite (1990, p.366) approvingly to state that 'realist metatheory is . . . clearly compatible with a variety of theoretical and methodological approaches' (cited *RST*, p.136). This permits Archer to distance herself from the political Marxist residue in CR thinking.
- xxiii For example, although Stuart Hampshire is un-cited in *CAA* and *RST*, it might be argued that overlaps exist between Archer's use of AD and the manner in which Hampshire (1960) maintains distinctions between internal mental states and external influences and environments (in which such states may, but need not, be evidenced). Naturally, in drawing this potential parallel it is necessary to place caveats around the differences that separate their works. However, the links between both theorists are striking. It may also be noted that Bhaskar obliquely refers to Hampshire in relation to the axiological imperative (*PN*, p.87), i.e. the idea that: 'beliefs are necessitated by the condition that what I am to do can never be reduced to, or discovered by scrutiny of the antecedents of, what I will do.' Further, aspects of Hampshire's thought on causal reasoning appear, again with caveats, to resemble Bhaskarian ideas concerning nomic tendencies. Hampshire's *Thought and Action* was originally published in 1959. Alternatively, points of contact between Archer and Norbert Elias are worth considering (Byrne, 2004, quotes Elias favourably). Again, bar a single cursory reference on p.281 of *CAA*, Archer does not mention Elias. However, Elias's (1978) focus on social explanations that incorporate a temporal dimension, unintended consequences, the importance of differential dispositional power relations between individuals and groups in the framing and resolution of conflict and game modelling match, to some degree, Archer's theory of ideational relations and the situated logics they give rise to. Conjecture upon potential influence can easily spiral off towards the consideration of an infinitely expanding range of tangentially related possibilities. Yet speculation on the development of Archer's thinking serves two purposes. First, that Archer independently traversed the theoretical terrain that Bhaskar subsequently mines may explain or account for the form in which she exploits his ontological insights (e.g. see *RST*, p.69). And, in this respect, it is interesting to note that as early as 1972 (three years *before* the publication of *RTS*), Archer outlined relations between student groups, educational ideals, social structures and late 1960's political unrest using a form of logical modelling and argumentation that embodies or heralds significant elements of MM reasoning (Archer, 1972). Second, noting that theorists from varying perspectives were and are similarly engaged with 'CR' issues or questions is a corrective to overly extravagant realist presumptions. That non-CR theorists such as Rosenberg (2001) can reach similar conclusions from disparate beginnings is recognised in §1 Chapter 3.

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xxiv Archer (*RST*, p.98) asserts that, for Giddens, structure lives only as memory traces within individuals and this, she points out, places a heavy burden on memory.

xxv Archer recognises similarities between her nomenclature and that of Bhaskar when she states: 'Morphogenesis and morphostasis are very close indeed to the notions of transformation and reproduction, and all four terms only make sense as processes which come 'after' something which existed 'before' them' (*RST*, p.140).

xxvi Archer states that: 'In short, when we talk about structural properties and their effects from the morphogenetic perspective, we are endorsing the realist notion of emergence and its causal powers. Thus we accept that the results of past actions have effects in their own rights later on, as constraining or facilitating influences upon actors, which are not attributable or reducible to the practices of other agents' (*RST*, p.90). Structures therefore exert 'systematic causal effects on subsequent action' (*RST*, p.167).

xxvii Interests produce experiences of problems 'or benefits [which] condition different situational interpretations and dissimilar action patterns [so that] groups experiencing exigencies seek to eradicate them (thus pursuing structural change) and those experiencing rewards try to retain them (thus defending structural stability)' (*RST*, p.90). Implicit within this schema is the assumption that actors 'are not responsible for creating the distributions, roles and associated interests with which they live' (*RST*, p.152). From a non-realist perspective the question of whether individual interests can survive death is raised by Masterton *et al* (2007).

xxviii The connection between interests and reasons is made by Archer (*RST*, p.154) when she notes that structure influences human action by 'supplying reasons for different courses of action to those who are differentially positioned.' Reasons are *not* however synonymous with interests since actors may formulate reasons to ignore or act against their positional interests.

xxix If structure exerts its influence upon social interaction by predating, ordering or enabling the context in which agents act, structure might be described as a positive reality. Negative realities may also have influence however, by constraining or limiting agential options. Archer acknowledges the possible reality and significance of negative powers (in relation to changing literacy rates). Yet Collier (1999) most ably develops the concept in relation to moral reasoning (see also Engholm, 1999). Negative realities describe breaks or blocks upon agential thought or action that result from ideational or material *absences*. Thus, for example, historic failure to invest in certain forms of health or illness care inevitably mean that such forms of care are unavailable to patients in the present (though with varying degrees of ease, investment can generate future provision). Further, the absence of specific forms of care, conjoined with materially existing substitutes (and the rationalisations that accompany substitutes), may act to prevent agents recognising that alternatives to current provision (i.e. the absent form of care) could become a viable or attractive future option. The ontological status of negative realities is, as ever in CR thinking, given by their causal effects. From a non-CR perspective Howson (2000, p.129), recognises the problematic nature of the concept and states that philosophers have 'worried about the existence of negative facts'.

xxx Note however, first, Carter (2003, 2000) denies the ontological veracity of race as a sociological concept and, second, Archer fails to explore the potential conditioning impact of geography (though other social realist sympathisers do – e.g. Sayer, 2000).

xxxi Subtle differences distinguish claims regarding CS and S-C interaction in *RST* and *CAA*. See, for example, *RST* (p.169) and *CAA* (p.143).

xxxii Archer does not specify whether culture as *all intelligibilia* is synonymous with transient knowledge in Bhaskar's sense, though this is perhaps implied.

xxxiii §1 Chapter 3 discusses this further.

xxxiv Wiley (2006, p.42) likewise suggests that ideas, once promulgated 'sometimes go their own way, regardless of the intent of their originator.'

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xxxv An interest can be met without being overtly or consciously identified just as an interest can remain unidentified and unmet. However, whether identified and ignored or unidentified and unmet, material penalties generally follow such omissions.

xxxvi Structural conditioning exerts effect by 'shaping the situations in which later 'generations' of actors find themselves and by endowing various agents with different vested interests according to the positions they occupy in the structures they 'inherit' (in the class structure, in the social distribution of resources, or in the educational system for example)' (RST, p.90).

xxxvii Archer recognises that: 'Undoubtedly there are further strata, such as the linking level of individual psychology or personality, itself emergent from 'consciousness', which in turn emerges from 'mind', which is emergent from 'matter' etc.' (RST, p.254-255). These *further strata* are not explored in RST; however, Archer returns to examine aspects of these postulated relationships in *Making our Way through the World* (2007), *Structure, Agency and the Internal Conversation* (2003a) and *Being Human: The Problem of Agency* (2000).

xxxviii Carter (2000, p.111) recognises that primary agents are 'to adapt Marx, agents-in-themselves, the product of anterior and involuntaristic distributions; the poor, for example, or the unemployed may be regarded as primary agents.'

xxxix A distinction can also be made between 'social *relations* (as systematically reproduced, anterior distributions of material and cultural resources, including institutional roles and settings) and social *relationships* (the actual interactions between real individuals)' (Carter, 2000, p.26).

xl A slightly different version of this diagram appears on p.309 of RST.

## Section 1 – Chapter 3

If Bhaskar and Archer's writings are to fruitfully inform research practice, challenges to the credibility and use value of their work must be acknowledged. Detailed exegeses of Bhaskar and Archer's work are not here undertaken albeit that a critique and commentary upon their respective realisms is presented. As will be seen, similar questions can be asked of Bhaskar and Archer's work and problems identified in §1 Chapters 3 and 4, re-surface in §2.

### Critique and commentary upon the work of Roy Bhaskar

The following headings are used to structure a critique and commentary on the work of Roy Bhaskar: (i) terminological inexactitude, (ii) naturalism, (iii) retrodution and (iv) transcendental argument. Thereafter CR's (v) emancipatory potential (scientific and political) is explored, (vi) internal debates within CR theory are noted and Bhaskar's contribution to social theory is located within the broader philosophic landscape of (vii) non-critical realist and (viii) non-realist thought.

#### Terminological inexactitude:

CR argument is developed through a critique of that which it is 'against' (PN, p.6). This approach makes 'the distinctiveness of Bhaskar's own conception of scientific law . . . all the more evident' (Groff, 2004, p.41). However, in précising non-realist argument Bhaskar employs the descriptors empiricism and idealism loosely. In consequence, whilst generalisation is a legitimate rhetorical device that potentially aids understanding, RTS and PN may be charged with assaulting straw dolls and distorting through simplification the work of Hume, Kant, Berger and Winch.

Bhaskar burns straw dolls when he lambasts unbridled positivism or idealism. Few theorists today admit to being positivists without protecting the descriptor behind a phalanx of caveats and idealist thought in a *post*-postmodern age is becoming increasingly circumspect (even Derrida 'equivocated' on the assertion that nothing lies beyond the text, Archer *et al*, 2004, p.10). Bhaskar concedes that extreme empiricist or positivist and idealist positions have few adherents and he maintains that CR is the 'nocturnal' philosophy of scientists in their 'spontaneous practice' (RTS, p.255), i.e. he suggests that CR is evidenced notwithstanding formal Humean or Kantian theory.<sup>i</sup> Nonetheless, for Bhaskar, crude positivist, empirical and idealist concepts continue to find expression and these paradigms remain the default or embedded orthodoxies that realism disputes.<sup>ii</sup>

However, simplifying and polarising non-CR theory opens Bhaskar to charges of misrepresentation. Recognising this danger, Bhaskar attempts to outflank criticism by arguing that CR targets the underlying premises of the attacked perspectives and thus:

for convenience I shall use the term 'empiricism' in a generic way so as to cover the entire post-Humean tradition of empirical realism, and in particular both its positivistic and neo-Kantian wings. No harm will be done by this usage as I am here attacking an assumption, viz. that a constant conjunction is necessary for a law, common to both.

(RTS, p.65)

Justifying the convenience of simplification in this manner requires that Humean causality and law characterises, or is synonymous with, constant conjunctive empiricism – yet this assertion of identity is problematic. First, empiricism has a diverse heritage. Not all who rally to its standard are Humeans and Hume is capable of varying interpretation.<sup>iii</sup> As described, empiricists allegedly ground predictive statements upon observed constant conjunctions or quantifiable analogues such as

P values. However, Hume recognised, following Bacon, that despite witnessing innumerable conjunctions ‘induction by simple enumeration is not a valid form of argument’ (Russell, 1961, p.641).<sup>iv</sup> That is, just because the sun has always risen in the morning does not prove that it will today and thus, in contrast to many later empiricists, Hume did not sanction prediction in the form that Bhaskar suggests he does.<sup>v</sup> Heterogeneity in empiricist thought does not annul Bhaskar’s argument (just as diversity of opinion within the CR movement does not invalidate the ideas advanced). Nevertheless, by not conceding that Hume should be excused personal vilification concerning prediction and in failing to acknowledge that empiricist philosophers recognise and have met many of the criticisms that Bhaskar makes, CR is perhaps needlessly compromised.

Second, for Hume, matters of fact, as opposed to ideational relations, become known when contiguous and successive events impress themselves upon observers as associative cognitive experiences (*‘causes and effects are discoverable, not by reason, but by experience’*, Hume, 1955, p.42 – emphasis in original). Observation and expectation therefore identify conjunctions. Yet this allows for two interpretations of causality – cause as constant conjunction (that which legitimates belief) and cause as mental process (how experience forms or justifies belief) (Quinton, 1998; Stroud, 1981). To some extent this second aspect of causality is recognised in the concept of epistemic fallacy. However, Bhaskar’s focus is overwhelmingly on the first interpretation of causality and this is possibly a mistake since, as will be seen, it is this second aspect of causality, the justification of belief, that most troubles the work of Bhaskar and Archer.

Further, it has been suggested that Hume did not commit the epistemic fallacy. Bhaskar’s critique of Hume (and by implication that of Kant) is thus tested by those, such as Zeitlin (1997), who argue that Hume recognises the potentially



creative role played by mind in perception when, for example, he grants that mechanistic causality is merely a useful customary concept by which we understand the world. This reading, which emphasises the second aspect of causal reasoning (outlined above) leaves the relation between thought and the world open and, contra Bhaskar, in distinguishing between ways of thinking and the world, Hume *separates* experientially derived knowledge from reality. Bhaskar's conception of the epistemic fallacy is thus challenged insofar as it rests on the assumption that Hume *conflates* experience with knowledge and knowledge with reality. It will shortly be argued that Bhaskar's interpretation of Hume rests upon a flawed concept of naturalism (one that merges empiricism with materialism and positivism). But, to anticipate this argument, it may be noted that Stroud (1981) considers it a common mistake to equate Hume with naïve analytic empiricism and early positivism and thus, if Bhaskar is guilty of this error, he is not alone in making it.

To maintain the disputational high ground CR should perhaps attack empiricism but distance itself from assaulting individuals (however influential). With regard to the epistemic fallacy, Bhaskar, as stated, uses the term empiricism in a *generic way* to refer to a widely accepted system of thought that can be accused of conflating knowledge with existence and the main thrust of the CR critique *is* therefore correct, even if Hume might be personally exonerated. It should also be noted that Zeitlin's (1997) interpretation of Hume is not widely acknowledged and support for Bhaskar's reading comes from, amongst others, Groff (2004) and Butchvarov (2002).

In relation to Kant, Groff (2004) argues that Bhaskar misconstrues Kant on a number of key issues including empirical realism (as defined by Kant) which, she alleges, Bhaskar wrongly equates with subjective idealism. Bhaskar may also be mistaken in associating transcendental idealism with relativist idealism since Kant's

Categories of the Understanding (*Critique of Pure Reason*) allow that whilst causality is a necessary part of human cognitive reasoning it, causality, is not necessarily a required element of the external world.<sup>vi</sup> However, most damningly of all, Groff (2004, p.28) notes that Kant fully accepts the existence of an external world (albeit that this world can only be known via mind mediated experience) and she cites the *Prolegomena* (below) to illustrate the force with which Kant sought to distance himself from critics who might claim otherwise.<sup>vii</sup>

I say, that things as objects of our senses existing outside us are given, but we know nothing of what they may be in themselves, knowing only their appearances, i.e., the representations which they cause in us by affecting our senses. Consequently I grant by all means that there are bodies without us, that is, things which, though quite unknown to us as to what they are in themselves, we yet know by their influence on our sensibility . . . Can this be called idealism? It is the very contrary.

(Hatfield, 1997, p.36 – Kant [1783] *Prolegomena to Any Future Metaphysics*)<sup>viii</sup>

The charge against Bhaskar is that, as with Hume, he conflates an attack upon a generalised tradition, in this case idealism, with a philosopher whose contribution, whilst seminal within that tradition, is not coterminous with it in its developed form. And, given the complexity of Kant's writing and its ability to carry multiple interpretations, this type of criticism should perhaps have been anticipated albeit that, as per his use of transcendental argument, Bhaskar reflects a view of Kant that was influential when he wrote (1975 for *RTS*).

Turning to the critique of elisionism, Bhaskar cites Berger's work with Pullberg (1966)<sup>ix</sup> and Luckmann (1991 [1967], *The Social Construction of Reality* – henceforth *SCR*) as examples of what he describes as the dialectical or elisionary model of social explanation and this interpretation is supported by, amongst others, Layder (1994). However, several passages in *SCR* appear to contradict Bhaskar's reading. For example, it is suggested that phenomena that are not 'specifically

human' (*SCR*, p.69) may enjoy a substantively different ontological reality and a firm distinction is maintained throughout the text between 'objective and subjective reality' (*SCR*, p.183). Moreover, Berger's (1972 [1963]) earlier work *Invitation to Sociology: A Humanistic Perspective* (henceforth *ISHP*) can be interpreted as questioning the mutually implicative nature of structure and agency which, if Bhaskar is correct, it should maintain (unless of course Berger had, in a short space of time, radically altered his opinions). Thus *ISHP* (p.101) states that 'Our lives are not only dominated by the inanities of our contemporaries, but also by those of men who have been dead for generations.'<sup>x</sup> And 'every institutional structure must depend on deception and all existence in society carries with it an element of bad faith' (*ISHP*, p.107). Berger may therefore be prepared to countenance the reality of material and social structures that are external to (separate from) agential projections albeit that a strong elisionary thrust *is* evident within his work.<sup>xi</sup>

Bhaskar's interpretation of Winch is also open to challenge. Bhaskar targets *The Idea of a Social Science and its Relation to Philosophy* (Winch, 1958 – henceforth *ISS*)<sup>xii</sup> and, to a lesser extent, *Understanding a Primitive Society* (Winch, 1970b). Yet Horton (2000, p.23) suggests Winch is a victim of oversimplification since *ISS* never claimed 'that there is no distinction between what people believe to be the case and what is the case, that truth and falsehood are somehow just a matter of opinion, or that reality is merely what people believe it to be.' Authors such as Pettit (2000) who fault Winch's social theory for claiming that social relations represent the sum of extended internal relations support Bhaskar's general stance. However, although any number of constructionists, relativists and postmodernists are, from a CR perspective, guilty of committing the linguistic fallacy (see, for example, Swoyer, 2004), Harré (1998, p.50) differentiates social constructivism from relativism and postmodernism (thus indicating an unwarranted conflation of terms) and argues,

against Bhaskar, that constructivism need not licence radical relativism *and* that ‘radical relativism does not follow from the postmodern insight.’<sup>xiii</sup>

As can be seen, Bhaskar’s attack upon empiric and idealist excess is potentially undermined by inaccuracy and terminological carelessness. Brante (2001, p.170) suggests it is sometimes difficult to ascertain what Bhaskarian expressions ‘actually stand for’ and Groff (2004) notes irregularities in the use of concepts such as the epistemic fallacy which appear capable of carrying several meanings. These criticisms contribute to the suggestion that Bhaskar distorts by simplification the work of individuals (viz. Hume, Kant, Berger and Winch) who come to shoulder the burden of responsibility for errors committed by generalised traditions or research cultures. If so, this is a curious anomaly given the centrality within *PN* of arguments delineating agency from social structure since, in some respects, the error implies a collapse of these two distinct entities. That is, individuals come to caricature cultural structures (systems of ideas) that they contributed to but differ from.

In Bhaskar’s defence, simplifying opposing arguments and the use of bipolar contrasts or models is a frequently used and perfectly justifiable sophist technique. Collier (1999, p.15), a CR theorist, simplifies ‘historic viewpoints . . . for the sake of clear models’ and Berlin (1998 [1960], p.30) argues that the use of models or ‘deductive schema’ can be justified according to ‘usefulness’. (Indeed, Berlin, *ibid*, suggests that certain forms of investigation or explanation are foisted upon the humanities by their subject matter – see discussion on Naturalism below.) Thus, just as Bhaskar simplifies to explain, Russell (1961, p.783) distinguishes mathematically inspired philosophers such as ‘Plato, Aquinas, Spinoza and Kant’, the party of abstract reason, from empirical observers such as Democritus, Aristotle and Locke. And Scruton (1994, p.89) contrasts nominalists, who suppose ‘universals are brought into being by thought’, with realists, not necessarily critical, who posit

the independent existence of universals. In each case, simplification aids comprehension though this inevitably results in an unfortunate conflation of perspectives and loss of precision.

### Naturalism:

Applied to the social realm, Bhaskar's philosophy might be understood as a contribution to that debate which Bernstein (1979, p.118), with a nod to Wilfred Sellars, labelled 'The Scientific versus the Manifest Image of Man'. This descriptor alludes to the existence of, at the extremes, two bi-polar world-views (competing constellations of ideas) regarding the appropriate forms and objects of social investigation. (Bhaskar's analogous distinction is between Humean empiricism and Kantian idealism.) Competing perspectives on naturalism are important to these divergent world-views. Indeed, together with associated or allied concepts, argument surrounding the definition of the term grounds much sociological disagreement. Yet despite the fact that both *RTS* and *PN* tackle and engage with these issues, Bhaskar's philosophic orientation leads him to possibly underestimate the confusion that can occur when the nomenclature of one discipline is used in relation to another (where identical terms carry different meanings). And it is necessary here to recognise that, in works which advocate the emancipatory potential and necessary use value of philosophy, it might have been beneficial had Bhaskar taken greater care regarding the use of descriptors (e.g. naturalism) particularly when ideological or socio-political consequences are suggested (see Emancipatory potential).

When considering naturalism in CR theory, it should be noted that the first edition of *PN* suggested that despite its emergent status and ontological distinctiveness, social structure could not exist apart from the activity it made

possible, or the beliefs of the agents who maintain it (which may be erroneous or ill formed). However, a postscript to the third edition demonstrates the dynamic and evolving nature of CR theory. Therein, Bhaskar recognised that, contrary to earlier claims:

social structures *can* exist independently of the activities they govern . . . [when] the activities they govern may not be those which sustain (or undermine) them and/or . . . they are internally related to other structures which are reproduced (or transformed) in human practice.

(PN, p.174 – emphasis added)

This is a significant addendum; it bolsters the argument that society and agency are ontologically real but distinct entities and, in sustaining a strong form of AD, it plays a major part in supporting Archer's MM theory. Nevertheless, by highlighting the separateness of structures from the activities that they influence, this postscript also raises questions around Bhaskar's argument for qualified naturalism and, by implication, his definition of natural necessity and inter-strata forms of generative mechanism.

These questions are important. It is argued here that the CR conception of naturalism and natural necessity *might* cause researchers to advance descriptions of mechanisms that, within the social realm at least, lack precision. (This argument is further developed in the discussion on retroduction.) Moreover, as stated, caveats about explanatory specificity inevitably impact on Bhaskar's declaration that the practical value of CR, its ability to render accurate scientific descriptions of the physical and social world, makes it politically emancipatory.<sup>xiv</sup> This assertion requires that CR offers a better (more accurate) understanding of scientific process, possibilities and goals than those offered by alternative metaphysical theories. And these complex and interlinked claims warrant precision in nomenclature.

Despite a measure of overlap, naturalism resonates differently in philosophic and sociological circles and Bhaskar's use of the term might be considered problematic insofar as he transgresses these and other disciplinary (terminological) boundaries without, perhaps, sufficient clarity. Bhaskar is consistent in using the descriptor philosophically (ontologically) and naturalism does not, in *PN*, refer to ecological (epistemological or methodological) concerns regarding the location or position of researchers vis-à-vis their objects of study (i.e. it does not designate study within a natural *setting*, Punch, 2005). Nevertheless, philosophically, the term can refer to both physical and social naturalism and insofar as the descriptor carries specialised if approximate meanings in these as in other fields (Alston, 2008), further exposition of the concept is required.

Disagreement and confusion surround naturalism's association with methodological materialism, materialism and positivism in both realist and non-realist writing. Historically, naturalism in physical science is a form of metaphysical realism that evolved alongside (became coupled with) successful epistemologies such as scepticism, rationalism and empiricism (Schafersman, 2008a, 2008b – alternatively, see de Groot, 2004). Grounded upon methodological materialism, naturalism in this general sense defines nature and the factors germane to natural explanation through an exclusive focus upon natural material and non-material forms. And, although the concepts are often elided, naturalism can be distinguished from (Hobbesian) materialism or physicalism (its modern embodiment) as well as from positivism (Schafersman, 2008a, 2008b; Butchvarov, 2002).

Materialism describes a set of philosophies that deny the validity of arguments that cite the existence of non-material forms, whilst positivism (muscular empiricism) holds that knowledge only derives from the description of sensory phenomena. Materialists and positivists therefore refute the existence of non-

material and non-observable entities. And this, it should be noted, represents a stronger claim than that made by methodological materialists, who merely suppose that science is best served by discounting or ignoring dualist non-materialism and arguments reliant on purpose, vitalism,<sup>xv</sup> perseeity,<sup>xvi</sup> design, final cause or supernatural occurrence (Stephan, 1999).<sup>xvii</sup>

Naturalism based upon methodological materialism is not, therefore, necessarily synonymous with materialism or positivism. It can be agnostic rather than atheistic regarding the hypothetical existence of immaterial or non-observable entities (Schafersman, 2008a, 2008b). And this less restricted conception of nature allows non-reductive but ontologically monist naturalists to include within their discourses *both* material or physical (matter and energy located in space and time), as well as natural non-material forms (ideas, values and the logical relations existing between those ideas and values) (Schafersman, *ibid*; Le Boutilier, 2001). Nevertheless, within this broad conception, argument continues (e.g. the qualia debate) as to whether non-material natural forms are necessarily continuous with physically material natural forms (e.g. must qualitative mental or cognitive functions in the end be describable as neurological, electrical or chemical brain processes) or, alternatively, can non-material forms exist as independent emergent entities (e.g. is consciousness ultimately irreducible to physical occurrence) (Rose, 2006; O'Connor and Jacobs, 2003; Stephan, 1999).

In his early works at least, Bhaskar is methodologically materialist regarding non-material supernatural forms.<sup>xviii</sup> However, *contra* methodological materialism, he does countenance final causation insofar as agents can determine, within limits and through reason, their own final causes, i.e. reasons can be causes.<sup>xix</sup> This caveat aside, PN's qualified naturalism appears to sit within the second broader (non-positivist, non-materialist) conception of naturalism outlined above. Yet, whilst



Bhaskar describes a form of non-reductive naturalism – one that accepts the existence of non-material social forms – it is also possible to argue that *PN* makes significant ontological distinctions between inter-strata natural necessity and the forms of generative mechanism operating between strata. Bhaskar therefore argues for a form of *dualism* (Sawyer, 2002) – specifically, following Rose (2006, p.20), ‘emergent property dualism’ – and CR thereby distinguishes itself from *monist* naturalism.<sup>xx</sup> Further, in describing Humean empiricism, Bhaskar appears to elide naturalism with materialism and positivism even though his own qualified naturalism rejects materialism and positivism thereby indicating that he is aware that this conflation need not take place.

From a CR perspective, physical and social science differ in their objects of knowledge and this difference circumscribes the naturalism that Bhaskar espouses. Thus, in contrast to physical mechanisms that continue to exist and operate irrespective of humankind, social structures only operate in some (possibly tangential) relation to the actions, practices and beliefs of agents. And this indicates that the physical and social realms are ontologically distinct.<sup>xxi</sup> CR postulates that the ontological existence of the objects of physical science do not require or rely upon humans (physical, chemical and non-human biological emergent strata can and have existed independently of humanity), whereas social forms require the existence of people (no people, no society). It might be objected that chemical strata require the existence of a physical strata just as, analogously, society requires people. Yet whilst higher level strata emerge from lower level strata they do not, in the physical, chemical and non-human biological strata, act back upon each other in the way that social strata (society) interacts with people (agents). Thus, chemical strata emerge from physical strata but chemical strata can only reorder physical entities, they cannot change the nature of that entity (its natural kind) in the way that social

structure acts upon and is in turn affected (changed) by agency, which is itself transformed.

Differences between the nature of emergence and mechanism identification in the social and physical realms may have implications for social researchers. It is noticeable, for example, that explanatory examples of emergence or mechanism identification frequently refer to experimental methods within certain physical as opposed to social sciences and this may mischievously encourage false hope regarding expositional clarity in the social realm.<sup>xxii</sup>

It might of course be argued that society's 'natural kind' does not change merely because its form changes. Support for this objection comes from Bhaskar when he states that: 'The Newtonian revolution in sociology consists in coming to see that it is not necessary to explain society as such; but only the various structures responsible for different societies and their changes' (RTS, p.196). Here the fact that social structures change does not alter their fundamental constitution, i.e. the fact that they are structured. Nevertheless, if universals, mechanisms and strata are to have a real and independent existence there must be limits to mutability if charges of nominalism are to be avoided. Further, whilst physical strata chronologically precede biological strata, it is difficult to conceive of people and society in the same temporal relationship. This is not to say that society is simply the sum of agential activity (structures are not coterminous with the doings of current agents) or that *all* human experience is socially mediated (both represent conflationary positions). It merely notes a lesser claim, that people are *in part* formed by social interaction (acting through structures that pre-exist and establish motivating interests), that social structures are reproduced or transformed by the actions of contemporary (volitionally capable) agents and that this reflexive temporal interplay does not resemble that supposed by the physical-chemical-biological chain.

These distinctions describe differences in the nature of natural necessity and natural kinds between physical and social mechanisms or strata.<sup>xxiii</sup> Whether in open or regionally closed systems, physical and social mechanisms possess substantively different powers and tendencies *because* their relative degrees of 'freedom' or mutability differ. Thus, whilst water *must* boil given certain circumstances (see, for example, *RTS* pages 202-206), social structures have no such determinacy and the clarity or explicitness of their explanation reflects this fact. (Even when being reproduced they merely *tend* to regularity.) Bhaskar is right to redefine causal laws as tendencies since open system indeterminacy forecloses on the possibility of inevitable or deterministic event conjunctions irrespective of strata. However, to reiterate, the relative independence or separation of different strata differentially affect their ontological form and causal potential (natural kinds or generative mechanism) and, it is argued here, expositional clarity.

Thus, physical mechanisms may or may not be actualised depending upon the interplay of other mechanisms, but their nature is not altered by the action of mechanisms from physical or other strata. Social structural mechanisms differ from physical mechanisms however. Social structural mechanisms are intimately associated with human activity and the emergent power(s) vested in people allow agents to ignore or misidentify the interests (structural mechanisms) that orientate them towards certain dispositions and behaviours. At best, people are only ever *likely* to act in certain ways and structural mechanisms are only ever *likely* to take certain forms (create certain interests). Therefore, although social structures and agency are analytically discrete, their mutually though temporally distinct interactive forms constrain or place limits on the mutable generative mechanism(s) that they possess or realise within the realms of the real and actual, a situation that acts against descriptive clarity and mechanism specificity.<sup>xxiv</sup>

Unpicking the concept of naturalism in relation to CR theory clarifies Bhaskar's argument for qualified naturalism; it illuminates his critique of Humean empiricism, which (contra qualified naturalism) conflates naturalism with positivism and materialism and, in addition, exploring qualified naturalism's dualist form (pointing out possible differences in the ontological status of inter-strata mechanisms), informs any discussion regarding retroductive reasoning and CR claims regarding its emancipatory potential.

### Retroduction:

Lipton (1999, p.166), a non-critical realist, poignantly asks 'Why should we suppose that the account that would be most explanatory if it were correct is therefore most likely to be correct?'<sup>xxv</sup> This rhetorical question problematises CR's conception of scientific progress which is heavily reliant on criterial resolutions such as retroductive argument. Further, retroductive descriptive reasoning easily becomes tautologous since, even when apt, causal explanations (admittedly now redefined) may in open social systems, devoid of the possibility of empiric qualification, come to rest upon ad hoc or 'contingent generalization' (Rosenberg, 2001, p.736). In view of this recognised danger, Berlin describes the method (1998 [1960], p.25) as 'none too reliable' and Harré (1986) promotes caution in theory development so that speculation does not outpace plausibility.<sup>xxvi</sup> Bhaskar might have been aware of these problems since Hempel (1965), with whom he takes issue, addressed similar issues (concerning law-like explanation in historical studies).

Rather than meeting these challenges Bhaskar states that open system explanation involves '(i) causal analysis (or resolution) of the event; (ii) theoretical redescription of the component causes; (iii) retrodiction via normic statements to possible causes of the components; [and] (iv) elimination of alternative causes'

(RTS, p.125). This four stage process (termed the RRRE model) can be criticised for permitting the impression to be given that, in the first instance (resolution), it is possible to atomistically or objectively identify mechanisms or contexts prior to or apart from theoretical re-description (Engholm, 1999). Bhaskar would presumably repudiate this interpretation of his work since statements such as: ‘we cannot imagine the production of knowledge save from, and by means of, knowledge-like antecedents’ (RTS, p.22) suppose that atheoretical analysis is untenable. Yet this issue haunts the work of Archer who advances a social theory that redrafts and develops the RRRE model but which, it will be claimed, fails to clarify how intransitive social mechanisms can be confidently identified.

To demonstrate the problematic nature of retrodution, a problem exacerbated by the normic form of explanation that qualified naturalism constitutes, specific instances of realist writing are examined. It will be noted that respected realist theoreticians and researchers encounter significant difficulties in achieving expositional clarity. Here contributions to the text *Making Realism Work* (henceforth *MRW*, Carter and New, 2004) by Ray Pawson and David Byrne are discussed.

- CR in use

CR’s attractiveness rests in no small part upon the claim that it is, in principle at least, possible to look past mere occurrence and retroduce the interplay of mechanisms generating actual event sequences. Yet retrodution, like other forms of *post factum* explanation, is, as Bernstein (1979, p.10) notes, open to the accusation that the ‘interpretations and explanations [it produces] are frequently so flexible, vague, or open that they can “account” for almost any data.’ Within *MRW* differences as well as similarities are evident in the way contributors set about retrodution and, although the overall thrust of their analysis is compelling, it can be

suggested that the postulate mechanisms advanced might benefit from greater clarity if they are to repel sustained assault along Bernsteinian lines.

For example, Ray Pawson (2004, p.26 – Chapter 1, *MRW*) investigates ‘the methodology of evidence-based policy.’<sup>xxvii</sup> His argument is in two sections. Section one offers a critique of orthodox systematic reviews and section two uses examples from a variety of public disclosure policy initiatives to outline a form of realist synthesis. Pawson locates mechanisms at the intersection between structural resource availability and agential response when, in exploring the operation of health related policy initiatives, he asserts that ‘it is not programmes that work but the resources they offer to enable their subjects to make them work. This process of what subjects do with the intervention stratagem is known as the programme ‘mechanism’ (ibid, p.31). More specifically he argues that, with reference to the effectiveness (or otherwise) of public disclosure policies aimed at affecting behavioural change, ‘it is the success or failure of the exchange of ideas that is the key mechanism . . . [and that] The mechanism under test . . . is thus the integrity of the official framing of the problem and whether it holds in the passage to the public’ (ibid, p.40). Structural resources in this instance might be interpreted as officially framed cultural propositions and agential responses to such claims, the test of their integrity, therefore determine whether they ‘hold’. Finally, Pawson asserts that the predominant mechanisms involved in the effectiveness of disclosure policy aimed at increasing motor vehicle security (just one of the programmes discussed) are ‘double-headed, with shaming sanctions giving way to consumer forces’ (ibid, p.43).

In suggesting that sanctions ‘give way’ to forces, Pawson recognises a difference between initiating (morphogenetic) and maintaining (morphostatic) mechanisms vis-à-vis programme effectiveness. This is an important distinction which, as Elder-Vass (2005a) notes in regard to emergence, does not always receive

the attention it deserves. Nevertheless, as putative mechanisms it might be suggested that ‘shaming sanctions’ and ‘consumer forces’ lack clarity. In *PN* Bhaskar states that ‘in general, more than one explanation will be consistent with the phenomenon concerned’ and theorists are thereby enjoined to support arguments for hypothetical mechanisms with empirical data. Pawson amply underwrites the mechanisms that he identifies with evidence. Yet *RTS* also claims that mechanisms must ‘endure even when not acting . . . [and] constitute the actual states and happenings of the world’. And, since Pawson does not make the case, it is perhaps less clear how, or in what form, ‘shaming sanctions’ and ‘consumer forces’ endure when not acting. Thus, although Pawson presents a persuasive and well supported narrative, it may nonetheless be felt that identified mechanisms (or rather their descriptors) lack specificity. And, problematically, if generative mechanisms are necessary but erratically actualised causal influences, it might be asked (borrowing from Kaidesoja, 2005, p.55) whether: ‘It is a necessary condition of the possibility of X [the reality of the effectiveness of shaming sanctions in this instance] that the world is  $P_1, . . . , P_n$ ’ [informed by the proposed mechanisms] and not otherwise? For, arguably, despite the data used to buttress his argument, Pawson’s terms could feasibly describe or encompass a number of separate influences, or even discrete mechanisms – and it is unclear whether the identified mechanisms are *explanandum* or *explanans*.<sup>xxviii</sup>

Regardless of Pawson’s emphasis on agential responses to structural (policy) initiatives, it is probably fair to say that his orientating or primary interest in middle-range theory pitches attention at the corporate or group level and he is not particularly concerned with individual variation (Carter and New, 2004). By contrast, in Chapter 2 of *MRW*, David Byrne (2004), who likewise investigates the influence of mechanisms operating at the intersection of structure and agency, specifically

addresses the problem of how 'we can relate causal mechanisms at levels beyond the individual to expressed effects in the individual case and consider how change at those levels might effect the individual case' (ibid, p.51).

Byrne is interested in complex and contingent causation and the implications of complex realism for quantitative modelling. He explores the interplay of mechanisms across or between strata by examining the relationship between poor housing and ill-health. And this concentration on the linkage between housing (environment) and health (at both a population and individual level) enables Byrne to propose a theory of historically situated and nested mechanisms wherein 'individual changes (selective resistance), aggregate changes (better fed individuals in the mass), and transformations of environment deriving from collective social interventions' (ibid, p.57) interact over time to inform accounts that allow for individual wellbeing amidst general ill-health without privileging explanations focused on either agency or structure.

To develop his argument, Byrne (ibid, p.59) introduces Brown and Harris's (1978) work on 'housing conditions as an important background factor in the multi-causal complex aetiology of clinical depression.' Byrne claims that Brown and Harris's description of the aetiology of depression is 'exactly realist' (ibid, p.59) and he suggests that the generative mechanisms in play in Brown and Harris's work are 'a combination of background misery and life coherence threatening event' (ibid, p.59). Byrne uses his own (Byrne *et al*, 1985) and Brown and Harris's (1978) work to support the intuitively sensible assertion that 'movement from a threatening, unstable and stigmatised locale to one which is safe, stable and better regarded is effective in reducing general depression at the individual level' (Byrne, *MRW*, p.59). Yet the adequacy or specificity of mechanism descriptions such as 'background misery' and 'life coherence threatening event(s)' as well as the usefulness of the



retroductive process from which such descriptors emanate is debatable. What, for example, is the ontological status of ‘background misery’? Does it endure when not acting? Is it an absolute or relative thing?

That realist theoreticians and researchers find it difficult to articulate and pin down mechanisms reflects, perhaps, not only the difficulty of the task, but also the reluctance of Bhaskar to engage adequately with the difficulties inherent in retroductive argument as well as the nomic descriptors allowed by qualified naturalism. Kindred problems resurface in the work of Archer.

- Retroduction and language

In part, retroductive analytic imprecision involves or mirrors Bhaskar’s disinterest in language use. Thus Sayer (2000, p.37) notes that, despite the signal importance of ‘analogies, metaphors and metonymies’ in CR explanation, the problematic use of these and other linguistic forms in scientific argument (such as the relation between metaphor, analysis and narrative) is underdeveloped by Bhaskar (see also López, 2003). An interest in language is expressed by CR theorists such as Carter (2000) or, more provocatively, Collier (1994) who, in a radical departure to realist orthodoxy, has ‘pronounced favourably on Chomsky’s linguistics’ (Potter, 2003, p.162).<sup>xxix</sup> And, from a non-CR perspective, Tudor (1982, p.82), without referring explicitly to Bhaskar (though he is familiar with his work) explores the intimate relationship between models and metaphor and suggests that models are a ‘sort of simulacrum . . . simplified, selected, often fictional (at least initially) and sometimes borrowed from other domains’. Tudor (ibid) then introduces the work of Harré (1961) to propose, *à la* retroductive argument, that successful rigorous assessment allows the claims contained within models to be assigned ontological status (thus shifting the focus of explanation from transitive model to intransitive mechanism). Retroductive analysis

*can* therefore recognise the role of simile and metaphor in explanation albeit that Bhaskar might beneficially have expanded upon the manner in which this occurs.

#### Transcendental argument:

Groff (2004) faults Bhaskar for failing to provide in either his early or later work a sufficiently robust definition regarding truth claims or validity criteria.<sup>xxx</sup> It may be that this deficiency derives from or is linked to Bhaskar's reticence to engage with Hume's second facet of causality, the process of justifying belief, as well as issues around the use of the term naturalism and problems in operationalising retrodution. However, it is also a failure that conceivably relates to the underdeveloped concept of transcendental argument (TA) in *RTS* and *PN*.

TA was Kant's response to Humean scepticism (Kaidesoja, 2005). It is thus anti-sceptical (Strawson, 1985) and, in theory at least, TA is 'supposed to demonstrate the impossibility or illegitimacy of . . . [the] sceptical challenge by providing that certain concepts are necessary for thought or experience' (Stroud, 2000, p.10). Adopting a transcendental perspective allows Bhaskar to circumvent what he defines as Hume's epistemic fallacy *and* introduce retroductive reasoning (Kaidesoja, 2006, 2005). However, Howson (2000) and Stroud (2000, p.1) both argue that 'the true nature of the sceptical threat is still not properly understood' and, in failing to present a robust conceptualisation of TA, Bhaskar can perhaps be criticised for underestimating the danger that scepticism poses to CR theory (a failure that, possibly, ultimately grounds Groff's critique).

Premised on the 'fact' that knowledge of the world exists, TA reasons from what *is* known to the epistemic conditions of such knowledge (i.e. what must be the case for this knowledge to be possible). Stern (2000, p.1) notes that it is 'hard to give a brief and satisfactory definition of a transcendental argument'. However,

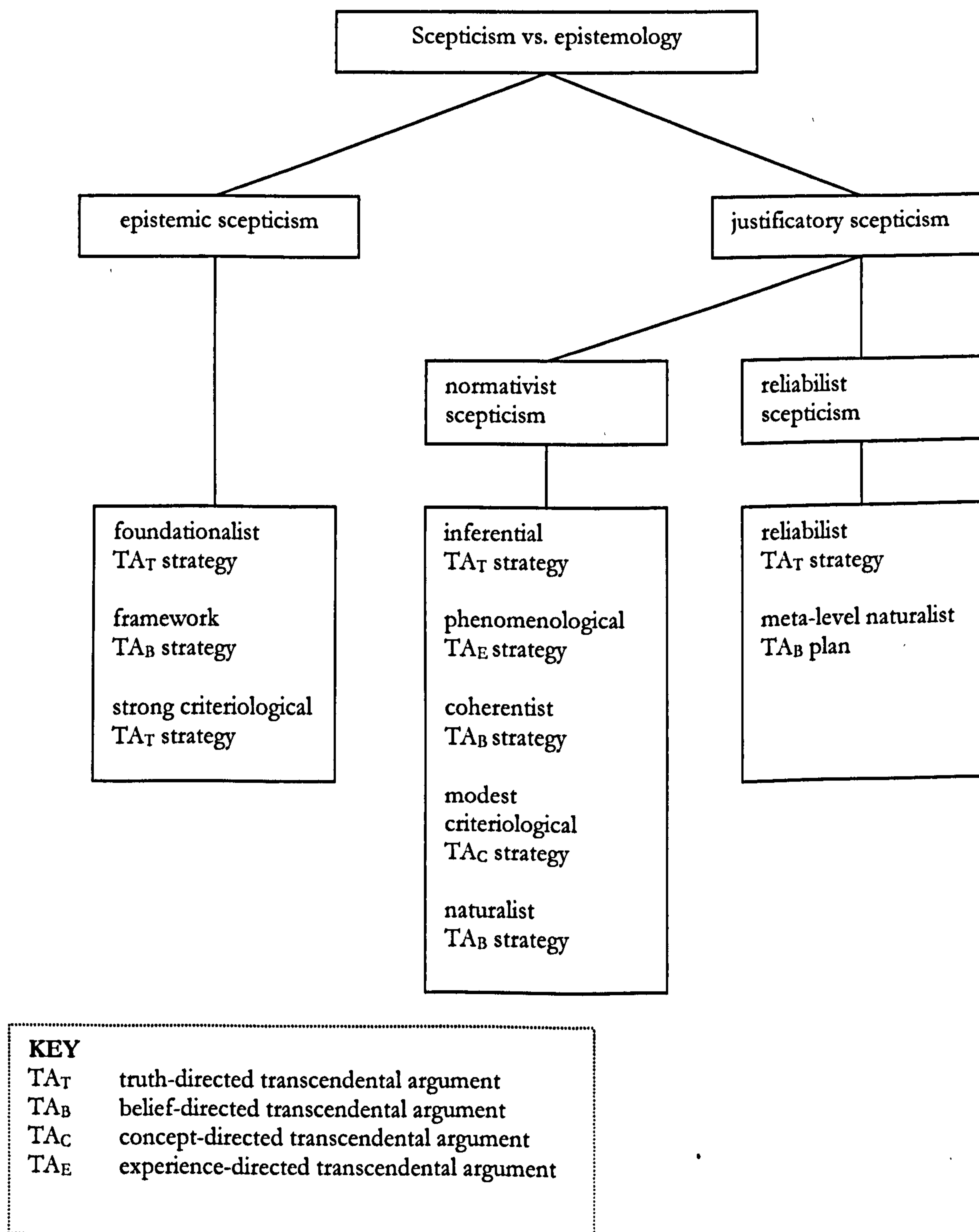
Pihlström (2004, p.291-2) describes TA (in a classical sense) thus: '(1) If A (is possible), then C. (2) A (is possible). (3) *Ergo*, C.'<sup>xxxix</sup> And Outhwaite (1987, p.18) more simply (simplistically) states: 'Given that we have scientific theories, and that on the whole they seem to work remarkably well as an explanation of the world, what must the world be like in order for science to be possible?'<sup>xxxii</sup>

Stern (2000), who points to the importance of TA in the work of theorists such as Hilary Putnam, Donald Davidson, and John Searle, suggests that TA was reinvigorated during the 1960s and 1970s through the writings of Peter Frederick Strawson (*RTS* was first published in 1975).<sup>xxxiii</sup> However, Stern (2000) argues that Stroud's (1968) influential essay *Transcendental Arguments* (and presumably other of his publications, see Stroud, 2000) thereafter undermined overconfidence in the anti-sceptical potential of TA.<sup>xxxiv</sup> Stern's (2000, p.44) own contribution to the development of TA as an anti-sceptical force has been to 'finesse' or deflect the force of Stroud's critique. And in so doing, Stern (*ibid*) illustrates the paucity of Bhaskar's conception of TA.

Stern (*ibid*) makes a distinction between truth, belief, experience and conceptually directed forms of TA. These four TA forms are then contrasted against various types of epistemic and justificatory scepticism, each of which has its own subdivisions and classifications. The permutations explored by Stern (*ibid*) are described in figure 4 below. It is not necessary here to expand upon the differential conceptual relations that exist between the various forms of scepticism and TA. The purpose of presenting this schematic is not to provide a detailed description of current thinking vis-à-vis TA. The schema here is purely illustrative. Figure 4 simply indicates that Bhaskar's definition of TA is relatively impoverished since it is not possible to identify which forms of scepticism Bhaskar hopes to outflank through

the use of TA and it is unclear what forms of TA he is deploying (i.e. truth, belief, concept or experience directed forms).

Figure 4: Relations between forms of TA and forms of sceptical challenge (Stern, 2000, p.124 – adapted)



Bhaskar is aware that his use of TA is exposed and it is not therefore surprising that criticism of such usage comes from within the CR literature.<sup>xxxv</sup> Kaidesoja (2005,

p.28) for example, states that 'Bhaskar uses the Kantian concept of transcendental necessity in his transcendental arguments which inevitably connects them to certain Kantian doctrines that are inconsistent with his transcendental realist ontology . . . [and thus] Bhaskar's transcendental arguments fail to justify his transcendental realist ontology.'

#### Scientific emancipation:

Every scientific theory contains an implicit or explicit ontology because every science proposes some relationship between knowledge and existence (scientific endeavour and the world *or* the knower and what is potentially knowable). Indeed:

Any form of theoretical reflection . . . necessarily relies upon a number of explicit or tacit philosophical presuppositions regarding, for instance, what is a successful explanation or the nature of causality.

(Baert, 1998, p.173)

This much is non-controversial. However, CR also argues that 'science is essentially developing; so that the hypothetical mechanisms of yesterday may become today's candidates for reality and tomorrow's phenomena' (*RTS*, p.159) and this claim is more problematic.

Philosophers of science recognise the divergent and occasionally 'incommensurable' (*RTS*, p.191) nature of scientific theories through time. Empiricists (henceforth identified with material positivists) are, Bhaskar alleges, exercised by this incommensurability. As noted, they want to claim that observations record or describe genuine events. However, having under-theorised the status and role of theory in explaining and constructing observations, they cannot articulate how understandings of observations change whilst reality is stable. From a CR perspective, this problem arises because empiricism fails to distinguish

intransitive reality from transitive knowledge. Empiricists thus find it difficult to explain science's incremental development, when today's seemingly correct understandings (knowledge) have developed (by revolution or evolution) from yesterday's erroneous ones; i.e. how can empiricists be confident that today's understandings are correct when yesterday's knowledge and the observations (upon which current knowledge is founded) are palpably incorrect by modern standards?

Idealists (or anti-naturalists insofar as they reject naturalist material-positivism), on the other hand, accept that knowledge is humanly generated (transitive) without concerning themselves overly with its intransitive referents. Bhaskar argues that they are relatively untroubled by scientific explanatory discontinuities which merely indicate the substitution of language games. CR criticism of idealism and the judgemental relativism that it allegedly gives rise to focuses upon idealism's inability to explain why language games succeed each other, or how successful games win. Indeed, from the strong idealist position, it may even appear superfluous to ask "why" or "how" questions regarding language games or *regimes of truth* (to borrow an expression associated with Foucault, 1980) since answers would inevitably resort to or rely upon external referents, the very thing denied by this perspective.

The possibility of scientific (and moral<sup>xxxvi</sup>) progress for Bhaskar revolves around the distinction between transitive (changeable) knowledge and intransitive reality. Intransitive physical mechanisms do not alter in response to changes in transitive understanding. However, human (social and psychological) reality can and does evolve in response to developments in transitive awareness and this is the *key* factor or argument supporting CR's emancipatory potential. CR claims that reality can in theory be described (judgemental rationality) and that scientific progress can be made (i.e. today's models or theories offer deeper and more expansive

explanations of reality than previous accounts). Both claims are made despite, or *because* of, the fact that acknowledging the contingent nature of transitive human understanding means ‘scientific beliefs can no longer be distinguished by their content’ (RTS, p.189).

To explain how particular theories come to be accepted as and *are* superior to others, Bhaskar notes that redefining the role of experimental experience in law formulation (dismissing Hume’s epistemic fallacy) allows a plausible understanding of the relationship between transitive knowledge and stratified reality to be articulated. And the ‘geological metaphor’ (Archer, 2004b, p.92) of stratification permits Bhaskar to argue that scientific progress takes place (in the physical realm) when new and lower level mechanisms are discovered (relative to current knowledge of existing strata), or when the hypothesized new lower level mechanisms lead to ‘a revision, correction or modification’ (RTS, p.189) in our understandings of currently identified strata. The acid test of such knowledge (the truthfulness of discovery) is its usefulness in producing fresh and more comprehensive explanatory theories (a theory being a ‘model with existential commitment’, RTS, p.192). Thus:

theory  $T_a$  is preferable to theory  $T_b$  . . . if theory  $T_a$  can explain under its descriptions almost all the phenomena  $p_1 . . . p_n$  that  $T_b$  can explain under its descriptions  $Bp_1 . . . Bp_n$  plus some significant phenomena that  $T_b$  cannot explain. We can speak in this way . . . without falling back on the idea of certain foundations of knowledge or theory-free experience.

(RTS, p.248)

Putting to one side Groff’s (2004) critique of the competence of this argument, Bhaskar’s appraisal of theoretic adequacy allows the claim that physical ‘scientists are correct in regarding experience as in the last instance the test of theory’ (RTS, p.58) without supposing that ‘its objects are ontologically ultimate’ (RTS, p.38).

CR's epistemological relativism and rejection of correspondence theory might here be restated. A statement 'is true if and only if the state of affairs that it expresses (describes) is real. But propositions cannot be compared with states of affairs . . . There is no way in which we can look at the world and then at a sentence and ask whether they fit. There is just the expression (of the world) in speech (or thought)' (RTS, p.249). Scientific progress is therefore authentic, but qualified, i.e. there are 'no absolutely privileged statements' (RTS, p.189) and progress 'can only be shown to have occurred from some substantive theoretical standpoint . . . [since] There is no Archimedean point outside theoretical time' (RTS, p.189).

CR claims that judgemental rationality and epistemological relativity are as applicable to the human as they are to the physical sciences. Yet, as stated, because the human sciences rarely enjoy the possibility of even regional closure, appeals to experience as theory's final arbiter are problematic. As per the physical sciences, the power or *use value* of explanatory theory is the ultimate standard against which progress is measured and advancement occurs when investigators describe in an intelligible and coherent manner the generative mechanisms (known or unknown to agents) that influence phenomena. This being the case it must be acknowledged that CR's promise (re progress and emancipatory potential) largely awaits fulfilment (Potter, 2006 and 2003; López, 2003; Blaikie, 2000; Carter 2000).

#### Political emancipation:

Bhaskar not only emphasises the place of ontology in scientific theory, he also connects ontic with ideological and socio-political concerns. Bhaskar claims that empiricism's epistemic fallacy generates a politically regressive or 'conservative ideology, in which the current experiences of a science are rationalised in being thought of as natural, given or implied by the very nature of things themselves'



(RTS, p.243). This occurs because empiricists view the 'ultimate objects of knowledge . . . [as merely] atomistic events' (RTS, p.24) (Williams, 2006, p.88, describes empiricist knowledge as 'encapsulated') and empiricism produces scientists (social or otherwise) who are the passive recipients 'of given facts and recorders of their given conjunctions' (RTS, p.16).<sup>xxxvii</sup> Further, Bhaskar asserts that empiricism's rise to hegemony occurred during a period (between the mid-eighteenth to early twentieth century) when, borrowing Kuhnian (1970) terminology, consolidatory or 'normal science' was ascendant (RTS, p.41).<sup>xxxviii</sup> And this success, he claims, proved problematic when Enlightenment principles solidified into positivist dogma.<sup>xxxix</sup>

As noted, Bhaskar's definition of naturalism conflates empiricism with materialism and positivism (though his own theory of qualified naturalism rejects this association). And a similar conflation may have contributed to the rejection, in sociology, of sociological naturalism (the idea that the society can and should be studied in the same way as the natural world) when perhaps the real targets were materialism and positivism.

Sociological naturalists such as Lester Ward (Chriss, 2006) and Robert E Park (Deegan, 2006) attempted to access the certitude and kudos attaching to physical science *by* ascribing the form that social scientific argument can take (Ryan, 1981; Bernstein, 1979). However, for Baert (1998), whilst the early physical naturalists provided a radical and inspiring alternative to the tenets of their time,<sup>xl</sup> ascendant empiricism proved counterproductively regressive when it culminated in restrictive anti-metaphysical logical positivism. It is against this empiric imperialism, as he would see it, that Bhaskar and others (idealists included) have reacted. And thus, for many, sociological naturalism lost its attraction. Indeed, according to Bookchin (2008, 2007), certain radically inclined groups (e.g. feminists and green ecologists) and new academic or social movements (e.g. postmodernism and animal

liberationists) have been attracted to anti-naturalism and anti-positivism precisely because they reject the scientism that is inherent in sociological naturalism.<sup>xlii</sup> Yet the paradox, as Bhaskar peritropically notes, is that idealism (here associated with anti-naturalism and anti-positivism) also produces ideological conservatism (passivity) and illiberalism (see also Martindale, 1964).

For Bhaskar, Kantian idealism like Humean empiricism is politically regressive. Idealists, he claims, do not question Humean definitions of event conjunction laws and causality, they merely choose not to make overtly generalisable statements.<sup>xliii</sup> Idealists, or anti-naturalists, recognise the man made (transitive) nature of knowledge. However, according to Bhaskar, they give inadequate attention to the intransitive or material referents of such knowledge and this failure leads to judgemental relativism (the notion that all viewpoints are, in some meaningful sense, equally truthful or valid). Judgemental relativism is politically regressive because, perversely, in refusing to admit that disputants can appeal to evidence outside of mere discourse (i.e. to an ontologically robust world) it undercuts critical thought and political action (Potter, 2003).

This well rehearsed argument may however, be too rigid. Carter (2000) distinguishes between strong and weak versions of idealism (i.e. strong and weak judgemental relativism). Weak idealism is, he suggests, useful insofar as it draws attention to the 'expressive or constitutive role of discourse' (ibid, p.38). However, problems exist with strong idealism (the only version recognised by Bhaskar). Strong idealism is *not* coterminous with the statement that: 'if men define situations as real, they are real in their consequences' (Thomas and Thomas, 1928, p.572; cited Wiley, 2006, p.44). Here proof by effect is offered for the reality of the consequence of belief and not for the referent of belief. By contrast strong idealism's 'chief weakness . . . is its ontological reduction of social reality to actor's beliefs about it'

(Carter, 2000, p.160). Strong idealism (judgemental relativism) is irrational and disempowering since if all viewpoints are equal (if subjective reports of belief cannot be deemed misguided or false) then factually incorrect or morally repugnant statements cannot be distinguished from factually correct and non-repugnant statements. From a CR perspective however, empowerment and emancipation is potentially feasible because the ontic insights that it uniquely generates may allow (or demand) distinctions and judgements to be made regarding truth and moral claims.<sup>xliii</sup>

Bhaskar's assertion is that epistemological relativism (or freedom), allied with the recognition of open system indeterminacy enables CR to advance non-deterministic and non-directional (non-conflationary) explanatory rather than predictive arguments. With regard to the human sciences, the assertions made in *RTS* and *PN* against alternative metaphysics suggest that the structures identified by realist social scientific theory (transitive knowledge) may purposively and usefully act back upon the reality thus described (the intransitive realm) through the '*transformed transformative praxis* of the agents who were reproducing them . . . [which for Bhaskar offers] the possibility of an explanatory and *ceteris paribus* emancipatory social science' (*PN*, p.177 – italicisation in original).

CR's emancipatory potential thus rests upon its ability to enable scientific progress (that is, move understanding towards more accurate and expansive social explanations). It is a potential that relies upon an interpretation of empiricism that conflates naturalism with materialism and positivism in both the physical and social sciences (albeit that Bhaskar then redefines naturalism to allow a *qualified* form of it to resurface in *PN*) and it is also a potential that contrasts CR against a definition of anti-naturalist idealism that rests solely upon strong criteria.

### Situating CR – internal dialogues:

Locating Bhaskar's work amid the spectrum of philosophic perspectives which, in part or whole, adopt similar frames is fraught with difficulty. Internal arguments and developments within CR, contested boundary disputes between CR and non-CR realists as well as overlapping interests between CR and non-realist thinkers combine to complicate the mapping of ideas.

Looking firstly at divisions in CR thinking, whilst this thesis associates CR with its founder, not only does Bhaskar's realism remain a work in progress (as new texts and revisions to earlier editions attest) but the movement is equally dynamic being subject to what Curry (2003, p.160) diplomatically terms 'any number of 'internal' dialogues'.<sup>xliv</sup> Fluidity within CR is evident in debates regarding its Marxist heritage, spiritual development and the stature of truth claims (exemplified by debates concerning correspondence theory).

Although it is beyond the purview of this study to explore the relationship between CR and Marxism (or between CR and Thomist or Durkheimian thought),<sup>xlv</sup> it is important to recognise Marxism's influence upon Bhaskar's philosophy.<sup>xlvi</sup> To give just one example, Bhaskar's TMSA is, as Layder (1994, p.55) notes, grounded upon Marx's famous dictum that people 'make their own history, but they do not make it as they please; they do not make it under conditions chosen by themselves, but under circumstances directly encountered, given and transmitted from the past.' At a purely rhetorical level, associating CR with sociological or academic Marxist thinking is unproblematic. However, allying CR with political Marxism is contentious (Curry, 2003) and calls have been made for a clearer separation to be made between them in this respect (Potter, 2003). That said, a Marxist political orientation is shared by many if not all CRs (Potter, 2006; Bhaskar and Callinicos, 2003) and this reflects, to some extent, the manner in which both Marx and Bhaskar

conjoin scientific theory (attempts to develop improved understandings of the world) with the emancipatory potential of negative-critical thought viz. human affairs (see endnote ix, §1 Chapter 1, page 41 this thesis). Thus, as Potter (2006) notes, Bhaskar would agree with Marx on Feuerbach [1845], that, whilst philosophers interpret the world, ‘the point is to change it’ (Bottomore and Rubel, 1963, p.84) and, likewise, Marx’s [1845] statement: ‘The question whether human thinking can pretend to objective truth is not a theoretical but a *practical* question’ (ibid, p.82 – emphasis in original) would be supported by Bhaskar (though the term ‘objective’ requires clarification in this instance).<sup>xlvii</sup>

Without jettisoning this Marxist perspective, Bhaskar (2000) has recently evidenced a ‘spiritual turn’ (Collier, 2004, p.168) and other realists (e.g. Archer *et al*, 2004a; Shipway, 2000; Collier, 1999) are also exploring this theme. However, whether CR can successfully combine Marxist and spiritual insights is an open question. Commentators such as Potter (2006, 2003) and Dean *et al* (2006c) are frankly hostile, whilst others remain critical but supportive (e.g. Morgan, 2002b).<sup>xlviii</sup> Hartwig (2001, p.162) playfully suggests that a split or rupture may develop within CR between ‘Young (or Left) Bhaskarians’ and those who are more spiritually inclined. Nonetheless, despite his own misgivings, Hartwig (ibid) acknowledges that religion and spirituality’s ontological status is under-theorised by social scientists and he applauds the audacity of Bhaskar for engaging with such issues.

Mutability in CR thought is also demonstrated in debates on the subject of correspondence theory (CT). Bhaskar’s dismissal of CT is central to the argument presented in *RTS* and *PN* (a position he reiterates in *Dialectic: The Pulse of Freedom*, 2003, p.211-15). However, in *Scientific Realism and Human Emancipation* (1986) Groff (2004) notes that Bhaskar appears to favour the concept of metaphysical realism that Putnam presents in *Reason, Truth and History* (1981). Herein, the ‘Brain in a Vat’

dilemma requires that language's meaning and truth potential rest upon the existence of definable extra-linguistic natural kinds (Brueckner, 2004).<sup>xlix</sup> Yet problematically for Bhaskar, metaphysical realism inevitably, according to Boyd (2002), invokes CT.

In a qualified defence, Groff (2004) proposes that Bhaskar is mistaken in supporting Putnam since CR philosophy differs markedly from both metaphysical and internal realism (this issue is revisited in connection with Archer). Yet theorists sympathetic to CR such as Kaidesoja (2006), Porpora (2004) and Groff (2004, 2000) do countenance CT. And Groff (2004, p.48) suggests Bhaskar can be read as adjusting his position in *Plato, Etc.* (1995), so that 'the claim is not so much that the correspondence theory of truth is indefensible as that it captures only one of a number of different definitions of the concept [of truth]'. More forcefully, Fumerton (2002) proposes that realism's (not just CR) truth value relies upon CT and, as if to demonstrate the vibrant and complex nature of CR, even Archer (2004a), in discussing man's transcendent experience of God, appears initially to accept correspondence (p.67) before recanting (p.68).

#### Situating CR – within realism(s):

Conventionally, realisms are associated with two approaches to the problem of universals. Platonists situate universals in an abstract or separate realm and, in this tradition, language or thought substitutes or stands for these abstract things. Alternatively, Aristotelians grant ontological reality to universals, but limit this reality to cases *in rem* (i.e. the 'hotness' of the coffee next to me is a real feature of the drink, but it is a realness that must be actualised and 'hotness' does not exist prior to or separate from instantiation) (Scruton, 1994; Russell, 1961). Bhaskarian realism is associated by Groff (2004) with Aristotle insofar as both philosophies display

similarities in relation to the concept of material cause(s). And Sklar (2002, p.9) in noting that: 'For Aristotelians . . . There are many kinds of properties of things, and properties can inhere in things both in actuality and mere potentiality', supports Groff (2004).

Bhaskar however, does not, in *RTS* or *PN*, formally locate CR in either tradition and it is perhaps possible to identify both strands of thought within his work. Thus, the concept of generative mechanisms (which are ontologically real regardless of actualisation), the associated distinction between transitive knowledge and intransitive reality and his position on CT suggest Platonic overtones (though Bhaskar would dispute the abstractedness of the realm in which these mechanisms exist).

Alternatively, Aristotle recognises both final causation (Sklar, 2002; Charles, 2001) (though in a different form from Bhaskar) and the possibility of multiple or overlapping causation(s) (Barnes, 2000), a facet of Bhaskar's theory of tendencies. Further, Aristotle, like Bhaskar, interested himself in questions around the potential underlying unity of knowledge, a unity superficially cloaked by apparent diversity amongst the independent sciences which 'work in different domains, discuss different objects, and follow different methods' (Barnes, *ibid*, p.40). Attempts to construct a common conceptual apparatus to link or coordinate the knowledge forms of disparate disciplines match Bhaskar's project in *PN* and Aristotelian thought therefore supports the principle if not the detail of qualified naturalism.

In contrast to early Greek archetypes, modern realisms overlap, vary and diverge (Wainwright, 1997) and differentiating realists from non-realists is not always straightforward. This creates a terminological quagmire that, for CR, is exacerbated by Bhaskar's loose use of alternative descriptors.

### Situating CR – non-realist perspectives:

To demonstrate the manner in which realist and non-realist thought interweaves, it is interesting to contrast Jacques Maritain with Bhaskar. Like Bhaskar, Maritain engaged with metaphysical, social and spiritual or religious issues. He labelled himself a critical realist and, as per Bhaskar, is closely associated with Thomist conceptions of philosophy that emphasise the role of *a priori* reasoning in scientific explanation and practice (Scruton, 1994). Similarly, Maritain took up arms against empiricism's hegemony in scientific thinking (Evans and Ward, 1956) and recognised that scientific organisation and method reflect what exists and can be known (an argument analogous to that advanced in *PN*). The similarities between both men are therefore striking albeit that, contra Bhaskar, Maritain is identified with nominalism and foundationalism<sup>1</sup> (Sweet, 2004).

Alternatively, it can be equally challenging to position CR in relation to overtly non-realist perspectives. For example, support for CR concerns and theory comes from non-realist scholars and despite the need for circumspection, differences between such scholars and Bhaskar are often marginal. Thus, Rosenberg (2001, p.737), in a paper titled *How is Biological Explanation Possible?*, asserts from a Hempelian vantage that 'there are no biological laws'. As per CR, Rosenberg (*ibid*) recognises that formal inductive empiricism collapses before the absence of constant event conjunctions in biological systems. Further, Rosenberg (*ibid*, p.737) states that the 'most common response to this problem [the non-Humean nature of causal explanation in biological science] has involved redefining law so that those grammatically general statements which biologists [and others] invoke in explanations can be counted as laws.' This proposition encapsulates or summarises the CR agenda and Rosenberg (*ibid*) demonstrates additional similarities between his and Bhaskar's work by outlining, without explicitly using the terms, a proto-theory



of tendencies, norms and historical reasoning (akin to retrodution) from a significantly different philosophic standpoint – thus indicating that the problem field ploughed by Bhaskar is well turned.

Just as criticisms of Bhaskar's writing must be acknowledged if his contribution to social explanation is to be adequately judged, so appreciating the interwoven nature of theoretical viewpoints is similarly vital in any assessment of CRs importance within the global configuration of competing perspectives. As will be seen, understanding the strengths and weakness of Bhaskarian CR informs discussion of Archer's work.

## Endnotes §1 Chapter 3

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- i Bhaskar claims that Hume and Kant combine erroneous epistemologies with 'sensible realist methodology' in their writings (RTS, p.40). See also PN (p.15 – emphasis in original) which says 'scientists, when they are practicing science, are implicitly acting on transcendental realism. But it does not follow . . . that they *realise* that they are.'
- ii See, for example, Schubert's (2006) discussion of Humean and Kantian thought in the work of Charles Horton Cooley and George Herbert Mead.
- iii Stern (2000, p.181) recognises that Hume's argument: 'is complex and many-layered, as well as itself being open to contrasting interpretations . . .'
- iv Howson (2000, p.35) discusses Bacon's condemnation of induction by enumeration, realism and the *No-Miracles* argument (i.e. the fallacious claim that it is implausible or would require a miracle for an overwhelmingly supported hypothesis to be disproved).
- v Contrasting 'matters of fact' from 'relations of ideas', Hume (1955, p.40 – *IHU* [1748] emphasis in original) states that: 'The contrary of every matter of fact is still possible, because it can never imply a contradiction and is conceived by the mind with the same facility and distinctness as if ever so comfortable to reality. *That the sun will not rise tomorrow* is no less intelligible a proposition and implies no more contradiction than the affirmation *that it will rise*. We should in vain, therefore attempt to demonstrate its falsehood.' Hume thus 'challenged the very idea of causal explanation' (Alexander, 2007, p.122 – see also Broackes, 2001).
- vi From a non-CR standpoint, Stroud (2000, p.89) offers an authoritative discussion on the subject of Kantian transcendental idealism and transcendental realism which problematises Bhaskar's interpretation. Alternatively, Kaidesoja (2005, p.44), an author sympathetic to realism, suggests that Bhaskar uses 'Kantian terms without clarifying their precise meaning' in novel or divergent ways and that, in consequence, the descriptors become 'incomprehensible' (ibid, p.45). This, Kaidesoja (ibid) argues, undercuts or confuses CR claims regarding its own transcendental status (see critique of CR transcendentalism).
- vii Kant's *Critique of Pure Reason* (1990 [1781]) is the key text here; Stern (2000) examines the Refutation of Idealism and its relation to realism (non-critical) and Brook (2006) explores realism in the refutation of idealism.
- viii Prolegomena to Any Future Metaphysics – First Part Of The Main Transcendental Problem: How Is Pure Mathematics Possible? Remark II (Kant, 1783).
- ix Originally Berger and Pullberg (1965).
- x This passage is reminiscent of Archer's (1995, p.73) reference to Auguste Comte's aphorism, 'the majority of actors are dead'.
- xi A distinction can be made however, between Berger's spiritual (non-constructivist) and sociological (constructionist) writing (Porpora, 2006).
- xii See also Winch (1970a).
- xiii Constructionism and postmodernism are variously interpreted. Constructionism or constructivism is associated with the interlinked ideas that (scientific) theory is or can be underdetermined by evidence and that, in consequence, values or power relations often guide (unwittingly) judgments regarding truth claims. Postmodernism, on the other hand, designates (amongst other things) an alleged historic rupture in social, cultural, political, economic and artistic production, consumption and forms of reasoning and legitimation. Postmodernism assumes a constructivist orientation although the reverse is not necessarily the case. Both concepts are commonly associated with idealism (Bird, 2005; Kellner, 2005; Blackburn, 1994). However, see also Tissaw (2003), and Harré (2002) who dispute this association.
- xiv See pages 111-2 this thesis regards Bhaskar and Marx, Marxism and Feuerbach.

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xv 'The doctrine that . . . some feature [e.g. soul or complex emergent relationship] of living bodies . . . prevents their nature being entirely explained in physical or chemical terms' (Blackburn, 1994, p.395).

xvi Where a thing acts upon its own inner nature.

xvii Wide debate continues however regarding the relevance or value of these non-material entities (e.g. Alston, 2008; Arsuaga and Martínez, 2005; Smith, 2005; Ward, 2004; Plantinga, 1993, 1990, and 1974).

xviii 'It is of course true that it is impossible to prove that cases of ex nihilo production and miracles cannot ever happen. All we can say is that they cannot be known to happen' (RTS, p.205).

xix Final causation only, of course, applies to human agency. Social structures or forms (e.g. a capitalist economy) may appear to purposefully direct the likely actions that individual corporations within it will perform. However, it is illogical to suppose that social forms possess intentionality. That is, social forms do not *choose* their final goals because they cannot reason (i.e. a capitalist economy may be defined by the perceived-observed or logical need of the majority of its constituent corporations to expand and maximise profits, but it is wrong to suggest that an economy *chooses*).

xx Cruickshank (2004, p.567) notes 'slippage' in CR theory between two definitions or forms of ontological reasoning and Bhaskar, as Carter notes (2000, p.65), recognises 'some ontological differences between social and natural structures.'

xxi Legitimate differences of opinion divide those sympathetic to CR on the *implications* of this claim. For example, The South West Critical Realist Reading Group (12.08.05.) discussed the matter and the view expressed here represents a minority opinion at that meeting.

xxii Kaidesoja (2006, p.40) makes a similar point when he says: 'Bhaskar's description of scientific experiments is one-sided, because it deals only with experiments in physics and chemistry. It totally ignores experiments in, for example, the life sciences, medicine and psychology.' The critique of retroduction elaborates upon this point.

xxiii It should be noted that Bhaskar uses the term strata in two ways. First, to refer to differences between natural kinds (physical, chemical, biological etc). Second, to distinguish between strata of historical explanation within kinds (see RTS, p.169).

xxiv A further limit to social naturalism is offered by Bhaskar when he states that social structures are often temporally limited: 'so that the tendencies they ground may not be universal in the sense of space-time invariant' (PN, p.38), or, social structures are '*more highly space-time specific* than natural (e.g. biological or geological) ones (PN, p.175, emphasis in original). However, the claim that social structures are inevitably less enduring than natural mechanisms has been contested (see for example Engholm, 1999) on the grounds that some physical events (e.g. a land-slide or sub-atomic collision) are less enduring than many social practices (e.g. marriage and warfare) and even stable physical structures are only relatively enduring.

xxv Likewise, Howson (2000, p.206) notes that although simplicity in argument is highly valued this does not entitle it 'to the status of a part of the logic of inference'.

xxvi McEvoy and Richards (2003) develop, within a realist framework, similar arguments regarding contingent generalisation. And, perhaps more powerfully, Howson (2000, p.97) quotes and critiques Miller (1994, p.37 – italics added) on similar lines when he notes that: 'The difficulty [of Goodman's Grue Paradox] entirely disappears once we discard the mistaken idea that empirical support is significant, and that it is empirical support that makes a hypothesis eligible for admission into the body of science . . . It is whether our hypotheses are true or false that matters, not whether they are empirically supported; and *we all know that 'All emeralds are grue'* is false. [But as Howson adds] How do we know? No answer.' It might also be argued that Ostovich's (2005, p.41) discussion regarding the problematic nature of memory in 'attempts to master the past when history is understood as a neutral medium for revealing the integrative forces of reason' likewise undercuts, to some extent, elements of simplistic retroductive theory.

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xxvii Pawson elaborates upon these examples in his later work *Evidence-based Policy* (2006). This text also identifies the earlier studies upon which the examples in *MRW* and *Evidence-based Policy* draw.

xxviii The use of 'vague words' or 'vague predicates' in explanation is discussed by Aune (2002, p.140) who notes that: 'Although such words can perfectly well express vague concepts or ideas, they cannot stand for definite properties or items in reality, because nothing definite or determinate is connoted by them.' For Aune (ibid, p.140-141) concepts denoting 'fuzzy classes' fail to specify 'a definite totality of things' and they are thus 'poor candidates' for certain universal descriptors. For CR sociologists the challenge in using such descriptors (and their use is inevitable) arises where mechanisms are synonymous (if they are) with universals.

xxix Jones (2003c) argues against Collier (1994).

xxx Groff's (2004) position, that truth is a necessary regulative ideal is challenged by Wellmer (2003); see also Bryant *et al* (2003).

xxxi Pihlström (2004) rejects the idea that TA can be distinguished in any meaningful way from other forms of philosophic argument.

xxxii Archer (*RST*, p.166) provides a similarly innocent and contentious definition: 'Transcendentally, the world has to be ordered for science to have success as a practice and its cumulative successes (not construed as undeviating linear progress) furnish increasing warrants for this metaphysical assertion.' Devitt (2006, p.100) critically deconstructs this 'success argument'.

xxxiii Curiously, during this historical resumé, Stern (2000) does not identify the particular Strawsonian text(s) that initiated interest in TA during the 1960s and 1970s (he only mentions *Skepticism and Naturalism*, 1985, at this point). However, Stern does discuss Stroud's 1968 essay on TA (as a response to Strawson) and from this essay (republished in Stroud, 2000, *Understanding Human Knowledge*) it is possible to locate Stern's focus on Strawson as the 1959 publication *Individuals, An Essay in Descriptive Metaphysics* (republished 1990).

xxxiv Stroud's (2000) attack upon Strawsonian forms of TA argument begins by delineating factual statements from justificatory ontic premises. This allows Stroud (2000, p.15 – italics in original) to introduce what he calls the '*verification principle*', or, as Stern (2000, p.50) describes it, the 'weakening assumption'. Stroud (2000) then re-couples TA with idealist reasoning and, to meet Stroud's (2000) challenge, Stern (2000, p.51-52) cites Harrison (1982, p.52) (in terms that Bhaskar could presumably endorse) to suggest that: 'we can argue from the fact that the world must conform to particular conditions in order to be experienceable by us, but we *do not* have to hold (with Kant) that *the way in which the world meets these conditions* is through any constitutive activity on our part, and so we are not required to treat the conditions as imposed by the mind on reality. Thus it seems possible to accept the claim that transcendental arguments . . . get from how we must conceive things to how they are, by treating the former as conditions the latter must meet for us to be aware of them, but without endorsing the further idealist suggestion that they meet these conditions as the result of the activity of the synthesizing subject.'

xxxv In a postscript to the second edition of *RTS* (p.258-259), Bhaskar states that whilst 'the transcendental method employed is, in general, sound. It is certainly the case that the book contains no adequate defence, or meta-philosophical justification of the latter.' Bhaskar considered this omission 'the most serious in the work' (*RTS*, p.259). And although, as Kaidesoja (2005, p.43) notes, Bhaskar did try in his later outputs to 'specify and defend the 'transcendental method'', he is not, in Kaidesoja's view, ultimately successful in this task. However, see also Morgan (2006 and 2005).

xxxvi CR's asserted ability to advance moral understanding is developed in works other than *RTS* and *PN*.

xxxvii That is, the erotetic logic of empiricism blocks investigation into unobservable normic tendencies and their underpinning mechanisms. As argued and contra Bhaskar, non-materialist and non-positivist naturalists need not perhaps be so encumbered.

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xxxviii Bhaskar's claim is contentious since Kuhn's (1970) theory of paradigmatic scientific development is widely contested (e.g. Trigg, 2001; Archer, 1995; Giddens, 1995; Collier, 1994; Bourdieu, 1990; Bernstein, 1979).

xxxix For Bernstein (1979, p.xxiii): 'What were once great liberating ideals . . [eventually] turned into suffocating straightjackets.'

xi For example, August Comte argued for sociological naturalism as part of his attempt to reconcile the forces of order and progress in early nineteenth century Europe (Zeitlin, 1997).

xli Scientism here 'refers to the (positivistic) view that science produces objective knowledge through the consistent application of the hypothetico-deductive method, that is through neutral observation of reality and the accumulation of the data arrived at to the point at which some general law or pattern can be discovered' (Carter, 2000, p.162).

xlii However, see comments re generalisability and idealist or qualitative research – §1 Chapter 1, page 22 this thesis.

xliii Though see Groff (2004) and Dean *et al* (2006a).

xliv Dean *et al* (2006b, p.2) also note an 'absence of consensus' regarding Bhaskarian realism.

xlv It should be noted that Durkheimian and Thomist concepts infest *RTS* and *PN*. Durkheim is of course condemned by Bhaskar. Yet Durkheim can be read as developing ideas central to the CR project. Caveats must be placed around the following interpretation. Yet, at various points in his writings Durkheim arguably promotes a theory of emergence, the independence of social and cultural structures from agency, the temporal precedence or scene setting nature of structure vis-à-vis agency, proof by effect, the impossibility of predictive sociology and the indeterminacy of social explanation (Thompson, 2004). Likewise, although Thomist thought is capable of varied interpretation, parallels can be drawn between Thomism and CR (for example, Aquinas viewed causality as 'a metaphysical principle and not an empirical phenomenon', Haldane, 2002, p.100 – see also Smith, 1995).

xlvi Alternatively, Joseph (2006) suggests that Marxism has much to learn from CR.

xlvii Variations in translation account for differences in the wording of these and other Marxist aphorisms between texts (Arthur, 1974).

xlviii A midway position between outright support and condemnation is taken by Porpora (2006) who argues that it is epistemologically illogical for sociologists to decline to acknowledge the possible ontological reality of spiritual phenomena whilst allowing that perceptions regarding such phenomena may have non-supernatural causes.

xlix See also Norris (2002) regarding CR and Putnam.

1 Various defined, foundationalism is associated with Descartes and sceptical philosophy. It describes the empiricist proposition that experience is the basis of knowledge only if beliefs about observation (experience) are accurate (Scruton, 1994). For Stroud (2000, p.126) foundationalism 'is the view that knowledge of an independent world must be inferred or derived from prior knowledge of the deliverances of sense-experience alone which themselves imply nothing about such an independent world.'

## Section 1 – Chapter 4

As per the critique of Bhaskar's work, where difficulties with MM theory undermine or impinge upon its credibility, engagement with such issues is necessary.

### Critique and commentary upon the work of Margaret Archer

Whereas Bhaskar might be accused of misrepresenting the arguments of Hume, Kant, Berger and Winch, Archer can be charged with demonising Giddens's (1976) Structuration Theory (ST). Thus, despite the persuasiveness of Archer's overall assessment of ST, that it *is* fundamentally elisionist, sections of Giddens's *New Rules of Sociological Method* (ibid – henceforth NR) can support alternative readings.

Thus whilst NR does, as Archer argues, deny or downplay the claim that structure pre-exists agency (e.g. '*Sociology is not concerned with a 'pre-given' universe of objects, but one which is constituted or produced by the active doings of subjects*', NR, p.160 – emphasis in original), statements such as: '*The realm of human agency is bounded. Men produce society, but they do so as historically located actors, and not under conditions of their choosing*' (NR, p.160 – emphasis in original) may carry an emergentist, Durkheimian or Marxist spin. Cherry picking quotations can unfairly discredit texts. Yet passages such as: '*The production of society is brought about by the active constituting skills of its members, but draws upon resources, and depends upon conditions, of which they are unaware or which they perceive only dimly*' (NR, p.157) are not antithetical to CR (albeit that the first clause requires clarification). It might therefore be suggested that in denouncing ST, Archer overstates differences between it and MM so that, perhaps, her own position can be more clearly delineated.

Questions may also be asked about the form in which Archer presents arguments concerning micro-macro and agent-structure relations. As she acknowledges, MM's relational component is based upon a typology by Münch and Smelser (1987), wherein only one of the seven definitions offered (i.e. Peter Blau's, 1977), does not invoke some form of size or complexity criteria. The synopsis of Blau (ibid) provided by Münch and Smelser (1987, p.357): 'Micro as social processes that engender relations among individuals and macro as the structure of different positions in a population and their constraints on interaction', therefore represents a minority opinion within the original typology. Two points regarding Archer's utilisation of Blau's (1977) definition require consideration.

First, just as it is unnecessary to cite Lockwood (1964) in support of AD (since the idea is already contained within *RTS*), so Blau (1977) is not required to sustain a relational conception of micro-macro or agent-structure linkage. *RTS* deals overtly and at length with internal and external relations and Archer might have adopted and expanded upon Bhaskar's insight, which she does elsewhere in any case, without recourse to Münch and Smelser (1987). Using Bhaskar in this way could have saved her from having to elasticate, perhaps overly, Blau's (1977) original definition (which is absent from *RST*).<sup>1</sup> It would also have presented a more consistently realist approach and (see below) it might have facilitated recognition that differential importance attaches to logical CS relations and the situated S-C logics that they generate, depending upon whether such relations are internal or external – symmetrical or asymmetrical.

Second, it could be suggested that rejecting *all* size and complexity criteria regarding micro-macro and agent-structure distinctions is excessive since other authors favourably inclined towards CR (e.g. Layder, 1994) recognise the

significance and importance of relational criteria in social explanation without rejecting definitions that employ size or complexity principles.

Concerns about nomenclature or the nature of argumentative construction might be considered minor quibbles. However, these concerns point towards kindred but more fundamental challenges to MM theory. As will be noted, Archer's work reproduces many of the problems discussed within the preceding critique and commentary on Bhaskar. Transposed to or reflected in MM theory these problems surface as a series of *overlapping* or *interrelated* issues that are here examined under the headings: (i) the form and ontological status of CS propositions, (ii) hypothesis equivalence and CS expositional clarity, (iii) proof by effect and relational strength, (iv) the researcher's position or role in MM theory, (v) emergence and structural identification and (vi) contexts and mechanisms.

#### The form and ontological status of CS propositions:

For Archer (*RST*, p.180), 'the CS is distinguished as the sub-set of items to which the law of non-contradiction can be applied – this is propositions, for only statements which assert truth or falsity can be deemed to be in contradiction or to be consistent with one another.' This is unambiguous. However, the CS leaves much outside its remit (i.e. culture as *all intelligibilia*) and the assumption of identity between CS propositions and the cultural register to which they refer may be problematic. Three points are made here.

First, it must not be assumed that CS statements asserting truth or falsity claims can or should be verifiable in principle for, self-evidently, many truth claims (e.g. *God is omnipotent*) can be contradicted but are unverifiable and un-falsifiable.

Second, normative or moral propositions (e.g. *it is wrong to steal*) differ from propositions that lack an overtly evaluative element (e.g. *two and two equal four*) in part



because they are in principle unverifiable.<sup>ii</sup> As noted, Archer emphasises the importance of keeping the CS register to those things held to be 'true or false in society at any given time and place' (CAA, p.xviii). That said she does not wish to exclude normative or moral propositions from the CS and in arguing for the emergent nature of the CS as a discrete ontological entity she broadens its remit to include 'theories, beliefs, values or more strictly the propositional formulations of them' (RST, p.180 – pages 70 and 71 this thesis). This is reasonable. Yet whilst moral or normative values may be perceived as *correct* they cannot in a formal sense be *true* and this should perhaps have been made clearer.

Third, despite the above caveat regarding *propositional formulations* (that propositions need not be true – they merely need to be expressed *as if* they are true), Archer appears, in some instances, to conflate the expression of CS propositions with factual truth or knowledge claims. Thus, in the quotation below (cited earlier, page 66 this thesis) fallible transitive understanding is elided with intransitive or true knowledge (i.e. descriptions are not here distinguished from their objects).

. . . all knowledge was certainly activity dependent for its genesis and elaboration. Nevertheless, once recorded . . . it constitutes knowledge without a current knowing subject. It is knowledge because it retains the dispositional character to be understood, though it persists unrecognized, sustaining potential powers (of contradiction and complementarity with other cultural items) which remain unexercised. Ontologically it exists and if the theory is true, if the technique it describes works, or if the belief it articulates is justifiable, these remain the case quite independently of current actors knowing it, using it or believing it. We know that they are real by virtue of their releasable effects . . .

(RST, p.144)<sup>iii</sup>

Archer is of course aware that propositions can be factually incorrect. However, just as Bhaskar tends to rely upon or make use of examples from the physical sciences when arguing for the applicability of CR in the social realm, so Archer employs

examples that have, at a minimum, the capacity for correct, justifiable or truthful decoding. *RST* might therefore be said to link the ontological status of transitive CS propositions with their apparent correspondence to intransitive reality and a capacity for decipherment.

It [CS propositional knowledge] exists and if it works, if it is true or false, this is the case independently of agents knowing it. Certainly they can activate it or leave it to gather dust, but its ontological status is not determined by which they do. Knowledge without a knowing subject would be ruled out in elisionism, but would still leave many questioning what the Rosetta Stone was before it was discovered and decoded, yet was capable of decoding.

(*RST*, p.98-99)

It is here argued that Archer inadvertently merges epistemological truth claims with the ontological substance to which they refer and, where CS propositions refer to events (e.g. *decoding* the Rosetta Stone), Archer should perhaps have considered more thoroughly the nature of factual status in explication so that a clearer distinction could be made between transitive description and the intransitive reality described.

It might also be noted that neither Bhaskar nor Archer adequately explores the problematic status of event-identity (discussed below). This is an important omission. For, if it is accepted that 'an event cannot be a fact . . . [because] events have positions in space-time, whereas facts do not' (Bennett, 2002, p.44), then it should also be noted that minor differences in the statement of CS propositions can produce radically divergent fact assertions which allow or permit different event identifications and explanations. Archer recognises that social and cultural structures can, but need not, generate actual events and following Bhaskar, events may, but need not, be recognised in empiric experience. This schema rests on the assumption that intransitive mechanisms and their actualised events are interpreted fallibly in

transient explanation and it therefore follows that researchers must be cognisant of the manner in which seemingly trivial variations in the statement of CS propositional content can produce significant differences in mechanism description. Recognising this potential raises the question or spectre of hypothesis equivalence.

Hypothesis equivalence and CS expositional clarity:

It is not necessary to hold that evidence in any ultimate sense proves or disproves a hypothesis (broadly defined as an explicit or implicit model or proposition concerning the physical or social world) to acknowledge that evidence is valuable insofar as it supports or suggests error in a hypothesis (model or proposition). This statement belittles the difficulty attendant in meaningfully linking evidence with a hypothesis; however, if it is granted that this linkage is possible, then it may be argued that whilst evidence cannot prove a hypothesis, evidence lends credence to a hypothesis and, moreover, hypothesis credibility is enhanced when diverse supportive evidences are available. This is intuitively sensible, it is a claim that might support epistemological relativism (where this implies the use of diverse evidence) and it also holds in logic:

All other things being equal, the hypothesis (H) that a given treatment retards the advance of a given disease in all patients is more highly confirmed by 100 positive instances that include men and women, young and old, than by 100 positive instances consisting exclusively of men between 35 and 45 years of age . .

(Lange, 2007, p.31)

Here support for the value of diverse evidence of positive instances of disease treatment rests on agreement regarding the *relevance* of evidence (its role or function) in hypothesis confirmation and indeed:

while certain “inductivist” accounts of scientific procedure seem to assume that relevant evidence, or relevant data, can be collected in the context of an inquiry prior to the formulation of any hypothesis, it should be clear upon brief reflection that relevance is a relative concept; experiential data can be said to be relevant or irrelevant only with respect to a given hypothesis; and it is the hypothesis that determines what kind of data or evidence are relevant for it.

(Hempel, 1945, p.3)

Hempel’s (ibid) focus on the relevance of evidence in hypothesis support, broadly defined, is important. Relevance here denotes an asserted *relationship* between evidence and hypothesis and this putative relationship must hold between equivalently formulated hypotheses to avoid the illogic or ludicrousness that would ensue were different evidence(s) required for equivalent but differently formulated versions of the same hypothesis.

The equivalence condition, as Hempel (ibid) termed it, is primarily linked with natural or physical science. However, equivalence is relevant to social science (in general) and MM theory (in particular) insofar as its potential absence raises questions about hypothesis (model or proposition) formulation and validation. Problematically a hypothesis can often be worded in more than one way and subtle semantic nuances between formulations may direct researchers to seek different supporting evidence(s). This highlights the significance of textual or linguistic factors in descriptions of social reality (Gauker, 2006). It is a problem exacerbated for MM by the normic and retroductive forms of reasoning allowed by CR.

Further, since hypotheses exist within frameworks of interlocking ideas and since, within frameworks, the conceptual endpoint of one hypothesis forms the starting premise of another hypothesis set (Hempel, 1945), epistemological relativists must be cognisant of the threat to logical inference that occurs when radically different and possibly incommensurable supportive criteria and arguments are confused. That is, since it is illogical to require equivalence to apply to some

parts of an argument (or system of interleaved theories) but not to others, logic demands that equivalence must be maintained in analysis. Hempel (*ibid*), from a non-CR perspective, therefore re-emphasises the risks that exist where conflicting epistemologic premises are conjoined without adequate thought.

The significance of Hempel's equivalence condition for MM theory is now apparent. Cultural structures occupy an ontological realm whose existence is demonstrated tautologically through the situated logics they create for agents. However, insofar as intransitive cultural structures are known by and identified with transitive CS propositional statements, minor or unintended differences in the wording of CS propositional statements can generate radically different impressions of that realm and, moreover, researchers may be directed to look for different supporting evidences (which would be illogical).

As knowledge or truth claims *and* interest bearers, it is crucial to MM theory that CS propositions denote a realm that is irreducible to 'present tense' agency and this requirement feeds Archer's assertion that a CS strata exists independently of agential awareness or use. CS propositions are therefore described as residing, both figuratively and actually, within humanity's 'Library' (*RST*, p.98). However, four points require clarification here.

First, although Archer allows that non-truthful and non-factual, non-justifiable CS propositions can provide agents with interests, she does not explicate the relationship between false interests and false consciousness (which may perhaps be easily merged). Second, where agents are accused of acting upon false or mistaken interests, Archer does not address the question of who is to adjudicate between contested interpretations or the criteria that should be used in judgement (discussed below). Third, Archer concedes that genuine contradictory and complementary propositions need not be influential. As noted, it is a Bhaskarian

orthodoxy that intransitive reality need not be realised in transitive human understanding (since generative mechanisms need not cause actual events, and events need not be empirically recognised). However, propositional relations that are never identified and which never generate interests are, by definition, unable to demonstrate status via effect and their ontological standing therefore remains indeterminate (albeit that observation of erratically actualised mechanisms may usefully hint at the existence of an otherwise hidden reality). Fourth, the existence and significance of negative realities (negative causation) is perhaps under-explored in *RST* where, in relation to the CS register, it is feasible that a lack of developed propositional knowledge may be as influential, if not more influential, than actual (existing) contradictions or complementarities.

Anything that casts doubt upon the ontological status of cultural or social structures is problematic for researchers who wish to pin down the philosophic basis and form of morphogenetic explanation. The disputed position of correspondence theory in CR and Groff's (2004) commentary on the lack of a developed theory of truth or justification in Bhaskar's thinking perhaps underpin some of the ambiguity noted above. Pointing towards the possibility that mutually under-theorised elements exist within the work of Archer and Bhaskar illustrates where additional conceptual work is required. It also demonstrates the value of consecutively describing the theories of both authors.

Proof by effect and relational strength:

Putting to one side the circular nature of arguments for ontological status by proof of effect or consequence, Archer here employs a form of reasoning that is integral to CR. Nevertheless, she asserts rather than demonstrates that the CS takes the form described and even using her own vocabulary it might be suggested that the

CS contains (i) more logical relations, (ii) different forms of relations or that (iii) some relations may be more significant or powerful than others.

Regarding points i and ii above, Archer suggests proof by outcome only for the existence of certain CS powers and the inference that a more general realm exists awaits corroboration. Thus the four CS logical relations and their situated S-C logics may not capture the complexity of actual concrete relations and logics. Archer acknowledges that alternative relations and logics could be proposed to extend or develop the four ideal types described.<sup>iv</sup> Yet she does not explore, for example, relations involving three or more CS propositions or their differential impact upon S-C interaction.<sup>v</sup>

Further, regarding point iii above, perhaps due to an over-reliance on Münch and Smelser (1987), Archer inadequately distinguishes between internal and external relations vis-à-vis logical CS relations despite self-evident differences between them. For example, contingent compatibilities have, at least initially, no necessary logical relation but are opportunistically connected by agents in S-C interaction. In Bhaskarian parlance they may be, in the first instance, externally related, whereas all other relations are internal and symmetric or internal and asymmetric. Bhaskar claims that internal relations carry greater explanatory force than external relations and Archer should perhaps have developed this aspect of her methodology further since, in practical application, theory needs to link the identification by investigators of forms of relations (CS or SS) pertaining at T<sup>1</sup> with their relative significance in order to inform explanations of emergence.

#### The researcher's position or role in MM theory:

§1 Chapter 3 proposed that Bhaskar underplays the role allotted to mental or perceptual processes in Humean causation and, thereafter, CR theory. Likewise, it is

here argued that, whilst acknowledging the influence of ‘investigator’s constructs’ (RST, p.178), Archer fails to engage sufficiently with the impact of preconceived researcher values-interests on the research process. The significance of this lacuna for MM researchers may be illustrated through a consideration of temporal and structural identification.

Accurate structural identification is vital in MM theory. Social and cultural structures are abstractly recognised on a priori grounds. More specifically, whilst ‘the existence of effects cannot serve to explain origins’ (RST, p.167-8), individual or corporate agential actions between  $T^2$  and  $T^3$  may provide retroductive evidence for structures at  $T^1$ .<sup>vi</sup> Interpreting structural and agential interplay between  $T^2$  and  $T^3$  in order to clarify the situation at  $T^1$  inevitably introduces extra-research assumptions (as background theories – see §2 Chapter 1) regarding past relations. Archer acknowledges that S-C or SI interaction ( $T^2/T^3$ ) cannot be discussed without reference to  $T^1$ ’s conceptual framework and MM recognises the theoretical nature of explanation by demanding that explanation must *always* begin with structural identification. However, an element of circularity enters MM theory at this point. Archer suggests that ‘transcendental arguments’ (RST, p.177) can identify CS or SS at  $T^1$ , yet identification presumably relies upon the interpretation of S-C and SI actions at  $T^2/T^3$  and researchers are enjoined to identify structural formation at  $T^1$  before they interpret agential interaction at  $T^2/T^3$ . This aside, Archer largely ignores the difficulty investigators face in situating their own value-choices within the research process and, with regard to structural recognition at  $T^1$ , she sidesteps the significance of researcher subjectivity in the research process.

Since ‘all data and observations are theory-laden, none are value-neutral’ (Porpora, 2006, p.66) and researcher values-interests inevitably therefore influence temporal and structural identification. Stern (2000), from a non-CR standpoint,



highlights the perceiver's (here researcher's) role in perception for, to be identified, the concepts, things or objects of perception must already, though not necessarily pre-conceptually, exist or have been identified as object attributes by the perceiver. And Gorner (2000) makes an analogous point when, in an exposition of Gadamerian hermeneutics, he notes that meaning-making or understanding can never be acontextual because it is impossible to escape 'one's own horizon . . . [and] one's own horizon is not a contingent property of an abstract self . . . [it] is constitutive of one's being' (ibid, p.148).

The problem for realist researchers is that they ambitiously assert that it is possible to transitively reach out towards intransitive reality. To enable this MM theory not only aims to identify 'structures as emergent properties, it must also supply an analytical history of their emergence which accounts for why matters are so and not otherwise' (RST, p.167). In this process researchers elaborate upon agential explanations and, in so doing, they must establish structural relations at  $T^1$  irrespective of agential descriptions regarding  $T^2/T^3$  interplay. Yet in practice it is not clear how, in the absence of established and justifiable rationales (i.e. some degree of consensus), this can be achieved. Archer may legitimately anticipate that her audience will be familiar with the theory laden nature of description and analysis. However, a brief review of Groff's (2004) critique of Bhaskar on the theoretician's contribution to theory development may usefully illustrate the manner in which Archer trails Bhaskar in failing to address important questions regarding the researcher's contribution to understanding.

Groff (ibid) cites Hilary Putnam's (1981) distinction between metaphysical and internal realism to open up debate around the role and place of cognition and language in CR theory.<sup>vii</sup> Bhaskar links CR with Putnam's definition of metaphysical realism; however, as Groff (2004) notes, metaphysical realism, which underplays the

theoretician's contribution to explanation, is criticised by Putnam. Groff (ibid) argues that Bhaskar's identification with metaphysical realism and Putnam's critique are both flawed. She instead asserts that CR can readily accommodate Putnam's insight, denied by metaphysical realism, that causal explanation incorporates cognitive or intentional elements. Indeed, Groff (ibid, p.59 – emphasis in original) suggests that causal explanations cannot but introduce inquirer interests so that '*explanation* is inherently intentional'. And although she distances herself from Putnam's ontological claims, Groff (ibid) clearly believes that his focus upon the dual nature of knowledge, that it is both mediated product and mediator, is valid, recognised by Bhaskar, but under explored in either *RTS* or *PN*.

It would be disingenuous to suggest that Archer is unaware of knowledge's mediated character. However, as stated, she fails in *RST* or *CAA* to substantively engage with the dilemma that theoretician or researcher generated interests present in or for the process of mediation. Indeed, if logical relations at  $T^1$  cannot be identified without introducing preconceived researcher ideas concerning those relations, then subjectivity informs the identification process. That the researcher's gaze will be directed by and introduce personally held opinions regarding structural (CS or SS) relations (i.e. which relations are likely to exist as well as their relative significance) is unsurprising – social theory's under-determination by evidence is an oft-quoted truism. Yet if, as Bhaskar asserts, it is in principle possible for transitive human explanations to make sense of intransitive reality and if, as Archer declares, MM theory can employ analytic histories to reliably describe social flux or stasis, then the contribution of the researcher, for example in determining time periods, cannot be ignored (discussed further §2 Chapter 2).

Problematically, since MM theory presumes that reality is structured, stratified and emergent and that retrospectively if not prospectively social

explanation but not prediction is feasible. It is presumably important to maintain that analytic histories cannot encompass purely capricious time periods, that they should delineate material from immaterial logical relations and that the events described should have identity. At a practical level Archer suggests that temporal intervals will be determined by investigators according to the 'problem in hand' (*RST*, p.76). However, Carter (2000) acknowledges that the choice of where to 'slice' (*ibid*, p.94) history is, to some extent, 'arbitrary' (*ibid*, p.98).

Archer, it may be noted, demands unconditional assent on the part of users to 'each and every' MM principle (*RST*, p.168) albeit that the four principles by which 'practical application' (*RST*, p.168) of MM is to be achieved do not clarify how, bar researcher fiat, the beginning ( $T^1$ ) or end ( $T^4$ ) of any particular analytic cycle is to be identified, or whether incomplete or ongoing cycles can be described using this theory. Archer might have given more attention to these issues and, in view of the emphasis given by CR theory to the possibility that agents may be ignorant or misled about their interests, the relative absence of reflection around kindred methodological issues vis-à-vis researchers is surprising.

Understanding the researcher's contribution within the explanatory process may be clarified if Geertz's distinction between 'the need to grasp and the need to analyse' (1973, p.24-5, cited Hammersley, 2005a, p.17) is considered. Interpretation (grasping) and analysis are, of course, intimately referential or Janus-faced (so that it would be foolish to draw too distinct a line between them). Nonetheless, it could be suggested that Archer's focus upon the analysis of relations and interactions pertaining within and between structure and agency inadvertently sidetracks or ignores the problem of interpretation. Thus, as described, *RST* and *CAA* provide limited guidance on how structures can be identified (grasped) by their emergent influences upon agency and, whilst Archer may be correct in stating that 'we do not

identify structures by interviewing people about them' (RST, p.177), the lack of engagement regarding the interpretation of agential statements and actions is problematic since researchers are thereby pushed to assume Nagel's (1986) 'view from nowhere' with regard to their object(s) of study.

In *Structure, Agency and the Internal Conversation* (2003a) Archer does speak to some of the problems associated with interpretation. Here she explores the possibility that tacit assumptions regarding the homogeneity of individual reasoning may be mistaken and in *CAA* she discusses and dismisses idealist or postmodern concerns regarding incommensurability and translation. Yet MM theory does not explicitly survey discourse analysis or the role of narrative structure in the construction of analytic histories (Sayer, 2000). No rationale is given for these gaps. However, similarities with Bhaskar's reluctance to engage with issues around terminology and language use are noted and it might be wondered whether Archer avoids these issues because, in part, she perceives a need to distance MM from idealist positions that do take such matters seriously. That is, having critiqued idealism's ontological credentials Archer may find it difficult to re-engage with their subject matter, a focus upon language use and its indeterminate nature and, within the realist frame, it is left to theorists such as Joseph and Roberts (2003) and López (2003) to address such issues.

#### Emergence and structural identification:

The difficulty that MM encounters with structural identification at T<sup>1</sup> reproduces or embodies problems inherent in retroductive analysis and Bhaskar's RRRE model (see page 96 this thesis). These problems are exacerbated by Archer's imprecise definition and use of the concept of emergence and they have, at their heart, the problem of the researcher's role in research practice.

Archer uses the term emergence in Bhaskar's sense (i.e. referring to the emergence of new strata) when ephemeral and inconsequential contextual happenings are contrasted with 'a special sub-class . . . [of such happenings] that is emergent properties, whose differentiating features are relative endurance, natural necessity and the possession of causal powers' (RST, p.167-8).<sup>viii</sup> However, Archer also refers to emergence as the product of the interplay of entities which themselves possess ontologically distinct emergent properties and whilst this definition can encompass emergence in the Bhaskarian sense, it may simply refer to the outcome of structural and agential interplay through analytic cycles, i.e. outcomes that need not represent new or distinct strata. Indeed, at points in Archer's writing structure and emergence appear to become interchangeable terms and this ambiguity is reminiscent of Groff's (2004) suggestion that Bhaskar allows the concept of emergence to carry a multiplicity of overlapping and divergent meanings. Within Archer's work the descriptor is used to differentiate between at least two separate processes (see above) and, perhaps, lucidity would be advanced if this was acknowledged in her writing. As noted, the effects of definitional imprecision are most keenly felt when, at T<sup>1</sup>, researchers are entreated to identify structures (the outcome of interplay between contexts, mechanisms and agential interaction in previous analytic cycles) as well as operative emergent generative mechanisms. In this process, it is crucial for the practical applicability of MM theory that theoreticians should be able to clearly distinguish contexts from mechanisms. Yet social realists differ about how this longstanding problem should be accomplished.

#### Contexts and mechanisms:

To illustrate the difficulties attendant in delineating contexts from mechanisms, problems which once more hark back to Bhaskar's use of retroductive reasoning

and the underdeveloped RRRE model as well as the researcher's role in MM theory, it is useful to consider New's (2001) report on the ESRC funded seminar series *Social Realism and Empirical Research*. Therein, New asked 'when is 'context' context and when is it mechanism?' (ibid, p.44) of Ray Pawson's claim<sup>ix</sup> that 'mechanism + context = outcome' (ibid, p.44) and, in a review of Pawson's argument regarding 'voting intentions, housing tenure and . . . class' (ibid, p.44), she notes that whilst, for Pawson, class structure formed part of the context in which voting decisions were made, for others (e.g. Byrne), class was a mechanism that motivated voting behaviour.\*

To paraphrase New's (ibid) commentary, whilst empirical researchers might portray class and housing tenure as interlinked variables that correlate with voting behaviour, from a realist perspective, variables do not cause behaviours, people vote and insofar as they act as role occupying agents, realists seek to reveal the webs of structural (social and cultural) relations that (as mechanisms) generate reasons (interests) for their actions.<sup>xi</sup> Yet it remains unclear whether class (definitional problems aside) or housing tenure form part of the context in or through which mechanisms work, or whether, class is itself a mechanism. If class is a mechanism that generates interests for agents then class causes, as a nomic tendency, voting behaviour. However, if class is merely part of the context in which voting decisions are made then it *need not be* a mechanism and it loses causal status in this instance.

The ability to distinguish contexts from mechanisms is therefore an important issue for realist social theory (as it is for others) and yet, as previously noted, Archer rarely uses the term mechanism in her writing.<sup>xii</sup> Instead she specifies that the key feature of emergent properties is homogeneity between internal and necessary components (viz mechanisms) 'rather than seemingly regular concatenations of heterogeneous features – of unknown provenance, undetermined

internal influence and uncertain duration' (*RST*, p.173). And it might be argued that in so doing she offers researchers a means to make this distinction (since contexts need not evidence this internal and necessary homogeneity). Nevertheless, Archer can be accused of allowing context an interest forming role (insofar as this is not prohibited) and, in addition, mechanisms and the interests they generate are, perhaps, too easily elided.

One way through this dilemma, is to re-focus upon the distinction between transitive knowledge and intransitive reality. Thus in both the social and physical realms mechanisms erratically cause events that may, or may not, be identified empirically.<sup>xiii</sup> Intransitively, processes and interactions happen however, when researchers:

select those parts and aspects of the complete causal structure that are relevant to a given situation . . . [the process of selection is necessarily] context dependent, and for that reason, they are not independent of human knowledge, interests and desires.

(Salmon, 2002, p.37)

Interrelated questions about (i) context-mechanism delineation, (ii) the place of researcher interests in MM theory and (iii) the difficulty of delineating the temporal span of study emanate, in part, from the failure of Bhaskar and Archer to engage with the question of event- or (where numerical modifiers apply) sortal-identity, that is problems of identity, persistence and change in the events or objects being described.

Dealing first with (iii); Bennett (2002), a non-CR theorist, suggests that event-identity (i.e. locating the degree and nature of coherence between, for example, a temporal period of study such as  $T^1$  to  $T^4$ ) requires agreement regarding the zonal fusion of event sortals (that is, clarifying how or when two or more

separate episodes or happenings constitute one event) as well as the principles that govern when an event can be described by the partial explanation of some aspect of it (distinguishing illustrative event elements from the event whole). Bennett (ibid), as described earlier in relation to CS propositional status, distinguishes between events and facts. (In CR parlance, intransitive reality and transitive explanation where *facts* are interpreted as CS propositional statements or SS descriptions.) This allows him to maintain (a) that it is the *purpose* of explanation that allows two or more event sortals to be combined under a single event rubric. (For realists the success of this enterprise depends upon the reality of the coherence thus postulated.) Whilst (b) disaggregating events from facts ‘frees us to hold that it is sometimes right to refer to an event through a phrase which gives only some of the truth about it, that is, immediately refers to some non-zonal [i.e. constituent] part of it’ (ibid, p.59-60).

Salmon’s (2002) quotation (above) emphasises the *purposiveness* of research and echoes Groff’s (2004) comments regarding the intentional nature of explanation. It implicitly acknowledges and accepts the impact and significance of the determining role of researcher interests in this process (point ii above) suggesting that it is the researcher who identifies – must argue for – event-identity. Likewise, from a realist perspective, it might be supposed that the researcher must support arguments for mechanism identification through partial event description since the *full* range of nomic interactions operative during any temporal period (event sequence) will, in all probability, forever be inexplicable (see also Bennett, 2002). Similar arguments can be made regarding the identification of substance sortals, that is, the identification of unitary mechanisms, objects or things, or phase sortals, which refer to ‘a substance only during certain phases of its existence’ (Whiting, 2002, p.192).



Salmon's (2002) citation might also suggest that mechanisms differ from contexts (point i above) insofar as researcher interests represent or focus on contextual cause-effect relations that can, as stated, only encompass a fragment of total mechanism interaction.<sup>xiv</sup> And yet, as Rescher (2002) argues, allowing *purposiveness* such an important and overt role in explanation is problematic for realists since this reintroduces idealist themes into the process of investigation.

. . . commitment to realism is . . . not a product of our *inquiries* about the world, but rather reflects a facet of how we *conceive* the world . . . Realism thus harks back to the salient contention of classical idealism that values and purposes play a pivotal role in our understanding of the nature of things. And we return to the characteristic theme of idealism – the active role of the knower not only in constituting but also in the constitution of what is known.

(Rescher, 2002, p.255-256 – emphasis in original)

Neither Bhaskar nor Archer explore the place or role of the researcher in realist inquiry and this absence, particularly in the work of Archer, is problematic insofar as it impacts upon mechanism identification and the disaggregation of mechanisms from contexts – procedures required by those who seek to apply MM theory in practice even if, as in the case of Archer, one must talk about emergent properties and contexts. Researchers using MM have therefore to become theoreticians. They must look beyond Bhaskar and Archer for guidance and, in making this move, the potential for idealist or constructivist themes to re-enter MM practice is evident insofar as the *values and purposes* of the researcher rather than the phenomena being researched may now take precedence. Thus whilst New (2001) succinctly states the realist position regarding realist research practice:

the first thing a researcher will do is to identify her ontology. The realist researcher will take the stratification of social reality . . . as her theoretical starting point, and will identify which elements . . . apply to the social context . . . As a realist, our researcher is not interested in establishing . . .

incomprehensible links [between events] . . . but in teasing out what internal and necessary relations obtain . . . and specifically what generative mechanisms have, in this particular context produced . . .

(New, 2001, p.44)

In actuality:

Deciding what and how to study is a matter of deciding on what to abstract from the myriad relations, practices and processes which make up human life. The question of abstraction is . . . an important question for the whole of the social sciences and humanities even if on many occasions the method of abstraction is not discussed explicitly.

(Dean *et al*, 2006b, p.13)

Speaking from within a realist perspective Dean *et al* (*ibid*) here acknowledge the problem of subjectivity insofar as abstraction must perforce be guided by researcher interests. However, it is not clear that the focus given here to the researcher's role in MM or CR theory (as well as the introduction of alien concepts such as 'sortals') would be welcomed by either Bhaskar or Archer. As will be seen, §2 finds it necessary in describing realist research practice, to reference these and other issues raised in §1 Chapters 3 and 4. In particular, it is asserted that practising researchers must recognise the purposiveness of their orientating gaze, as well as the potential usefulness of notions such as sortal descriptors if they are to usefully work through the MM.<sup>xv</sup> As ever, the problem for social realists is that whilst they claim that it is, or should be, possible to reach robust and fallibly accurate explanations of structural and agential development or reproduction, difficulty continues to surround the move from theory to practice.<sup>xvi</sup>

#### Conclusion to critique and commentary upon MM theory:

At one level, the challenges to MM theory are those which confront *all* sociological theory, i.e. what forms of explanation are defensible, what do concepts and language actually depict and how is causation or change to be described? Specific

criticism must be met. However, it would be inappropriate to single out MM theory for failing to resolve the riddles that beset all forms of social theorisation.

Archer, like Bhaskar, does create avoidable problems (e.g. through the use of imprecise concepts). Yet the very lucidity of Archer and Bhaskar's reasoning makes these shortcomings evident. Thus realism, 'unlike some other approaches, is upfront about its ontological presuppositions' (New, 2001, p.43) and it therefore compares favourably with postmodern or idealist writing that declines to engage in the detail of causal argument as well as empirical work that denies the implications of open system indeterminacy (Collier, 1999).

Despite the problems identified here with Archer's work, MM theory makes headway in developing Bhaskar's insights concerning causality and the relational nature of social relations into a workable, if imperfect, model for use by researchers. MM theory demonstrates concordance with CR at every point in its development albeit that Archer does not always use Bhaskar's nomenclature or explain the links between MM and CR as clearly as she might.

MM can be criticised for remaining at an abstract level. However, Archer acknowledges this and, insofar as MM shifts CR from philosophy towards methodology, critics should recognise the tentative or provisional nature of this enterprise as well as the difficulty attendant in moving from the rarefied ontological heights into the lowlands of methodological and practical implementation. As Bourdieu (1990, p.19) notes, only those who refuse to get their 'hands dirty in the kitchens of . . . [actual] research' can maintain the purist or aristocratic demeanour of abstract theoreticians and, in this study, the messiness of applied theory is hereafter explored in §2.

## Endnotes - §1, Chapter 4.

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- i            Though see *RST*, p.302 footnote 3.
- ii            Although it is analytically important to distinguish between first order (ethical) moral and normative from non-moral, non-normative propositions, it should be noted that: ‘The majority of descriptions of human activities contain explicit or implicit evaluations’ (Trusted, 1987, p.17). These evaluations frequently contain second order (moralising) judgements and separating facts from values is, in practice, often difficult.
- iii           A presumed typographical error is corrected in this quotation – ‘is’ appears in place of ‘it’.
- iv            Like Bhaskar, Archer ignores Russell’s ‘canonical account’ (Butchvarov, 2002, p.284) of propositional relations. Butchvarov (*ibid*, p.284) cites Whitehead and Russell (1962) in stating that according to Russell, ‘propositions are either atomic (e.g., “Socrates *is* human”), or molecular (e.g., “Socrates is human *and* Plato is human”), or general (e.g., “*All* humans are moral”) in respect to their logical form.’ Significantly, relations between propositional statements can be influenced by the form of their expression (form and content may be variously allied) and ignoring this aspect of argument can produce logical anomalies. Regarding alternative views, Archer notes that if the basic principles of realism are accepted then disagreements ‘can flourish about which structures, what types of interplay and what outcomes should be prioritized and how they ought to be analyzed, but without any discord over the nature and format of explanation itself’ (*RST*, p.160).
- v            Howson (2000, p.96) takes issue with Karl Popper when he notes that ‘Popper’s idea of ‘logical’ probability is a function defined on sentences which reflects just the purely logical relations subsisting between them. The trouble with this suggestion is that there seems to be an infinity of such functions, as many indeed as there are functions satisfying the probability axioms.’ Although this comment occurs within a radically different form of discourse it is clearly salient to Archer.
- vi            This is not a denial of proof by effect. Archer here wishes to carry the argument that the purpose of retrospective analysis is not simply to identify structures; rather it aims to develop histories of emergence. Carter (2000, p.93) makes a similar point when he suggests that at T<sup>1</sup> researchers ‘need three levels of analysis.’ These are: (i) identification of structural emergent properties and causal powers, (ii) definition of agential experience and (iii) the linking of structural properties and powers with agential action(s) ‘the who and where questions’ (*ibid*, p.93).
- vii           See also page 113 this thesis.
- viii           Alternatively, Elder-Vass (2005b) suggests that Archer misuses the term emergence in Bhaskar’s sense since *RST* illustrates the concept using examples that more appropriately describe effects by aggregation rather than the emergence of new and ontologically distinct strata. For an extended discussion regarding Archer’s use of the concept of emergence and the relation between emergence and social structure see: Elder-Vass (2007a, 2007b), King (2007a), Porpora (2007) and Varela (2007).
- ix            Developed Pawson (2006) and Pawson and Tilley (1997).
- x            Archer claims that class is properly defined as a structural emergent property (SEP) since class emerges from social roles, institutions and systems. Moreover, she distinguishes SEPs (which are materially grounded, have generative powers, are irreducible to the actions of agents and are relatively enduring) from mere ‘taxonomic’ categories (e.g. class as constituted by the Register General) which only record aggregate consequences (or similarities) and lack relational mortar (*RST*, p.178). However, it remains unclear how, in practice, researchers are to confidently identify whether the object of consideration is a structural or cultural emergent property.
- xi            Cruickshank (2003a) concurs.
- xii           The term mechanism is present (e.g. *RST* pages 71, 90, 295, 296 and 326) though ‘mediators’ is preferred (*RST*, p.153).

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<sup>xiii</sup> Empiric here refers to identifiable events and occurrences. These can be qualitative or quantitative.

<sup>xiv</sup> Likewise, New (personal communication – August 2005) suggested that contexts and mechanisms are essentially synonymous, being differentiated in practice by the investigator's perspective or research gaze (the position proposed within this text). This approach has the merit of cutting the Gordian knot of overwhelming complexity. Yet it might be argued that, metaphorically, the difference between mechanism and context may alternatively be likened to that between tidal currents and surface flotsam since mechanisms refer to phenomena operative in the intransitive realm of the real (they are the 'way of acting of a thing' RTS, p.51) whereas context, in the common sense, refers to the total coincidental arrangement of contingent relations. Responding to this suggestion New (personal communication – October 2005) allowed that context can take two forms. Causally effective context could directly or indirectly trigger or influence mechanism operation, whilst non-causally effective context would be essentially inert. Defining context in this way accords, New (ibid) proposes, with Ray Pawson's position in *A Measure for Measures* (1989). This definition differs markedly from that advanced above and is here rejected. Permitting context a role in mechanism operation is problematic. It seemingly (i) grants causally effective context mechanism status in a manner that (ii) permits context to function within the realms of the real, the actual and the empiric and, if this is the case, (iii) non-causally effective contexts can presumably exist unexercised within the realm of the real. It is this last element (iii) that may be seen as illogical or, at least, contentious and New (personal communication – April 2006) has now reverted to the argument of August 2005 specifically because 'context is a vague term which doesn't specify levels and therefore excludes events.' If the context-mechanism relation is defined according to researcher interest, then New's move back to the position of August 2005 appears to have been made on illogical grounds albeit that the position now taken is defensible. This is clearly a complex and difficult area.

<sup>xv</sup> Grandy (2007) perhaps undercuts this claim when he criticises sortals on the grounds of imprecision.

<sup>xvi</sup> To complicate matters further, attention might be directed to the nature of chance in MM theory for, in noting that 'contingency is not random, but arises out of the differential realisations of earlier outcomes', William and Dyer (2004, p.83) suggest that contingency and context may be more closely aligned than is usually conceded. Howson (2000, p.219) notes that 'there is still . . . controversy about the nature of chance'.

## Section 2 – Chapter 1

### Theory and Practice

§1 described MM theory and the philosophy upon which it rests and, in §2, MM theory structures an investigation into aspects of hospice activity at one organisation in central England. §2 Chapter 1 bridges the theoretical and applied elements of this thesis and, to this end, it is arranged under the following headings: (i) Permission to proceed (gaining formal access), (ii) Ethical responsibility, (iii) Ethical responsibility, a critique, (iv) Data, evidence and theory, (v) Interviews, data collection, (vi) Interviews, data analysis, (vii) Template analysis, (viii) Template analysis, aptness for realist research and (ix) Situating the researcher in the research.

#### Permission to proceed (gaining formal access):

The researcher was employed as a full-time staff nurse at the hospice study site from April 2000 to December 2002. However, data collection did not commence until November 2001 when the researcher was registered as a research student and permission to proceed was given by the sponsoring University and hospice.

Ethical approval was granted by the Cheltenham and Gloucester College of Higher Education (subsequently the University of Gloucestershire), as part of the RD1 higher degree registration process (Appendix A) and, after a period of intermission, following administrative changes that prompted the departure of the researcher's Director of Study and two Supervisors to other locations, the University of the West of England re-granted approval when the researcher transferred between Universities and secured a new Director and Supervisor (June 2004) (Appendices B:1-2 and C:1-4).

Permission to proceed with research at the hospice was sanctioned by duly authorised personnel who included but were not limited to the Chief Executive, the Medical and Nursing Directors and lead Chaplain. Before approval was given, discussions took place concerning possible disruption to clinical practice, anticipated findings-conclusions, questions regarding confidentiality and anonymity and protection of the hospice's reputation. Following approval (Appendix D), staff at the research site were notified in broad terms about the study's aims and methods at an open meeting and via internal hospice documentation. The study did not require NHS ethics committee approval – the hospice is an independent charity, only a small fraction of its income comes from statutory sources, no patients were involved and the work was privately funded.

#### Ethical responsibility:

Interviews with clinical, administrative and managerial hospice employees provided study data and, for researchers, interview recruitment, conduct and data use carry ethical obligations.

Purposeful recruitment was employed to access a diverse range of staff groups (see 'Interviews, data collection' page 166 this thesis). However, it might be objected that, for a variety of reasons (e.g. imbalances in power relations or the demands of friendship), some staff may have felt compelled to consent or participate (Liamputtong, 2007; Arraf *et al*, 2004; Mueller, 2004; Stevens *et al*, 2003). Hopefully this was not the case and it can equally be argued that familiarity with the researcher, a co-worker, would embolden those who wanted to decline to do so. One person did say no when asked to participate and nobody withdrew following the researcher's departure from the study site. This could indicate that coerced recruitment did not occur.

Participating staff were *re*-informed about the study at two points. First, information was given before written consent was obtained (Appendix E). Second, discussion about the study formed part of the interview process. Interviewees were made aware of their 'right' to withdraw from the study at any time and, following transcription, a verbatim interview report was offered to participants so that they could identify comments that, upon reflection, they might wish to retract or clarify. Allowing interviewees the chance to check and review comments probably enhanced participant confidence in the research process since it suggested that interviewee interests were being respected. Further, this procedure arguably bolsters descriptive data validity or factual accuracy (but not interpretive validity) albeit that, following Sjöström (2002), it is here recognised that transcription inevitably distorts and reduces data complexity and richness and no singly correct transcription is possible (Cohen *et al*, 2000). Recordings were destroyed following transcription.

From the researcher's perspective it was desirable that interviewee remarks could be linked with role or position descriptors. However, this generated difficulties insofar as a significant number of participants occupied roles or positions that are unique or held by comparatively few people. In consequence, quotations potentially identify speakers to anyone aware of the identity of role or position occupants. This possibility was brought to the attention of interviewees, those at the hospice charged with granting permission for the study and it is discussed in the RD1.

The relatively small size of the hospice and the specificity or distinctiveness of hospices (Lawton, 2000; Connor, 1998; Clark *et al*, 1997) also contributes to the problem of maintaining interviewee anonymity since descriptions of the hospice, however circumspect, might yield information that would enable informed readers to locate the study site and, hence, participants. The possibility and implications of



site identification were brought to the attention of those charged with granting permission for the study to proceed as well as prospective interviewees. To minimise but not eradicate this risk only a brief description of the hospice is provided (§2 Chapter 2).

To protect participants from embarrassment associated with unwitting identification, interviewees were asked to imagine that, regardless of formal anonymity, they were at all times speaking to a public audience that included work colleagues and, where applicable, senior staff. Thus, as a protective device, participants were asked to speak in a considered manner that presumed identification. Interviewees were also made aware that comments could have a wide audience if embedded in study outputs such as journal papers. Participants were assured that quotations would only be linked with roles or positions when, in the researcher's opinion, no harm to them would occur. Interviewees were thus asked to trust that the interviewer would protect their interests.

It is beyond the purview of this study to explore, in depth, the effect upon data capture and analysis of the mutually interacting personalities, expectations and understandings of researcher and interviewees. However, prior familiarity, collegiality and in many instances friendship between researcher and participants was both a benefit and potential hazard in data collection and analysis.

Positively, good relations between interviewer and interviewee can engender trust (see above), help negotiate informal access to participants, reduce anxiety regarding the interview process (e.g. surrounding the recording of dialogue) and enhance communication as descriptive terms, abbreviations, slang and exemplar stories are easily shared among work colleagues (an example of positive benefit is provided later in this Chapter). Negatively, prior 'familiarity' and preconceived expectations on the part of the researcher regarding participants can lead

interviewers to make assumptions that a naïve or unfamiliar researcher would avoid (Hammersley and Atkinson, 1995, p.103) and, in consequence, a limited or distorted range of 'questions' (discussion themes) may be posed to interviewees.

Likewise, prior familiarity and preconceived expectations on the part of interviewees regarding the interviewer might lead them to construct or curtail utterances in a manner that would not occur were an unknown researcher present. Interviewees may thus reveal or disclose more or less about their thoughts or feelings to a familiar rather than unfamiliar interviewer. Interviewee restraint is a threat to research that relies upon frank disclosure, whilst overexposure potentially risks participant embarrassment and censure.

Recognising that the researcher has a responsibility to protect participants from overexposure, all interviews, as stated, commenced with a recommendation that interviewees consider their comments as being made within the public domain and, as noted, participants were invited to review interview transcripts. The success of this procedure might be inferred from the fact that no participants asked for transcript cuts or alterations to be made (although this could also indicate naivety or disinterest on the part of interviewees). A critique of this process is advanced below.

Interviews were not conducted with patients or their families or hospice volunteer workers and their anonymity is maintained absolutely. However, despite requesting interviewees not to use patient names or the names of non-clinical or non-professional staff such names were, on occasion, mentioned. When this happened it was possible, in some instances, to replace the identifier with a pseudonym so that meaning was preserved. However, since hospice personnel might read outputs from the study, since the incident being described might be rare or distinctive and since, in a small organisation, most staff had a good overview of what occurred, it could not be guaranteed that pseudonyms safeguarded anonymity

and, to ensure that patients, families or others were not identified to hospice staff as well as the readers of study outputs, it was often appropriate, despite the loss of data, to omit transcript passages in which patient or family or other names or details appeared. As will become clear, participants robustly expressed conflicting attitudes on a range of issues and, inevitably, co-workers with whom they disagreed are identified. Pejorative comments were rarely made and are not here reproduced.

In addition to interview data, the researcher, as participant observer, kept a limited number of observational notes. These notes tended to be reflective rather than procedural or descriptive and individuals were not identified in these writings. Where procedural or descriptive notes involved staff, the individuals concerned were informally (verbally) asked whether they objected to anonymised note taking – none did. Following Seale (1999), distinctions between procedural, descriptive and interpretive records were maintained albeit that distinctions between these categories are often of degree rather than kind.

#### Ethical responsibility – a critique:

The actions outlined above hopefully indicate that reasonable measures were taken to protect from harm the individuals and organisation who kindly agreed to participate in this study. Nevertheless, at least two critiques of this process must be noted. First, the role played by researcher judgement in protecting participants from overexposure requires explication. Second, it might be suggested that an unnecessarily individualist or biomedical model of ethical good practice is here assumed.

Researcher judgement was exercised when interviewees made reference to their extra-professional lives or revealed details about extreme emotional reactions to witnessed events at the hospice. Where personal disclosure had no bearing on the

study and when disclosure did bear upon the study but the sentiment expressed was at a level or depth that might be considered unusual or 'out of character' then it can be argued, given the privileged status of individual experience in Western society, that such data should be omitted from transcripts to protect interviewees from 'overexposure', a term that here denotes potentially damaging unwitting or inadvertent self-disclosure.

That the interviewer has a duty to protect participants from overexposure rests upon linked assumptions regarding the naïve status of interviewees and the potential for harm to result from making public that which is deemed private. Regarding naivety, Bulmer (1982) questions the degree to which interviewee consent can ever be truly informed and Bosk (2001) suggests that the 'cover stories' (ibid, p.204) researchers advance to gain access to subjects and the implicit 'flattering' (ibid, p.206) that occurs to encourage data disclosure inevitably generates 'insuperable ethical problems' (ibid, p.200). Here, despite being as 'open' as possible about the research's aims and methods, interviewees were probably unaware that interview techniques sought to encourage disclosure (a process facilitated, in part, by prior familiarity with the interviewer) and oblivious to the ways in which recorded data can be manipulated.

Very occasionally interviewees indicated, during an interview, that they did not want to be recorded (e.g. they stated comments were "between us"),<sup>i</sup> alternatively, other interviewees gesticulated or nodded towards the microphone in a manner that suggested the off-record nature of remarks. When statements or indicators were unambiguous the interviewer treated them as instructions and appropriate edits were made. A bracketed '[edit]' appears in transcripts at such points. However, excepting the obvious, relying upon interviewers to recognise and

adjudicate on whether interviewees are revealing 'too much' about themselves is procedurally, emotionally, ethically and technically problematic.

Procedurally, deciding whether personal revelatory material is or is not relevant to a study is difficult because relevance is not generally decided until an advanced stage in analysis and theory building and, at that point, material may already have been used. Emotionally, prior familiarity or friendship can exacerbate discretionary dilemmas since researchers may assume an overly protective attitude towards participants and information can, in such instances, be discarded unnecessarily (Anspach, 1993). Ethically, balancing legitimate research interests against the need to protect participants is complex. It is here assumed that the ethical status of research is compromised if interviewees are overexposed regardless of whether data are then used exploitatively.

It is also technically difficult to decide when interviewee comments are overexposing and out of bounds, or freely given admissible study data. §1 Chapter 4 emphasised that researchers exercise personal judgement vis-à-vis data identification and use. Researchers choose how and in what ways they will inform participants about the full, real or true purposes of study just as they decide 'what they are to say (or not to say), what to record (or not to record) and what to write (or to censor)' (Anspach and Mizrachi, 2006, p.723). None of these issues is straightforward and poor choices are easily made. To compound the difficulty, extra-research interests and 'competing expectations . . . [exist about] what to reveal or conceal in the interests of confidentiality' (ibid, p.713). Research careers may best be served through the exposure of new and novel findings and self-interest as well as a desire to do good work inevitably creates an 'intractable dilemma . . . [between] doing good work and doing good' (ibid, p.714), where doing good implies or requires the suppression of revelatory material. Hopefully, few researchers wittingly exploit

participants and, erring on the side of caution, suspected instances of overexposure are not here reproduced. Nevertheless, ambiguity inevitably exists where acceptable revelation shades towards unacceptable overexposure.

Remarks by participant B:a illustrate one form of potential overexposure. This participant expressed, over the course of several minutes, intimate and detailed fears regarding their own death in relation to certain forms of witnessed violent death. It is unlikely that B:a would have been aware of the visceral or dramatic post-transcription nature of these comments and, were this material used injudiciously, B:a might justifiably feel exploited. Given the subject matter of this research, similar types of revelation were not unusual and, for example, participant C:a used near identical descriptors and examples to describe forms of witnessed death that, in C:a's words, 'fills you with sheer panic.'

Protecting participants by omitting material from research reports is relatively straightforward once the potential for exploitation is identified. However, researcher ethical responsibility need not end with omission. It is, for example, recognised that staff anxiety concerning own death can distort staff-patient communication thereby impoverishing care delivery (Heaven and Maguire, 2003). When, as happened, participants disclosed anxiety about their own death it could be proposed that, to protect patient care, the interviewer should alert participants to the potential clinical or practice implications of their anxiety. Further, *if* the researcher's ethical duty extends to non-participants then, regardless of confidentiality, relevant managerial staff should perhaps be informed.

In actuality neither of these courses was taken and, following Fisher *et al* (1996), this study may be criticised for inaction albeit that, from a medical ethics perspective, Kipnis (2007) supports the maintenance of participant confidentiality *over* societal rights. This divergence in outlook, between researchers and ethicists

who privilege restricted conceptions of participant or individual rights and those willing to address broader non-participant or collective rights is significant. Mill (1985 [1859]) argued that individual rights require social or collective support just as social goods derive from or rest upon the protection of individual rights. However, the relationship between social and individual rights is complex and contested. Here societal claims are contrasted with or against a problematised ethical individualism.

Valid and widely accepted arguments support the claim that vulnerable people (and presumably institutions) should be defended against exploitation (e.g. Simmons, 2007; Sellman, 2005; Creswell, 2003). However, unbounded commitments to protecting study participants are problematic when protection acts to safeguard wrongdoers from exposure. Should this occur, realism's emancipatory aspirations may be thwarted as intransitive social reality remains hidden and unequal power relations (or 'bad' or dangerous practices) continue undisturbed.

Putting 'death anxiety' to one side, in conducting this study a limited amount of restricted information was given to the researcher by powerfully placed individuals in the hospice that, the researcher believes, ought to have been widely shared. That unease can be engendered in researchers occupying conflicting, discrepant or dual roles (e.g. colleague and friend and privileged or knowledgeable outsider-enquirer) is recognised (Tinney, 2008; Simmons, 2007; Wilkes and Beale, 2005; Francis, 1999; Jones, 1996; Goffman, 1990 [1959]). In this instance high moral principles were not at stake. However, the unrestricted nature of assurances given to both participants and organisation foreclosed on several avenues of enquiry and this study's investigative prearrangements were thus, perhaps, too constraining.

Moral, legal and professional injunctions govern ethical behaviour in health and social research. Fixed as standards or guidelines (e.g. BSA, 2007; DH, 2007; ESRC, 2007; NHS, 2007; SATSU, 2007), these injunctions are, where they apply to

health care, augmented by a strong individualistic focus in much nursing and medical ethics discourse (Battin *et al*, 2007; Steinke, 2004) and a criticism of this thesis is that prior professionalisation and its attendant privileging of individualism led this investigator to initially overplay the importance or place of one reading of individual rights in relation to ethical research practice.

However, if research is a part of nursing (Hek and Moule, 2006) and if 'there is not and should not be any unified, single, and coherent angle from which to judge what ethical perspective is relevant to nursing practice' (Nortvedt, 2006, p.109) then it can be argued that, from both moral and professional regulatory perspectives, an ethics of social and political responsibility might, in exceptional circumstances, override individual rights (e.g. rights to anonymity or protection against overexposure).

A more fulsome discussion of this topic would explore ethical distinctions between grades or levels of individual right infringement. Thus it might be suggested that serious breaches of individual interests (e.g. forced recruitment into potentially harmful drug trials) are more difficult to justify on social grounds than lesser breaches (e.g. anonymously accessing hospital employee data to assess staff age profiles). 'Rights' interpretation is however, socio-cultural and historically contingent. The relative value given to individual and social rights has varied hugely over the recent past (Halpern, 2001) and distinctions regarding degrees of rights infringement are therefore mutable.

Further, discussion of method or research process acceptability must delineate ethical issues from what is permitted since an act or method may be ethical and permitted, unethical and not permitted, ethical but not permitted or unethical but permitted. This schema assumes however, that agreement is possible on what is ethical or permitted as well as who decides (Miola, 2007; Hoefler, 2000). Yet ethical



assumptions not only differ over time and place, they also vary between disciplines (e.g. sociology and medicine). Ethical assumptions influence research design by allowing or excluding methods from consideration (Anspach and Mizrachi, 2006). Physician and nurse interests may diverge on ethical as on other issues (McBurney, 2001); nevertheless, putting inter-professional differences to one side, it is interesting to note that: 'Sociologists who do field work in medical settings face an intractable tension between their disciplinary field, which takes a critical perspective towards medicine, and their ethnographic field, which often includes physicians' (Anspach and Mizrachi, 2006, p.713).

Potential ethical dissonance between clinicians (here physicians and nurses) and sociologists might involve the legitimacy or otherwise of, for example, complete participant research. As described by Hammersley and Atkinson (1995, p.105) complete participants conceal their inquisitive role so that they may access and pass as authentic members of a study group. In anthropology this method has long generated controversy. For example, Bulmer (1982, p.6) notes Franz Boas's 1919 outrage at the supposed misdemeanours of covert government anthropological researcher-spies and Darnell (2008) and Willis (1972) pursue similar themes. In modern clinical research, the non-revelation of researcher identity and activity would probably be viewed negatively, as denying the right of those researched to absent themselves from study (Simmons, 2007; Denzin and Erikson, 1982).

Nevertheless, despite such qualms, startling and important exposés such as Caudill *et al* (1952) and Rosenhan's (1973) investigations into psychiatric institutions have been generated by this type of investigation and it may therefore be argued that ethical norms should not *tout court* dictate method acceptability. Indeed, whilst ethical customs undoubtedly influence research practice, dominant norms can be challenged. For example, assumptions linking respect for autonomy with informed

consent have been criticised (Kristinsson, 2007) and, more provocatively, Hoeyer *et al* (2005) challenge health care researchers to consider whether social or political interests might, on occasion, trump individual rights when they note that, complete participation notwithstanding, utilitarian rationales and politically radical ideas have been employed by anthropologists and social scientists to justify a different approach to ethical practice from that celebrated by most healthcare researchers (see also Hoeyer, 2006, Hoeyer *et al*, 2006 and de Vries *et al*, 2006). Thus, despite much commonality, differences regarding the ethical acceptability of research practices exist between disciplines and, to illustrate this claim, it is for example startling that, in contrast to the generality of clinical research (nursing and medical) discourse, Saillant and Genest's (2007) text on medical anthropology is effectively silent on the issue of subject or participant rights.

Scholte (1972, p.431) notes that: 'Intellectual paradigms . . . are culturally mediated, that is, they are contextually situated and relative.' Insofar as disciplinary ethical norms contribute to such paradigms and insofar as norms prescribe the acceptability or otherwise of investigative practices, researchers who cross real or imagined disciplinary boundaries should perhaps overtly consider and acknowledge the underpinning ethical orientation that their work imbibes. This study combines philosophy and theory with sociological investigation in a clinical setting. Philosophically, CR has, as acknowledged, strong Marxist roots and it might therefore be suggested that, whilst not all realists are Marxists, politically many realists, indeed many sociologists, will be receptive to the idea that, in undertaking research, group or collective as well as individual interests deserve ethical consideration. That said, the practical arm of this study was planned and conducted using a version of research ethics (biomedical and nursing) that overwhelmingly valorises individual autonomy. Reflection upon this dichotomy suggests that,

although participants must be protected against the unwarranted intrusions of feckless researchers, too blinkered a focus upon individual rights in health related studies may have a malfeasant effect upon societal interests as well as research investigative choices.

Biomedical and nursing assumptions regarding the inviolability of participant or subject rights, assumptions that appear to be lodged widely in nursing research and ethics texts (e.g. Lindsay, 2007; Johnson and Long, 2006; Parahoo, 2006; Watson, 2006; Andanda, 2005; Bowling, 2002), can and perhaps should therefore be questioned. Two forms of critique are here advanced.

First, these texts conflate or link biomedical and nursing ethical assumptions regarding the primacy of individual rights in research with or to *all* health related research. Thus, for example, Andanda (2005, p.14) cites the *Declaration of Helsinki* (WMA, 2004) and the Council for International Organizations of Medical Sciences (CIOMS, 2002) *International Ethical Guidelines for Biomedical Research Involving Human Subjects* to support the claim that: 'Any medical treatment, healthcare activity or research requires the consent of the patient or person directly affected by such activity.' Echoing the point made earlier, whilst strong arguments support the claim that individual consent should generally be sought for medical and pharmacological research that involves potentially harmful interventions or treatments, it is not necessarily clear whether, or on what grounds, the same level of protection must be assigned to the subjects of health related social science investigations where no significant, immediate or obvious risk is imposed.

Second, the British Sociological Association's (BSA, 2007 [2002]) *Statement of Ethical Practice* sanctions research behaviours that might be viewed as problematic by some nurses. For example, it recognises that 'where power is being abused, obligations of trust and protection may weigh less heavily'<sup>iii</sup> (ibid, clause 15) and it

suggests that whilst 'covert methods [e.g. complete participant research] violate the principles of informed consent' (ibid, clause 32) they 'may be justified in certain circumstances' (ibid, clause 31) (see also Bulmer, 1982). Situated alongside comments from Howarth and Kneafsey (2005, 2003) on the unnecessarily constraining impact of the Research Governance Framework (DH, 2007, 2001b) as well as suggestions that conscience, rather than legislation, must ultimately arbitrate on ethical practice (Denzin, 1970), the BSA's willingness to consider practices that run counter to much current healthcare thinking challenges the ethical norms that many nurse researchers accept.

To recap, in undertaking this study, *dis-ease* on the part of the researcher in obtaining information that, in his view, should have been widely available, did not raise matters of high conscience. Nonetheless, reflection on the researcher-participant and researcher-organisational relationship indicates that the pursuit of critical lines of investigation was marginally hampered by three factors. First, the need to assure study site access probably encouraged overly prescriptive assurances to be given regarding the study's remit (e.g. it was tacitly agreed that some forms of personnel and role difficulties would not be pursued). Second, individual friendships with participants as well as personal loyalty to the hospice may have unwittingly restricted the candour with which problems were identified and addressed (i.e. in contrast to Lawton, 2000, this researcher cannot claim an outsider's critical gaze). Third, prior professionalisation into the role of nurse influenced the manner in which ethical obligations were recognised and met.

#### Data, evidence and theory:

It is important to clarify the relationship between data, evidence and theory. §1 Chapter 4 argued that data and evidence recognition or 'grasping' and theory

informed analysis or 'interpretation' are intimately linked. Data and evidence here come from three sources. Primarily, data and evidence come from interview transcript analysis. In addition, hospice and palliative care literature *and* observations and reflection made in and on clinical practice constitute data and evidence. Non-transcript data and evidence is recognised because, following §1, data becomes evidence when related to theory and neither data nor evidence exists apart from theory. Theory thus directs the identification and ordering of data and evidence and, in this process, limits need not be placed on the sources theory utilises (Cruickshank, 2003a).

In this study theory has four distinct meanings. First, theory refers to high level philosophical discourse (CR theory), second, high level methodological discourse (MM theory), third, research generated theories regarding structural and agential interaction at the study site and fourth, interview transcript data coding and organisation.<sup>iii</sup> Research narratives that coordinate explanation across these theoretic levels honour the logical ties that, realism claims, bind ontology, epistemology and methodology.

Realist research begins with the transcendental question: What must the world be like for this to be possible? Here 'this' refers both to empiric<sup>iv</sup> occurrences and transitive theories about those occurrences, whilst 'the world' refers to postulated intransitive structures that generate empiric occurrences. Explanation in MM involves the identification and temporal 'mapping' of relations between social (SS) and cultural (CS) structures via or through descriptions of social (SI) and socio-cultural (S-C) interaction (i.e. establishing the complementary or contradictory situated social and cultural logics that pertain between agents). To support this process §1 emphasised MM theory's grounding in Bhaskarian realism and, although Archer is reluctant to use these terms, it is henceforth assumed that, in plotting the

links between structure and agency, researchers using MM disclose (reproduce or retrodict) the generative causal mechanism(s) that lie behind empiric occurrences. Data are therefore ‘read’ within a complex system of theoretic presumptions. Retrodution and retrodiction does not ‘await’ data collection or analysis. Indeed, inferential *looking back* or *looking beyond* accompanies and directs data collection and analysis *because* theory is not separate or apart from data.

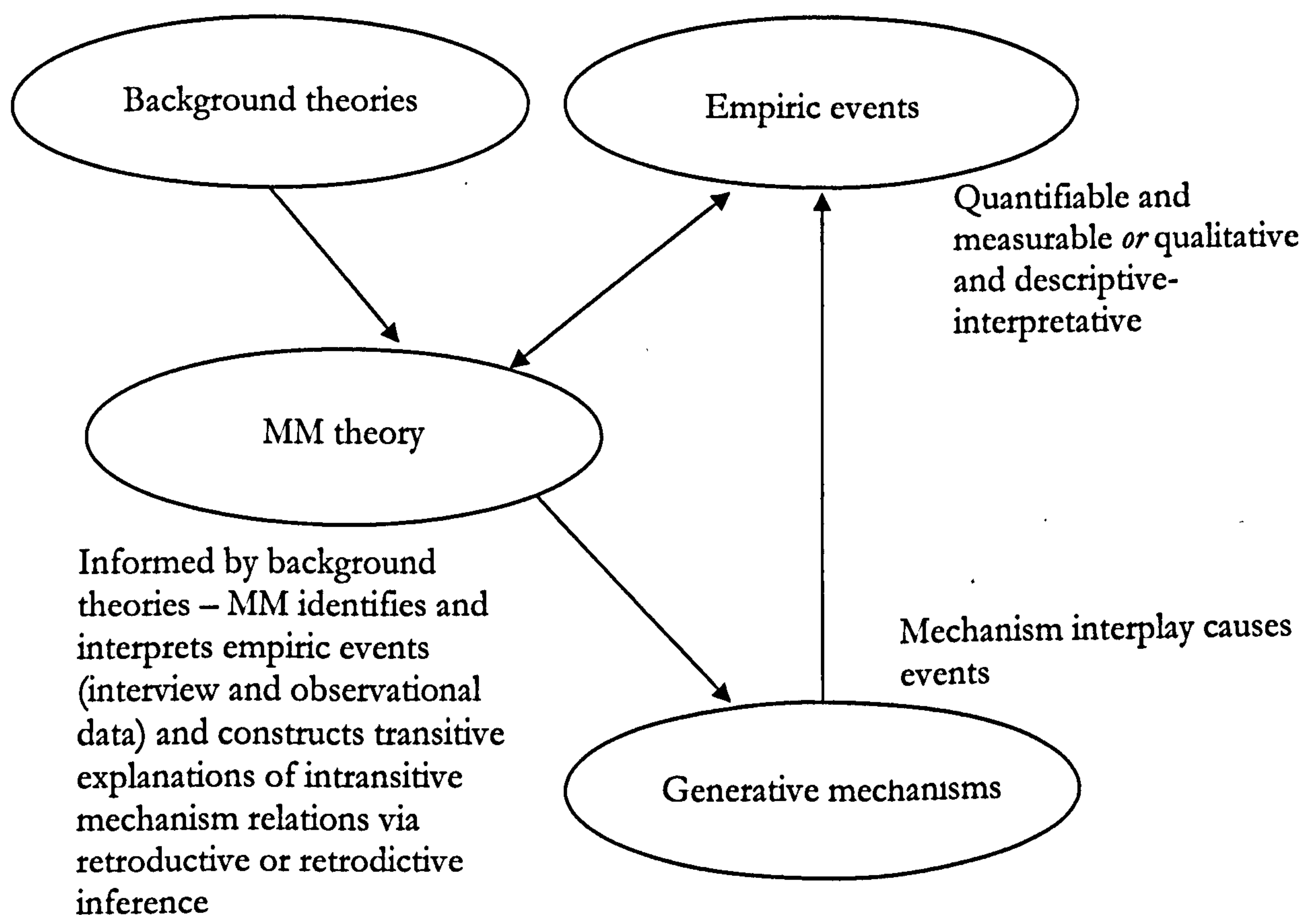


Diagram 4 – Mechanisms, events and MM theory (from an idea by Mearman, 2008)

The research process followed here, linking empiric events with their generative causes through MM modelling, is pictorially represented above. Diagram 4 suggests that ‘the empirical level is the access point to the transitive dimension’ (Downward and Mearman, 2007, p.88). Reconceptualised by MM theory as evidence, empiric data thus acts as a ‘bridge’ (ibid, p.92) between transitive or theoretically informed understanding and intransitive generative causal mechanisms.

Although realists can and do advocate complex statistical and mathematical modelling (e.g. Williams and Dyer, 2004; Pratschke, 2003), this study is representative of realist research insofar as data and evidence are predominantly qualitative in form. That said realism's approach to analysis differs in some respects from other qualitative approaches.

Qualitative research takes place across a wide and disputed theoretical spectrum (Cresswell, 1998) and it is misleading to describe qualitative research as a homogenous entity (Giddings, 2006). Nevertheless, Strauss's (1987) emphasis on the need to ground the theories generated by qualitative analysis *in* data (mostly but not exclusively textual) would be endorsed by many similarly situated researchers albeit that terms such as 'ground', the nature of analysis and what counts as data, vary according to theoretic disposition. Realists likewise recognise the importance of empiric occurrence since without such occurrences generative mechanisms cannot be reproduced or retrodicted. However, uncritically accenting the status of primary data is, from a realist perspective, mistaken insofar as this accenting ignores the directive role played by background theories in data identification and analysis. Indeed realists must reject Polit and Beck's (2006, p.404) claim that qualitative theory emerges *bottom up* 'from the data' if this suggests that analysis proceeds atheoretically.

In abstracting empirical data from interview transcripts, realists seek to avoid the methodological or idealist individualism which, from their perspective, invests forms of transcript comparison (Downward and Mearman, 2007). Realists achieve this by recognising and building into analysis the *missing other* of social and cultural structure and, in this way, substance is given to the 'context upon which the opinions of the interviewees, etc. were formed' (ibid, p.95). That said and, as noted, realist explanation is transient, provisional and fallible. Gerner (2000, p.147)

suggests that, for Gadamerian hermeneutics, 'understanding . . . takes place within the happening of tradition' and realist investigators similarly recognise that theoretically informed explanation is necessarily limited by its reliance upon historically situated socio-cultural understanding and knowledge. Where this understanding and knowledge is considered developed retrodiction rather than retroduction occurs (see §1 Chapter 1).

Procedural differences between realist and non-realist researchers should not, however, be overdrawn. Irrespective of avowed allegiances or stated assumptions, in practice, most qualitative researchers proceed realistically for, as Seale (1999, p.157) notes: 'The attempt to use language to refer to, describe or explain aspects of the social world . . . is a basic commitment . . . [that] must ultimately depend on some modified form of realism' and even phenomenologists, whose focus upon unique individual perceptions and experience inevitably minimises the role played by external structural forces, generally produce research whose 'concluding moment . . . almost always makes implicit claims about reality' (Paley, 2005, p.106). Indeed, often 'without full awareness' (Miles and Huberman, 1994, p.10) non-realist qualitative researchers impose top down ontologic and epistemologic frameworks onto the data when they situate or position that data within, for example, social or psychological understandings. (Hammersley, 1990, makes a similar point regarding certain forms of ethnography.)

Realists thus deny that a datum can 'speak for itself' (Strauss, 1987, p.216). For, as §1 Chapter 4 argued and as Seale (1999, p.148) asserts: 'No act of observation can be free from the underlying [interpretive] assumptions that guide it.' Data cannot speak outside of a theoretical framework and realist researchers do not begin analysis (data reduction) as blank slates upon which data's meaning can be inscribed. Rather, realists approach their objects of study with developed ontic,



epistemic and methodologic understandings that orientate and scaffold the interpretative process.

Recognising that the researcher's outlook cannot and should not be bracketed out from the interpretative process goes beyond suggesting that data and evidence are theory laden, for, as Pawson (2006) states, realism allows that theory can legitimately *drive* data collection and interpretation and, in consequence, the phenomenological insistence that data analysis must focus upon 'lived interpretations and not interpretations of interpretations' (Levering, 2006, p.451) is rejected.

Acknowledging the focal role of CR philosophy in this study (theory in the first sense) therefore permits MM methodology (theory in the second sense) to overtly steer middle range theory development regarding postulated generative mechanisms (third level theory) as well as data collection, coding and ordering (e.g. transcript production and interpretation or theory in the fourth sense). The danger here is that theory prescriptively imposes upon the study object whereas, ideally, theory, data and evidence should mutually or cyclically inform and support each other. Where this ideal is realised analogies with Schleiermacherian hermeneutics may be made.<sup>v</sup>

Reflexivity and transparency on the part of the researcher might ameliorate such prescription. Pellatt (2003, p.28) asserts that reflexivity allows researchers to recognise that they are an 'integral part of the social world being studied' and Murphy (2005), whilst gently parodying procedural attempts to demonstrate research goodness via reflexivity, likewise describes reflexivity as 'vital' (ibid, p.55), as one means by which the researcher can 'acknowledge' (ibid, p.55) their impact upon the study. Reflexivity cannot, of course, as hermeneutics attests (Malpas, 2005; Gerner, 2000), prevent the researcher's outlook and ability from influencing the

analytic process, since reflexivity is itself informed by that outlook and ability. However, combining a critically reflexive disposition towards data collection and interpretation, process transparency and overt theoretic positioning at the very least opens the work to refutation. The success or otherwise of this endeavour must be judged in relation to the thesis as a whole and, hopefully, a reflexive spirit informs the entirety of this work.

In addition to interview data, observational data were collected by the researcher in his role as participant observer. Garfinkel (1984) and Bernstein (1979) suggest that participation brings investigative benefits and Simmons (2007) claims participant observation allows researchers to comprehend social environments in a manner that is denied to non-embedded researchers (albeit that the means by which embeddedness privileges comprehension is generally under-explored). As might be expected, the theoretical position here pursued inevitably influenced how the role of participant observer was interpreted and, for example, assumptions are made about the limits and function of description that non-realists might reject.

Thus, according to Hammersley and Atkinson (1995, p.5) naturalist ethnographers do not aim to explain or 'go beyond' cultural description and their performance, as participant observers, therefore differs from realists who aim to get *behind* social description to reveal the structural and agential factors that reproduce or transform social life. That said, ethnographic approaches vary hugely (Murphy, 2005). Savage (2000, p.1401) broadly defines ethnography as, in part, 'any small scale social research that is carried out in everyday settings' and Maggs-Rapport (2001, p.376) cites Denscombe's (1998) distinction between (descriptive) naturalist and (generalising) reflexive forms to illustrate a major fault line among ethnographic approaches. Thus reflexive ethnographers, such as Hammersley and Atkinson (1995), distance themselves from overly limiting interpretations of ethnography and,

given such flexibility, realist and ethnographic approaches may successfully combine (e.g. Porter and Ryan, 1996, Porter, 1993). On balance, and bearing in mind the relative nature of descriptors, realists will probably generate more interpretive notes than naturalist ethnographers who will record proportionally more procedural and descriptive notes.

#### Interviews, data collection:

Thirty-one semi-structured interviews were conducted with twenty-six clinical and administrative or managerial participants. Interviews lasted between fifty-five and eighty minutes. They generally took place in the interviewee's private office (for managerial and administrative staff) or in a side room away from the ward (for clinical staff). Three off-site interviews occurred when workload pressures prevented on-site meetings. A second interview was arranged when interviewees appeared to require more time to complete what they were saying (see interview list overleaf).

MM theory guided data collection and analysis. Data collection was informed by theory since MM established, a priori, the forms of structural and agential relations and the nature of interaction between those relations that might be encountered and thus, mindful of their position, role and interests within the hospice, interviewees were questioned with a view to revealing the situated nature of interaction and relations at the study site.

Interviewees were not expected to identify interactions or relations directly or in abstract; instead an interview guide (Appendix F) was used to flexibly steer conversations that, it was hoped, would allow structural-agential relations to be retrospectively recognized. This guide may, at first sight, appear prescriptive. However, it was not formulaically 'worked through'. Rather, in use, it merely

prompted or reminded the interviewer to bring forward topics for discussion and interviewees often expanded upon or talked about other issues.

Table 3 – Interview list<sup>vi</sup>

Role title or position	Interview 1 <sup>st</sup>	Interview Code	Duration	Interview 2 <sup>nd</sup>	Interview Code	Duration
Nursing Assistant	15.04.02	A:a	70			
Registered Nurse	27.04.02	B:a	60			
Charge Nurse	28.04.02	C:a	55	27.05.03	C:b	65
Nursing Assistant	11.05.02	D:a	60			
Registered Nurse	12.05.02	E:a	60			
Ward Manager	27.08.02	F:a	80			
Nursing Director	30.08.02	G:a	75	10.01.03	G:b	60
Doctor	09.09.02	H:a	70			
Educationalist	10.09.02	I:a	70	10.01.03	I:b	60
Day-hospice mgr (Nurse)	11.09.02	J:a	70			
Social Worker	27.01.03	K:a	80			
Doctor	28.01.03	L:a	75			
Special Minister of the Eucharist	31.01.03	M:a	70	20.06.03	M:b	80
General Manager	31.01.03	N:a*	60	19.06.03	N:b	55
Medical Consultant	11.02.03	O:a	75			
Full-time Chaplain	06.06.03	P:a	70			
Occupational Therapist	06.06.03	Q:a	65			
Fundraiser	06.06.03	R:a	55			
Physiotherapist	16.06.03	S:a	55			
Head of Administration	16.06.03	T:a	65			
Charge Nurse	19.06.03	U:a	65			
Charge Nurse	19.06.03	V:a	60			
Registered Nurse	27.06.03	W:a*	65			
Assistant Chaplain	15.07.03	X:a	65			
Medical Registrar	04.08.03	Y:a	75			
Medical Consultant	19.09.03	Z:a*	60			

Initially the guide comprised four themes labelled: (i) change, (ii) admissions/discharges, (iii) consultant differences and (iv) treatment/interventions.

As a clinically situated participant-observer the researcher was, in advance of the interviews, aware that 'change' within the hospice was viewed as significant by clinicians albeit that the form and implications of change were variously described and interpreted. Familiarity and involvement in ongoing ward debates also

permitted the researcher to identify admission and discharge practice as, in some respects, contentious and, likewise, discussions about the evolving and contested nature of clinical treatments and interventions and variations in consultant attitudes and behaviours were widely seen as important.

Interviews were therefore guided by interviewer identified themes *and* the identification of themes was influenced by the researcher's interests and position within the organisation. By implication, alternatively positioned staff might identify other issues or themes as significant and awareness of this possibility encouraged a reflexively conversational<sup>vii</sup> approach to be adopted in interviews. Reflexivity permitted fifth (v) 'spirituality-religion' and sixth (vi) 'external relations/consultant attitudes/care standards' themes to be added to the guide in response to unforeseen interview comments. The imprecision or clumsiness of this last descriptor probably reflects then unfamiliarity with the issues being raised.

Insofar as pre-established background theories located within the palliative care literature and experientially derived ideas about hospice organisation, clinical care and agential relations informed the construction of the first four interview topics, it might be argued that inferential retrodiction best describes the process of morphogenetic modelling pictorially represented in Diagram 4 (this thesis page 161). Alternatively, the fifth and sixth interview topics outlined above were not anticipated before interviews occurred and, to that extent, it would probably be more accurate to describe the process by which these themes were accommodated within the interview schedule and developed in §2 as inferential retrodiction.

As §1 Chapter 1 made clear however, the role played by background theories in distinguishing retrodiction from retrodiction is 'relative'. The ability of the researcher to identify in initial interviews that the fifth and sixth interview topics were of interest and potential importance must rest on exposure to prior but

hitherto unarticulated ideas and theories – whilst the understanding and knowledge that informed interview topics one to four was refined, amended or finessed by data collected in interviews.

#### Interviews, data analysis:

MM theory directed data analysis by providing the analytic framework in which data became evidence. Following the SS/SI and CS/S-C propositional models described in this thesis (§1 Chapter 2) it is assumed that internal and necessary relations exist within and between social structures and that similar relationships pertain amongst components of the cultural system. As stated, in this study data came predominantly from interview transcript analysis. Archer does not comment on such issues and it was therefore necessary to locate a suitable interpretive method.

Template analysis (described below) is used in this study to code and order transcript data. As noted above, interviewees retroductively alerted or allowed the researcher to identify key structural factors which might otherwise have been overlooked.<sup>viii</sup> Thus, for example, the conflictual nature of certain forms of asymmetric SS relations was not recognised in advance of interviews (i.e. relations exposed in interaction between the hospice and County Palliative Care Directorate). Alternatively, whilst the relationship between demographic change and evolving health needs is recognised (Alcock, 1996; Allsop, 1995; Fennell *et al*, 1994), the possible significance of demographic change on admission and discharge practice at the study site was under-appreciated by this researcher before interviews took place. Further, hostility by some local NHS palliative care consultants towards hospices in general and the study site in particular would not have been realised without interviewing senior hospice staff.<sup>ix</sup>

Analysis was also affected by interviewer-interviewee relations. In this study, interviewees, as work colleagues, were aware of the interviewer's opinion on a range of subjects and, although Hammersley and Atkinson (1995, p.109) dismiss too fastidious a preoccupation with 'outsider and insider myths' as unhelpful, lacking the distancing formality that may accompany interview by an outsider, a noticeably unceremonious or relaxed atmosphere generally prevailed during interviews. As noted, prior familiarity may lead interviewees to limit or censure responses. Positively, prior familiarity can, as in this example from C:a, allow the interviewer to discover in the mutual interchange of opinions, ideas and beliefs that the participant was not known to hold.

C:a Well, you've got to, I remember you saying now, is it the system's organisational fault or is it an individual's fault. Is that what you said?

ML Well . .

C:a You see I was listening.

ML (Laughs) Well if a mistake happens once in a blue moon it seems reasonable to say an individual made a mistake. But if a consistent series of errors occur it seems to me that you're looking at a structural or organisational problem. To which, I presume, name bands etcetera are a response?

C:a (Pause) Yea (pause). I'm just trying to think whether it's been the same person who did it or (pause) whether it's been different people.

ML I thought it was a small group of people?

C:a (Long pause) So you possibly think we should look at the small group of people and their practice?

ML I don't know. I've changed my opinion a bit . . But I can understand why it's been done.

C:a But you still don't like it?

ML I don't, no.

C:a I don't like it. I don't like it but I quite like having them there. Probably because I'm part-time whereas you don't get as many days off as I do. But I

know I can come back in and administer drugs, drugs safely to people that I don't know very well (pause). And know that I won't make a mistake. That I'll give them to the right person. And that makes me feel more comfortable.

In this excerpt C:a upturns interviewee-interviewer roles and questions the interviewer about pre-interview 'trolley-side' conversations regarding the then contentious introduction of patient identity or name bands. A great deal of shared background knowledge is assumed in this passage. For example, name bands were introduced largely at C:a's insistence and their introduction was opposed by some staff. Interviewer-interviewee familiarity is therefore important in understanding this passage. Before the interview, the researcher believed name bands were a response to a series of drug errors by identified individuals (this was the advertised rationale for their introduction), that appeared to accompany a rise in high dependency admissions (predominantly patients with complex symptom control needs) and increases in the number and intricacy of prescribed treatments and interventions (described more generally as 'increasing busyness'). However, here it is apparent that C:a *also* sees them as a personal protective device.

From a realist perspective, for the actor C:a, name bands are, in part, a response to changes in risk perception that attend her part-time status. They also, physically, highlight or make overt an aspect of symmetrical but unequal internal clinician-patient SS relations. Further, their introduction coincided with the placement of observation charts and care plans (kardexs) at the end of patient beds (similar SS changes) and, taken together, these developments challenged the deeply held CS values of some agents (mostly long-service nurses) regarding desirable forms of hospice care (i.e. values emphasising the importance of non-hierarchical relationships as well as the maintenance of a 'homelike' rather than 'ward-like' environment). At a S-C level, agents opposing the new developments were in a



minority and their views were 'trumped' by rationales accentuating the need to safeguard patients and staff (values universally supported). In addition, the SS power inherent in C:a's role as senior nurse enabled enforcement of her will in SI.

This description is out of place insofar as it runs ahead of the analysis of data and evidence that §2 Chapter 2 presents. It is included here to illustrate the close connection between interpretation and theory that this study attempts. It also demonstrates how, by allowing opinions and beliefs to be easily exchanged, prior familiarity enabled the interviewer to rectify misconceptions. Ease of exchange is evidenced by the playful inversion of normal workplace etiquette and the teasing comment "You see I was listening" (usually the interviewer would *listen to C:a*) as well as C:a's questioning of the interviewer ("Is that what you said?"). Of course an unfamiliar researcher would not have held preconceived ideas about the interviewee and yet, given the back-stage (Goffman, 1990 [1959]) or non-public nature of disagreement about identity band introduction, a non-participant or unfamiliar researcher may have remained unaware of the existence of such controversy.<sup>x</sup>

The example also illustrates that pre-interview discussion and reflection by the interviewee upon a topic subsequently raised in the interview had occurred. Here the interviewee uses what might be termed sociological concepts when she juxtaposes organisational and individual fault. In this instance the interviewee attributes these concepts or ideas to the interviewer and, although the interviewee is here reinterpreting or translating earlier comments into a sociological idiom, rather than simply repeating them, the descriptors 'organisation' and 'individual' are thereafter employed by the interviewer to continue the dialogue.

For Carr (2008, p.121): 'Allowing people to tell their story is more than a semi-structured interview, it is also a conversation' and, as part of this conversation, researcher ideas about hospice activity developed over a considerable period of

time. Thus, whilst the study primarily presents data from formal interviews, conversations and reflection on conversations were not limited to interview episodes. The themes developed in §2 Chapter 2 often occupied part of the informal and everyday discourse of hospice employees and, for the researcher, discussion of such issues thus preceded and continued after ‘official’ interviews concluded. No violence is done to CR or MM theory or the authenticity of interviewee comments by this. CR and MM aim to reveal, via retrodiction or retrodiction, the interplay of social (structural and cultural) and agential factors in societal change or stability. Inference regarding the interplay of such factors – by an analysis of interview transcripts – is not compromised if the ideas informing inference are supported by concepts and understandings from without the interviews. Likewise, from a realist perspective, it cannot be assumed that the authenticity of participant responses is enhanced or degraded by prior sensitisation to and reflection on the issues discussed in interviews. (Archer appears to support this argument in *CAA*, see also Baert, 1998, p.205, on ‘second-order reflection’.)

#### Template analysis:

Template analysis (henceforth TpA), as described by Nigel King (2007b, 2004), is here used to thematically order or code interview data. Templates describe the:

themes identified in . . . textual data. Some of these will . . . be defined *a priori*, but they will be modified and added to as the researcher reads and interprets the texts. The template is organised in a way which represents the relationships between themes, as defined by the researcher, most commonly using a hierarchical structure . . .

(King, 2004, p.256 – italicisation added).

Following King (ibid), initial or primary template themes and codes were identical with a priori identified interview guide headings (Appendix F). Given that these

headings formed the basis for each interview, it was, unsurprisingly, possible to locate a great deal of information within or against them. However, as will be shown, interview codes were disaggregated and reordered in the process of analysis and new codes were also developed. A series of appendices are here used to demonstrate the analytic process.

Table 4 – List of appendices (G to M)

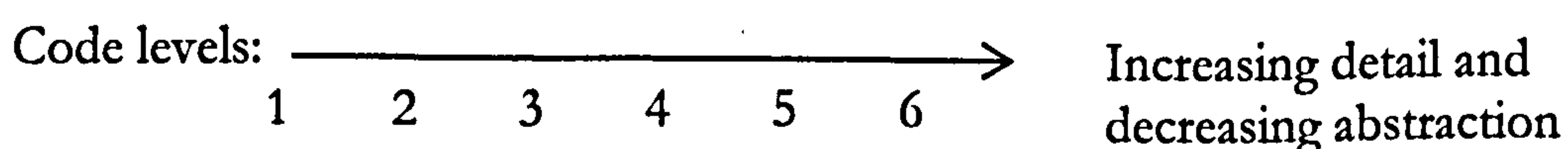
Appendix	
G	Pre-coding interview summary A:a
H	Pre-coding interview summary B:a
I	Interview coding process A:a
J	Interview coding process B:a
K	Template A:a
L	Template B:a
M	Master template (all interviews)

Appendices G and H present post-interview transcript summaries from interviewees A:a and B:a. Summaries were compiled shortly after interviews took place. They were formulated *before* TpA coding occurred and they were part of the process of pre-coding transcript familiarisation (described Appendix I). Summaries contain interviewer comments (early and provisional interpretation or analysis) and they illustrate the distinctiveness of interviewee discursive or conversational forms. Thus, interviewee A:a, a nursing assistant who had worked at the hospice almost from its inception, spoke in what might be described as a direct manner. She ‘answered’ questions and her comments can be represented as a series of binary contrasts (Appendix G). Alternatively, B:a a registered nurse with previous nursing home experience, spoke in a more fulsome manner. As noted, transcript cuts were made

to protect B:a from over-exposure and her effusive style is reflected in a summary that is less 'bulleted' than A:a's (Appendix H).

To illustrate the coding process transcript passages from interviews with A:a and B:a are reproduced in appendices I and J together with a commentary. Appendix I outlines the importance of pre-coding transcript familiarisation. The procedure for applying coding labels to a short series of remarks from interviewee A:a is described. Appendix J interprets a longer passage of dialogue from respondent B:a. It carries forward themes raised in Appendix I by arguing for the importance of inter- and extra-transcript contextualisation in interpretation.

Appendix K and L present TpA templates for interviewees A:a and B:a. Templates code and order data hierarchically. Different templates may have different numbers of hierarchical code ordering levels and, within the same template, different codes can be assigned different numbers of levels. Coding levels refer to degrees of abstraction.



Detail increases and abstraction decreases as code levels rise. However, codes with six levels (e.g. Appendix K – Change *to* financial crisis necessitated practice changes) and codes with two levels (e.g. Appendix K – Treatment/interventions *to* rise in interventions linked to change from terminal to palliative care status) can share similar degrees of detail and abstraction in final code levels – i.e. 'financial crisis necessitated practice changes' (level 6 code) and 'rise in interventions linked to change from terminal to palliative care status' (level 2 code) both contain the same *approximate* level of detail relative to the transcript source.

Coding exposes agreement and disagreement between respondents. For example, although A:a and B:a both talk about professionalism, interviewee A:a is saddened by a professionalism that, she believes, reduces the quality of staff-patient relationships whereas B:a welcomed professionalism as a means of, in part, reducing her emotional exposure to the high number of encountered deaths. Concepts such as 'professionalism' carry a variety of meanings. However, in this instance A:a and B:a affectively diverge and conceptually agree that professionalism, as they use the term, 'distances' staff-patient relations.

Appendix M presents the master template (adapted and abridged below – figure 5 overleaf). This template combines and further interprets or orders individual transcript templates. Combination was facilitated by the use of overlapping or complementary codes when coding individual transcripts. Yet interviewee comments varied in style (Appendices G and H) and content (Appendices K and L) and, in combining individual templates, researcher interpretative discretion was required. Thus every transcript contained unique data and every individual template contains specific codes. Template specific codes are excluded from the master template when, in the researcher's opinion, their content is irrelevant to those aspects of activity here under review.

For example, interviewee B:a juxtaposed nursing home care against hospice care to illustrate, what to her, were deficiencies in hospice care (Appendix J). Other interviewees did not make similar allusions however and thus, whilst 'nursing home' appears as a code in B:a's individual template, it is not represented in the master template (Appendix M).

King (2004) supports code or data winnowing. He also recognises that novice researchers in particular find it difficult to balance the need for clarity and comprehension against the need to capture as much detail as possible.

Figure 5: Master list of codes – abridged from Appendix M

### Structures and institutions

#### State/NHS relations

- Department of Health
  - Clinical Governance
  - Care Standards Act
- Primary Care Trust
  - County Palliative Care Directorate
- NHS Palliative Care Consultants
- GPs
- Macmillan Nurses

#### Demographic relations

- Admissions
- Discharges

### Relations within the hospice

#### Organisational re-designation as a Specialist Palliative Care Unit (SPCU)

- Hospice (historic)
- SPCU
  - busier – less time for non-physical care
  - patients – ‘sicker’
  - staffing – changes in numbers, ratios, roles and functions

#### Consultant differences

#### Treatment/interventions

- Increasing use of treatment/interventions

#### Admissions – Discharges

- Admissions – ‘sicker’, more dependent
- Discharges – conflict
  - end stage patients

#### Professionalism

- Bureaucratisation

#### Medicalisation

- Doctors more powerful/influential – nurses less powerful/influential

#### Spiritual-religious issues

- Religious withdrawal – spiritual claims made

Nevertheless, it should perhaps be recognised that, since TpA does not assume ‘that the frequency of a code in a particular text corresponds to its salience’ (ibid, p.256)

jettisoning superfluous codes and data for the sake of clarity is problematic. It is problematic because, as discussed earlier in relation to 'editing out' over-exposing comments (this Chapter), it is not necessarily clear how immateriality or redundancy can be established in advance of full analysis and kindred issues are raised later in relation to this study's self-imposed limitation to 'aspects' of hospice practice.

In summary, TpA advances through a number of stages. In the first instance and prior to coding the researcher reads interview transcripts mindful of the template that is being applied (here theory's 'downwards' influence on the data is evident). Pre-coding familiarisation enables the researcher to form a mental picture of the relationships within and between interviews (discussed Appendix I). TpA coding then assigns labels to words, phrases and passages within each interview (see Appendices I and J). Labels identify ideas and events in accordance with template themes. However, by focusing on the detail of interviewee comments, labels also inform or 'clothe' template themes and in this way empiric data exerts what might be termed 'upwards' pressure on theory. Labels are then ordered and combined in individual transcript templates (Appendices K and L) and, at this point, original template themes re-emerge albeit that they are now 'fleshed out'. Individual templates are then combined in a master template (Appendix M) and the influence of MM theory is here most visible as data or evidence is ordered and coded under two headings ('Structures and institutions' and 'Relations within the hospice').

Theoretical elaboration, abstraction and researcher judgment is evident throughout this process. For example, although the master template (Appendix M), situates 'Professionalism' under the key heading 'Relations within the hospice', earlier versions of the master template used alternative codes and code ordering sequences (e.g. at one time 'Professionalism' was positioned under the heading 'Hospice – Internal Change') and, although alternative schemas did not diverge

radically from that finally established (the schemas were essentially commensurable), recognising that data and evidence can be variously ordered is important.

It is important because minor variations in the coding and ordering of data or evidence potentially alters the conclusions or findings that are reached *and* this analytic difference may contribute to the generation of hypotheses (broadly defined) that fail to meet Hempel's (1945) equivalence condition (discussed §1 Chapter 4). Here it is recognised that all description necessarily involves systematising narrative structures and tropes (Bruner, 1990) and a narrative's power or persuasiveness can rely upon plot coherence and plausibility rather than logical rigour or the truthfulness of claims made. (Bruner, *ibid*, p.44, labels this narrative's 'indifference to extralinguistic reality.')

Thus, whilst both coding and sequential transitive description ( $T^1 - T^4$ ) meet a need for order that, in realism's case, rests on transcendental claims regarding the nature of reality, it is acknowledged that presentational forms may, in themselves, unwittingly distort or bolster the particular description of intransitive reality that is proposed. For Fernandez:

figurative devices . . . lie at the very heart of discourse, defining situations and grounding our sense of what is to be taken as real and objective and, therefore, entitled (by means of the figurative elements we employ) to have real consequences.

(Fernandez, 1991, p.1)

In this study, the master template links transcript analysis to MM theory by structuring the descriptive and interpretive statements of interviewees under headings that thereafter form the themes or topics explored in §2 Chapter 2. As noted above, not every identified code is utilised because not every code informs those aspects of hospice activity that are discussed. Thus, in contrast to some varieties of ethnography, this study does not seek to develop a 'holistic'<sup>xi</sup> (Simmons,



2007, p.9; Maggs-Rapport, 2001, p.376) view of the organisation or its work (this thesis has repeatedly stated that it is looking at *aspects* of hospice activity). Indeed, realist theory asserts that mechanism interplay can and often does occur behind the backs of actors (mechanisms need not be actualised and actualisation need not be observed or identified as events) and it may therefore be unrealistic to assume that a totalising overview is ever possible. Nevertheless, not only does the choice and presentational ordering of codes inevitably influence the manner in which data and evidence thereafter informs MM modelling and social explanation, but, further, whilst it is legitimate to look at aspects rather than the totality of interactions within a social setting, problematic questions remain regarding the coherence or delineation of those aspects under review (see §1 Chapter 4 regarding event or sortal-identity).

#### Template analysis, aptness for realist research:

Here, a brief description of the aptness of TpA for realist research is advanced. TpA has been employed in palliative care research (King *et al*, 2003) and King (2004) argues it that might be valuable where realist qualitative investigation seeks, contra idealism, to discover the hidden or underlying causes of action but where researchers do not wish to become locked into overly prescriptive frameworks.

King (*ibid*) distinguishes TpA from other forms of qualitative method. He suggests, for example, that TpA differs from phenomenological textual analysis in two respects. First, whilst phenomenologies often engage in detail with a small number of texts, TpA organises data, perhaps more superficially, across larger numbers of texts or transcripts. Second, King (*ibid*) argues that, contrary to the stated practice of phenomenologists, researchers using TpA initially generate coding templates, as stated, on an a priori basis and researcher interests thus overtly set the framework within which subsequent analysis occurs. However, unlike quantitative

content analysis, where coding frames may be applied inflexibly to generate statistical data, researchers engaged in TpA, as in this study, alter or develop initial codes as analysis progresses.

According to King (ibid, p.268) 'Template analysis works very well in studies which seek to examine the perspectives of different groups within an organisational context' and, as will be seen, retroducting and retrodicting the causes of group conflict and interaction form a major part of §2 Chapter 2.

King (ibid) also argues that TpA's current lack of a substantive literature is beneficial since it is, perforce, unencumbered by epistemological baggage. Attempts have been made to link TpA with relativist-contextualism (e.g. Madill *et al*, 2000); however, King (2004) suggests the method is incompatible with strong relativist positions that demand fine textual analysis as well as those forms of discourse analysis that dismiss coding as overly limiting. King (ibid) also argues that TpA is inappropriate for quantitative or qualitative research that seeks to code text as analytic units since, as stated, the frequency with which a unit of code is noted does not, in TpA, correspond to the importance or significance of that code or theme. TpA thus appears to complement MM methodology.

#### Situating the researcher in the research:

The person and role of the researcher is overtly situated in this text at several points. The introduction identifies three personal factors or interests that direct the content and form of the subsequent work. §1 Chapter 4 argues that subjective criteria are necessarily involved in using MM constructs. The potential significance of prior nurse socialisation is linked, in this Chapter, to research ethics and, again in this Chapter, reflexivity and the researcher's influence on data collection and analysis is discussed.

Looking ahead to §2 Chapter 2 – where this thesis focuses on the hospice as a voluntary organisation, where it discusses treatment or intervention appropriateness and where spiritual matters are investigated – it is here acknowledged that extra-research factors may have influenced the analysis offered.

For example, earlier social policy studies and a varied employment history comprising commercial and administrative experience in non-health related private industry and government, as well as the performance of nursing roles (clinical and research) in England, Holland and New Zealand, in both state and third sectors, presumably affects the way this researcher approached issues around the hospice's voluntary status. Further, whilst D'Antonio (2006) argues that nurse researchers are socialised to ask questions that others may not, so personal interest in treatment or intervention appropriateness at the end of life may have been encouraged, in part, by pre-hospice enculturation within 'high-tech' clinical environments (e.g. oncology and haematology – see Introduction, this thesis) that allow and advance different values to those associated with palliative care. And, discussions regarding the role and place of religious or spiritual values at the study site cannot but be influenced by personal atheism, naturalistic beliefs and, following Paley (2008a, 2008b), rejection of the conceptual validity of the descriptor 'spirituality'.

Presenting personal narratives that acknowledge the influence of subjectivity within qualitative investigations is now commonplace (Holliday, 2005; Nelson, 2005; Baert, 1998; Hammersley and Atkinson, 1995) albeit that the prevalence of self-reflexivity varies between disciplines and approaches (Pennycook, 2005). Thus, whilst Canagarajah (2005, p.309) states that: 'Even quantitative studies now make a gesture toward acknowledging the personal', situating quantitative or qualitative researchers within their research continues to challenge traditional or deep rooted concerns regarding objectivity and bias minimisation (Drew, 2006).

Given the recognised significance of researcher choices and decisions within this work it can be argued, following Ramanathan (2005a, 2005b), that the researcher must be, or inevitably is, part of the field of enquiry and Dean *et al* (2006c) berate, from a realist perspective, researchers who lack an interest in the contribution of the pre-research self to study construction. For Nelson, positioning the self within research is:

a means of expanding or enriching one's data sources; tracing one's complex and fraught positionings vis-à-vis the research participants or the subject matter; or recognizing one's own limitations as a researcher. Yet at the same time, texts in which the researcher's subjectivity is foregrounded can be perceived as irrelevant, self-indulgent, or insufficiently critical.

(Nelson, 2005, p.315)

Arguably, all three of Nelson's (*ibid*) justificatory criteria are, to a limited extent, met in the above reflexive confessional. However, again following Nelson (*ibid*), a criticism of this study is that the approach taken is insufficiently critical and more attention should have been given to understanding the extra-research components that the researcher brought to the work.

Rigorous exploration of the researcher's contribution might focus on any number of overlapping factors including age, ethnicity, sex, gender, social and cultural positioning, role or workplace values and psychological outlook or temperament. Such an investigation would however, be time-consuming and, given the 'complexifying' (Ramanathan, 2005a, p.291) and contested nature of many of these variables, (see, for example, Drevdahl *et al*, 2006, on the conceptual misuse of race and ethnicity descriptors in nursing research) it is likely that reflection upon these issues would inevitably remain speculative and partial. Therefore, whilst some combination of researcher social and cultural situatedness, psychological disposition(s) and, presumably, physical or biological attributes (i.e. genetic makeup)

informs, at various levels, the identification and analysis of those aspects of hospice work hereafter discussed, these issues are not pursued further.

## Endnotes §2 Chapter 1

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- i “Us” and “we” were used of and by the researcher who, as participant observer, was a member of the organisation under study.
- ii Problematically however, this requires that abuse be identified in advance of the research that will ‘out’ it.
- iii This fourfold division differs from but has similarities with Cruickshank’s (2003b, p.114) ‘levels of realist theorising’ – see page 270 this thesis.
- iv Empiric is used here in the realist sense to designate all occurrences and events that can be known or identified (see §1 Chapter 1). Qualitative or phenomenological occurrences and events are not excluded.
- v Following Habermas (2008), Malpas (2005) and Ramberg and Gjesdal (2005), Schleiermacher [1768-1834] emphasised the interpreter’s role in interpretation. He argued that textual analysis does not occur outside of an interpreter’s psychological disposition and historical situation. Meaning is thus culturally and socially mediated. However, contra what would now be termed idealism or postmodernism, Schleiermacher allowed that interpretation occurs relative to an external world and that, whilst knowledge is perforce a product of experience, experience is informed by judgement and judgement, if theoretically sound, can provide knowledge of external reality.
- vi Three interview recordings were in part or full corrupted due to technical errors or malfunctions. These recordings are identified with an \* in the interview list.
- vii Conversational is here used in its everyday or non-technical sense. The descriptor does not refer to forms of conversational or discourse analysis as described, for example, by Silverman (2005).
- viii A caveat must be inserted here however. US Secretary of Defense Donald Rumsfeld noted (US DoD, 2008 [12<sup>th</sup> February 2002]) that there will always be ‘unknown unknowns. These are the things we don’t know we don’t know’ and, whilst interviews provided data or evidence for aspects of hospice activity previously unknown to the researcher, much undoubtedly was overlooked. It has repeatedly been stated that realist claims are provisional and fallible. Here it is acknowledged that realist research – like all other research – inevitably misses or is blind to *unknown unknowns*.
- ix Clearly more detail is required to substantiate the claim that these examples embody SS and CS level conflict. They are asserted here simply to illustrate that interviews provided or permitted insights that would not otherwise have been easily gained.
- x See Appendix I regards data analysis and familiarity.
- xi The terms ‘holistic’ and ‘holism’ are variously interpreted. Neural and psychological theorists counterpoise holistic or neural network theories against, for example, modular homuncular functionalism (Rose, 2006). Sociologists, on the other hand, use the descriptors to refer – as here – to the notion that: ‘The complex reality of society might appear visible only in its entirety’ (Trigg, 2001, p.57). (Archer associates the term with the dissolution of personal identity – RST, p.249.) Alternatively, in §2 Chapter 2 the terms are employed in a third nursing or clinical context. There it denotes an approach to healthcare that incorporates psychological, social, spiritual *and* physical dimensions or interests (Jackson, 2007; Sarkis and Skoner, 1987). Holism or holistic care in this sense seeks to distance itself or ‘move away from a biomedical model’ of care (Earle, 2005, p.61).

## Section 2 – Chapter 2

### Study findings

§2 Chapter 2 begins with a brief scene setting description of the organisation and layout of the hospice or, as it became, a hospice that claimed specialist palliative care unit status. To ease description the term hospice is generally employed. (This descriptor was generally used by study site participants and others in everyday conversation.) The T<sup>1</sup> – T<sup>4</sup> timeframes used in this study are then specified and problematised and, thereafter, the ‘findings’ of this investigation into aspects of hospice activity are presented under two headings titled ‘Structures and institutions’ and ‘Relations within the hospice.’ In presenting the findings, TpA data ordering and coding (Appendix M), informed by MM theory, provides evidence for the retroductive and retrodictive identification of social (SS) and cultural (CS) structural relations that, during the study period(s), undergo reproduction (morphostasis) and/or elaboration (morphogenesis). Forms of agential social (SI) and socio-cultural (S-C) interaction are detailed that illustrate the existence of contradictory and complementary situated logics. Differential SS/CS morphogenesis is also recognised.

#### The hospice:<sup>i</sup>

Situated a few miles outside the county capital and built on land originally provided at nominal cost by an adjacent but now closed nunnery, the hospice or specialist palliative care unit offers patients and visitors pleasing views over rolling farmland. Physically the hospice is a two storey building (first, ground and basement floors). The first floor contains office and managerial space. Storage, additional

administrative space and hairdressing facilities are located in the basement. Clinical activity occurs on the ground floor. Attractive gardens surround the facility.

On the ground floor, a day-patient facility occupies one end of the building. This has its own entrance, seating areas, bath-shower, lymphodema-dressing and office spaces. A lounge area with dining tables, settees and television separates day- and in-patient units. Two family overnight suites and a compact self-service patient and family kitchen abut the lounge. The in-patient unit is approached through the lounge (from day-patients) or via a separate main reception and entrance. A chapel and gift shop face each other across this space. The in-patient unit comprises three, four bedded bays and four single rooms (sixteen beds). Staff dining, kitchen, clinical common room and office areas are situated at the far end of the building. A 'chapel of rest' is located within, but apart from, the main building. A combined library and meeting room is sited within the grounds.

Hospice organisational structures reflect and are influenced by government policy and healthcare practice (Osborne and McLaughlin, 2004; McGuire *et al*, 1991). A Chief Executive, appointed by the charity's trustees, provides day-to-day and long-term strategic leadership. Administratively, the Chief Executive oversees a team that includes secretarial, accounting and logistical support, a fundraising department, a part-time media unit, an estates department and a volunteer coordinator.

Annual expenditure on salaries and fixed running costs is approximately two million pounds. Less than twenty percent of income comes from statutory sources of any sort and year-on-year statutory funding is declining relative to total expenditure. Throughout T<sup>2</sup> – T<sup>3</sup> bequests were a vital but erratic source of income. More consistently, revenue comes from eleven shops and a professional fundraising



department of seven full-time equivalent staff generate income from the local community. Thirty-seven commissioned field canvassers promote a hospice lottery.

Clinically, a full-time (trained) social worker and part-time (untrained) social work assistant care for ongoing (e.g. bereavement follow-up) and specialist (e.g. child) emotional needs. Pastoral and religious or spiritual support is provided by a full-time clergyman and two part-time unpaid voluntary clergywomen. One and a half full-time equivalent educators run courses for external clients (e.g. nursing home personnel).

Clinical staff hierarchies mirror NHS medical and nursing establishments, albeit that staff-patient ratios are good compared with state sector provision. For example, during most of T<sup>2</sup> – T<sup>3</sup>, in-patient morning shifts were covered by a mix of seven registered nursing and nursing auxiliary staff and afternoon shifts used four registered nurses and nursing auxiliaries. Towards the end of the study period this ratio rose to eight:five. It was always possible to bring in additional staff as required.

The day unit has dedicated registrar medical cover (frequently augmented by a senior house officer or specialist registrar trainee) and the in-patient unit has a full-time Consultant, a part-time Consultant (shared with a local NHS county hospital) and two or more senior house officers or specialist registrar trainees. Additional medical cover is provided as needed (e.g. over bank holidays) by general practitioners who are familiar with the hospice. Visits to outlying clinics are made by Consultant and other medical staff on a rotational basis.

Nursing staff are headed by a Nursing Director and, for part of the study period, a nursing ward manager liaised between the Nursing Director and ward charge nurses and staff (this person left to become a Macmillan nurse at the end of 2001). The in-patient unit had two charge nurses but this was upped to three following the departure of the ward manager. The day care unit has one charge

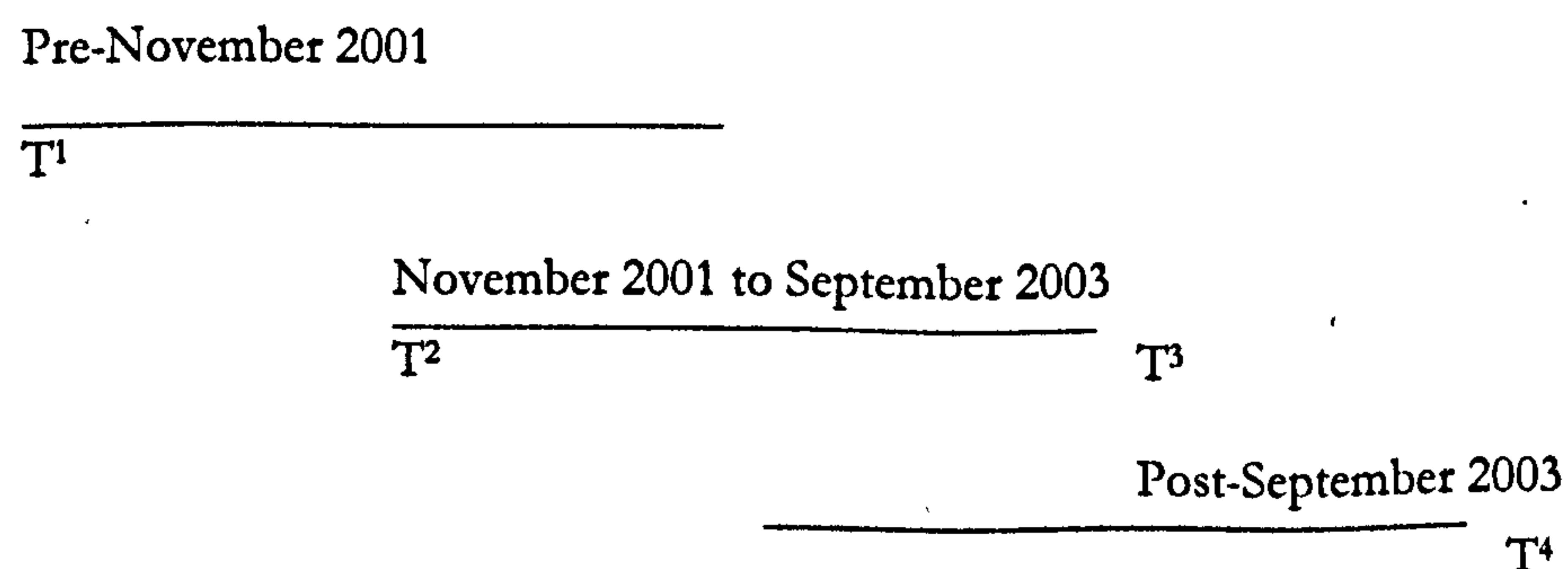
nurse. More than forty registered and auxiliary nursing staff are employed in the day- and in-patient units and, of this number, at least thirty percent work part-time.

The hospice relies upon the goodwill and efforts of large numbers of volunteers. The trading wing uses more than two hundred volunteers to staff shops. Volunteers collect and deliver supplies, transport (some) patients and raise funds in innumerable ways. Within the hospice, voluntary (unpaid) registered and auxiliary nursing support is informally available and non-nursing volunteers perform multiple roles. For example, the day unit uses four to six volunteers each morning. These people welcome patients and their carers, help make patients and visitors comfortable, prepare and serve refreshments and engage in friendly conversation. They also provide entertainment and run activities on an ad-hoc basis. Likewise, the in-patient unit uses about six 'home-maker' volunteers each day. Home-makers circulate refreshments (including home-baked cake), talk with patients, assist at mealtimes in food distribution and collection, offer morning and afternoon drinks (alcoholic and non-alcoholic) and help tidy up. Volunteer receptionists greet visitors and answer incoming telephone calls during working hours.

Specifying and critiquing T<sup>1</sup> – T<sup>4</sup> timeframes:

With one exception (see below), T<sup>1</sup> refers to the period prior to November 2001, T<sup>4</sup> is placed after September 2003 and T<sup>2</sup> – T<sup>3</sup> occupies the intervening time.

Figure 6 – Study timeframe



In 'Structures and institutions', forms of social interaction are described that, it is argued, reveal structural relations that generated for the hospice a situated logic that contributed towards the decision to re-designate the organisation, in 2000, a specialist palliative care unit.

Importantly, re-designation was *not* caused by the forms of social interaction described in 'Structures and institutions' (some of the events outlined occurred *after* re-designation took place) and it is *not* the  $T^4$  outcome of the timeframe specified in figure 6 above. Rather, interviewee comments (obtained between  $T^2 - T^3$ ) describe forms of pre- and post-2000 interaction (empiric events), these interactions permit contradictory structural relations to be retroduced, and it is these relations, known by their effects on specific entities, that prompted organisational re-designation.

§1 Chapter 4 recognised that event identities might be difficult to demarcate. Here, to ease and aid explanation, page 215 of this thesis presents the structural conditioning forces which led to organisational elaboration as a discrete yet partial analytic ( $T^1 - T^4$ ) history. Re-designation is structurally elaborative insofar as it potentially alters relations with, for example, state and NHS institutions (though the structures precipitating re-designation existed before and remain after 2000) and it accelerates change in agential relations within the hospice.

The somewhat elaborate procedure outlined above allows organisational re-designation to be situated, following figure 6 above, at  $T^1$  in 'Relations within the hospice'. Here the meaning and consequents of re-designation and its correlates are described for hospice agents in an analytic history that corresponds with the timeframe of figure 6. This timeframe accords with researcher study site access. Thus, permission to proceed was granted in November 2001 and frequent contact between researcher and study site ceased in September 2003 when the last interview was conducted (§2 Chapter 1). Establishing study periods according to access is not

unusual. However, it is problematic. For, although §1 Chapter 4 suggested that time descriptors should not be allocated capriciously, access and therefore study periods were contingently determined by the researcher according to personal, rather than hospice, criteria.

Fortuitously, three events occurred just prior to November 2001 that may, retrospectively, validate the timeframe employed. First, 2000 saw the passing of the Care Standards Act (Department of Health – DH, 2000). Implemented in England in 2001 (DH, 2005) this act is seen as a serious potential threat to organisational independence by some senior hospice staff. Second, around 2000 the hospice re-designated itself, as stated, a specialist palliative care unit and this change promotes, it will be argued, significant ideational dispute within the organisation. Third, 2001 saw the appointment of a new and, for some, controversial part-time consultant (henceforth Con2). Con2 introduced clinical practices at the hospice that were variously resisted or welcomed and, in this way, he exposed and challenged established shibboleths. Con2 also chaired the County Palliative Care Directorate and, as such, he played a major role in brokering the hospice's future relationship with external and potentially antagonistic local NHS 'partners'. Con2 left the hospice towards the end of 2003. Draft publication of the County Directorate's plan also occurred at this time and T<sup>4</sup> can reasonably be situated in late 2003 since this document heralds a new phase in hospice-Directorate relations.

Nevertheless, determining study periods according to access meant that, for example, it was not possible to fully evaluate the elaborative potential of organisational re-designation vis-à-vis state and NHS relations (since insufficient time elapsed in which transformation could be observed) and, moreover, despite retrospective justification, fixing timeframes (temporal boundaries) at set points is problematic insofar as this disregards alternative event or analytic histories. Indeed,

from an interviewee's perspective dating change is largely a function of service duration.

Thus, long service interviewees recognise that the pace of change increased post-2000 and they describe the impact that events such as organisational re-designation or Con2's arrival had on clinical practice as part of their description of change in the same way as shorter service colleagues. However, long service allows perspectives on change to be advanced that undercut explanations focused simply on recent events. For example, A:a's normative views on what hospice care should be or encompass enable her to describe developments in staff-patient relations that took place over decades and, as part of this, she outlines a movement away from overt religiosity or the easy expression of religious sentiment, evident in the hospice's founding years, to the present atmosphere in which religious succour has, in some circumstances, to be offered covertly.

A:a I find it very sad really. Because, well it's not for me to say but, you know, it was nice for people who had sat with their relative dying for, you know, hours on end, and then they died, and then for somebody to say to them, would you like to say a little prayer? Would you like to say a little prayer? You know, would you like to say a little prayer, maybe not for the person who's died, but just for you, to shut your eyes and think, it's all over, you know.

ML Would you feel comfortable saying that to anybody now?

A:a (Pause) Not if anybody's looking, no (laughs).

ML Would you say it if they weren't looking?

A:a (Laughing) Probably.

Accounts such as this highlight the evolutionary character of aspects of change and commentaries by long service staff force the researcher to acknowledge that dating and interpreting events or, when numerical modifiers apply, sortals, is occurrence or

topic specific. Thus, it will be argued that a consideration of changing ideas about spirituality and religious expression at the study site, such as those described above, may helpfully add to understanding *and* that explaining spiritual-religious change requires longer timeframes than 2001 – 2003 to be considered (albeit that recent developments exacerbate the withdrawal from overt religious expression that was already advanced *before* that time).

§1 Chapter 4 suggested that questions about event identity and persistence are underexplored by Archer and Bhaskar. Negatively, the argument presented here opens up the possibility of unbounded regress and stultifying complication as individual event sortals may reference unique  $T^1 - T^4$  histories *and* each event sortal may be further subdivided into phase sortals that require alternative  $T^1 - T^4$  histories. Positively, recognising the interlocking but distinct nature of event histories extends the concept of differential morphogenesis outlined in §1 Chapter 2 and, perhaps, reflects or captures the complexity of real world events.

## Structures and institutions

Social structures and institutions are variously described in the sociological literature (López and Scott, 2000). Some realists (e.g. Elder-Vass, 2008) highlight integrative links between relational structures and institutions whilst others (e.g. Fleetwood, 2008) mark their difference. Following Fleetwood (ibid), institutions are here defined as systems of coordinating rules and conventions. These rules and conventions are both external to agents *and* embodied by agents as habits and practices. Organisations such as the hospice under study represent a subset of institutions (Elder-Vass, 2007a; Hodgson, 2006). Social structures, here synonymous with Archer's SS and CS, describe internally emergent constraining and enabling 'latticeworks' (Fleetwood, 2008, p.29) of interest bearing relations. In this study, social structures evidence causal influence when the interests they generate are taken up or mediated through the projects and actions of situated agents.

Organisationally, the hospice is an independent third sector voluntary or charitable healthcare provider. Structurally, it sits within systems of SS and CS relations that are dominated by state run or sponsored forms of health and social care. Thus, on a daily basis the hospice cooperates with GPs, district nurses, local NHS trusts and social service departments. It also interacts with charitable non-governmental organisations such as Macmillan and Marie Curie nurses. However, these organisations are substantively integrated into NHS and other governmental infrastructures and the hospice's focus is thus directed towards state bodies that, from its perspective, can be classified as clinical and/or regulatory. (Though, to complicate matters, "there are different relationships with different parts of the same organisation", G:b.).

The existence of structural relations between the hospice and socialised or state sponsored healthcare is here revealed through a description of interaction with (i) the County Palliative Care Directorate and (ii) Department of Health. The effects of (iii) demographic change on the hospice are also considered. It is argued that the structures revealed (mainly but not exclusively SS) exerted and continue to exert pressures on the hospice that, in 2000, contributed to the creation of a situated logic favouring organisational re-designation. This was a significant event and the emergent consequents of organisational re-designation and its correlates for agents are later described in 'Relations within the hospice'.

#### The County Palliative Care Directorate

The County Palliative Care Directorate (henceforth Directorate)<sup>ii</sup> is a standing "strategic planning body for the creation, for the development of all palliative care services" (N:b). Set up in the early 1990s "at our expense" (N:b) with the then Health Authority (now and henceforth Primary Care Trust – PCT) the Directorate was to be "a mechanism that would highlight the deficiencies in service and address those deficiencies and ensure that they somehow got the resources to be improved" (N:b).

Despite the small size of the hospice relative to the PCT it need not be considered a micro referent if Archer's relational theory is accepted (§1 Chapter 2) and, insofar as both bodies shared a common purpose (resource procurement) and both were mutually co-dependent (in establishing the Directorate) the relationship between hospice and PCT could, initially at least, be described as symmetrically internal. However, once established SS and CS contradictions emerged and, by 2000, the Directorate and hospice were related internally but asymmetrically. To



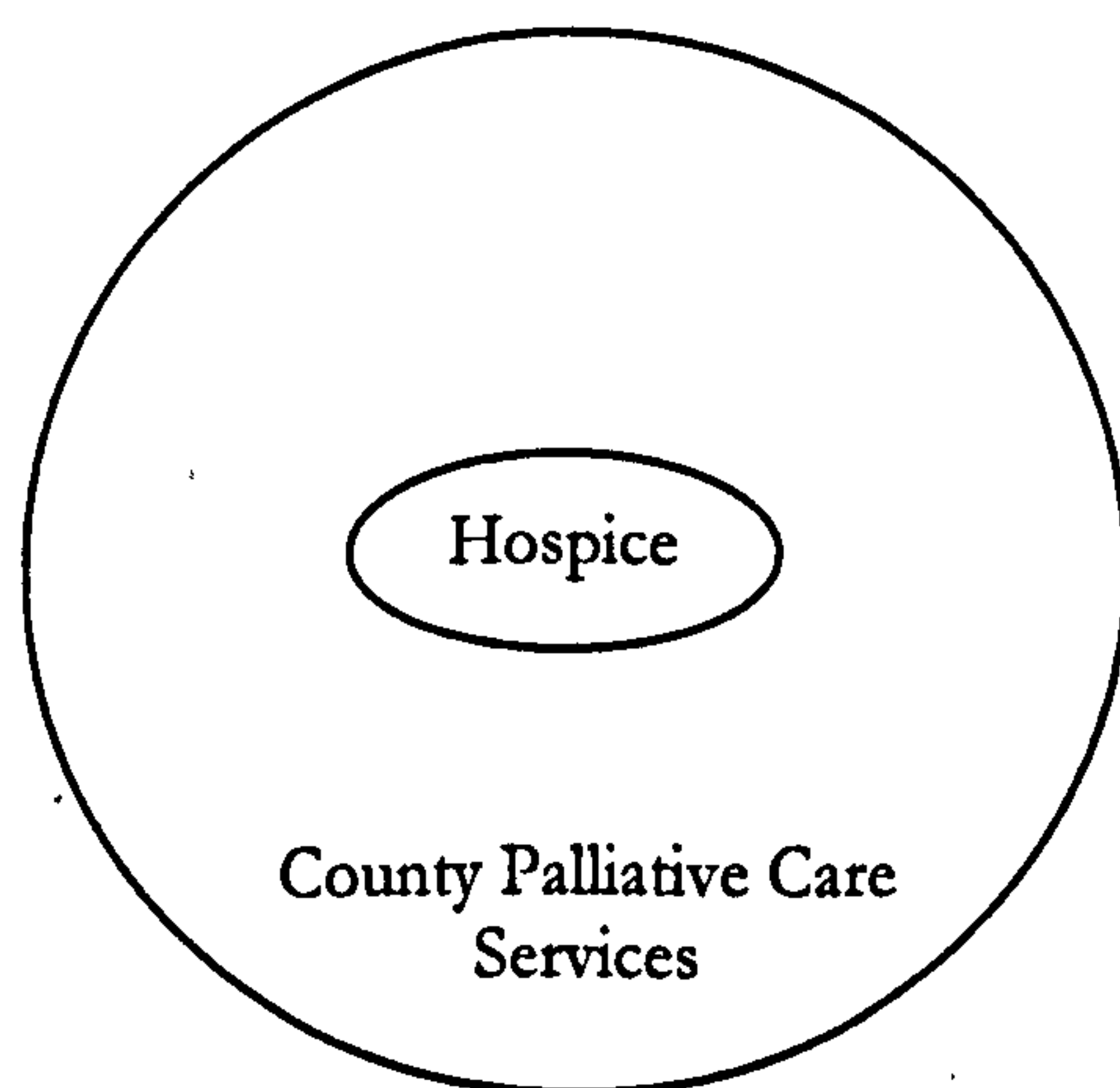
describe the nature of asymmetry and explain how it came about (i.e. to retroduce from interview statements the factors defining and producing such relations) three *overlapping* topics or themes are considered. These are labelled, (i) divergent interests, (ii) challenges to independence and (iii) NHS palliative consultant hostility.

Divergent interests:

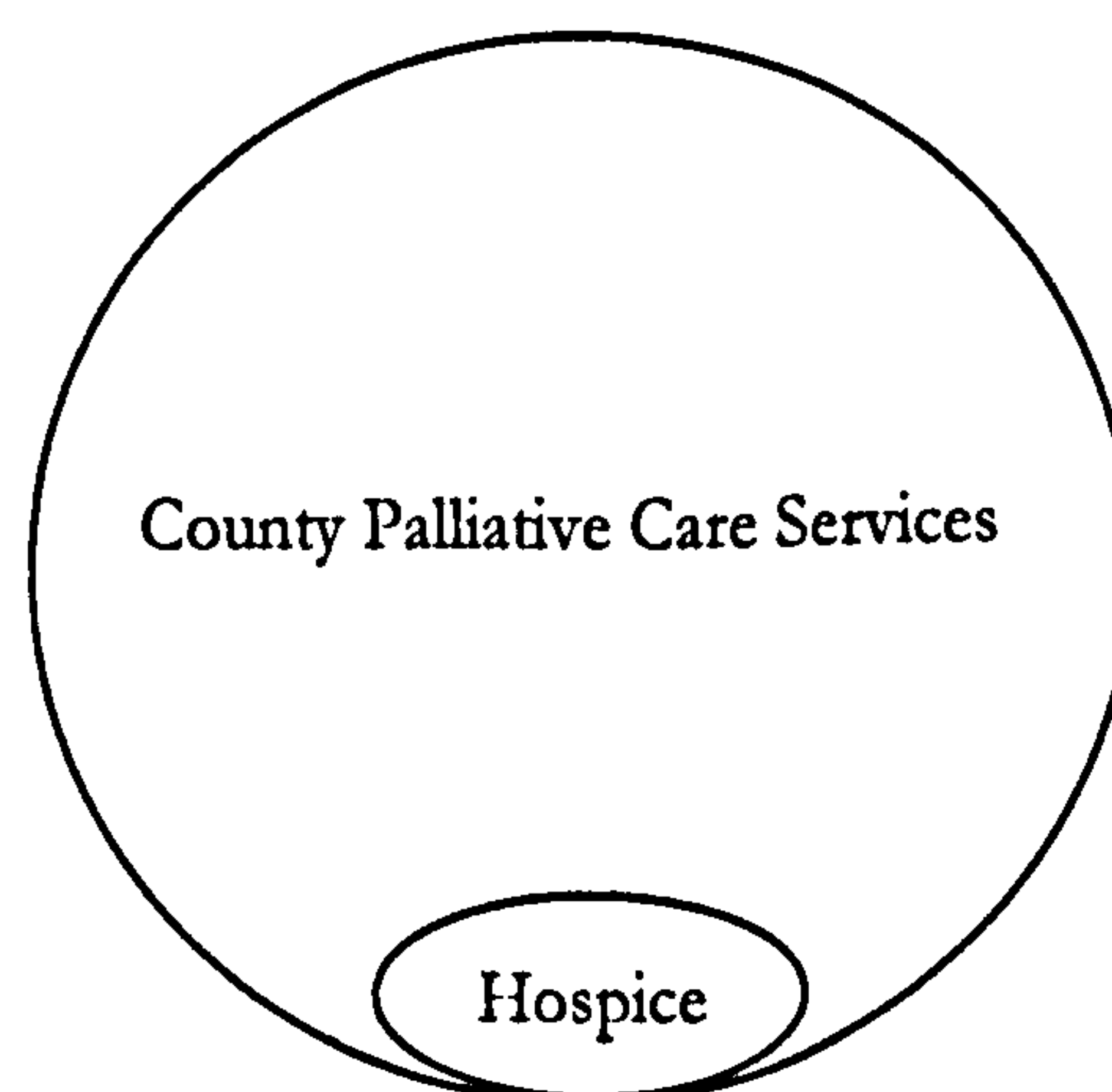
By and post-2000, divergent interests and powers characterised or underpinned the nature of relations between institutions. Thus, whilst the hospice sees itself as a vital regional asset, from the Directorate's perspective it is of marginal concern. This was graphically conveyed by one non-hospice Directorate member who sketched the diagrams reproduced below (diagram 5).

Diagram 5 – Contrasting Hospice and Directorate perspectives.

Hospice perspective



Directorate perspective



The schema on the left places the hospice at the centre of activity and this, according to the Directorate member, is how the hospice presents itself. Alternatively, the schema on the right illustrates the Directorate's viewpoint. Here, the hospice is significantly less relevant for, in financial and other terms (i.e. annual countywide deaths), in-patient NHS acute and palliative care and community

situated GP, District nurse, Macmillan, Marie Curie, supporting social and community services and nursing or rest homes are simply more important. Asymmetrical relations are produced by divergent interests. However, the consequence of asymmetry for the hospice derives from the unequal power(s) held by each organisation *and* the Directorate's willingness to wield its superior power.<sup>iii</sup>

### Challenges to independence:

The Directorate has been and is seeking to guide providers and, perhaps inevitably, this directive role is seen as a challenge to organisational independence.

G:a I think you will find and, there're a lot of fights going on, that we are being pushed more and more towards, by the NHS . . . And I see that through the Directorate. I mean you only have to look at some of the stuff coming out of the Directorate and how they feel we shouldn't do 'x' unless the Directorate says so. Well, sorry, we will do 'x' whether the Directorate says so or not. Because, the hospice is here for the patients and if we wanted to spend 'x' million on upgrading the hospice it's got nothing to, to, for the Directorate to say whether we do it or not.

At a national level the main challenge to organisational independence comes, senior interviewees believe, from the Department of Health and Care Standards Act (DH, 2000) (described later). However, locally, as the above excerpt indicates, the Directorate is viewed as the chief force *pushing* the hospice towards the NHS.

The Directorate's willingness and potential ability to "integrate" (O:a) the hospice into overall service provision was, initially, unforeseen. The Directorate's function is to plan, coordinate and resource palliative care. Originally, hospice personnel thought they would play a significant role in developing such plans and, to advance this process and in keeping with then recommended practice (e.g. Clark, 1994), it was decided that a needs assessment was required. However, despite 'the longstanding duty placed on health authorities to develop strategic plans for

palliative care' (Seymour *et al*, 2002, p.5) production of this document stalled during the 1990s and, much to the hospice's chagrin the Directorate became, in this period, little more than a "talking shop" (G:b).

This changed when Con2 (O:a) arrived. Con2 works for both the NHS (three and a half days a week) and hospice (one and a half days a week). He also chairs the Directorate and in this capacity Con2 expedited completion of the needs assessment. However, as the passage below makes clear, the assessment and its associated plan threatens to restructure the conditions under which palliative care is organised and delivered in a manner that runs counter to hospice interests. The significance of asymmetric hospice-Directorate relations is apparent in this excerpt.

O:a [The needs assessment has] . . . created a whole new model of delivery and care which I don't think will suit the hospice very well. And I think (name) and myself have been the driving forces in doing that. But we've been allowed to do that by the PCT and they've encouraged us.

ML Can I ask you why you don't think it will suit (hospice)?

O:a Well it means that (hospice) will be very much, well financially, will have to explain itself and its actions and its investments and what it does if it wants to get any money, then it's going to have to put forward a much better case than it does at the moment. If it wants to develop and change in its own particular ways then it's going to have to demonstrate that that fits in with the countywide needs rather than just (hospice) own perception. So it's got to, it'll have to show that what goes on outside its own walls fits in with what goes on inside its walls and that there's a mutual benefit there. Now currently that isn't what they want at all and they're very upset with the Directorate and I think they're going to make it very difficult for the Directorate. But at the moment we have got a fantastic, I think, a fantastic and exciting development plan for the next three years that's very workable and it will actually be financially viable.

Con2 (O:a) takes personal credit for directing the assessment and its associated plan in a direction unlikely to find favour with the hospice, a direction "encouraged" by the PCT. Con2's motivation as an actor is explored later under 'Relations within the

hospice'. Here it is merely noted that needs assessment is an 'inexact . . [and] pragmatic' (Ingleton *et al.* 2001, p.398) activity and Con2's "ambivalent" (see below) views regarding hospices match those of the corporate group (i.e. NHS palliative care consultants) to which he primarily belongs.

#### NHS palliative consultant hostility:

Senior hospice interviewees claim the Directorate offers a platform to antipathetic local NHS palliative care consultants. Medical hostility to the hospice is not new. Conflict, reportedly centred on the development of in-patient facilities, erupted as early as 1979 when a hospice fundraising foundation was established.

R:a (Trustee) has said that when he and (Trustee) were looking to set up the hospice, there was immense opposition to it from the medical community.

This hostility may, in part, reflect divergent state-NHS and independent sector SS and CS interests. However, other influences were also evident insofar as some original Directorate members even queried the need for palliative care.

G:b I remember going to a [Directorate] meeting and hearing a very senior [edit] saying that she didn't believe in palliative care. And I thought then, what the hell are you doing sitting on a committee that's actually planning palliative care!

Nevertheless, although by 2000 the value of palliative care was recognised, NHS consultant antipathy towards the hospice and Directorate pressure appeared to coalesce. Asked what "we" now wanted from the Directorate, G:b replied:

G:b . . to say that we should exist . . Why do I say it? Because, there is a, a national move afoot amongst some (pause) palliative care consultants to move palliative care beds into acute hospitals.

Confirmation of the existence of antipathy towards the hospice from local NHS palliative care consultants came from a number of sources including Con2 (O:a).

O:a Well, and I'm sure I'd get absolutely shot down (pause). To be very controversial, there's probably something to be gained from looking at whether or not we need hospices. And, and by having hospices we're creating an unequal service. So the minority can get excellent service and, you're absolutely right, they, they are NGOs and they have charitable status and the money the funding is from local people. Would we be better pumping some of that money if you like into services in a different way? It's just the model that we have certainly in the UK, and that has been rolled out worldwide, in many cases, is of a fairly large inpatient units. Large not so much in the number of beds but large in the number of people involved with them. And should we be actually using that, that money that service in a completely different way to support people in hospitals, to support people primarily at home? So, I have a fairly sort of (pause) ambivalent attitude towards hospices.

In this excerpt Con2 (O:a) articulates two criticisms of the hospice movement that are here interpreted as being representative of those voiced within (and without) the Directorate by local NHS palliative care consultants pre- and post-2000. First, it is suggested that hospice resources could be used more effectively if channelled into the NHS. Second, questions concerning equity are raised.

- Resources

Against Con2, the Chief Executive (N:b) argued that redirecting resources would not improve utility. He claimed Con2's perspective was "narrow" (N:b) and asserted that the hospice was more efficient and therefore more effective in deploying resources because, compared with the NHS, flattened management structures and the use of unpaid volunteers allow a greater percentage of funds to be spent on "the front line" (N:b). That hospices direct a high proportion of income into clinical services may of course be true without undermining the claim that disproportionately elevated spending on independent sector patients occurs relative to NHS or state

expenditure (though this simply begs the question: What is adequate or appropriate expenditure?). More concretely, the Chief Executive (N:b) challenged the feasibility of sequestering hospice funds as well as the amount of money available.

N:b . . . all they could have of the resource that we acquire is that bit of it that comes from the public purse. They couldn't have the rest of it because that is given to charity and it is given to a charity because it is *not* (emphasis) part of the NHS. That's why people give us money.

ML . . . why wouldn't people give to a statutory body such as the NHS?

N:b Because they pay their taxes. It's as simple as that.

The constellation of arguments suggesting that charitable donations fall, volunteers depart and organisational behaviour alters as state intervention and funding increases are well rehearsed (Seddon, 2007; Lewis, 1999; Lewis, 1996a; Leat, 1995; Powell, 1992; Prochaska, 1988) though contested (for a historical perspective on the relationship of state-voluntary activity see Barry and Jones, 1991; for a discussion on volunteers in the public sector see Merrell, 2000).<sup>iv</sup> The politicised nature of many of these arguments may indicate that structural tensions have and continue to affect state-independent institutional relations. Nevertheless, if the feasibility of redirecting resources is open to question, several interviewees accept aspects of Con2's second censure and the problem of inequity is more difficult to shrug off.

- Equity

Discussion regarding the equity of hospice and palliative care provision takes many forms.<sup>v</sup> A consideration of the literature on this issue extends debate beyond local consultant rancour and, introducing the literature here (as elsewhere) illustrates, first, that many interviewee identified themes (Appendix M) have wide resonance, second, that these themes often pre- and post-date re-designation study timeframes

and third, by informing the analysis offered here it highlights the catholic nature of data and evidence in realist theorising (§2 Chapter 2). Arguments from the literature are therefore important. They often mirror interviewee insights and comments and they assist identification of the social and cultural structures which shape and reflect relations between the hospice and state-NHS institutions (here consultant opinions on the equity question).<sup>vi</sup>

Definitional problems notwithstanding it may be argued that patients with equal need should receive equal treatment or, given finite resources, at least an equal chance of treatment (Williams, 2003a; Horner, 1998; Tadd, 1998; Kukathas and Pettit, 1990; Harris, 1985). Yet if hospices and palliative care services – independent *or* state-NHS – are in some respects superior to NHS non-palliative services, then the uneven distribution of hospice and palliative care provision throughout the country (St Christopher’s Hospice and Help the Hospices, 2008) means that equal need (assuming demographically corrected geographic distributional parity) is being met unequally. Further, if independent provision is partly responsible for a lack of NHS services (for example, PCTs may be disinclined to invest in a service provided ‘free’ by others) then the independent sector should, perhaps, shoulder some responsibility for the ensuing inequity.

This last point implicitly informs statements by non-consultant medical staff at the hospice who note that, although new NHS consultant posts are being created, NHS palliative care and NHS medical palliative posts (their primary source of future employment) remain, allegedly, under-resourced (medical interviewees tend in conversation to conflate palliative care with palliative medicine). Local NHS palliative care consultants are keen to establish a palliative department so that they can “have their own beds in acute Trusts, so that they admit to their own beds” (G:b). And, taken together, these perceived shortcomings in NHS provision might

explain consultant antipathy *if* it is allowed that resources channelled to hospices prevent or handicap, directly or indirectly (as negative realities<sup>viii</sup>) the development of NHS palliative services. That the relative dearth of UK NHS palliative care units 'may be the result of the large number of hospices that were built' (Abu-Saad and Courtens, 2001, p.18) is noted in the literature and, as stated, local medical hostility to the prospect of a hospice focused, in 1979, on the creation of non-NHS in-patient beds. However, whilst resource covetousness may explain consultant antagonism at a corporate level, the assumption that the state is held back from investing in palliative services in those areas where the independent sector is inoperative or insufficient is hardly credible.

More damagingly the literature recognises that, within the UK and overseas, hospice services are not equitably available to all patients. For example, more services are provided to patients with cancer than, for example, degenerative disease, disablement or HIV/AIDS (Seymour, 2007; Kristjanson *et al*, 2006; Stienstra and Chochinov, 2006; Harding *et al*. 2005; Rucker, 2005; Ryan and McQuillan, 2005; George and Sykes, 1997; SMAC/SNMAC, 1992). Hospices are exclusionary insofar as disadvantaged groups find access difficult (Ahmed *et al*, 2004; Wood *et al*, 2004). Where available, hospices predominantly evidence or cater to middle-class values and tastes (Sandman, 2005; Walter, 1994). Minority ethnic and racial groups are under represented in hospice admission records (Ahmed *et al*, 2004; Fountain, 1999; Corner and Dunlop, 1997) and, when seen, minority cultural needs can be poorly met (Dein, 2006). Out-patient and community palliative care may be under-funded because small in-patient units are resource hungry (Reynard, 1993). Focusing upon hospices might have hampered the development of alternative forms of palliative provision (Seymour, 2001) and, in synopsis, it is claimed (Douglas, 1992, p.579) that hospices inequitably provide 'de luxe dying' to a



privileged minority. Significantly, this conclusion is accepted by several interviewees and the genteel and exclusionary nature of the organisation is acknowledged.

F:a Where are the mentally handicapped people? . . the chief executive is very keen on small tidy chairs . . I would like my house to be, comfortable, where people can sit down. You don't get that here. It is, it is too neat and tidy.

J:a [Regarding volunteers] . . they are nearly all very well 'accessorised' . . [and] it's kind of excluding if you're sitting there feeling absolutely awful and you haven't had time to, I mean you haven't had the energy to iron your shirt and you don't possess any accessories anyway, and you're sick and you're, you're surrounded by people who have got very nice nails and perfect diction and a chic haircut.

Y:a . . it's the same for all hospices . . you do only have a small number of beds and so . . it is a very exclusive group of patients that actually get the input from palliative care . . it's a problem with palliative medicine that we are not wholly inclusive . . I think it is recognised that we don't properly address people from ethnic minority backgrounds or very low social classes. It's very much . . well you know, the people who have access to it are from a *very* (emphasis) closed (pause) community . . Not everyone's going to feel happy here. I don't know if I would (laughs).

That said, every interviewee thought the standard of care provided by the hospice was generally superior to local NHS provision, every interviewee enjoyed working at the hospice and some, but not all interviewees, expressed views commensurate with apologists in the literature who assert that, for example, the creation of independent hospices spurred on the development of NHS services (Hockley, 1997) by generating interest in a hitherto underdeveloped branch of care (Bass, 2006; Costello, 2004). Those in receipt of hospice or palliative services benefit (Help the Hospices, 2008), unhelpful taboos about death are being demolished (Buckingham, 1996), total provision is increasing (Lawton, 2000) and, more generally, charitable and voluntary organisations are valorised as vital components of civil society – e.g. political support comes from the left (Field, 1997; Gamble, 1995; Deakin, 1994),

centre-left (Deakin, 2008), neo-liberal right (Marsland, 1996) and communitarian other (Whelan, 1996; Etzioni, 1995; Green, 1996; Green, 1993).

Alternatively, interviewees who highlight the advantages of NHS hospital care, that is, allowing that hospital care might be superior to hospice care in certain respects, present a different perspective to that outlined above. For example, palliative patients located in large acute settings are inequitably *advantaged* insofar as they can access more services more quickly than hospice patients in geographically isolated settings. Until recently access to what would once have been described as complex or acute treatments and interventions was not a problem at the study site because, in the hospice's early years, care primarily involved non-interventionist support to patients at the end of their lives. However, as will be argued, changes in admission practice as well as new forms of treatment now necessitate that more patients make more frequent journeys to the County hospital and the significance of physical "isolation" (F:a) is thus increased.

C:b . . . we are right out on a limb here and it's very difficult to get ill people to the County hospital. To hang around in an ambulance, wait for it to come back, whereas if we were attached to the County hospital in, in a unit, things would happen much easier.

The three factors outlined above (divergent interests, threats to hospice independence and medical or NHS palliative consultant antipathy or criticism) coalesced to create for the hospice, by 2000, asymmetric SS relations and a situated logic of SEP (structurally emergent properties) necessary contradiction (correction).

Relations between the PCT and hospice are asymmetric because the PCT (speaking through the Directorate) no longer requires the hospice in the same way that the hospice requires the PCT. Moreover, the PCT/Directorate's ability to set the structural environment in which the hospice functions and its power to direct

finance and exert sanctions makes the hospice a minor and potentially dependent rather than major and leading element in service provision. Further, powerful antagonistic corporate agents (NHS palliative consultants) deploying forms of critique (e.g. regarding equity and the exclusiveness of provision) that find resonance at the study site, exacerbate the hospice’s political remoteness and, perhaps, internal division.

Figure 7 – CEP (cultural emergent properties) and SEP (social emergent properties), logical relations and situational logics – see page 67 this thesis (RST, p.303 – adapted)

	Contradictions		Complementarities	
	Necessary	Contingent	Necessary	Contingent
(Situational logic) CEP's C.S. level S-C level	(Correction)  Syncretism Unification	(Elimination)  Pluralism Cleavage	(Protection)  Systematization Reproduction	(Opportunism)  Specialization Sectionalism
SEP's S.S. level S-I level	Compromise Containment	Competition Polarization	Integration Solidarity	Differentiation Diversification

Recognising that the Directorate is pursuing what to it are threatening policies (i.e. against its perceived interests) led senior hospice personnel to engage in SI strategies of containment and, at the SS level, compromise (though alternative competitive responses were considered).<sup>viii</sup> Containment is evidenced insofar as the hospice deliberately and self-consciously attempts to assert its presence and interests beyond the Directorate by influencing national, regional and professional palliative care agendas. To this end hospice representatives have sought admittance to a wide range of organisations and bodies (see Appendix N) for, as the Chief Executive states, “If you’re not in the ring you don’t get heard” (N:b).

Compromise is evidenced, possibly, by organisational re-designation as a specialist palliative care unit. Re-designation is discussed under the heading 'Relations within the hospice'; however, occurring shortly before progression of the needs assessment, re-designation might reasonably be interpreted as a move towards meeting or heading-off existing, foreseen and continuing Directorate (and other) pressures, since it promotes and positions the hospice as a necessary part of county palliative services. Politically deft, re-designation spikes, to some extent, calls by NHS palliative care consultants for the creation of a specialist palliative department within the local hospital. Indeed, it might almost be described as 'integrationist', a term associated with protective necessary complementarities.

More 'competitively', a term associated with eliminative contingent contradictions, post-2000, the Chief Executive proposed that, in the future, overt forms of spiritual and emotional care could be consciously and deliberately emphasised or marketed in order that the hospice might publically differentiate itself from competitor NHS provision (CS pluralism).

M:a (Chief Executive) was very worried . . . if they have a palliative care department in the hospital. That then, well, (hospice) will become (pause) unnecessary. So our, if we 'up' our spirituality, then the people who want the spiritual side of it will come to (hospice).

That options such as 'spiritual branding' are being considered may be significant. It might indicate that the hospice remains pressured (i.e. pre-2000 social relations are reproduced and not elaborated by re-designation) and it raises questions about organisational decision making.

Awareness of the three topics described above (divergent interests, challenges to independence and NHS palliative consultant hostility) is widespread but not universal amongst interviewees. Senior staff such as the head fundraiser is

party to such knowledge “because I’m a part of the management team” (R:a) and, unsurprisingly, non-consultant medical interviewees can comment on, for example, NHS consultant antipathy even if they know little about the Directorate. However, only one of four charge nurses (also termed Sisters) is privy to such information and no (interviewed) nurse below the rank of charge nurse was cognisant of these issues. That such matters remain sub-rosa may be important.

Although the situated logic generated for the hospice by structures such as the Directorate and agents such as NHS palliative consultants is here described as a necessary contradiction, alternative and radical scenarios were aired that might, if enacted, be described using the situated logic of elimination. Given the contentious nature of such scenarios, senior staff let it be known that open discussion of these options would, at this stage, be unhelpful (limited details are therefore given here).

Thus senior hospice managers believe the organisation faces two interlinked problems. First, a future funding crisis is anticipated if rises in spending continue to outpace rises in income and, second, from the hospice’s perspective, the Directorate is becoming unmanageably prescriptive. In response, the hospice could withdraw from the PCT/Directorate and accept direct user payment for services. The Chief Executive indicated that this option is under review and Con2 described this as his (the Chief Executive’s) “ultimate threat” (O:a). Further, the topic was broached “within the management team, it has been discussed” (R:a) and a small and discreet working group is established to look at all fundraising options including direct payment. However, if pursued, withdrawal from the PCT/Directorate means withdrawal from engagement with the NHS and accepting payment would herald a revolution in structural relations. The move would create a situated logic of open competition with ‘rival’ NHS institutions and polarisation at the SI level could be expected between workforces.

O:a . . one of the things that it's capable of doing and might do it quite happily would be to opt out of primary or the primary care trust funding and direction and somebody mentioned that they might actually sort of start charging for their, for their (pause) . . So . . the rich can pay for it and the poor don't. But I think it would change the whole ethos of palliative care. It would completely disengage the hospice from the rest of palliative care . .

Finance is crucial here. If statutory funding was cut or removed without warning the hospice would face immediate financial peril. The hospice also believes it is underfunded by the state for the work that it does and it initially anticipated that the Directorate would help remedy this situation. Yet, paradoxically, the option of absenting itself from the PCT/Directorate can only be considered *because* statutory funding forms a relatively low proportion of overall income (hence the hospice has some latitude or freedom).

In reality it is unlikely that this course will be pursued. It is acknowledged that both developments would need to be introduced to staff sensitively, clinical resistance could be expected within the hospice and "Once you've moved the goalposts . . you can never move them back . . my great fear as a fundraiser is if you, in effect, became private, you would get another organisation, a charity, coming and doing what we did" (R:a).

Morphogenetic modelling allows and encourages distinctions to be made regarding the forms of SI response offered (e.g. between actual and potential necessary and contingent contradictions). The ability to advance such gradations is here seen as a strength of this approach.

### The Department of Health

Reportedly, the main legislative threat to hospice independence comes from the Department of Health in the guise of the Care Standards Act (DH, 2000) and its

method of implementation. Part II, Section 11(1) of this Act requires that non-NHS healthcare providers such as the hospice register with the National Care Standards Commission (after 2004, the Healthcare Commission, 2008). Registration depends upon certain standards or procedures being demonstrated (Campbell, 2005) and it is anticipated by interviewees that new regulatory frameworks associated with devising and monitoring these standards will align hospice and NHS practices.

G:b Basically, I think, they're doing a 1948 on hospices.

ML What do you mean by 'a 1948'?

G:b Well that was when the National Health came into being.

ML Yes.

G:b And they grabbed all the local little community hospitals and things and cottage hospitals and dragged them all into the NHS.

ML And many of them lost their voluntary status.

G:b Yes.

ML . . . But they can't grab us!

G:b They're trying, they're trying to grab us through the inspectorates.

ML So they can force us to comply, or rather, the things they measure can force us to comply and change our behaviour?

G:b They might think so . . . Because we have to, here, comply with what they're going to say.

Consequent to the Care Standards Act (DH, 2000), Section 11 (Hospice Standards H1 to H15) of the Department of Health's Independent Health Care National Minimum Standards Regulations (DH, 2001a) generate significant bureaucratic burdens for small organisations not previously used to detailed record keeping or audit functions. These demands threaten to compromise current clinical and administrative expenditure ratios and, for the hospice, such regulations are

indicative of the Department of Health's disobliging nature – “they wouldn't understand the, this organisation” (G:b). Section 11 (DH, 2001a) prescribes and regulates almost every aspect of care and insofar as ‘standards . . . will be closely linked with the development of NICE [National Institute of Clinical Excellence] guidelines’ (ibid, p.126) prescription is only likely to increase.

The reality of this threat remained untested during the study albeit that, perceptually, it (i) presents a clear and imminent danger to senior hospice personnel and (ii) continues and entrenches trends and relations established in earlier encounters between the hospice and Department of Health (e.g. surrounding Clinical Governance, DH, 1999, 1998, 1997). The Care Standards Act (DH, 2000) again illustrates the asymmetric nature of SS hospice and state-NHS relations and, as before, the hospice's reaction at an SI level involves attempting to work with similarly placed institutions to exert influence on those national, regional and professional bodies and organisations that it has access to (Appendix N) in an attempt to mitigate future clashes. However, this approach has recognised limitations and regarding, for example, NICE guidance “I think there is, or might become, the seeds of conflict as to whether we should comply” (G:b).

### Demographic change

Interviewees suggested that changing family and gender relations (e.g. more divorce and remarriage, greater geographic mobility and increasing female labour market participation) mean that fewer “good families” (G:a) are available to fulfil supportive domestic healthcare roles. Evidence for the existence of such trends is widely attested within the literature (Arksey, 2002; Hirst, 2001; Lawton, 2000; Field and James, 1993). However, the politicised nature of commentaries on family and



gendered roles, values and responsibilities in health and social care complicates discussion of such factors (see for example, Morgan, 1999, or Davies *et al*, 1993, for a neo-liberal free market perspective or Graham, 1993, or Finch and Mason, 1993, for a feminist left of centre viewpoint). Curiously, although reduced domestic support could, if real, only be experienced by the hospice at an aggregate level, 'rest-room' conversations readily linked non-traditional family structures with premature admission and delayed discharge in particular instances.

Several respondents also noted (and it is generally assumed) that, at admission, patient symptom severity or dependency had and is rising. Assessing dependency is difficult (Quinn *et al*, 2004) and respondents could be mistaken in their observations. Nevertheless, if correct, demographic factors might be *partially* responsible for changed admission patterns.<sup>ix</sup> For example, longer life expectancy in the general population (Hirst, 2001), treatment survival advances among cancer patients (Griffiths *et al*, 2007; Doll and Boreham, 2005) and, paradoxically given the above noted changes in family structure, 're-domestication' (Exley and Allen, 2007, p.2317) of end of life care and improved home and community support, could all produce worsening dependency or symptom severity on admission.

However, the evidence is confusing (the literature here undermines or places caveats against interviewee comments). Subsidiary assumptions must be made about the nature of older and later referrals if rising dependency is to be associated with these factors and, whilst improved post-diagnosis cancer survival is linked with heightened dependency levels in hospice admissions (Bruera *et al*, 2000), palliative symptoms are often diagnostically specific for cancer patients (Guest *et al*, 2006) and minor and possibly contingent fluctuations in referral and admission patterns could account for the change. Further, factors other than those noted above could produce similar results. For example, it is suggested that the rise in hospice

treatments and interventions results, in part, from societal public pressure (G:a “we’ve raised the expectations of the general public” – see also Elsayem *et al*, 2004, or Connor, 1998) and it is recognised that, with a largely agricultural catchment area, seasonal influxes of migrant foreign workers may eventually produce new demands upon the hospice *if* these groups settle and access its services (the need to engage with under-served migrant and diverse populations is acknowledged, e.g. BEN PCT, 2007; Morris, 2005). Alternatively, cited influences can be disaggregated and, for example, increased female labour market penetration and greater general mobility should perhaps be treated separately.

To compound the difficulty inherent in distilling demographic influences on patient referral and admission patterns, it is later argued that organisational re-designation publically signalled and permitted a change in admission practice. Further, improved general palliative and end of life care in the community might reduce the number of non-complex or non-dependent patients available for admission whilst clinical success might raise the profile and reputation of the organisation amongst referring GPs who would then, in turn, submit sicker patients. Moreover, actors such as Con2 actively sought, not always successfully, to open up access to previously excluded groups (discussed later).

Whatever the mix of causes involved, changing demographic SS probably contribute to changes in SI referral and admission practices as well as discharge difficulties. Indeed, the need to accelerate stalled discharges that, in some instances, are associated with non-supportive and non-traditional family structures is frequently commented on. It is here suggested that SS demographic trends exert causal influence on SI insofar as they contribute to the rise in patient dependency (symptom complexity) and discharge difficulties (as home support diminishes). It is not possible to quantify these developments and, given the lack of concept clarity,

the role played by these factors must be treated with caution. Demographic SS relations prompting SI elaboration are, if genuine, internally asymmetric.

Conclusion to 'Structures and institutions':

Morphogenetic modelling (figure 8 below, overleaf) describes the relations outlined above (note comments on page 190 regarding the use of  $T^1 - T^4$  descriptors in this model). SS rather than CS factors are emphasised here since, although, for example, consultant hostility was influenced by or represents SS *and* CS mechanisms, overall, SS tendencies that might be labelled 'threats to hospice' appear to dominate relations with both the Directorate and Department of Health. Further, all three of the topics outlined above are pushing the organisation in ways that, ideally, it would resist or tame and since, in realist theory, 'the actual outcome of a tendency will generally be co-determined by the activity of other mechanisms' (Porter, 1993, p.604), the overall consistency or synergy between tendencies is important.

Two forms of social structural conditioning influence are identified. First, demographic change is associated with worsening patient admission severity and discharge delays at the hospice. Room for manoeuvre in the face of demographic pressure is limited. Second, structural relations between the hospice (as an independent healthcare provider organisation) and state-NHS (in the guise of the local PCT/Directorate and Department of Health) are evidenced by perceived 'threats' to hospice independence. Policies of 'containment' are pursued ('competition' is considered) and structural elaboration *and* reproduction occurs.

As the elaborated outcome of  $T^1$  pressures (demographic and state-NHS), organisational re-designation (2000) at  $T^4$  (figure 8) represents transformation or morphogenesis. In describing structural pressure (notably regards the state-NHS) institutional interactions *after* 2000 (e.g. completion of the needs assessment and

implementation of the Care Standards Act, 2000) are detailed and, for this reason, specific dates are not ascribed to earlier T<sup>1</sup> – T<sup>4</sup> timeframes. This may appear illogical. Yet descriptions of institutional interaction provide evidence for the retrodution of structural relations and it is these structures rather than specific interactions that are the focus of realist investigation. The effect of re-designation on agential interaction is hereafter described in ‘Relations within the hospice’.

Figure 8 – SS factors acting upon the hospice at T<sup>1</sup>, their T<sup>2</sup> – T<sup>3</sup> SI consequents and T<sup>4</sup> outcomes (Note: Refer to page 190 regards T<sup>1</sup> – T<sup>4</sup> timeframes used in this model)

*Social structural (SS) conditioning*

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T<sup>1</sup>

Demographic

Affects admission dependency and ease of discharge

State-NHS

County Palliative Care Directorate

Seeks to direct hospice activity – threatens hospice independence

Hostile NHS palliative consultants challenge hospice

Department of Health

Presents regulatory threat to hospice independence

*Social interaction (SI)*

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T<sup>2</sup>

T<sup>3</sup>

Response *Containment* – hospice actively and deliberately engages with institutions producing (or that might affect) T<sup>1</sup> pressures

Response *Competition* – hospice considers alternatives to current SS relations

Increasing focus on discharge planning

Increasing numbers of treatment/interventions

*Structural elaboration – relative to T<sup>1</sup>*

Organisational re-designation (2000)

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T<sup>4</sup>

*Structural reproduction – relative to T<sup>1</sup>*

Conditioning T<sup>1</sup> SS remain unchanged

Morphostasis is also apparent. Relations between the hospice and those conditioning structures listed against  $T^1$  are reproduced essentially unchanged at  $T^4$  (albeit that, in time, (i) re-designation may alter relations between the hospice and state-NHS *or* (ii) existing state-NHS structures may exact further relational change from the hospice). Forms of SI identified above continue to be reproduced post-2000.

## Relations within the hospice

Following the T<sup>1</sup> – T<sup>4</sup> timeframe detailed in figure 6 (page 189), it is argued that SS developments – notably organisational re-designation – promoted SI changes within the hospice that expose S-C dispute and CS contradiction. Relations within the hospice are here explored under sub-headings labelled (i) Organisational re-designation, (ii) Agents, actors, persons, (iii) Increasing medical engagement, (iv) Treatment/interventions and (v) Spirituality-Religion. Sub-headings differentiate only loosely between themes and overlap between descriptions occurs.

### Organisational re-designation

Although the Chief Executive, senior management and medical teams were involved, it proved difficult to pinpoint when the decision to re-designate the hospice a specialist palliative care unit was taken (re-designation or re-description occurred ‘around’ 2000).<sup>\*</sup> What is apparent is that some agents hold opposing views about organisational identity (where identity defines the apposite role or function of the organisation), that these views directly impact upon or influence clinical practice and that interviewee reactions against or acceptance of re-designation and its correlates is a tangential referent or talisman in disputes about appropriate organisational identity (role and function) and clinical practice.

Evidence highlighting the importance of organisational re-designation appears in most interview transcripts and illustrative quotations struggle to convey the richness of discussions from whence they come. Here, the ward manager (F:a) specifies what, to her, specialist palliative care entails:

F:a Our hospice 'deems' itself to be a place where we offer specialist palliative care. So it's largely for those patients who have complex needs . . . [However] there are not enough specialist palliative care patients for us to fill our beds with . . . And I, I see that as meaning patients where they have complex symptoms . . . for me it's [specialist palliative care] the complexity of the symptoms . . . Terminal is for someone who is very soon to die (pause). And what do I mean by very soon to die? Someone who comes in for terminal care I would expect to die within (pause) three or four weeks perhaps. Terminal to me means that you're at the end-stage . . . Specialist palliative care or palliative care could be much further down the line.

It is important here to differentiate between the descriptors terminal, hospice, palliative and specialist palliative care. The terms 'hospice' and 'palliative care' are often used interchangeably in the literature (Bass, 2006), as they are by study site personnel. However, across transcripts interviewees generally associate *specialist* palliative care with complex symptom control ('complex' is, of course, a relative and non-specific term). F:a notes that palliative care may be appropriate in advance of the terminal phase (terminal care is tautologically defined as short duration end-stage care). Yet the majority of interviewees went further than this and linked specialist palliative care, in both the pre-terminal and terminal periods with, contentiously, complex *physical* symptom control. (Interviewees did not necessarily agree that this conflation should occur). Significantly, whilst terminal care may be complex, proximity to death does not, in itself, automatically signal the presence of complex needs (physical or otherwise) and, though terminal, hospice or palliative care ideally involves cross- or multi-disciplinary physical, social, psychological and spiritual care;<sup>xi</sup> *specialist* palliative care, when associated with complex *physical* symptom control, is predominantly viewed by interviewees as a medical speciality – i.e. care in which medical direction and biomedical discourse frame activity.

This perspective is reflected in the hospice and palliative care literature where, for example, specialist palliative care has been associated with the care of patients with complex symptoms (Woods, 2007) and, moreover, when 'palliative

medicine and the palliative *approach*' are not delineated (Doyle, 1993, p.253 – emphasis in original), complex and physical symptoms may be conflated (see, for example, Randall and Downie, 1999). That said, terminological classifications are contested and, as the Nursing Director (G:a) notes, defining specialist palliative care in juxtaposition with or against terminal care is problematic since, first, this approach makes implicit assumptions about traditional or apposite hospice activity and, second, it is uncertain what hospice practice actually entails or should be. Indeed, “the problem with defining hospice care is that there are . . . three hundred and something hospices around the country” (G:a) and considerable difference exists between organisations (Lawton, 2000).

Thus, regardless of the production of authoritative taxonomies (e.g. WHO, 2008 and 2002; Stjernsward, 1997, Saunders, 1996) the difficulty in delineating between hospice, terminal, end-stage, symptom control, complex symptom control, palliative and specialist palliative care is well documented (Doyle, 2003; Clark *et al*, 2002; Clark and Seymour, 1999; Connor, 1998).

At the study site, four patient groups are admitted. Terminal or end-stage patients and those designated as having symptom control needs (complex or otherwise) form the bulk of admissions. A limited number of social admissions occur when symptom control and family support needs coincide and a very small number of short-stay respite patients are also taken. Excepting respite patients (a few respondents thought this group should be excluded), interviewees accept that each patient group has a legitimate place within the hospice.

That said, respondents who define specialist palliative care in opposition to terminal care also tend to express a strong preference for terminal patient care and, where this occurs, interviewees disagree on normative grounds with organisational re-designation or its correlates. Indeed, descriptions of the form in which



organisational re-designation occurred and explanations regarding the implications of re-designation made by those favouring terminal admissions highlight, it is argued, forms of  $T^2 - T^3$  SI change and S-C interaction that retrodictively point towards  $T^1$  SS and CS influence. Evidence supporting this claim is presented throughout this section. (Developments in identity and practice took many forms and these forms are not easily disambiguated.) Here it is merely noted that re-designation recognised and catalysed several existing pre-2000  $T^1$  trends.

Claiming specialist palliative care unit status publicly signals that the hospice's focus is directed towards complex symptom control and this formally alters the SS of the organisation relative to other institutions and agents. In practice, re-designation affects SI within the hospice by promoting pre-established shifts in, for example, the balance between patient groups admitted (e.g. increasing admissions for complex symptom control at the expense of non-complex terminal patients) that, in turn, produces a busier environment (which alters staff-staff and staff-patient relations), clinical innovation (it sanctions the use of different and more numerous treatment and intervention regimes) and staffing change (e.g. (i) in-patient nursing numbers rose, as stated, from seven:four to eight:five during the study period, (ii) the proportion of registered nurses employed increased relative to auxiliary nurses, (iii) auxiliary nurses were invited to expand their roles and (iv) more doctors were engaged).

Where these developments produce discord (described hereafter) emergent SI containment or polarisation may be operative and contradictory SS level compromise or competition may be evidenced. Alternatively, re-designation affects S-C interaction because clinical change (sketched above and developed later) is promoted by – and exacerbates ideational conflict amongst – staff holding *pre-established* and divergent views about the proper purpose of organisational activity.

(For disaffected staff both the 'regulative and constitutive' rules of institutional activity are breached, Fleetwood, 2008, p.15.) The suitability, or otherwise, of practice change is thus assessed by agents according to their 'fit' with ideas concerning appropriate organisational activity and insofar as S-C interplay between  $T^2 - T^3$  suggests the presence of individuals and groups within the organisation who hold competing views about such activity, re-designation can be linked at  $T^1$  to a CS situated logic of contingent contradiction.

Thus, virtually every interviewee stated that having time to engage personally and emotionally with patients and families distinguished hospice and palliative care from NHS non-hospice and non-palliative care. However, re-designation and its correlates are associated with increasing clinical activity and those opposed to re-designation and the changes it wrought, lament the distancing in staff-patient relations that busyness forces or threatens. Personal experience verifies that activity is increasing. In 2000 and the earliest part of 2001 time was occasionally available to sit with patients and engage in non-clinical activity (e.g. playing chess). By the end of 2002 workload pressures meant this was rarely feasible.

SS changes in in-patients, such as the introduction of patient name bands and the transfer of kardex notes to patient bedsides (§2 Chapter 1) are, in part, responses to the consequences of rising activity and several established traditions, such as leaving the bed space of deceased patients empty for twenty-four hours as a mark of respect, were abandoned in the  $T^2 - T^3$  study period as busyness rose.

V:a . . . some of the things which I'm sure people have said [*referring to the researcher*] are things like, Oh patient dies and the room was left for twenty four hours before another patient comes in and that just doesn't really happen now and it can't with the fast turnover of patients that we've got. When we've got five patients on the waiting list to come in.

In contrast to the position of interviewee V:a (who favours change) these and other events are interpreted negatively by some interviewees. Those opposed to change suggest the in-patient unit now appears more ward-like, busyness limits opportunities to form emotionally intimate or therapeutic relationships and the cessation of traditional post-mortem practices (now seen as resource wasteful) offend those for whom relationships with the living include implicit promises of particular forms of after-death care. Indeed, interviewee A:a's comments in Appendix I such as "just let's sit" and "that isn't part of it any more" articulate a sense of sadness and loss at change that may be associated with re-designation *and* point towards CS level ideational contradiction.

Disagreement with the manner in which organisational re-designation occurred comes predominantly from long service clinicians. For example, depreciatory sentiments are lodged in the term "deems" (F:a – page 218) and phrase "gradually one discovers" (E:a – page 224). Criticism ultimately reflects full or partial rejection of the implications of change. However, re-designation occurred without widespread discussion or consultation and in so doing it possibly contradicts important CS precepts regarding what might be termed the ownership of organisational identity. Thus, although 'most charities were never intended to be democratic institutions' (Kirkland, 1996, p.107), the legitimacy of decision makers is, on occasion, openly challenged. Here, the social worker (K:a) questions whether relatively short stay medical staff should be involved in policy matters.

K:a . . there are a lot of [junior] doctors and they're all leaving. Do you remember that meeting? I said, I pointed out you're all leaving. You'll, every doctor around the table will be gone within a year. And what are we doing forcing our (pause). Or planning our (pause). That's what really bugs me . . [medical staff] around here are very short term. They're actually paid a lot as doctors. And actually have a big impact on what happens.

Following Rochester (1995, p.193) on 'internal accountability', if long service employees believe they might legitimately contribute to decisions about organisational identity (appropriate role and function), it is not unreasonable to assume that they will react against the denial of such input, particularly when the change envisaged contradicts strongly held ideas about what hospice care should be. Support for this interpretation comes from several non-interviewee sources. The hospice and palliative care literature records that early pioneers valued collegiate or multi-disciplinary decision making (see comments on holistic care below) (Parker-Oliver *et al*, 2005; Lawton, 2000). Non-hospice third sector literature notes that whilst sector definitional problems abound (Kendall and Knapp, 1995), in the start-up period, decision making and role boundaries are frequently fluid within charitable organisations (Gann, 1996). Post start-up however, mature organisations can display managerial and bureaucratic tendencies and, if this occurs, roles may be formalised (Lewis, 1996b; Kirkland, 1996; Smith, 1996); a process that can encounter internal resistance (Merrell, 2000; Flynn, 1996) such as that demonstrated explicitly by K:a (above citation) or implicitly by A:a (Appendix I).

Long service clinicians also suggest that professional and role boundaries are becoming more prescribed. This theme reappears later under the heading 'increasing medical engagement'. However, K:a notes that "people who choose to work in an organisation that's small and struggling are perhaps people who are prepared to give it a little bit more" and, in recounting how she and other clinicians took the lead in seeking community support during a period of financial turmoil (mid/late 1980s), nursing auxiliary A:a contrasted contemporary role rigidity with historic role elasticity.<sup>xii</sup>

In addition to role prescription, organisational re-designation is associated by some interviewees with changes in staffing numbers, ratios and role remits.

Rising total numbers of rostered nurses have already been noted and the expansion in medical numbers is discussed later. However, during T<sup>2</sup> – T<sup>3</sup> ratios of auxiliary nurses fell relative to registered nurses as, it was believed, technical demands increased. Thus charge nurse C:b states that, towards the end of the study period, nursing auxiliaries were invited to expand their roles to meet the new demands that an influx of “sicker” patients created<sup>xiii</sup> – and nurse interviewee E:a (below) plainly links re-designation to concrete changes in nurse ratios when she states that acute or specialist palliative care needs “So many trained and untrained”.<sup>xiv</sup>

E:a . . . gradually one discovers, that we are going to be an acute palliative care unit and therefore we need ‘x’ number of people at our end. So many trained and untrained to do this and that (pause) . . . I don’t particularly feel that’s how it should be done. I don’t say the wrong decision’s been made. But I do think we need to know and decide what we are so that we can be that, instead of being, a bit of each (pause) . . . When I came back, which was four and a half years ago (pause – sighs) my, my gut feeling was that the hospice is now not really a hospice. And we actually need another hospice now. To do what we were doing before. Because everything we are doing here is valid and useful and (pause) all those sorts of things . . . but we, we lost a lot of what we had . . . when we first opened, it was sort of, we’ll love you, you know, you come here we’ll look after you and we will see it through. And, we, we’ll always be there for you. And that’s gone. And I feel we need a sister unit where . . . people (pause) can be, if they’re going to be here for longer . . . There are very few people here who were here when it opened. There are very few people who could relate to that feeling. When you walked in through the door (pause) the feeling was (pause) it was a feeling of love, and I don’t, I make no apology for using that word for that’s how you felt. Now . . . when you walk in, it’s different. It was (pause). It’s lost something. It’s gained a lot of other things and I’m not saying those things are unimportant. A lot, a lot of them are important. But it has lost the essence of being a hospice.

This extract acknowledges that formal change in organisational identity continued pre-established trends (see earlier commentary on T<sup>1</sup> – T<sup>4</sup> timeframes) and, in suggesting that the organisation is now “a bit of each” (i.e. a hospice associated with “loving” care *and* a specialist palliative care unit) E:a allows that the process of change is incomplete or underway. Reservations about the success of re-designation

are likewise voiced by G:a (Nursing Director) who responded to an interviewer statement about the organisation's specialist status with an acerbic "Are we?" and F:a's statement (page 218) that "not enough" patients with complex symptoms exist to fill the beds implies, perhaps, that a percentage of beds must continue to be occupied by patients with non-specialist needs (i.e. non-complex terminal patients). However, the idea that not enough palliative patients with complex needs exist appears intuitively erroneous and in the passage below, Con2 (O:a) expresses frustration with T<sup>2</sup> – T<sup>3</sup> admission practice. Here, attempts to admit a patient apparently meeting specialist palliative but not traditional study site admission criteria are initially rebutted. This may indicate that re-designation is a process rather than event. It perhaps indicates that re-designation is not universally accepted.

O:a I've just recently tried to get somebody in and was not allowed to bring them in. And (pause).

ML Well you're only the Consultant.

O:a (Laughs) Yes, well, exactly, too right! So it was then taken, having rejected me I had a massive strop about it. It was then taken back to the Chief Executive, the lead nurse and the educationalist and then finally the patient's GP to see if it was appropriate for this patient to come in and once everyone had been consulted the decision for him to come in was finally agreed upon. He was allowed to come in. Having actually been turned down.

ML May I ask, vaguely, what was the criteria for turning him down?

O:a They didn't have any, apart from being eighty-nine with, sort of, immobility and multiple crush fractures to the vertebrae. He didn't fulfil the life-limiting illness criteria. *(Said with strong irony – the patient, who did not recover had numerous complex physical needs and died shortly after admission.)*

This extract illustrates that current admission criteria are confused, contested or undecided. Dissonance is evident between traditional hospice admission practices

and specialist palliative care's more expansive remit (which, for example, appears more willing to 'take' non-cancer patients). Further, interviewee E:a (page 224) conveys, through strong emotional affect (see Appendix I), sadness at the changes she witnesses, changes Con2 wants to expedite. E:a claims that change has now advanced so far that another "sister" organisation is needed to fulfil the function originally performed by the hospice and, invoking the concept "love", she suggests that the non-physical and spiritual components of care have been devalued. Interestingly, this last point is mirrored by long service doctor H:a who concludes comments remarkably similar to those presented above by E:a with the statement: "I'm quite convinced that in ten years time somebody will reinvent the hospice."

Practice changes associated with re-designation are later explored further. Here it is noted that accentuating forms of care prioritising physical symptom relief may contribute to both medicalisation, *if* this term implies increasing biomedical activity and a concomitant diminution in non-medical aspects of care<sup>xv</sup> and secularisation, *if* this means that the 'secularizing impacts of a process of cultural and social rationalization' (Habermas, 2008, p.2) produce spiritual disengagement. In both instances it is assumed that an increase in one form of care (here physical symptom control) leads to the withdrawal of other forms of care. If this is permitted then shifting the balance in care delivery towards physical symptom control inevitably undercuts forms of working and holistic or spiritual care that have (despite G:a's comments regarding organisational difference) traditionally been associated with hospice care. Thus, at its inception, the modern hospice movement placed great store in what is now termed holistic care and multi- or interdisciplinary working<sup>xvi</sup> (West, 1990). Cicely Saunders's earliest writings stress the importance of multi-disciplinary care (2006d [1959]) or 'casework' (2006c, p.4 [1958]) as well as non-physical social, psychological and spiritual care (2006e [1961]).<sup>xvii</sup> References to

God's love and care's spiritual dimension infuse these publications (e.g. Saunders, 2006b, 2003, 2002a and 1990) and, contra those who would now prioritise physical symptom control, she asserted that:

if we do not look beyond these things [*physical needs*] to see a person of eternal value, then our work is no more than the use of techniques of relief.  
(Saunders, 2006a, p.37 [1961]).

Contemporary challenges to naïve or unreflective holism come from a variety of sources. Reference texts such as Portenoy and Bruera's (2003) *Issues in Palliative Care Research* are overwhelmingly medical or physiological in content. Lawton's (2000, p.128) influential description of the difficulties of administering to physically disintegrating or 'unbounded' bodies emphasises the dominance in practice of physical care needs. And Randell and Downie's (2006) critique of overly ambitious palliative psychological and spiritual claims reassert traditional medical views regarding priorities and prioritisation.

Nonetheless, as works by Stanworth (2004), Rumbold (2002b), Cobb (2001), Kearney (2000), Sheldon (1997) and Jewell (2004) attest, interest in palliative non-physical and spiritual end of life care continues and, mirroring these contradictory perspectives within the literature, at the hospice, whilst the benefits provided by improved *techniques of relief* are welcomed by all, some interviewees challenge physical care's ascendant pre-eminence. Moreover, where organisational re-designation appears to undermine certain forms of holistic care, it must also be acknowledged that multi-disciplinary decision making (or decision blocking) continues – as is evidenced in the requirement that Con2 speak with the General Manager, educationalist and lead nurse before a 'non-standard' patient was admitted.<sup>xviii</sup>



These issues are developed further below; here it is noted that SS re-designation formalises and accelerates pre-established SI practice changes within the hospice and two S-C 'networks' (Cruickshank, 2003b, p.122) or groups are identified whose constitution reflects CS ideational divergence. Thus, some individuals, constitutive of a group, oppose organisational re-designation and the changes this encourages (changes that are "diluting the non-physical components of care" I:a) whilst other recognisable individuals, constitutive of a group, actively support such changes (for example, it was suggested that change offers the welcome opportunity to "concentrate on physical symptom control", Y:a). Assuming the reality of what might crudely be termed 'pro-' and 'anti-change' groups, it is here suggested that S-C interplay points towards CS contradiction *and* SI interplay points towards SS tensions *and* insofar as SS change precedes and prompts CS contradiction, a form of differential morphogenesis may be indicated (i.e. structural change has, for the anti-change group at least, outpaced cultural acceptance). The major SS and CS premises identified in this section are outlined below.

SS organisational re-designation at T<sup>1</sup> altered SI between T<sup>2</sup> – T<sup>3</sup> insofar as:

1. Organisational re-designation caused the number of patients admitted for terminal end-stage care to decrease relative to patients admitted for non-terminal specialist symptom control.
2. Patients admitted for specialist symptom control generally have complex physical needs.
3. Focusing on physical care reduces the time and resource available for non-physical care.
4. Patient groups with complex physical symptom control needs necessitate and legitimate the use of more treatments and interventions.
5. Clinical staff numbers, ratios and roles altered in response to changing needs and pressures.

Organisational re-designation and the SI changes noted above also alters  $T^2 - T^3$  S-C interaction by exposing pre-established  $T^1$  CS ideational contradictions. Following Archer, S-C agential positions are stated propositionally. Propositions may focus upon detail (e.g. concerning 'time' or 'post-mortem practices of respect') or, as occurs here, they can seek to capture more general perspectives. In this thesis it is suggested that pro- and anti-change groups can broadly be differentiated according to two criteria. First, whether holistic *or* physical care is prioritised and, second, whether terminal *and* complex (physical) symptom control *or* complex (physical) symptom control patients are prioritised. Thus, the two *key*  $T^1$  CS differences or distinctions between groups exposed in  $T^2 - T^3$  S-C interplay are:

Hospice/palliative care involves physical, social, psychological and spiritual components – in practice no one aspect of care will or should be prioritised.

vs.

Hospice/palliative care involves physical, social, psychological and spiritual components – in practice physical care will and should be prioritised.

*and*

Hospice/palliative care should primarily focus upon end-stage terminal rather than pre-terminal complex (physical) symptom control care.

vs.

Hospice/palliative care should primarily focus upon complex (physical) symptom control irrespective of whether this occurs in end-stage terminal or pre-terminal stage patients.

Agents, actors, persons

The following extended extract from interviewee I:a supports the assertion (made above) that escalating busyness and heightened patient symptom acuteness is

stimulating SS level practice change. It also exemplifies the CS/S-C position of that group of hospice employees resistant to SS change.

I:a [When I first came here] (Pause) It was lovely. In the sense that you could focus very definitely on individual patients. There were lots of staff for the numbers of patients. And so it was possible to give a lot of time to each individual patient and family surrounding the patient. A lot of the time the patients were poorly (pause). But they weren't as acutely poorly as they now are. They were generally poorly in a weak, cachexic, reaching the end of their day's sort of way. And so there was lots of need for hands-on nursing care. But there was also the time to spend talking with people in a way that's not now possible. There was time to, for example, there was time to sit and *be* (emphasis) with someone through the experience of a breathless panic attack. Where now, probably, you might spend a minute or a minute and quarter and have to make the decision that you're not going to be able to spend three quarters of an hour getting that person through that. So you would then go to the drugs trolley. Or you would use oxygen to try and ameliorate that, or placate it (pause).

ML Has patient dependency changed as well then?

I:a Patient dependency has changed because of acuteness (pause). Yes, I think it has because actually if, if the majority of people who are with you are there for the last phase of life, you know, less than ten per cent went home, so we were talking about the last couple of weeks of life. And because we saw people with what would now be called general palliative care needs as well as the one or two who really had very complicated difficult problems, palliative care symptom wise they (pause) needed a lot of general nursing care. And they needed (pause) what probably we would now see as fairly basic symptom control. But that meant that because we had the staffing numbers, we did have the time to put into the sorts of psychosocial and spiritual explorations with them that may or may not have been helpful but certainly that, that was what we perceived we were there for . . . [Now however] I think what we haven't quite lost, but run the risk of losing is, is the vision of, that roundedness, that for me palliative care is about. That we run the risk of (pause), because as we do more and more interventions, inevitably we will attract into the team people who are comfortable and competent undertaking those interventions. And although we haven't lost it yet, I do have a fear that in ten or fifteen years down the line, when the old codgers like me go, that actually there will be much more, there will be many more of the technical-rational people in post in all different sorts of things here. And that we might then loose, that horrid word 'holistic', but that we might then loose that real rounded approach that palliative care is.

I:a states that change risks "losing" what "palliative care is about." She proposes that new hospice recruits undervalue non-physical care because they have

undergone prior socialisation in acute care environments *and* change within the hospice now allows and fosters an acute approach. It is suggested that change has produced an environment conducive to the recruitment of “technical-rational people”. By definition such people are disinclined to prioritise emotional non-physical care and it is noted that, as “old codgers” like I:a retire, fewer people remain to protect “holistic” hospice principles. I:a’s perspective differs from the bleaker outlook of E:a (page 224) in which the hospice’s “essence” is already “lost”. Nevertheless, I:a’s position is compatible with E:a’s and others similarly disposed insofar as she explicitly values holistic care (as something *more than* physical care) and distances herself from technical-rational care (here equated with specialist palliative biomedical care). Further, I:a implicitly presents herself as part of a rearguard action against emerging practices (associated with organisational re-designation) and, it is argued, such evidence supports the claim that at least some staff (mostly but not always long service nurses) champion the first of each of the two CS propositional statements stated above (page 229).

Interviewees like I:a who are critical of emergent trends tend to emphasise their distinctive outlook by highlighting alleged differences between the personalities and behaviours of early (“old codgers”) and modern (“technical-rational”) hospice recruits. For example, interviewee J:a stresses past collegiality and the relegation of routine physical to emotional care when, to the detriment of current study site practice, she favourably recounts previous experience at another hospice.

J:a We were a very homogenous group of nurses, we were all, you know, members of Greenpeace and Amnesty and (pause) often people were Quakers for some reason . . . You know, you could come and hand over and say you hadn’t washed him and that was okay . . . And it really was okay . . . I think, I mean early hospice nurses were, were a type, because things in the health service were not that bad. And, but my sensing of it was that they were more humane.

Strong normative judgements are contained in these statements. However, rather than focusing on individual morality or responsibility, interviewees stress the more abstract role played by pre-hospice socialisation in explaining why early and modern recruits differ: “I mean it’s all to do with our backgrounds isn’t it, it has to be?” (J:a). Hospice clinicians always came from the NHS. However, as noted, new recruits are now seen, by those antagonistic to change, as being acutely rather than hospice orientated – i.e. more willing to treat and intervene physically and more willing to accept the second of each CS propositional statement (page 229). (Clark and Seymour, 1999, offer putative support for this argument.) Further, as new staff are engaged, the percentage of those holding “old codgers” views inevitably declines. SS change (i.e. recruitment) thus exposes and exacerbates CS discord regarding appropriate forms of hospice care for that group antagonistic to new developments. Importantly, those indifferent or predisposed to accept change need not be aware of CS discord to the same extent and, therefore, whilst the relationship between groups (crudely those pro- and anti-change) is internally symmetric, their influence differs (those in favour of change are less vocal but ‘politically’ ascendant).

Most interviewees, but invariably those hostile to change, comment upon contrasting consultant behaviours at the hospice and, given the importance of these particular agents within the organisation, addressing differences in the way consultants embody their roles advances discussion of the variation between new and old recruits by focusing attention upon distinctions between agency (interest laden positions and roles), actors (how positions and roles are filled) and persons (the self who is an actor) (described §1 Chapter 2).

As agents both consultants occupy similar positions and roles. However, senior consultant 1 (henceforth Con1) works at the hospice full-time and this might predispose him to envisage the organisation differently to Con2 who is jointly

engaged by the NHS and hospice (as stated, Con2 has an “ambivalent attitude towards hospices” and only visited the study site for a day and a half each week). Significantly, virtually every interviewee, including Con1 and Con2, suggested that differences in pre-hospice socialisation and personality-psychology contributed to the way they embody, as actors, their agential roles. Thus, Con1 like senior doctor H:a came to the hospice from a rural county hospital or GP background whilst Con2 came from acute urban settings. Specifically, Con1 states that GP experience sensitised him to the limitations in community and familial support for discharged patients (see earlier comments regarding demography) and this stays his hand when considering options. Alternatively, Con2, having spent most of his career in large metropolitan hospitals enjoys trying new procedures and seeks to help patient groups not usually seen at the hospice – e.g.:

O:a . . high immigrant, high sort of deprivational indices . . the under-resourced the marginalised groups in society and . . patients who were, you know, prisoners, HIV, refugees and, you know, sort of people who were, that weren't particularly pretty and didn't fit into the nice sort of cancer model that we've built up [here].<sup>xix</sup>

Interviewees stress that they personally like both consultants. However, whereas Con1 is “conservative” (F:a) in his medical practice, non-interventionist and disinclined to hurry patient discharges, Con2 is, by hospice standards, radically innovative and interventionist, inclusionary rather than exclusionary (see above) and active in promoting swift discharge. Thus, despite occupying analogous positions or roles, contrasting (actor) styles (role embodiments) concretely effect practice and occasionally produce sharp differences in professional opinion. For example, meetings have been held to discuss and diffuse tension amongst medical staff and, where nurses query or challenge divergent or novel clinical decisions, both

consultants have attended formal and informal debriefing sessions to talk through and explain or justify their respective actions (e.g. concerning analgesic dosing, the use of blood products and antibiotic administration in terminal stage patients).

Interviewees who defend what they see as traditional hospice practice favour, unsurprisingly, Con1's approach; they criticise the product of consultant tension: "So you've got people in the red team whose discharge is totally different from, to the blue team"<sup>xx</sup> (C:a) and they challenge medical decisions made by Con2 or junior medical staff who follow his lead:

I:b I mean I guess I am trying to do what I can. So when I appear at multidisciplinary meetings. And I hear that patient 'x' has had his hypercalcaemia<sup>xxi</sup> treated . . I think (*expletive*)! What are we doing here? What are we doing here? I raise the question by saying when this happens again, in the next week or two's time, would it be your plan to retreat this? Because that's my gentle way of saying to (Con1), for God's sake sort your medical staff out. Okay!

Conversely, tension between consultant (actor) styles is described as "healthy for the organisation" (F:a) when it promotes modernisation or debate. And, in this vein, Con2's arrival challenged the "inward looking . . [and] precious" (F:a) nature of some hospice practices. Moreover, interviewees not antagonistic to change (or all aspects of change) suggest that the new forms of care are gaining acceptance.

V:a . . you still get some (pause) grumblings that should, should we really be doing this. But I think that that has changed over the last few years. That it's not new. That we're doing more to patients. That's been happening since you've come really, since you've been here. You know, hasn't it? So it's not a new thing. So if someone turned up with an epidural for pain control or a (pause) were giving antibiotics for symptom control even though they're dying, I think people are getting to grips with that a little bit now.

More provocatively those favouring change propose that hostility results from limited experience.

D:a A lot of people who have been here a long time have only ever worked here and never worked elsewhere (pause). They haven't seen this [treatment or intervention] . . . So it's all new to them and they can't adjust to new things . . . Because it wasn't a hospice thing. They'd never had anything like that in a hospice. It was just basic nursing care and the patient died pain free without interventions. So they see these as unnecessary interventions.

And even those hesitant about change recognise that limited experience plays some part in generating reticence.

H:a Very few people here have worked in other palliative care institutions and so we just assume this is how it's meant to be.

Suggesting that socialisation (past employment experience) influences attitudes (psychological dispositions) to current change seems plausible and evidence for the exertion of 'downwards' SS mechanism pressure on individual personhood surfaced, in this study, when some clinical interviewees made unrequested disclosures about the emotionally disturbing nature of witnessed violent deaths. Details of these disclosures are not described because they are deemed overly exposing (§2 Chapter 1). Nevertheless, where altered SS (e.g. demographic change or organisational re-designation) contributed to a rise in acutely ill admissions (patients requiring specialist physical symptom control) – and assuming that the deaths of these patients are more traumatic for staff than those historically witnessed – it might be argued that new forms of SI between staff and patients (involving staff exposure to more violent deaths) led some clinical personnel to experience psychologically adverse reactions. And, in consequence, the ability of actors to fulfil agential role expectations (e.g. offering emotional support to patients) may be compromised if or when personhood is damaged by, in this instance, contact with multiple violent or traumatic deaths (see comments by interviewee B:a Appendix J on professionalism and emotional disengagement).<sup>xxii</sup> Alternatively, the



'upwards' influence of individual psychology on SI may be evident where personality (definitional problems notwithstanding) affects the manner in which actors such as Con1 and Con2 embody or experience agential roles. However, linking psychological attitudes or dispositions to experience and social explanation in the manner outlined above is problematic because this can allow or imply reductive individualism or social determinism.

To avoid both over-socialised and over-rationalised concepts of humanity, CR theorists such as Archer (2007, 2003a, 2003b, 2002, 2000) are exploring the place of extra-social personal psychology or 'selfhood' (Gronow, 2008, p.243) in mediating or interpreting social and cultural conditioning structural interests.<sup>xxiii</sup> Archer's taxonomy of persons, actors and agents provides a way into discussing the 'projects' (Mutch, 2004, p.384) that agents involve themselves in. And, in such discussions, geological metaphors (see above) can usefully suggest causal directive influence. However, the mechanisms of interaction between psychological and social strata remain under-theorised<sup>xxiv</sup> and, whilst individual psychology (personhood) and prior (agential) socialisation contribute to and must be acknowledged in any description of actor difference, categorical statements about their interaction would require clarification of the mechanism(s) of interplay between, for example, genetic, mental-psychic and environmental or social factors as well as conjecture regarding the nature of consciousness and free will. Such explanation is beyond the purview of this study and, as both the Introduction and §1 Chapter 1 assert (see, in particular, references to Kane, 2007), the version of free will apparently lodged in CR and MM theory may be queried and, as Rose (2006) makes clear, discussions involving or invoking the concepts of selfhood and consciousness are complex and undecided.

At CEP (cultural emergent property) level, the situational logic operative between consultants and the pro- and anti-change groups that may loosely be associated with their respective behaviours is one of necessary contradiction and compromise. Those opposed to or hesitant about new forms of treatments and interventions and the prioritisation of physical care recognise that patients benefit from some new practices – whilst those promoting or acquiescing in change often acknowledge the importance of ‘older’ hospice values. Thus, although the SS mechanisms promoting change and CS values linked with that change are ascendant, neither pro- nor anti-change group can or wants to ignore the other. (Though, as noted, those antagonistic to change *must* engage in SI and S-C interactions that they find irksome whereas the reverse is not always the case.)

Over time ( $T^2 - T^3$ ) both positions showed signs of compromise albeit that greater movement was required of those antagonistic to change. Thus in speaking about the relationship between Con1 and Con2 interviewee F:a noted that “we are inevitably (pause) changed by our environment. And those with whom we work. We can’t not be”. And, towards the end of the study period, whilst Con1 had, it was widely thought, become more like Con2 in his behaviour, even Con2 evidenced, on occasion, a slightly less interventionist approach.

F:a (laughs) “Is chemotherapy appropriate for this patient?” (laughs). Were you here? . . (laughs) I’ve never heard him [Con2] say it before! I couldn’t believe it!

Albeit that, at  $T^3$ , significant differences remain between consultants and pro- and anti-change individuals and groups.

C:a . . this is just an example, because (Sister) was going to do one of my . . team meetings the other day and she said “Oh, oh what’s the plan for this lady”.

And I said “Oh I expect (Con1) will just say, oh we’ll just keep her for another two weeks before we do anything” and (Sister) was tutting saying “Oh we need to do this and that”. And I said later, “Oh what did (Con1) say about this lady”, and she said “Oh we are to keep her for another two weeks.” And I knew that’s exactly what he’d say and I was happy with that.

### Increasing medical engagement

The number of medical staff engaged at the hospice rose dramatically between T<sup>2</sup> – T<sup>3</sup> in, it is believed, response to SS change (organisational re-designation) at T<sup>1</sup>.<sup>xxv</sup>

G:a We have a phenomenal amount of doctors at the moment. I mean that’s, this last twelve months, isn’t it, really, if you look at it.

For nurses, engaging more medical staff produced two forms of contradictory situational logic. First, insofar as the presence of more medical staff contributes to the development or focus upon physical care, it exposes, in S-C level interactions, those CS contradictions previously described. For most agents (medical and nursing) these contradictions remain necessary and corrective. However, in relation to medical engagement, nurses strongly antagonistic to the second of each of the propositional statements detailed on page 229, describe forms of SI and S-C interaction that might, in the forcefulness of their presentation, suggest commensurability with eliminatory contingent logics.

Second, increased medical engagement is itself a SS development since it alters the dynamic of doctor-nurse corporate or professional relations within the hospice. In disturbing the respective authority, power or ‘territorial mandate’ (Taube *et al*, 2003) of medical and nursing positions and roles within the organisation, raised medical engagement provoked contradictory forms of SI among doctors and nurses that appeared to exist irrespective of previously described pro- and anti-change

perspectives. Thus, even nurse interviewees not antagonistic to other changes, critically note the consequences of the expansion in medical input.

Doctor-nurse relations have long attracted professional and sociological interest (e.g. Fitzsimmons *et al*, 2005; Coombs and Ersser, 2004; Manias and Street, 2001; Ashworth, 2000; Oughtibridge, 1998; Porter, 1998; Warelow, 1996). Attention has focused, amongst other things, on gender (Davies, 2003; Gjerberg and Kjølstrød, 2001; Jones, 1994), conflict (Mackay, 1993) and the effect that changing doctor-nurse relations have on other professional groups (Jones, 2003a). In discussing positions and roles, sociological texts tend to link commentaries regarding medical power to descriptions of the medicalisation thesis (e.g. Nettleton, 1995; Armstrong, 1994)<sup>xxvi</sup> and, whilst these issues are not overtly explored in this study, the palliative literature recognises their potential significance (see, for example, Woods, 2007; Sandman, 2005; Janssens *et al*, 2002; Woods, 2002; Cobb, 2001; Hockey, 2001; Seymour, 2001; Clark and Seymour, 1999; Corner and Dunlop, 1997; Mola, 1997; Field, 1994; and Biswas, 1993). Here it is merely noted that, first, the descriptors ‘medicalised’ and ‘medicalisation’ are often used loosely and without clarification.<sup>xxvii</sup> Second, it has been claimed that medical training in the UK and elsewhere is, with regard to palliative care, erratic, sparse and bio-medically focused and, in consequence, non-specialist medical staff may lack a holistic or social perspective (what Macleod, 2003, p.123, terms the ‘art’ of palliative care) (Löfmark *et al*, 2006; Oneschuk *et al*, 2004; Schulman-Green, 2003). Third, not only do nurses associated with the anti-change group believe there are now “Far too many” (I:a) doctors at the hospice, others, less hostile to developments, record a shift in “intimacy” (F:a) and role or professional boundaries as more medical staff appear. Indeed, for nurses, rising medical numbers equate with diminished nursing “power” (I:a).

F:a . . it was more intimate many years ago. Because it's a changing period now, I think that has perhaps caused some distancing between the doctors and the nurses, seeing themselves as different groups. By intimate I mean that I think that (long pause) they felt more a part of the, of the nursing team. There, there didn't seem a difference. That's from a nursing perspective. I think the doctors relied more on the nurses. And I think that where you've got more doctors they don't have to rely so much on the nursing staff they can (pause). Because, there are enough of them to do what they're wanting to do and they'll do more of the doctoring . . . And therefore the nurses may tend to do more of the nursing.

I:a As you get more doctors involved you get more doctors doing doctor stuff. And . . . [we are now] much more medicalised. There's no doubt about that . . . We were much more, in the early days, we were extremely informal and there was a huge amount of overlap in our roles and (pause) certainly in professional terms . . . nursing staff had far more decision making power.

To some extent medical staff agree with this analysis.

Y:a I suspect people have got used to having more doctors around . . . and . . . people then change their roles . . . when there aren't so many doctors around nurses, you know, quite, you know, more than capable of getting on with things on their own. But when there are more doctors around to ask you just sort of ask for their, and, and it can be a little bit more support.

In response, self-conscious efforts are being made to recapture nursing's lost authority. For example, the Nursing Director and other senior nursing personnel have suggested to the consultants that medical staff are now "duplicating" (G:a) or taking over what had previously been nursing duties. Furthermore, it is claimed that the present situation causes communication difficulties.

V:a I suppose communication is sometimes less good because there's more people to go round. There used to be just, like, two of them and now, you know, but when you're trying to liaise between them you just spoke to (doctor) or (doctor). And you knew that the information was getting along. But now, you've got two consultants who are very busy, and then you're like pressing on their time. And you've got junior doctors who, perhaps, are just here a year, and how much do they own? You know. They come in to do just their bit and so communication is sometimes perhaps a bit harder.

The transient nature of some medical staff has been noted (e.g. interviewee K:a challenged the authority of short-term doctors to make policy decisions – see page 222) and junior medical staff (e.g. L:a) agree that, despite the organisation's small size, lack of professional doctor-nurse familiarity hampers communication. For nurses, the loss of collegiate intimacy and trust, evidenced by deteriorating communication and reduced autonomy, negatively impacts on patient care.

A:a I think the doctors have tied the nurses' hands behind their backs in some cases . . . [*referring to analgesic use at night when medical staff are not present*] whereas before if somebody was in pain, the nurses that we had were (pause) so experienced (long pause) that the doctors then, (pause) trusted them, trusted them to do their job and not, and they felt that if anything did go wrong, well they knew they didn't feel they knew, that if anything did go wrong, they would have total support of the doctors behind them (*emphatic*). And I don't think people feel that now.

If more doctors are equated with heightened levels of treatment-interventions *and* changed professional boundaries reduce nursing role remits, then even those nurses who are not against all forms of change now face new challenges in promoting or protecting non-medical (non-interventionist) care.

F:a . . . it's a danger, perhaps, with having more doctors. They're terribly keen to do things where they, sometimes you can get carried along. You want to be active when you really need to step back and think, do we really need to be intervening now and is this for the benefit of the patient? And I think that's when nurses actually have a very important role to play in encouraging doctors to stop . . . The interventions are a changing thing. And the number of doctors are a new and changing thing. And I think it's for us to say, you know, "hang on a minute, is this appropriate?"

More dramatically nurses associated here with the anti-change group were, when faced with instances of what to them were unwarranted interventions, able to cite examples of overt nurse-doctor confrontation (e.g. surrounding refusal to comply with instructions to undertake formal observations on a patient undergoing blood

transfusion) and, in this vein, I:b argues (below) that significant numbers of senior nurses should continue to attend weekly multidisciplinary meetings (MDMs) in order that they might form a counterweight to medical numerical superiority.

I:b I was having a conversation yesterday with (Sister) and (Sister). And they were saying, (Sister) particularly, that she feels that for an E grade,<sup>xxviii</sup> plus (Nursing Director), plus herself to be in a multidisciplinary meeting is a waste. And I said: “well hang on a minute” if you want to make an impact, if you want to turn things round, if you want to regain some ground, you need a presence there. And you need a presence that’s senior enough and confident enough to say: “hang on a minute, what is this about.” (Pause) But I’m not sure that, I’m not sure that she really took on board what I was getting at . . . Anyway, I think it’s quite difficult . . . It’s quite difficult to say . . . What the hell were we doing? What were the issues there? Who made the decision? How was the decision made? And would we do that again?”

The MDM structures and organises patient care for that week and, in view of the above commentary it is, unsurprisingly, a site of inter-professional confrontation. From a medical perspective, Con2 notes that extended discussions – such as I:b seeks to initiate – are “pathenomonic [*indicative of*] of people having a process that . . . [they] don’t understand” (O:a). For Con2 the MDM is a medically led, medical decision making meeting and not a policy debating forum. It should ideally follow the “medical model” (O:a) of problem identification and solution seeking (a model that clearly fits with previous statements about Con2’s preferred way of working) and this view is supported by junior doctor’s such as L:a for whom ill-focused MDM discussions and timing overruns are an “irritating . . . grievance”.

L:a’s perspective conflicts with those mostly long service nurses who maintain holistic ideals that extend the legitimate boundaries of discourse beyond a rationalised (unemotional) approach to non-physical care.<sup>xxix</sup> Indeed the loudest voices against increasing medical engagement come from nurses antipathetic to change in general (i.e. a subset of the group likely to subscribe to the first of each T<sup>1</sup>

CS propositional statement described on page 229) albeit that, as stated, almost every nurse interviewed, even those inclined to support other developments, problematised rising numbers of medical staff at the hospice. Nurses as a corporate group thus appear to be threatened (their power to direct patient care is limited) by increasing medical engagement. A situated SEP (social emergent property) logic of SI contradiction is therefore evidenced between medical and nursing professional groups ( $T^2 - T^3$ ). Recognising this contradiction, or rather the manner of its expression, suggests that, at  $T^1$ , the balance of power between medical and nursing staff was, if not equal, then (i) more favourable to nurses or (ii) qualitatively different than it subsequently became. ('Power' is a difficult concept; it is used here simply to refer to nurse perceptions regarding their ability to make or block decisions.) Retrodiction is, perforce, tentative. However, this analysis is consistent both with previous 'readings' of the evidence and the literature. It supports earlier suggestions regarding differential SS-CS morphogenesis since, again, SI change (between doctor-nurse relations) brought about by SS amendment (rising medical engagement) precedes and ferments S-C/CS contradiction.

### Treatments and interventions

Numerous references have been made in this Chapter to increasing levels of treatments and interventions. Virtually every clinical interviewee said that, compared with  $T^1$ , more and more complex treatments and interventions are being performed in the  $T^2 - T^3$  period. Specifically, interviewees say that more IVIs,<sup>xxx</sup> antibiotics, blood and blood products are being administered (necessitating staff re-training and the procurement of new machinery for storage, preparation, agitation and delivery), more DXT<sup>xxxi</sup> and chemotherapy is given (for palliative purposes), long duration



epidural infusions are becoming commonplace, stents<sup>xxxii</sup> are inserted more frequently, SpO<sub>2</sub><sup>xxxiii</sup> and blood gas monitoring is now routine and other forms of observations are habitually being performed.

Various factors might account for this increase. For example and as suggested, raised physical patient dependency on admission (if genuine) means 'need' has increased, emphasising physical care consequent to organisational re-designation as a specialist unit suggests (caveats aside) that new needs are organisationally welcomed and recognised, acutely orientated staff supply the means by which treatments and interventions can be ordered and delivered (needs are met), increasing medical engagement (more doctors) may in itself act to raise intervention levels and the absence of blocks to change from acutely recruited nurses (but not resisting "old codgers", I:a) could all be involved.

Unsurprisingly, interviewees hostile to change deplore the rise in treatments and interventions albeit that they acknowledge some limited patient good ensues, whilst those favouring change accentuate the benefits new procedures allegedly bring. Here, rather than simply reiterating the now well-rehearsed dichotomy between pro- and anti-change groups the position of treatments and interventions within the palliative care literature is discussed. As will be seen, identified tensions within the hospice again mirror those in the wider palliative community.<sup>xxxiv</sup>

The decision making processes involved in determining treatment and the legitimacy or appropriateness of specific palliative interventions are both contested. Glaser and Strauss (1968) argue in relation to non-hospice care that staff attitudes towards and decisions about the treatment of dying patients vary according to staff perceptions of the position of patients on dying trajectories. Staff perceptions are therefore important and yet, as this study attests, staff perspectives can differ markedly. Further, in the absence of agreed criteria regarding appropriateness and

given that concord need not exist between staff or staff and patients it has, in the modern hospice and palliative care context, been suggested that – although patients have always, to some extent, been involved in decision making – greater input into decisions about their own care should be encouraged (Sargeant *et al*, 2007; Oliver *et al*, 2005; Núñez Olarte, 2003; Small, 2003, Walter, 1994). Aspirationally such moves can be applauded. However, where patient ideas about treatment appropriateness conflict with the views of hospice and palliative clinicians and commentators who hold and express firm opinions regarding good or fitting treatment and good or fitting ways to die (e.g. McKechnie, 2006; Roy, 2004; Kastenbaum, 2000; Stoddard, 1979) questions about how disagreement should be resolved remain unanswered.<sup>xxxv</sup>

At issue in such disputes is the idea, implicitly evidenced by some interviewees, that there exists ‘a ‘thanatologically correct’ way to die’ (Núñez Olarte, 2003, p.76 – see also Sandman, 2005). Thus, like many palliative scholars, Connor (1998, p.79) suggests that ‘death is a natural part of life’. Natural here suggests something uncontrived, non-technological, traditional (Kearney, 2000) and, in the hospice context, peaceful, accepted, unhurried and unmedicalised (Seale, 1998; Walter, 1994; Parkes, 1986).<sup>xxxvi</sup> Someone experiencing a natural death is not over-treated and the “amateur dramatics” (E:a) of last ditch rescue and curative medicine have been laid aside.

Because the good or natural death excludes interventionist ‘depersonalised science’ (Kübler-Ross, 1973, p.10), Connor (1998, p.123) is able to state that: ‘Hospice has been set up in such a way that patients must renounce further attempts at curative treatment.’ This setting up occurred when hospices dealt primarily with end-stage terminal patients and yet, today, the requirement that patients *must* relinquish curative aspirations may appear somewhat imperious to those admitted significantly in advance of the terminal stage. Indeed, as medicine successfully

extends and alters disease trajectories, patients might reasonably want and be given radical interventions for symptom and disease control.

Thus, not only can the naturalness of hospice deaths be queried (even non-complex deaths typically involve the use of Graseby pumps,<sup>xxxvii</sup> elaborate drug cocktails, pressure relieving mattresses, catheterisation and monitoring and support by trained personnel), it is also recognised that some patients (e.g. end-stage AIDs patients) simultaneously seek to access curative and palliative services (Connor, 1998; Buckingham, 1996) and, as public expectations change (see earlier comments), patients do request what are by general hospice and palliative standards 'high-technology interventions' (Clark and Seymour 1999, p.102).<sup>xxxviii</sup> Indeed:

Even patients who are terminally ill are prepared to accept invasive procedures and treatments more readily than are their nurses . . . Care must be taken to ensure that the judgements and attitudes of staff are not denying patients the opportunity of simple tests and therapeutic interventions from which they may obtain clinical benefit.

(Meystre *et al*, 1997, p.1202)

Meystre *et al* (*ibid*) do not explain why *elaborate* as opposed to *simple* tests and interventions should be denied if these procedures deliver patient sought clinical benefit; nevertheless, this type of finding challenges the position of study site interviewees who seek to resist the expansion in treatments and interventions. Patients and staff can differ about the appropriateness of curative and palliative goals (Dekkers *et al*, 2002) and, it is here suggested that, in the literature *and* at the study site, at least three problems invest treatment-intervention or technology use. First, as interviewee G:a points out, hospice activity varies markedly between institutions and this might indicate that consensus regarding appropriate treatment 'limits' is absent. Second, if consensus does not exist because it is illogical or

meaningless to construct or insist upon boundaries, then those wishing to maintain or create non-interventionist forms of care must perhaps resort to or rely upon normative exhortation in making their case and, third, if the focus of hospice or palliative care moves away from terminal care towards symptom control (as evidenced at the study site) then the rationale for non-interventionist treatment substantively collapses.

The hospice community varies considerably in its medical sophistication. On one extreme are programs that refuse to do any “intrusive” interventions . . . On the other extreme are hospices that set no limits on the types of treatment administered . . . Arrogance comes into play when hospice thinks it knows what is best for the patient . . . [However] Removing all limitations to treatment in hospice leads to hospice care that is indistinguishable from care provided in the rest of the health care system.

(Connor, 1998, p.113-114)

Fears that external pressures are propelling the study site towards a close and perhaps indistinguishable relationship with the NHS were outlined earlier. Within the literature Foggo (2006) suggests that palliative patients not in the terminal phase could profit from the dismantling of barriers between categories of care (e.g. hospice patients may at times beneficially transfer to and from specialised NHS acute settings) and, in extending the range of treatments available to patients, interviewees such as Con2 appear ready to blur the distinctiveness or difference separating hospice and palliative from mainstream care. Moreover, in a move that further authorises the use of interventionist treatments, Randall and Downie (2006) attack what might be seen as core traditional hospice values when, contra accepted wisdom and WHO (2008, 2002) definitions, they suggest that life prolongation is or can be a justifiable aim for palliative clinicians.

As stated, those hostile to change at the study site tend to conflate terminal with non-specialist (non-complex) hospice and palliative care and, within the

literature, similar conjunctions abound (e.g. Roy, 2004; Lishman, 2003). Such linkages privilege terminal care. Yet *specialist* palliative care introduces non-terminal patients to the ward.

Cicely Saunders (2002b [1959], p.14) noted that problems ensue for end-stage care when terminal and non-terminal patients are mixed since: 'The latter are often in a younger age group and their problems are not by any means the same.'<sup>xxxix</sup> James and Field (1992, p.1372) link the expansion of organisational roles (e.g. extending care beyond terminal support) and the influx of new or later generation staff (i.e. staff inattentive to early hospice ideals) to 'goal displacement'. And Gracia (2002, p.30) argues that hospice care historically represented the antithesis or 'corollary of intensive care'. Thus, what is displaced for these authors and the anti-change group at the study site is a conception of hospice activity that primarily involves holistic low-intervention or non-intensive end-stage care. Clearly, 'removing all limitations to treatment' (Connor, 1998, p.114) violates this conception and, to resolve ambiguity, Webb (2000) suggests – somewhat unrealistically – that clinical, palliative and experimental treatment or technologies should be delineated.

The desire to draw boundaries around what is permissible and what is taboo litter the literature. Roy (2004, p.267), for example, regrets that end-of-life palliative care is now delivered 'in a technological age.' This presumes that past ages (decades?) were less technological and, as so often, end-stage and palliative or hospice care are here conflated. Roy (ibid, p.267) goes on to claim that technology and the treatments it describes are part of ascendant 'mechanical or instrumental reason' and that this is both 'monstrous' (ibid, p.267) and immoral. It is likely that such sentiments would resonate favourably with those at the study site who wished to limit or draw back from the new procedures and interventions.

Less emotively, philosophers of technology such as Dusek (2006) distinguish between hardware, rule and system technologies. Under this schema treatment interventions (e.g. inserting a stent) involve hardware (the artefact itself and the accompanying tools for placement and patient monitoring), rules (e.g. norms determining who decides upon recipients) and systems (e.g. healthcare systems or social and cultural assemblages of people and knowledge that enable processes to occur). For Timmermans and Berg (2003), three sociological perspectives interpret these technologies. Technological determinism describes the political force of technology's existence to shape social relations and behaviours.<sup>xi</sup> Essentialism, on the other hand, situates technology as 'neutral tools to be interpreted in social interactions'<sup>xii</sup> (ibid, p.97) and technology-in-practice highlights the 'relationship between technology and its users in health care' (ibid, p.97). However, it is here asserted that judgements about the appropriateness of technology (treatments and intervention) use are (contra essentialism) ultimately and necessarily evaluative, normative and political rather than objective (Dusek, 2006; Kleinman, 2005).<sup>xiii</sup>

#### Preliminary conclusion to 'Relations within the hospice':

The final sub-heading within this section 'Spirituality-Religion' follows. Here a preliminary conclusion to 'Relations within the hospice' is proposed.

Organisational re-designation produced SS morphogenesis *and* stasis within the hospice (see figure 9 below). Re-designation both reproduced existing relational trends *and* elaborated new staff-staff and staff-patient relations. Morphogenetically, organisational re-designation was, in part, responsible for the engagement of more medical staff and, in consequence, during T<sup>2</sup> – T<sup>3</sup> and at T<sup>4</sup>, nurses as a collective group have lost power (broadly defined) relative to doctors (compared with T<sup>1</sup>).

Figure 9 – SS factors acting within the hospice at T<sup>1</sup>, their T<sup>2</sup> – T<sup>3</sup> SI consequents and projected T<sup>4</sup> outcomes

*Social structural (SS) conditioning*

T<sup>1</sup>

Organisational re-designation (hospice becomes specialist palliative care unit)

*Social interaction (SI)*

T<sup>2</sup>

T<sup>3</sup>

Changes balance between patient groups admitted  
 More patients admitted with complex physical care needs  
 Creates busier environment  
 Less time available to engage in non-physical care  
 More registered nursing staff engaged  
 Changes ratio of auxiliary and registered nursing staff  
 Auxiliary nurse remit expanded  
 More medical staff engaged  
 Power balance between medical and nursing staff alters  
 More treatments and interventions performed

*Social elaboration – relative to T<sup>1</sup>*

Relations between professional staff groupings altered  
 Relations between professional staff and patients altered

T<sup>4</sup>

*Social reproduction – relative to T<sup>1</sup>*

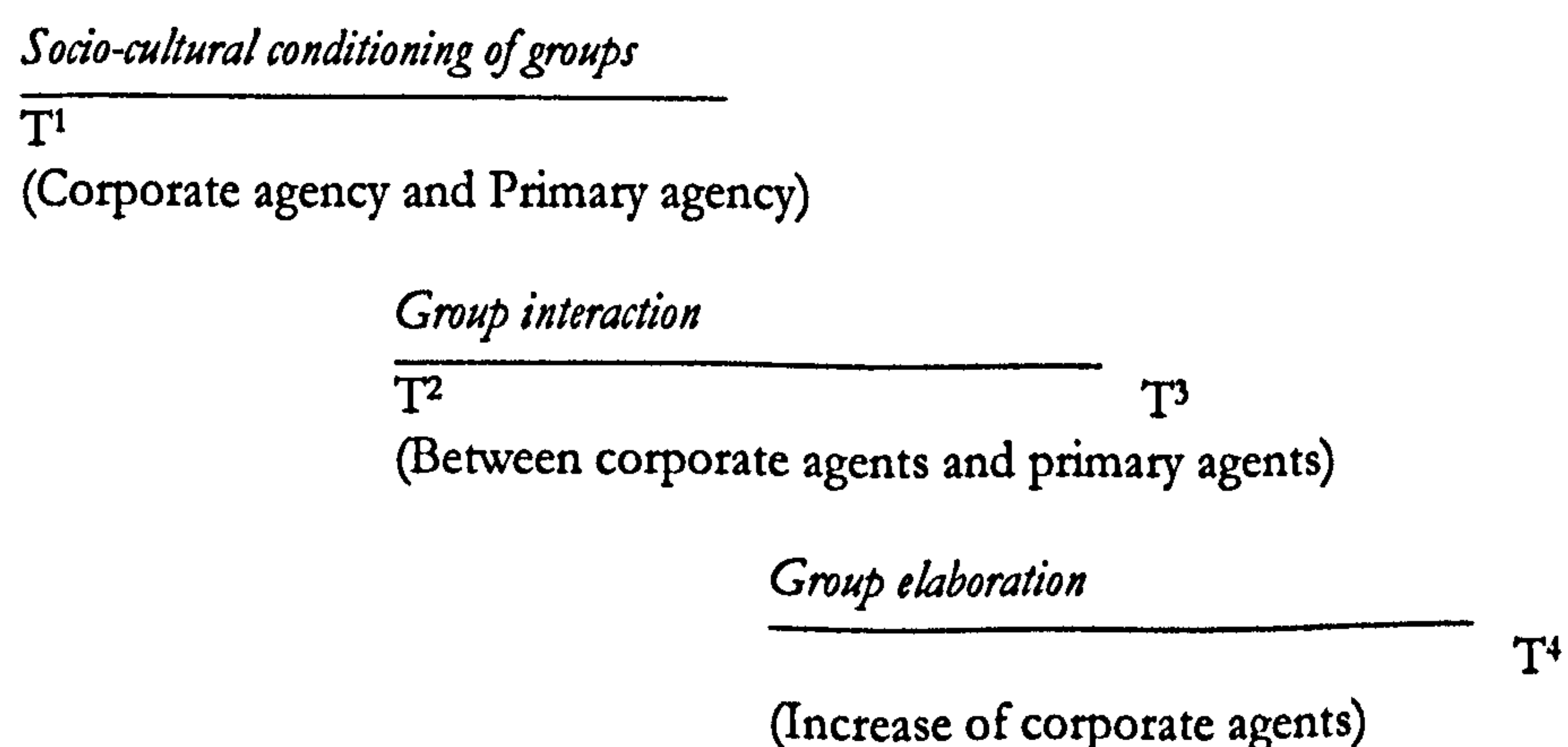
Continuation and entrenchment of existing (pre-organisational re-designation) trends

Re-designation and the engagement of more medical staff also encouraged the deployment or use of treatments and interventions previously unseen at the hospice (or seen less frequently) and enabled changes in admission practice (allowing the intake of more physically dependent patients) and this, at T<sup>4</sup>, contributes to changed staff-staff and staff-patient interaction. Staff-staff relations are altered as professional or role remits and organisational focus shift in response to increased treatment and interventions and a growing emphasis on physical care. Staff-patient

relations alter insofar as rising busyness and more treatment-interventions are indicative of a heightened interest in physical care and this reduces the time available for non-physical emotional care.

Significantly, SS change (exemplified or captured in the process of organisational re-designation) causes, in SI, competitive corporate groups to emerge within the hospice *and*, in S-C interaction, competition based around the ideational CS positions stated on page 229 of this thesis describes relations between these groups. The reproduction or transformation of corporate and primary agency within the organisation can be modelled apart from CS morphostasis or genesis (figure 10). However, excepting changes in doctor-nurse power relations (here associated with SS/SI change), agential elaboration or reproduction is, in this thesis, closely intertwined with CS ideational positioning and the description of corporate and primary agency is therefore conjoined or subsumed within a diagrammatic representation of CS transformation and reproduction (see figure 11, overleaf).

Figure 10 – Corporate and primary agency in the morphogenetic sequence (RTS, p.264 – adapted)



In figure 11 competitive and propositionally described ideational sets are identified at T<sup>1</sup>. Following Archer, CS logical relations have ontological existence within the



literature but, to exert causal effect, they must be taken up and concretely embodied in S-C agential habits and practices. It is here asserted that corporate groups holding contrasting ideational sets evidence disputation in S-C  $T^2 - T^3$  interaction and it is this disputation that allows CS structures and corporate groups at  $T^1$  to be reproduced/retrodicted.

Figure 11 – CS factors acting within the hospice at  $T^1$ , their  $T^2 - T^3$  S-C consequents and projected  $T^4$  outcomes

*Cultural Structural (CS) conditioning*

---

$T^1$

Contradictory ideational structures exposed. Competition revealed between groups favouring:

1. Holistic vs. less-holistic approach and
2. End-stage/terminal vs. specialist palliative (biomedical physical) focus

*Socio-Cultural interaction (S-C)*

---

$T^2$

$T^3$

Pro-change group (focus less on end-stage care and holistic practice) appear ascendant and confront anti-change group (focus more on end-stage care and holistic practice). Anti-change group lack exchange power but present 'rearguard' resistance to change

Dispute evident in, for example, MDM, the refusal to perform certain observations etc., and verbalised reactions to increasing treatment-interventions and (for nurses) medical engagement

*Cultural elaboration – relative to  $T^1$*

CS elaboration not evident

Corporate and primary agents (most nurses and doctors) indicate at least some acceptance of aspects of change

---

$T^4$

*Cultural reproduction – relative to  $T^1$*

CS reproduction evident – ideational fault lines apparent at  $T^1$  remain in place and intact at  $T^4$

Corporate and primary agents maintain CS allegiances (pro-change group appear ascendant whilst anti-change rump remain)

Cultural elaboration is not identified. The ideational sets described by the propositional statements on page 229 of this thesis are not amended at T<sup>4</sup> relative to T<sup>1</sup>. CS reproduction or morphostasis therefore occurs. No evidence was uncovered to suggest that primary (indifferent or unaligned) agents had, between T<sup>2</sup> – T<sup>3</sup>, been recruited to either of the corporate groups associated with the previously described ideational sets and corporate agency is therefore reproduced unaltered. Limited S-C compromise did occur (e.g. see comments by V:a page 234 or F:a page 237). However, corporate groups remain intact between T<sup>1</sup> and T<sup>4</sup>. As stated, since SS/SI developments precede and expose and exacerbate CS/S-C dispute, differential morphogenesis is, again, claimed vis-à-vis those opposed to change.

### Spirituality-Religion

Spiritual and religious discourse is important at the study site for three reasons. First, an exercise in what might be termed ‘spiritual branding’ has been proposed (page 207). Second, nurses may use spiritual talk to advance professional interests. Third, and most contentiously, it is here suggested that a consideration of the concept of spiritual suffering and the location of meaning in suffering may help retroduce part of the motivation or interests of the anti-change group (i.e. *why* beliefs are held). Comments regarding this third theme are especially tentative and for that reason a discussion of spirituality-religion within the organisation is considered apart from the rest of this section.

#### Study site trends:

The hospice stands on land donated by a religious order (page 186). Key founding trustees were, in part, religiously motivated, prayers were once said before MDM

meetings (A:a) and, historically, long service interviewees (page 192) recall staff praying openly with the relatives of deceased patients. Sunday services were once held in the chapel and a hand bell was irregularly rung during weekdays to invite attendance at a semi-formal reflective prayer meeting during which staff and patients would “think about . . . hospices all around the world and patients suffering” (J:a). These practices had ceased by T<sup>1</sup> and following T<sup>2</sup> – T<sup>3</sup> changes in busyness (page 220), post-mortem procedures (page 221), staff ratios (page 223) and the influx of acutely orientated staff (page 230) their resurrection would now be incongruent.

A:a: As more and more trained staff came in . . . it became (pause) less sympathetic to religion.

Contradictory impulses are evident. Upon appointment, the Chief Executive funded a full-time clergyman (replacing the organised but informal visits of local clergy) and non-denominational services continue on alternate weekdays. However, religious influence is now reduced, albeit that spiritual themes have, to some extent, emerged in religion’s place. Thus, moves are afoot to relocate and develop the chapel into a less formal ‘sacred place’ and the Chief Executive, recognising that spiritual care is currently (T<sup>2</sup> – T<sup>3</sup>) sidelined relative to physical care, now believes it was a mistake to appoint a “dog-collar” (N:a) wearing Anglican, since the conflation of religion with spirituality that this represents might be considered exclusionary.

Most interviewees are interested in the spiritual component of care (fewer spoke about religious matters). Interest cut across professional position and role boundaries and this could appear to challenge previous claims regarding those, often medical staff, who support and actively advance change within the hospice since, as suggested, change appears to emphasise physical rather than holistic and spiritual

care. No anomaly obtains however. Interest reflects the sustained attention given to such issues in the professional and palliative literature (see table 5 below) (Coyle, 2002). Further, doctors and nurses in their professional (corporate) capacities may be interested in spirituality for different reasons *and* those associated here with the anti-change group (irrespective of professional position or role) are employing spiritual language and symbolism in a distinctive way.

Table 5 – Spirituality and Religion within the nursing and palliative care literature: an e-search of databases AMED, BRNI, CINAHL and Medline using truncated keywords spiritual\$ and religio\$ – all fields (search performed 23.05.08.)<sup>xliii</sup>

Databases	Truncated keywords	Year							
		2007	2006	2005	2004	2003	2002	2001	2000
AMED	Spiritual\$	156	152	175	142	159	135	136	135
	Religio\$	65	63	95	67	86	84	75	84
BRNI	Spiritual\$	103	97	68	84	43	60	53	50
	Religio\$	240	212	220	215	165	155	122	105
CINAHL	Spiritual\$	744	876	720	684	638	569	633	428
	Religio\$	708	821	632	547	480	435	403	271
Medline	Spiritual\$	839	733	654	593	488	482	425	355
	Religio\$	1524	1482	1375	1345	1206	1239	1232	1127

Although most interviewees discussed spiritual issues, medical staff tend to be more reticent than nurses in claiming jurisdiction or competence in such matters (a few nurse exceptions to this trend were identified). Thus, whilst doctor Y:a thought spiritual care important, she did not think it part of her remit because she lacked “training” in such matters and, professionally, such training would be inappropriate.

Y:a . . . you can't have doctors training about spirituality you have to have (pause) kind of, people who are, who know what they're talking about (laughs).

Alternatively, nurse interviewees are, on aggregate, more willing to accept responsibility for spiritual and even, in some instances, religious care. This acceptance mirrors proclamation and discussion within the UK and international nursing (e.g. Cavendish *et al*, 2006; Callister *et al*, 2004; Henery, 2003; Theis *et al*, 2003; Tanyi, 2002) and palliative literature (e.g. Narayanasamy, 2007; Hermsen and ten Have, 2004; Nelson *et al*, 2002). It may indicate that nurse interviewees define spiritual care more broadly than their medical colleagues (e.g. as ordinary kindness, in which case “training” is not needed). And it should be noted that claiming spiritual competence also serves to advance nursing’s professional interest.

The extension of spirituality into secular domains is part of a professionalization project in nursing, a claim to jurisdiction over a newly invented sphere of work.

(Paley, 2008c, p.175)

As discussed, increased medical engagement produces, it is believed, a diminution in nursing power (SS) relative to historic levels. However, serendipitously, nurses who profess an interest in spiritual matters (S-C) tap into and reproduce established (CS) precepts located in the palliative literature *and* meet contingent (SI) needs to protect and develop professional (SS) interests. Situated logics of complementary necessity (page 206) are here demonstrated and this interpretation – claiming spiritual competence serves nurse structural interests – is recognised in the (non-realist) palliative literature. Specifically, spiritual discourse is seen to offer nurses:

a means for challenging the authority of medical science and of regaining some agency, some autonomy, in situations that otherwise would be defined as scientifically determined . . . [it is or can be] a tool for preserving or enhancing the status of a particular discipline or distinguishing it from another.

(Rumbold, 2002a, p.8)

The importance of spiritual discourse in advancing professional interests at the hospice should not be over-emphasised. However, study site trends resonate closely with the wider palliative literature and the relationship between societal modernisation-secularisation and spiritual influence may therefore be significant.

Spirituality-religion and secularisation:

Spirituality and religion are elusive concepts (Coleman, 2004). Spirituality has been linked to a personal search for meaning or value (Pesut, 2008a; Stanworth, 2004; van Hooft, 2002) (though Paley, 2008b, deconstructs the coherence of such descriptors) whilst religion is, amongst much else, associated with creedal theology, ritual, deity and organised or socially positioned faith communities (Dein, 2006; Seale, 1998) (however, Gunn, 2003, argues that religion escapes definition and, from a historic and philosophic vantage, Sell, 1996, describes the descriptor's dynamic nature). Spirituality and religion may depict discrete concepts (Mohan, 2004) though this is contested (Cobb, 2001) and they often collapse in use (e.g. Bouchal, 2007).

Definitional caveats aside, many early hospice pioneers were religiously motivated (Clark and Seymour, 1999) and religious conviction continues to propel new hospice and palliative care developments in Eastern Europe and Asia (Clark and Wright, 2003). However, within the literature, an interest in spirituality rather than religion emerged among commentators in the 1970s as secularisation produced or accompanied a decline in formal religious observance (Rumbold, 2002a).<sup>xliv</sup> Secularisation is, of course, as difficult to classify and characterise as that which it opposes. Cupitt (1984), for example, chronicles secularisation in Christian Europe from the twelfth century whilst, more contemporaneously, Habermas (2008) states:

During the period since the end of World War II all European countries, with the exception of Ireland and Poland, have been gripped by a wave of secularization that goes hand in hand with modernization.'

(Habermas, *ibid*, p.116)

Linking secularisation with modernisation is important *if* modernisation is associated with biomedical advance and technological ascendancy. Cobb (2001), who accepts this conflation, suggests that palliative clinicians' interest in spirituality and holism arose as a counterpoint to secularising and modernising tendencies and the biography and writings of Cicely Saunders (e.g. Saunders 2006b and 2002a) might be said to evidence kindred themes. Significantly, the language of spirituality offers a non-sectarian alternative to reductive rational and bureaucratic medical discourse (Bradshaw, 1996) and, thus, those who want to discuss or engage with forms of holistic care that prioritise emotions, values and existential meaning may find in spiritual talk a more inclusive and acceptable vehicle than, what many perceive as, narrow religious discourse (Lavoie *et al*, 2008; Confoy, 2002). For Bergman (2006, p.5), spirituality provides a 'non-contentious term somewhere in between religion and scientific psychology' for those interested in the existential or humanitarian dimensions of extra-physical care.

#### Meaning in suffering – why the anti-change group resist change:

From a nursing perspective Henery (2003, p.550) claims that the 'literature on spirituality tends to agree that modern science is relatively powerless to address the loss of personal meaning experienced by people facing death, suffering and loss.'<sup>xlv</sup>

However, irrespective of professional allegiance, antipathy to change at the hospice is, in large measure, a reaction against changing forms of staff-patient relations. Idealised and preferred relations were variously described. Yet a recurrent and apparently significant aspect of such relations involved, for the anti-change group,

'being with' patients who were suffering emotionally or spiritually *and* 'being with' appeared to require that suffering's potential meaningfulness also be valued.

Thus, whilst good technical and clinical skills are necessary attributes for hospice carers, they are not, for the anti-change group, sufficient. J:a emphasised that a willingness to be "with people who are suffering" is also required. However, organisational re-designation threatens this capacity, since, for example, the increased busyness that it produces reduces the time available for non-physical care and acutely-orientated recruits are now less inclined to value non-physical care.

J:a I would like us to be much more freer as professionals to say okay, you don't want a shave, you don't want a bath, you don't want to whatever, but you'd like me to sit with you under that tree at the bottom of the garden and talk about the pain in your past life, or whatever. I would like us to be much freer to do that. But I think, I think if I did that, that it would raise a few eyebrows.

'Being with' a patient was also linked with a particular view of holistic care.

I:a I think holistic care is about trying to attend in your heart and in your head to not only the physical elements of the things that you can 'do' for the people in your care, but also how you can 'be' with them.

And it was recognised that staff exposure to patient suffering incurs personal costs.

A:a I, I never turned away; I never turned away, ever. I never tried to escape it. You didn't. It was, you know, what you were all there for.

Appendix I describes how, for A:a this aspect of care was now in abeyance and Appendix J notes that conscious or deliberate emotional withdrawal in the face of repeated traumatic death was an option for some healthcare professionals.



Nevertheless, for A:a and E:a 'being with' remained a vital component of care. It was also described as an act of love.

E:a . . we'll love you, you know, you come here we'll look after you and we will see it through. And, we, we'll always be there for you. And that's gone.

Most nurses here associated with the anti-change group appeared to link the object of care or 'love' with 'suffering'. Moreover, notes made as a participant observer record that members of this group talked in everyday conversation in a manner that might easily hold or connote a spiritual interpretation (e.g. patients were now 'at peace' or their 'souls' were still 'troubled'). As §2 Chapter 1 states, personal researcher atheism presumably influences the analysis presented here. Nonetheless, this thesis tentatively suggests that, wittingly or unwittingly, interviewees associated with the anti-change group (doctors and nurses), who described patient suffering using what are here termed spiritual concepts, also believe that certain forms of suffering might feasibly serve some beneficial or redemptive purpose. For these staff, suffering was not something that should necessarily be obliterated or avoided and, to assist patients in their experience, it was claimed that staff had a duty to 'be' or 'stay with' sufferers. Needless to say, the developing emphasis on physical care and expansion in treatment-interventions marginalised this discourse.

There is of course nothing new in evaluating suffering positively. Western Christianity traditionally valued particular forms of suffering as a route to Christ (e.g. Julian of Norwich, 1998 [1388]) and, outside of the Church(s), many 19<sup>th</sup> and 20<sup>th</sup> century European existential and phenomenological thinkers explored dolorist themes (Lipscomb, 2003). The concept is deeply lodged in the palliative and end of life literature (e.g. Kearney, 2000; Johnson and Scholler-Jaquish, 2007; Jewell, 2004) and it may intuitively appeal to people who have experienced personal trauma or

witnessed the trauma of loved ones. Likewise, from a realist perspective, Collier (1999) develops a line of reasoning through St Augustine, Spinoza and Heidegger to argue that all being (human and natural) has intrinsic and objective (i.e. non-subjective) worth or value.

If the validity of Collier's (ibid) argument is accepted (and this does *not* require agreement with its premises or conclusion) then being has worth and worth is good (since being is good) and thus even suffering can be good insofar as it reaffirms or constitutes being in its fullest or authentic essence. Essential to this form of argument is the idea that in the act of suffering it is possible (but not determined) that some benefit, growth or blossoming (to invoke horticultural metaphors) might occur in some but not all patients and that where it occurs this benefit is a good (albeit unrequested) which may not find form in those whose suffering (experience) is taken away (e.g. by chemical means) or ignored or undervalued by carers.

Perhaps significantly, every member of the hospice clergy accepted that suffering might potentially bring spiritual, religious or psychological gains to patients – although the difficulty and appropriateness of engaging in conversation about such matters was acknowledged.

M:b . . if you are a Christian and have a faith . . [then] if you suffer, you automatically draw closer to Christ because you are, you would call upon him and you would unite yourself more with Christ to help you through this suffering.

P:a People often speak to me of, when the suffering is at its worst, that's when they sense a presence of God most . . they quite often speak of that presence of God 'in' the suffering and they, they value that. They don't necessarily value the suffering because that's obviously not very pleasant. But what, what the suffering has brought to them in the sense of spiritual experience is immensely valuable.

X:a [Suffering may bring benefit] . . Yes, I think it is a valid notion and it is within Anglicanism.

The argument proposed here should not be over-egged. However, it is suggested that SS change (organisational re-designation and its correlates) altered doctor-nurse relations in SI. Interest in spiritual matters is expressed by doctors and nurses. However, the nature of expressed (S-C) interest differs. Nurses find, in the CS register (library) ideas regarding spirituality that, in SI, potentially offer a means of protecting or advancing lost professional privilege. (Though this may not happen.)

Further, staff identified here with the anti-change group (all professions); appear to use spiritual or religious metaphors to describe forms of care that are threatened by the consequents of re-designation. Ideas lodged in the CS register are available which, if taken up, might help protect those forms of care that are perceived as threatened and, as stated, the potential redemptive dimension of suffering (Pesut, 2008b) is accepted by members of the study site clergy (albeit that the acceptability of such ideas to non-spiritually inclined staff might reasonably be doubted, Lipscomb, 2007a).

Despite these possibilities, CS and corporate group reproduction rather than elaboration is evident at  $T^4$  (relative to  $T^1$ ). The ideas outlined here did not undergo transformation between  $T^2 - T^3$  and, as previously stated, pro- and anti-change groups remain substantively unaltered. The CS logical propositions here associated with the pro- and anti-change groups are stated below. However, these propositions can be described in a variety of ways and the problems raised in §1 Chapter 4 and §2 Chapter 1 regarding expositional clarity are here particularly pertinent. In their defence, the propositional statements presented below do not contradict those described on page 229 and the schema here outlined could easily be overlain on

figure 11 page 252 (CS factors acting within the hospice) without compromise to arguments presented earlier in this section.

Certain forms of suffering experienced by hospice patients may be linked with spiritual benefit *and* hospice staff should support patients achieve this benefit through the provision of holistic spiritual care.

vs.

No benefit accrues from the experience of suffering *and* hospice staff should seek to obliterate or remove suffering.

## Endnotes §2 Chapter 2.

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- i Unsurprisingly, hospice organisational structure varied during the T<sup>2</sup> – T<sup>3</sup> study period. For example, towards the end of T<sup>3</sup> a part-time Chaplain retired and an additional part-time social work assistant was recruited. The following details are nonetheless substantively correct.
- ii Frequent service reorganisation led to this group being variously reconstituted and titled. Here, to aid clarity, the term Directorate is consistently applied.
- iii Unequal power is here synonymous with size-importance and, contra Archer; by T<sup>1</sup> micro-macro differences of bulk also exemplify institutional relations.
- iv It might be objected that voluntary or charitable and non-state independent sector provision are not necessarily coterminous. However, in the interests of expositional clarity the descriptors are here conflated.
- v Space precludes engagement with the full range of equity debates. For example, the International Association for Hospice and Palliative Care's promotion of equitable provision within a socially contextualised framework (Bruera *et al*, 2004) and Aoun and Kristjanson's (2005) discussion of discipline specific research equity are not progressed here.
- vi It might be objected that NHS palliative care consultant antipathy instances professional medical rather than state-NHS-hospice relational structures. However, this view is rejected since it appears to be the location of consultants within the NHS that is significant.
- vii Negative realities were discussed in §1 Chapter 2. Here it is suggested that the presence of one form of service organisation (independent hospices) could as a negative reality foreclose on the possibility of alternative provision (e.g. creating an 'in-house' NHS hospice at the County hospital).
- viii Ward based clinicians are also aware of cultural isolation. For example, interviewee F:a stated that: "I think (pause) isolationism, does (pause) encourage us to think that we are 'pretty good' and that we know lots. But we don't. We only know a bit about this aspect of care and we should recognise in other [non-hospice] professionals what they know."
- ix A 'stretched' definition of demographic factors is admittedly used here.
- x The term 'hospice' continued to be used to describe the organisation and its activities.
- xi This widely made claim (e.g. Callahan, 2005; Mino and Lert, 2005) is explored further later in the thesis.
- xii See also Clark and Seymour (1999) on re-professionalisation.
- xiii No contradiction exists between role prescription (the idea that remits are tightly defined and enforced) and an expansion in role remit (the specific tasks or functions to be performed).
- xiv 'Untrained' here refers to auxiliary nurses. More correctly auxiliaries are trained but not registered with the Nursing and Midwifery Council.
- xv See endnote xxvi below.
- xvi Whilst multi- and interdisciplinary work may designate different entities the terms are often conflated – e.g. see West (1990).
- xvii Although Saunders's ideas about religion and spirituality's relation to care evolved, the emphasis she placed upon the importance of Christian values in caring for the dying is apparent in statements made about wanting St Christopher's to be a 'really Christian foundation' (Saunders, 2002c, p.16 [1959]). As such, Saunders initially considered establishing a Trust specifically 'so that it didn't get into the hands of cranks or non-Christians in years to come' (ibid, p.16).

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- xviii Griffiths (2001) discusses (from a mental health perspective) the relation between appropriate referrals and exclusion or service rationing.
- xix Towards the end of 2003 Con2 left the hospice and county, returning to work in metropolitan palliative care with the “marginalised groups” that, in his opinion, the study site ignored.
- xx Each consultant’s patients and the nursing teams attached to them are differentiated by colour codes.
- xxi Elevated levels of blood calcium (Hope *et al*, 1993).
- xxii Self and society interact, Archer claims (2003a, p.131), when agents activate or encounter ‘causal powers of constraint and enablement’. The impact of structures and powers is mediated by agents who consider and interpret options via internal reflective conversations and, in this respect, agents are free to act *within limits* (Archer, 2003b). Insofar as interviewee B:a (Appendix J) claims that, in response to numerous witnessed violent deaths, she self-consciously ascribes to a version of professionalism that distances her from patient emotional suffering (she states that she does not “allow myself to feel a great deal here”), it might be suggested that B:a sidesteps the otherwise disturbing (constraining) power of structure to cause her psychological harm. She is enabled to do this by SS/SI changes between T<sup>2</sup> – T<sup>3</sup>. See also Abendroth and Flannery (2006).
- xxiii (1) Gronow (2008, p.244 – emphasis in original) argues that Archer presents an ‘undersocialized picture of selfhood and agency.’ (2) Similar themes are being pursued in non-realist literature. For example, from an allegedly constructionist perspective and to avoid social determinism, Clouder (2003, p.213) examines ‘the scope for individuals to exercise personal agency within the professional socialization process’ of health and social care workers.
- xxiv This is particularly the case vis-à-vis brain function (body) and experience or mind (Rose, 2006). See also §1 Chapter 3 regards naturalism and the qualia debate.
- xxv Short term fluctuations in numbers preclude declarative statements. However, whilst the hospice engaged two doctors in its early years, between T<sup>2</sup> – T<sup>3</sup> six and seven full- and part-time consultant and non-consultant medical staff were engaged at any one time.
- xxvi Sociologically, the medicalisation thesis connotes a critical stance taken by social theorists to medicine’s ideological and control functions. In this sense medicalisation is associated with ‘the disempowerment of individuals . . . [and] an increasing tendency to define ‘normal’ aspects of life as medical problems’ (Clark and Seymour, 1999, p.113). More loosely, medicalisation describes the unwarranted usurping of power or authority by members of the medical profession, extensions in the use of clinical technologies and an emphasis upon biophysical care.
- xxvii For example, without further explanation McKechnie (2006, p.255) states that designating palliative care: ‘a medical speciality has influenced the way in which end-of-life care is provided and . . . [it] has become routine and medicalised.’
- xxviii Hierarchically, ‘E’ grade nurses outrank ‘D’ grade nurses but are junior to ‘F’ or ‘G’ grade nurses. Post T<sup>4</sup> this grading system changed.
- xxix The descriptors ‘rationalised’ and ‘unemotional’ are used because, whilst medical staff do discuss psycho-social and even spiritual care, their approach differs in tone and content from nurses holding views here associated with the anti-change group. These nurses, in contrast to their medical colleagues, are noticeably effusive and expressive in discussing non-physical needs and they readily make evaluative or normative judgements about patients and patient care.
- xxx Intravenous infusion.
- xxxi Deep x-ray treatment or radiotherapy.

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- xxxii A lattice-shaped metal tube inserted into an artery or body conduit to maintain function. Used to support end-stage palliative patients with, for example, gastrointestinal cancer (Bowles and Benjamin, 2001). For a critical perspective on stent use in palliative care see Neale *et al* (2004).
- xxxiii Optical pulse oximetry measures blood oxygen (SpO<sub>2</sub>) by passing red light through (normally) a finger. Algorithms derived from applied plethysmography and spectrophotometry allow light absorption and thereby oxygen concentration to be calculated (Smiths Medical, 2008).
- xxxiv Several old references are cited here. It may be that the contradictions now being experienced at the hospice are long recognised within the wider hospice and palliative community and literature.
- xxxv See, for example, Hoefler (2000) on artificial feeding at the end of life.
- xxxvi Whilst Hinton's (1967) *Dying* does not specifically address hospice deaths (the book was written before St Christopher's opened) it is tempting to add his name here because, as is clear, Hinton (*ibid*) validates this list.
- xxxvii Proprietary name for a make of, in this context, portable slow release syringe driver – used to deliver continuous medication including, normally, opiates.
- xxxviii Tong *et al* (2003) provide an alternative perspective.
- xxxix The presence of younger patient groups also affects staff. At the study site it was proposed that old (80 years plus) and young (30 to 50 year old) patients now present with complex conditions and co-morbidities that, until recently, would already have caused death. Further, when “average age goes down . . . psychological dependency goes up” (G:a). Within the context of G:a's transcript it is clear that psychological dependency has two meanings. It refers to heightened emotional tension amongst clinical staff who care for those dying “at the wrong age”, those in “our age group” (G:a) and it refers to the increased workload that accompanies the care of “three generations” when “you've got parents losing children” who themselves have children (G:a). See also Alexander (2004).
- xi Technological determinism may be evidenced at the study site when interviewees linked the availability of equipment (e.g. SpO<sub>2</sub> monitors) with the perceived need or imperative to use that equipment.
- xii This position was perhaps taken by those favouring change when they emphasised the patient benefits that accrued, for example, from new treatment-interventions. This is not to say that the interventions are value neutral.
- xiii More could be said about the relationship between technology and treatment-intervention use. For example gender may have been a factor when male medical staff promoted technical or rational solutions to problems against female nurse resistance (Dusek, 2006; Kleinman, 2005 – see also Davies, 2003). See Heath *et al* (2003) for a review of technology and medical practice.
- xliii e-search of databases: (i) AMED Allied and Complementary Medicine Database, includes palliative care literature, (ii) BRNI British Nursing Index, (iii) CINAHL Cumulative Index to Nursing and Allied Health Literature Databases and (iv) Medline, Ovid Medline, the United States National Library of Medicine Database.
- xliv Paley (2008c) highlights differences between UK-European and US religious and spiritual beliefs and practices. Rumbold's (2002a) observations describe secularisation in a Western European and Christian context.
- xlvi Davis *et al* (2000) however, suggest that clinicians can enable meaning identification.

## Conclusion

The Introduction asserts that the realisms of Bhaskar and Archer have much to offer nurse theorists and researchers with an interest in social explanation and, although this claim is not explicitly discussed within this thesis, hopefully the above assertions are justified and substantiated throughout the text. Nevertheless, to conclude, these claims are explored under the headings: (i) Critical realism, (ii) Morphogenetic theory, (iii) Realism applied and (iv) Summation.

### Critical realism:

CR philosophy beneficially informs nurse theory and research in three ways. First, Bhaskar provides a powerful critique of what he terms the epistemic and linguistic fallacies in positivistic Humean-empirical and Kantian or idealist phenomenological and hermeneutic inquiry. This negative critical function challenges all theorists and researchers – even those who reject other CR claims – to reconsider their grounding beliefs, argumentative forms and investigative procedures. Reflection of this sort has worth *even if* Bhaskar's other metaphysical claims are rejected.

Second, emphasising the importance of ontology and the implicit links that bind ontology, epistemology and methodology in natural and social scientific explanation enables Bhaskar to provide a corrective to perspectives that underplay or ignore such linkages and, as the Introduction argues, studies that respect these logical chains are more likely to generate coherent and robust explanations than those that do not (see below).

Third, if Bhaskar's arguments are accepted, CR theory redefines and clarifies the problem field and goals of scientific endeavour. In the social field this involves delineating emergent agential from structural (social and cultural) relations, abjuring



prediction in favour of explanation and re-describing, as nomic, causality and the nature of law-like statements.

Negatively, as §1 Chapter 3 outlined, Bhaskarian argument and philosophy is vulnerable to a variety of challenges and these identified weaknesses perforce detract from CR. Moreover, it might be objected that, to date and with notable exceptions, relatively few CR (or MM) studies have been performed and those that exist often evidence theoretical rather than practical or applied interests. Further, realist studies with a health and social care component tend to be exhortatory or aspirational in tone (e.g. Pawson and Tilley, 1997).

Speculation regarding the cause of this situation might cite the complexity of issues raised, the non-theoretical orientation of researchers in practice based disciplines such as nursing or CR's relative newness. However, following Bhaskar's suggestion that science is often implicitly rather than overtly realist (§1 Chapter 1), Williams (2003c, p.61) identifies 'realist leanings' in Lawton's (2000) study of palliative care, Popay *et al's* (1998) work on health inequalities and Kelly and Field's (1996) investigation of chronic illness and disability. Likewise, Nash (2003, p.43) claims that 'notwithstanding . . . theoretical and conceptual weaknesses,' Bourdieu's ideas concerning inequality and difference may be assimilated within CR (e.g. see Bourdieu, 1977). And Williams' (2003b) work into the structural, contextual and agential determinants of health can readily be designated a neo-realist text. Realist research practices may therefore be commonplace even if researchers fail to make this explicit.<sup>1</sup>

#### Morphogenetic theory:

Archer's specialist nomenclature and the extended use of acronyms (e.g. SS, SI, CS, S-C and T) are, in theory and practice, somewhat cumbersome and occasionally

confusing. Nevertheless, building on Bhaskarian philosophy, MM provides the outline of a realist conceptual methodology that potentially allows researchers to achieve (despite the problems identified in §1 Chapter 4) significant degrees of expositional clarity. In particular, the integral nature of temporality in morphogenetic modelling forces researchers to consider not only the timeframes involved in description but also the histories and nature of events therein described. Moreover, this focus on temporality, when conjoined with analytic dualism and a theory of situated logics, allows structures (social or cultural) and agents (corporate or primary) to be analysed discretely but relationally. As §1 Chapter 2 outlined, MM provides researchers with evaluative tools that are denied to non-emergentists and the benefits of this approach stand *even if* the illustrative study in this thesis fails to exemplify them.

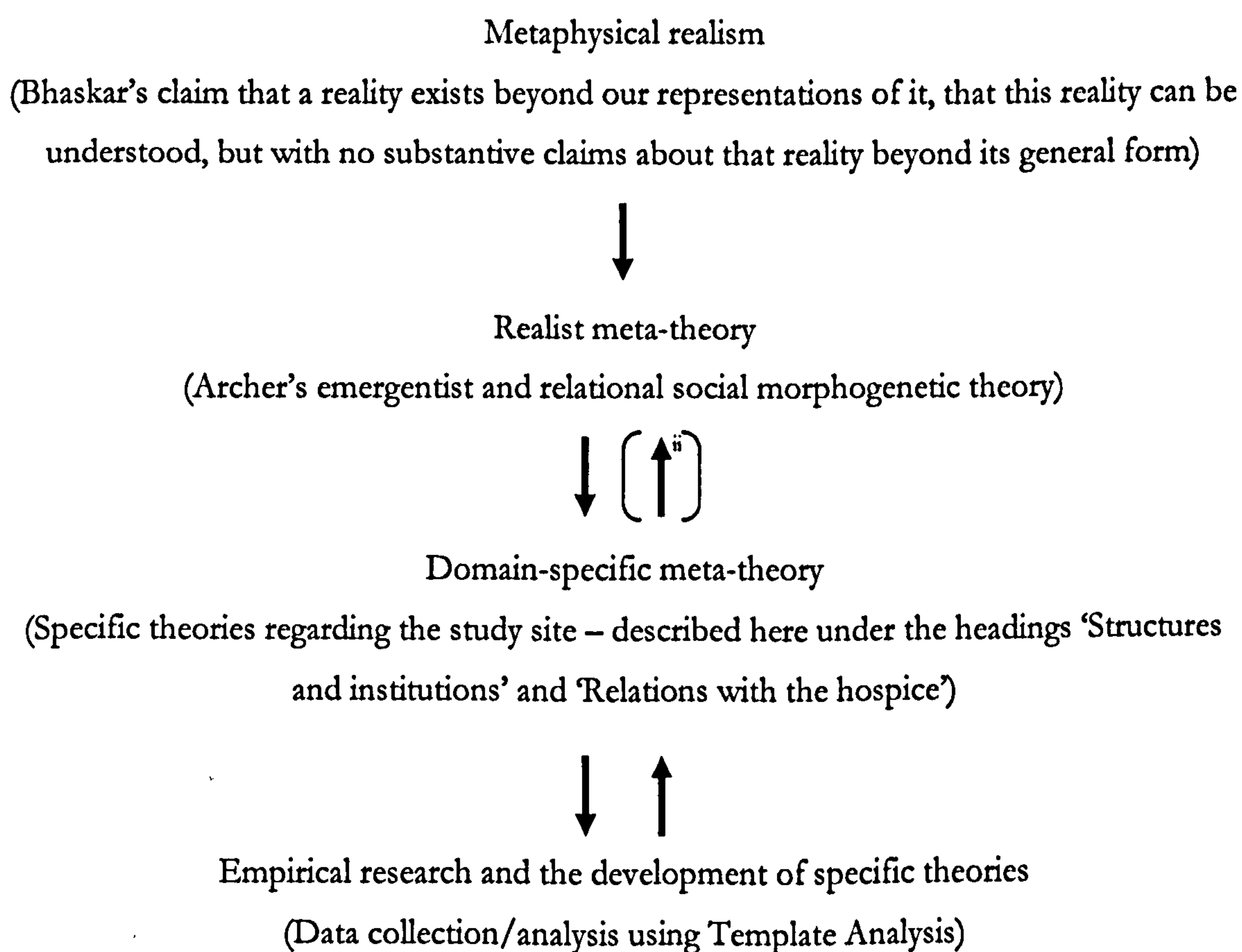
Negatively, insofar as those anxious to describe or resolve 'real world' problems may consider it diversionary, theorists and researchers (including nurses) who exploit MM, also need to engage with Bhaskarian philosophy since many of Archer's underlying concepts, premises and assumptions – ideas needed to understand her work – are located in CR rather than MM texts. Further, Archer's 'methodology' might be considered abstract or rarefied insofar as it provides little prescriptive direction to researchers and, as §1 Chapter 4 made clear, problems identified in respect of Bhaskar's work resurface in morphogenetic theory (notably around expositional clarity, the specification and nature of propositional statements and the problematic of researcher bias).

#### Realism applied:

Figure 12 (below – adapted from original) illustrates how philosophy and research practice are linked in this thesis. Here the oft-repeated claim that logical ties

between ontology, epistemology and methodology must be respected are made good as metaphysical philosophy (CR) and meta-theoretical methodology (MM) combine to inform the development of study site or domain specific theories as well as (via template analysis) the identification of empirical data.

Figure 12 – levels of realist theorising (Cruickshank, 2003b, p.114 – adapted)



Archer and Bhaskar both stress that the measure of any theory lies in its use value and, it is here suggested, MM theory *does* in use appear to meet its objectives or potential.

In respect to those aspects of hospice work detailed in §2 Chapter 2, MM modelling permits social and cultural structures operating upon and within the organisation under study to be distinguished, the mediating responses of agents to structural influences are described and, in reaction to external structural pressures and internal change, forms of relations that indicate situated logics of contradiction

and compromise are identified. Specifically, the hospice re-designated itself a specialist palliative care unit in response to external pressures and internally, pro and oppositional groups emerged in response to the clinical impact of re-designation and its correlates. Differential morphogenesis is observed insofar as, for the anti-change group, causal SI changes are outpacing S-C acceptance *and* this indicates at least partial disjuncture in the temporal development of SS and CS logical relations.

It might be objected that these 'findings' match ideas already located within the literature. However, not only would it be surprising if this was not the case but concordance itself lends credence to the conclusions here offered.<sup>iii</sup> Further, adopting a MM/CR approach uses or assembles the literature in new ways. Thus, if it is granted that the above insights are genuine, that they accurately accord with aspects of hospice activity, then it must also be conceded that MM offers social researchers advantages in explanatory power over perspectives grounded in the literal application of empiric and idealist metaphysics (detailed §1 Chapter 1) as well as their reified and elisionist correlates (detailed §1 Chapter 2). This is a significant achievement. Elisionists, for example, refuse to delineate structural from agential interaction and they cannot, in consequence, identify differential morphogenesis – and epiphenomenalists overemphasise the significance of agential *or* structural influence (depending on orientation) thereby omitting their interplay.

Self-critically and with hindsight, it might be argued that in this study, despite some realist suspicion of quantification (Willmott, 2003), group allegiance and degrees of group allegiance amongst agents here associated with pro- and anti-change groups could and should have been quantified to bolster evidence for their existence and the forcefulness with which opinions or positions are held. Moreover, retrospectively a longer study period might have been employed so that emergent structural and agential developments could have been more clearly identified.

Indeed, had a longer study period been used, the affect of Con2's departure could have been plotted on the development of relations within the hospice (to further illustrate the significance of agential mediation on structural influence).

More damningly, it might be argued that the CS propositional statements presented on pages 229 and 263 fail to capture the full complexity of positions held by or within pro- and anti-change groups at the hospice. (The difficulty of defining propositions is discussed in §1 Chapter 4.) And, as per §1 Chapter 3 (page 97), it is not necessarily clear that the SS or CS descriptions offered here would sustain assault along Bernsteinian lines. Specifically, other unexplored interpretations might be made of the data *and* the mechanisms or structures in operation remain obscure (e.g. the tentative nature of spiritual or religious influence upon members of the anti-change group is emphasised – §2 Chapter 2).

#### Summation:

Bhaskar identifies defects in Humean empiricism and Kantian idealism *and* from this critique he constructs a realist philosophy for science that, whilst open to challenge, nonetheless offers new and valuable insights for theorists and researchers. Bhaskar (like Archer) possibly overstates the deficiencies in other perspectives so that his own position might be better delineated and, outside of literal positivist empiricism and uncompromising idealism, realists and realism should perhaps concede that these older doctrines generate powerful insights of their own. Indeed, Rescher (2002) takes this more considered line when he suggests, in terms which flatter and recognise the contribution of metaphysicians like Bhaskar, that:

when discordant doctrines [viz., idealism and empiricism] manage to maintain themselves over many generations – it transpires that there is really much to be said on all sides and that the most appropriate and tenable view

of the matter is one that somehow manages to combine the best elements of both. Accordingly, the challenge that confronts the metaphysician in such cases is the shaping of a more complex doctrine that manages to effect a higher synthesis among the conflicting contentions by introducing whatever distinctions and sophistications are needed to achieve a reconciliation that accommodates the strong point of each rival position.'

(Rescher, *ibid*, p.242)

*RTS* and *PN* arguably present a version of this *higher synthesis*. However, as stressed, significant theoretical holes remain to be plugged in CR philosophy and, in warning against overly inflated ambition, Hedström (2005, p.38) notes that: 'Believing that theories can accurately represent reality in all its complexity is an empiricist illusion.'

Regarding morphogenetic theory, Archer has developed an authoritative set of conceptual tools to guide exploration in the social realm and, in so doing, she reconfigures philosophic realism to create the framework of a usable methodology. Much still needs to be done before researchers can simply turn to and apply MM in the same way that other theories and techniques are currently utilised. And, compared with other non-realist or less nuanced approaches, the complexity of some of the ideas associated with MM inevitably forecloses upon easy 'accessibility'.

Nevertheless, although within the literature MM is most often used to describe relations and interaction between large corporate groupings over substantial time periods, morphostasis or genesis may equally be identified 'in a sports club or 'defensive associations' in a parish church' (*RST*, p.274). Here the illustrative study undertaken for this thesis focuses on one such 'small' organisation. The study seeks to demonstrate the use value of MM theory and, if successful, it meets three aims. First, it contributes to the developing corpus of realist and MM research, second, it adds something to hospice and palliative care literature and third, it may encourage nurse theoreticians and researchers to look more closely at critical realism and morphogenetic methodology. Hopefully these ends are achieved.

## Endnotes – Conclusion.

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i        However, embracing non-CR studies in this manner is problematic. Criteria for co-option are subjective and, regardless of possible authorial objections, realism's elasticity permits the rubric to promiscuously engulf numerous and disparate works. A paper by Hussey (2002) may stand as an example of the excess that can occur if articles sharing an orientation or interest with CR are carelessly brought within its compass. Hussey's paper discusses the importance of historical reasoning in understanding the development of medical and other health sciences, competition between philosophic theories and concepts (p.242), the danger of deterministic argument (p.248) and genetic fallacy (p.249). It might be argued (erroneously) that *taken together* these themes match or adorn CR concerns and, in consequence, the author is a closet realist. This logic would however, allow very little to escape CR labelling.

ii        The bracketed 'upwards' facing arrow might here represent the potential of theory 'in use' to inform the development of theory 'in abstract'.

iii        Alternatively, this could simply be an instance of confirmation bias.

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RDC/ /01

Cheltenham and Gloucester College of Higher Education  
GRADUATE SCHOOL

FORM RD1

## APPLICATION TO REGISTER FOR A RESEARCH DEGREE

Application to register for:

Doctor of Philosophy (PhD)

**This form must be typewritten, and applicants should read carefully the attached Notes of Guidance. Two passport-sized photographs must be attached. The pagination must not be altered. Once signed, the completed form and any attachments should be forwarded to the appropriate Faculty Research Director.**

1      **SURNAME**                      Lipscomb                      **TITLE** Mr                      **FIRST NAME(S)** Martin

**ADDRESS**                      Browning Road  
    Ledbury  
    Herefordshire HR8

Telephone No 01531 . .

**ADDRESS FOR CORRESPONDENCE (if different from above)**

Postcode

Telephone No

**DATE OF BIRTH**                      23.06.62

**GENDER**                      Male

**NATIONALITY**                      British

**SOURCE OF FEES** Self funding

2      **QUALIFICATIONS (higher education only)**

Institution	Title of course (eg BA Sociology)	Main subject(s)	Classification (eg 2i)	Date of Award	Awarding Body
University of Southampton	Master of Science	Sociology and Social Policy	Distinction	1998	University of Southampton
University of Bournemouth	Bachelor of Science	Clinical Nursing	First	1993	University of Bournemouth

3      **PRESENT OCCUPATION AND PLACE OF WORK (if any)**

Full-time staff nurse at .....

Form RD1

**4 PREVIOUS EMPLOYMENT, TRAINING OR EXPERIENCE** (please give details relevant to this application, including details of any research or other relevant publications)

1. Research Officer of the New Zealand Centre for Evidence Based Nursing, November 97-98.
2. Research Nurse at St George's Hospital Medical School, Department of Psychology, (Tooting, London, SW17 0RE), 1999-00.

**5 REFEREES** (these should normally be the names of the TWO referees given on the RDA form, at least one of whom must be an academic referee. Please include details of: position, workplace, address and relationship to applicant)

- |    |   |    |   |
|----|---|----|---|
| 1) | Professor Clare Ungerson<br>Dept of Sociology and Social Policy<br>Southampton University<br>Personal Tutor | 2) | Dr Tony Rees<br>Dept of Sociology and Social Policy<br>Southampton University<br>Dissertation Tutor |
|----|---|----|---|

**6 COLLABORATING ESTABLISHMENT** (if any; see Note 1)

**7 FACILITIES** (please give details of special facilities available for the research, eg laboratory, database, specialist equipment etc)

Access to IT and library facilities; shared office space.

**8 POSTGRADUATE CERTIFICATE IN RESEARCH METHODS** (please specify which courses will be taken, or indicate if exemption has been given by the Faculty Research Director and the grounds for this)

Exemption based on Masters qualification

**9 REGISTRATION:**

Proposed start date of registration: 1<sup>st</sup> November 2001                      Mode of study: Part-time

Hours per week on average allowed for the programme: 15 hours

Expected duration of programme (in years) to PhD: 6 years

**10 RESEARCH QUESTIONS**

1. How do hospice employees within one organisation understand or construct their work (in terms of its aims, purpose, scope and boundaries)?
2. How might these understandings relate to broader social and cultural processes such as the evolution of hospice and palliative care as a distinct discipline, NHS restructuring, clinical advances, alterations to charitable sector legislation and activity, changes in family structure, demographic transformation, etc.?
3. How useful is realist social theory in providing a comprehensive framework for the analysis of culture, agency and structure in regard to hospice work?

**TITLE OF PROPOSED PROGRAMME OF RESEARCH**

Culture, agency and structure in hospice work: an exploration of professional perspectives on care.

**12 PROPOSED PLAN OF WORK (See Note 2; maximum 1500 words, minimum 10 pt typeface)**Background

Since its inception in 1967, modern hospice and palliative care provision has expanded rapidly. In 2000, the UK had 146 voluntary or non-governmental organisations and 56 NHS specialist units providing such care. In-patient admissions exceeded 56,000 and over 120,000 patients were seen at home by palliative care nurses (Jackson and Eve, 2000). Major additional growth is expected to accompany implementation of the Calman-Hine Report (DoH, 1995) and NHS Cancer Plan 2000 (DoH, 2000).

However, the practice, effectiveness and rationale of hospice and palliative care work remains under-investigated (Bosanquet and Salisbury, 1999; Field, *et al*, 2001). For Connor (1998) 'What is striking is the lack of serious research being done in the field' and a recent literature review by Abu-Saad and Courtens (2001) identified significant shortcomings in palliative care's evidence base. Walter (1999) also notes a dearth of sociological (as opposed to clinical) research. Seale (1998), Lawton (2000), and Seymour (2001), *inter alia*, are now addressing this lacuna in the literature. Yet, rather than settling outstanding issues, their work appears to suggest that many of the basic premises underpinning the hospice ideal (such as the assumed superiority of hospice care, society's alleged 'denial' of death, the efficacy of bereavement counselling, and the unwarranted invasiveness of hospital care) may be more problematic and open to challenge than many practitioners currently acknowledge. Furthermore, not only can the services provided by hospices differ markedly between institutions, but significant variations in attitudes and values towards hospice work may exist within organisations (Clark, Hockley and Ahmedzai, 1997). Hospice work is thus a nebulous and contested concept.

The Study

**Research Question 1** This study will examine hospice work's problematic character by exploring employees understanding or construction of their work (its aims, purpose, scope and boundaries) within a single institution. In contrast to much current literature, which assumes that the goals and practices of hospice workers are unambiguous and clear, it is expected (based on the researcher's experience as a hospice nurse and trained social scientist) that the understandings and constructs of hospice employees will evidence varying degrees of homogeneity (consensus) and heterogeneity (conflict). For example, recent advances in clinical knowledge have the potential to generate staff discord by challenging hospice's traditional non-interventionist posture (beneficially reclassifying for some but not all employees, end of life treatments which had hitherto been perceived as 'aggressive'). In the light of such developments, this study will explore the extent to which staff subscribe to one coherent, shared body of ideas and practices, representing a distinctive ideology of hospice care; and, if not, (1) what differences in their objectives, norms and values are apparent and (2) what effects might such differences have on patient care.

**Research Question 2** The study will locate these agential understandings and constructs within a range of broader, macro-level, social and historical factors. It should be noted that hospice expansion occurred within an environment of great fluidity. 'External' influences greatly affect hospice work, but these are largely neglected within the literature. This study will assess the importance to hospice work of factors such as the volatile nature of charitable financing, and changes to voluntary sector legislation (Billis and Harris, 1996). Additionally, the movement, which was always intimately entangled with state health provision, has been dramatically affected by NHS and community care restructuring, influencing financing, and inter-agency relations (Sheldon, 1997). Developing professional aspirations and new treatment options have cost and 'mission' implications. The ageing population is linked with increasing patient dependency and a higher incidence of cancer (Clark and Seymour, 1999). Changes in women's employment and expectations mean fewer non-employed women are available to provide unpaid care, a situation exacerbated by greater familial geographic dispersal as well as the revolution in household structure (Fennell, Phillipson and Evers, 1994). The continued decline in traditional religious observance and rising consumer expectations may also have consequences for hospice practice (Seymour, 2001).

**Research Question 3** Following Layder's (1995) recognition of the central and enduring importance of macro and micro interaction within social enquiry (dualism), this study will draw upon the ideas and models developed by Margaret Archer (Archer; 1995, 1996, 2000) to structure the exploration of hospice work. Described as a

Form RD1

morphogenetic approach to Realist Social Theory, Archer (1995) uses 'analytic dualism' as a method of differentiating between and within 'levels' of society (cultural, agency and structure). This approach links ontology with explanatory methodology and is described as 'non-conflationary' and 'non-directional'. Realist Social Theory opposes: (1) elisionary or 'central-conflationary' theories such as Giddens's (1993) structuration theory which confounds structure and agency, precluding their disentanglement and critique; (2) 'upwards-conflationary' theories (i.e. 'crude' ethnographic or phenomenological studies) which underplay structure; and (3) 'downwards-conflationary' theories, such as Althusser's Marxism, which over-determines structure. A non-conflationary approach differentiates between culture and agency and structure when describing social reality. It recognises 'emergence', the impact of temporal discontinuity between levels of analysis *and* provides a useful commentary upon the problem of 'false consciousness'. Realist Social Theory (and Critical Social Realism in general) will be critiqued by this work. However, the impact and resonance of this study is expected to benefit from such modelling.

Method

Data from within the hospice will be gathered by means of two interrelated processes. Firstly, using participant observation (the researcher is a full-time staff nurse at the study site), ideas regarding the understandings/constructs of hospice workers will be recorded as they occur in everyday activity. This will be done overtly and explicitly, with the informed consent of all parties. Initial impressions suggest that staff appear to situate their understandings of hospice work around topics such as: admission and discharge criteria, the degree and nature of acceptable 'intervention' and attitudes to non-clinical aspects of care. Secondly, these observations will inform a series of semi-structured interviews with: doctors, nurses, nursing auxiliaries, physio- and occupational therapists, chaplaincy and other key administrative and managerial staff. To obtain a broad but manageable mix of viewpoints, between 16 and 20 volunteers will be sought. Each participant will be interviewed on approximately 3 occasions (see below). Staff appear supportive towards the study and interviews are scheduled to begin in early 2002.

Experience to date suggests that participants are thoughtful about their practice and, in some instances, staff have developed sophisticated private and/or collectively articulated 'theories' concerning hospice activity. Staff also appear to be aware that colleagues may hold alternative viewpoints. Conscious of these 'positions', participants evidence a degree of 'reflexivity' in discussion regarding their work. For some ethnomethodologists (including Hammersley and Atkinson, 1993), reflexivity is a nuisance that should be strenuously avoided. However, Archer (1996) disagrees; and Baert (1998, p.205), who identifies reflexivity as an under-researched phenomenon, suggests that participant reflection 'should play a central role in any social theory, especially one that aspires to contemporary relevance'. This study will assay reflexivity by inviting participants to attend a *series* of interviews. During these interviews, participants will be challenged to explain and expand upon earlier statements and previously expressed ideas concerning hospice work. If appropriate, and with due regard to anonymity, participants will be introduced to the ideas of colleagues which potentially conflict with their own. Throughout the interviews, participants will be asked to situate their ideas and comments within the wider context of hospice development.

The study acknowledges that disadvantages and advantages attend the role of participant observer. Authors such as Creswell (1998) claim that too close an involvement with the study site inevitably hinders the 'distancing' necessary for effective research. This critique cannot be ignored (and will be explored within the study). However, Bernstein (1979) and Garfinkel (1999) emphasise the benefits that accrue from intimate and thorough knowledge of the study situation. Likewise Hammersley and Atkinson (1993) dismiss as unwarranted 'moral rhetoric' too fastidious a preoccupation with 'insider-outsider myths'.

Ethical issues – see also Addendum following references

The study will not involve or identify patients, their families, volunteers or non-professional staff. Professional staff who agree to participate will be required to sign a written consent form explaining the intended aims and methods of the study. This will state that participants will remain anonymous and where disclosure of a professional designation might inadvertently reveal the identity of a participant (e.g. a role occupied by a single individual), then the issue will be fully discussed with that participant before any interview data is collected (see Addendum). Participants will receive a copy of the consent form and remain free to leave the study at any time. The focus on reflexivity (see above) suggests that participants should be well informed about the study, and hence capable of giving or withdrawing their informed consent.

Observational data will consist of un-attributed notes describing ideas concerning the nature of hospice work. Formal permission for this study has been granted by the hospice (see attached letter). NHS Ethics Committee approval is not required.



Anticipated outcomes

This study will make an original contribution to the understanding of hospice work and should yield insights and ideas with resonance for other, similarly positioned, institutions. The use of Realist Social Theory in relation to hospice practice and ideology is believed to be novel. It is hoped that application of this theory to a study of hospice work will produce a useful framework for gathering and interpreting material, as well as providing an opportunity for the critical review and development of the theory. Recognising the value of reflexivity in participant's commentaries, the work will articulate the 'voice' of front-line staff whose contribution is not always evident within the existing, clinically oriented literature. Most importantly, by exploring the ideas that inform and direct hospice activity (at both macro and micro levels), it is hoped that the study may, in some small way, enable those who actually deliver care to better comprehend and thereby to improve upon current practice.

Work Schedule

Literature review	Ongoing
Field work, including conducting interviews	Months 6-18
Assessment and analysis of interview data	Months 6-24
Examination of socio-cultural influences impacting on hospice work	Months 24-36
Writing up and submission of thesis	Months 36-72

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27. Walter T (1999) On Bereavement: The Culture of Grief Open University Press, Buckingham

## 12 PROPOSED PLAN OF WORK (continued)

### Addendum – Ethical Issues

#### 1 Patients and their families/informal carers:

Patients, their families, friends and informal carers will not be involved or identified in the study (they will not be named or interviewed or observed as part of the data collection process).

If participants in the study refer to individual patients or their families social or clinical circumstances during data collection (e.g. in an interview), then patient/family names and other identifying details will be omitted from transcripts and/or other records.

#### 2 Participants:

Data collection at the study site will predominantly involve recording (making public) frequently expressed/discussed (private) opinions and ideas regarding hospice work (typical common-room talk). The very 'typicality' of such discussions however, presents its own dilemma. It must be noted that (1) participants may be naive regarding the public or revelatory nature of research, (2) health related studies often focus upon sensitive topics and (3) the researcher's collegiate or participant-observer status may, in itself, encourage participants to be more 'open' than discretion would otherwise advise. To protect subjects from any misunderstanding, interviews will be prefaced by a statement strongly emphasising the public nature of the research process. Interviews will take place under friendly but 'formal' circumstances away from the ward/clinical environment. Participants will not be named in the study (indexicals will be used) and written consent will be obtained before interviews occur.

Anonymity can easily be compromised within a small institution if comments are linked to staff occupying unique professional roles. Participants vulnerable to this form of unwitting revelation will be advised of the possibility prior to inclusion in the study. In addition, comments that link staff to unique roles/positions and which explicitly refer to actual instances of direct 'hands-on' patient care will not be reproduced regardless of consent.

Subjects will be offered a copy of transcripts at the end of each interview. If participants feel that data in the transcript might inadvertently compromise them, a substitute wording will be negotiated.

enrolment.2.CG

19 February 2001

Mr Martin Lipscomb  
Herefordshire

**CHELTENHAM  
&  
GLOUCESTER**  
College of Higher Education

**Research Administration**  
Cornerways  
PO Box 220, The Park Campus  
The Park, Cheltenham  
Gloucestershire GL50 2QF  
Telephone: 01242 543497  
Fax: 01242 543355

Dear Mr Lipscomb

**Re: Enrolment for research degree**

I am pleased to inform you that Student Records Office has now formally enrolled you for research study, and issued the following Student Reg No to be quoted in future correspondence with the College and for use of the library, Students Union, etc.

Student Registration No: **0012217/1**

Faculty of: Education and Social Science

School or Unit: Social Science

Date of enrolment: 1.3.01 with effect from 1.3.01

Please check carefully the enclosed form, sign, retain the yellow copy and return the remaining sections to me. You will need to retain your copy as proof of student status and to present it at Learning & Information Services in order to collect a student identity card from the ID Card Administrator. If liable for payment of tuition fees, you will receive an invoice from the Finance Office, Corporate Services, in due course. Details of all tuition fees are listed in the postgraduate prospectus held in all reception areas of the College, or available from the above address, if you do not already have a copy.

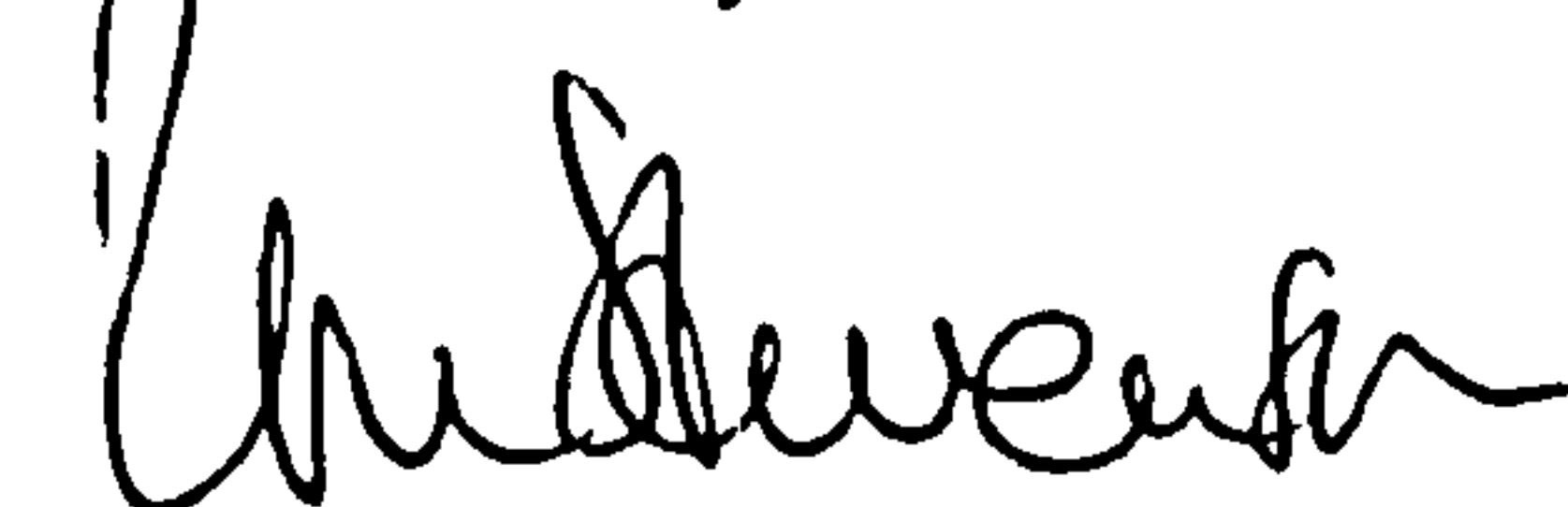
You should contact your first supervisor soon after arrival at the College to meet with her or him and to discuss preparation of a formal research proposal on form RD1. S/he will advise you of the best time to submit your proposal to the Faculty Research Committee which must approve your proposed programme of study. If you have not done so already, you should also contact your Faculty Research Director to ascertain whether you will be required to undertake the Postgraduate Certificate in Research Methods as part of your research degree study.

Please note that your continuing enrolment as a research student is subject to a satisfactory level of performance, and to your completion of regular progress reports.

If you have any queries concerning your registration, please do not hesitate to contact the Research Administration Office at the above address.

We look forward to meeting you in due course.

Yours sincerely



ROBERTA STEVENSON  
Graduate School Administrator

Enc

Copies: Supervisor:  
Faculty Research Director:



Tel: 01242 544016  
email: abrocklehurst@glos.ac.uk

25 February 2004

To whom it may concern

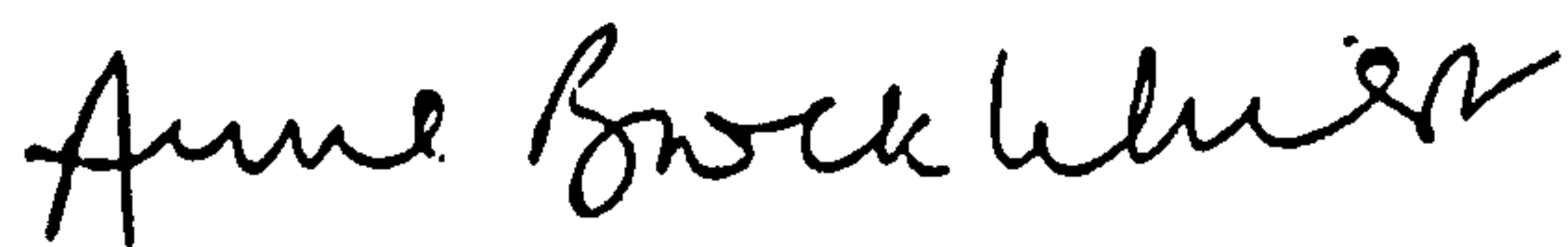
**Re Martin Lipscomb**

The above-named student was enrolled for a PhD in the Faculty of Environment and Leisure at the University of Gloucestershire from 1 March 2001. His research proposal (RD1) was approved by the University Research Committee on 1 November 2001.

Mr Lipscomb suspended his studies from 1 July 2003 and later informed us of his decision to withdraw and transfer to another institution. We have therefore deemed his date of withdrawal to be the last day of his approved period of suspension, 1 January 2004.

Throughout his time here, Mr Lipscomb and his supervisors have submitted bi-annual Progress reports, all of which have been entirely satisfactory.

Yours faithfully



Anne Brocklehurst  
Research Officer  
Academic Registry

Our Ref: DP/djj/students/letters/1lipscomb

17 May 2004



Faculty of Health  
and Social Care

Martin Lipscomb

Herefordshire

Dear Martin

Dean Professor Steven West BSc MPodA FChS MPEMS

Glenside Campus  
Blackberry Hill, Stapleton  
Bristol BS16 1DD

Telephone 0117 958 5655  
Facsimile 0117 9  
Direct Line 0117 9

### PHD TRANSFER – OFFER, REGISTRATION & ENROLMENT

I have pleasure in confirming that your recent application to transfer a research degree from University of Gloucester to Faculty of Health & Social Care, UWE has been approved. The Terms and Conditions of the offer are attached. Although you have accepted the offer verbally, I would be grateful if you would confirm your acceptance in writing.

As we discussed at interview, the Faculty recognises that you have already carried out considerable work on your PhD whilst registered at Gloucester. We shall be crediting you with the 19 months of study undertaken at Gloucester and this will be deducted from the overall registration period here at UWE. In order to make the administrative process here at UWE cogent and coherent we shall make your UWE project registration start date 1<sup>st</sup> November 2002, this allows you to continue your work from 1<sup>st</sup> October 2004 without a break. These arrangements mean that you will have 53 months of study left in total, but there is an expectation that you will submit your thesis by 41 months (please see below for actual dates).

The next step towards embarking on your studies is to enrol with the Faculty. To that end, I enclose an enrolment form for the academic session (2003/4). This form needs to be completed, signed, dated and returned to Deb Joy. You will also need to complete and return Section A of the enclosed "Complete Guide to Paying your Fees 2003/04", attaching a copy of the letter confirming support from the Staff Development Committee for 2003/4.

Following enrolment you will be registered with the University for your research degree for which there is a one-off fee payable of £410 (which will be met from staff development monies). As we discussed at interview, we shall be suspending your studies until 1<sup>st</sup> October 2004 and adding these months to your registration end date. This is to allow you to make the necessary adjustments to your workload schedule in discussion with your Head of School. When you re-enrol in October 2004 your official registration end date will become 1<sup>st</sup> April 2009, with an expected completion date of 1<sup>st</sup> April 2008. Also in October you will also receive a Research Student Resource Folder and University-wide support programme for research students 2004/5, amongst other things.

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Additionally, I confirm that your recent interview constituted a successful Progression Examination and you will not be required to undertake anything further in this regard.

As we discussed at the interview, I am consulting with the Academic Secretariat with regard to the 60 credits research training at level M. I shall contact you as soon as possible with this information.

I will be informing Gill Hek that you will be liaising with her on the ethical aspects of the next phase of your research project in the near future.

I look forward to receiving your acceptance letter and all the other necessary paperwork by return and would like to take this opportunity to welcome you as a research degree student to the Faculty of Health and Social Care.

Yours sincerely



**Dr David Pontin**  
Director Postgraduate Research Studies

cc: Dr Margaret Miers, Director of Studies  
Dr Theresa Mitchell, Supervisor

Enc: Enrolment Form  
The Complete Guide to Paying your Fees 20003/04

Our Ref: MM/djj/students/letters/lipscomb

10 June 2004



Faculty of Health  
and Social Care

Mr Martin Lipscomb

County  
Herefordshire

Dean Professor Steven West BSc MPodA FChS MIPEMS

Glenside Campus ---  
Blackberry Hill, Stapleton  
Bristol BS16 1DD

Telephone 0117 958 5655  
Facsimile 0117 9  
Direct Line 0117 9

Dear Martin

**RESEARCH DEGREE REGISTRATION: CULTURE, AGENCY & STRUCTURE IN  
HOSPICE WORK: AN EXPLORATION OF PROFESSIONAL PERSPECTIVES ON  
CARE**

I am pleased to inform you that your PhD project has now been registered with the University. Your period of registration is from 1 November 2002 to 1 November 2008. As already agreed, the £410 project registration fee will be met through Faculty Staff Development Funds. We will now arrange to suspend your registration until October 2004, as also previously agreed.

Please note that you must re-enrol with the University in September each year until completion of your candidature. It is a condition of registration that you, and your supervisors, produce annual reports on your progress and that progress is shown to be satisfactory. You will be sent the relevant form each spring term.

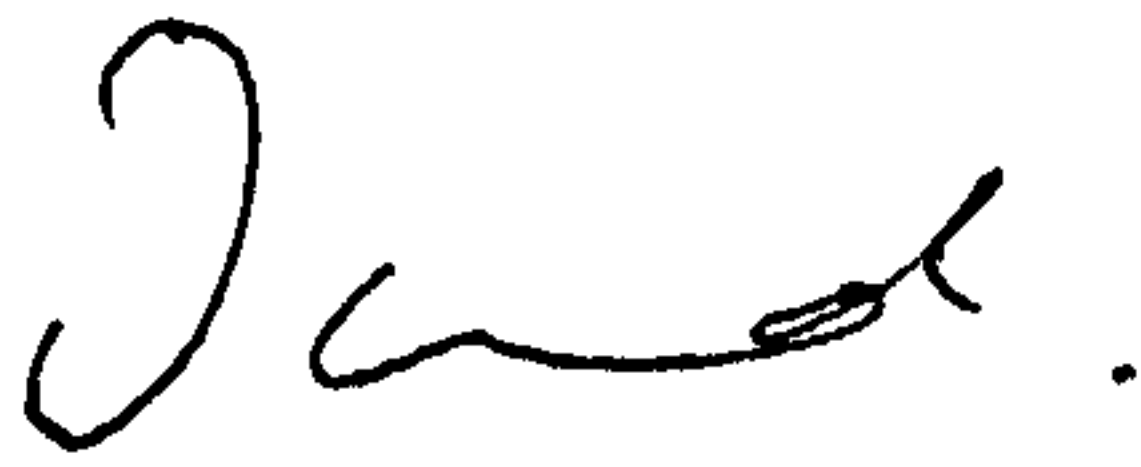
**Confidentiality:** It is rare for a research student's thesis to need to be kept confidential (for a limited period). Grounds for such confidentiality appear in both the Academic Regulations and Academic Procedures Handbooks. If you have not applied for such confidentiality, and, as your work progresses, you or your collaborating establishment come to consider that confidentiality may be necessary, you should discuss the matter with your supervisor, and, if necessary, make a special application immediately. Please note you should not wait until you actually submit your thesis for examination before requesting confidentiality.

The Faculty website includes a section for research degree students. If you are willing to include a synopsis of your research (and we hope you are) please email text to Deb Joy. The synopsis layout is available from the S drive (S:hsc/Faculty Info/Research/Studfms).

Continued/...

Please feel free to get in touch with me if there are any administrative matters which you would like clarified, or any other help I can give.

Yours sincerely



**Dr David Pontin**  
Director of Postgraduate Research Studies

cc: Dr Margaret Miers, Director of Studies  
Dr Theresa Mitchell, Supervisor



**UNIVERSITY OF THE WEST OF ENGLAND  
FACULTY OF HEALTH & SOCIAL CARE**

**RESEARCH STUDENT (TRANSFER) - TERMS & CONDITIONS**

<b>Name:</b>	Martin Lipscomb
<b>Level of degree:</b>	PhD
<b>Mode of study:</b>	Part-time
<b>Place of study:</b>	Hartpury/Glenside Campus
<b>Period of study:</b>	Transferring into Year 2 Maximum registration period 72 months (expected completion within 60 months)
<b>Fees:</b>	Annual Faculty tuition fee (subject to annual review): £839 One-off University registration fee: £410 [Both to be met by the Faculty]
<b>Transfer start date:</b>	1 June 2004
<b>Title of study:</b>	Culture, agency and structure in hospice work: An exploration of professional perspectives on care
<b>Outline of study:</b>	To be confirmed
<b>Supervisory team:</b>	Director of Studies - Dr Margaret Miers, HSC Supervisor - Dr Theresa Mitchell, HSC
<b>Supervisory arrangements:</b>	To be agreed with your Director of Studies
<b>Student enrolment procedure:</b>	You will be required to enrol as a student with the Faculty to enable you to commence your studies. The requisite forms are enclosed with the covering letter for completion.
<b>Project registration procedure:</b>	You are required to register for your research degree with the University. There is a one-off University registration fee payable of £410, which will be met by the Faculty. The Faculty Research Degrees Committee will ratify your project registration on 7 July 2004.
<b>Progression examination:</b>	Your transfer interview constituted a progression examination and you will not be required to undertake a further examination at this time.
<b>Re-enrolment procedure:</b>	Re-enrolment takes place in September each year until the completion of your candidature. Re-enrolment is only authorised subject to your satisfactory progress during the previous academic year. This is monitored by annual reports, produced by yourself and your supervisors in the Spring term of each year.

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<b>Ethical approval:</b>	Your project must comply with current ethical and research governance policies. Approval by the Faculty Ethical Committee is necessary for research involving human subjects. Your research will also require approval from the relevant NHS Research Ethics committee if it involves human subjects, documents or premises associated with the NHS. If approval has already been obtained please provide a copy for the Research Office records.
<b>Induction programme:</b>	The Faculty operates an Induction Procedure and attendance at a Research Students' Induction Day is desirable. You will also be provided with a Research Student Resource File in due course.
<b>Support/training programme:</b>	It is expected that all research students attend the University and Faculty training and support programmes for research degree students. The Faculty also runs general Research Seminar and Research Support Workshop Programmes. Copies of all these programmes will be provided in due course. You will need to discuss research training with your supervisory team at your first meeting with a view to completing a Research Training Action Plan.
<b>Available facilities:</b>	As a part time research student you are entitled to use the available facilities. This includes a shared "hot desk", containing a computer and telephone, together with access to a printer, photocopier and fax machine.
<b>Intellectual Property Policy (if appropriate)</b>	Please see the University's current Intellectual Property Policy (IPP) located on the web at <a href="http://crigs.uwe.ac.uk/intranet/techTransferAndIP/IPfinal.doc">http://crigs.uwe.ac.uk/intranet/techTransferAndIP/IPfinal.doc</a> , which governs the position of students and revenue sharing arrangements with staff, your attention is drawn to section 2.2 in particular. In accepting this Studentship offer, you are agreeing that you will, if necessary, assign your IP Rights to the University. You may also be required to keep information relating to your project confidential. The University may already have decided on these matters and/or entered into commitments relating to your project and will advise you if this is the case. The University will consult with you before entering into any new commitments that might affect your rights. Please note that in the event of you being required to assign IP, the University will treat you as an employee for sharing of income received from patents filed by the University. The University will use reasonable endeavours to enable you to publish, but please note that in some cases, you may be required to have a thesis (either in full or in part) examined in confidence. The University will advise you if this is necessary.

**NB** Forms and information relevant to research degrees can be found on the S drive at S:HSC/Faculty Info/Research/Studentfms and Documents

17.05.04

STUDENTS\GENERAL\MLT&C

Our ref: GH/lt

10 August 2004



Faculty of Health  
and Social Care

Mr M Lipscomb  
UWE  
Faculty of Health & Social Care  
Gloucester Centre  
Hartpury Campus  
Gloucester  
GL19 3BE

Dean Professor Steven West BSc MPodA FChS MIPEMS

Glenside Campus  
Blackberry Hill, Stapleton  
Bristol BS16 1DD

Telephone 0117 958 5655  
Facsimile 0117 32  
Direct Line 0117 32

Dear Mr Lipscomb

**Application number: HSC/04/07/11**

**Application title: Culture, Agency and Structure in Hospice Work: an exploration of professional perspectives on care**

Your ethics application was considered at the Faculty Ethics Sub-Committee meeting of 26 July 2004 and based on the information provided was given a favourable opinion to proceed with the following conditions:

*1. This is a retrospective application as it is understood that all the data has been collected. If any new data is to be collected, a new application needs to be made to the Faculty Ethics Sub-Committee.*

You do not need to resubmit your application providing you fulfil the above conditions. You must notify the committee in advance if you wish to make any significant amendments to the original application.

If you have to terminate your research, please inform the Faculty Ethics Sub-Committee within 14 days, indicating the reasons for early termination.

We wish you well with your research.

Yours sincerely

A handwritten signature in black ink that reads 'Leigh Taylor'.

PA Gill Hek  
Chair  
Faculty Ethics Sub-Committee

JM/AL

19<sup>th</sup> November 2001.

Professor D. Woodward,  
The Graduate School,  
Cheltenham & Gloucester College of Higher Education,  
Cornerways,  
PO Box 220,  
The Park Campus,  
The Park,  
Cheltenham,  
Gloucestershire, GL50 2QF.

Dear Professor Woodward,

**Mr. Martin Lipscomb, PhD Research Degree**

Mr. Martin Lipscomb, a full time staff nurse at Hospice, has been granted permission by the Patient Care Committee of Hospice to conduct research at the hospice that will hopefully lead to the award of Doctor of Philosophy (PhD). We understand the nature of the proposed research is to understand hospice work within a sociological context. As part of the research process, Mr. Lipscomb will act as a "participant observer", he will be interviewing staff but will not interview patients or their relatives or non-professional/paid staff.

With regard to anonymity, our understanding is that neither the hospice, or participants, will be named in the work. Participants will be volunteers, they remain free to leave the study at any time.

Yours sincerely,

Mrs.,  
Head of Nursing.

## Consent Form – Research at Hospice

### Culture, agency and structure in hospice work: an exploration of professional perspectives on care.

Thank you for agreeing to take part in this research project, your assistance is greatly appreciated.

Martin Lipscomb (the researcher) will explain why the study is being undertaken, how it will be conducted and what your involvement entails. Any questions that you may have (now or at a later date) will be answered.

#### **What Is Involved**

Interviews will last for approximately one hour (exceptions to this schedule may occur with participant approval).

Interviews aim to capture your thoughts and insights regarding hospice work.

Interviews will be tape-recorded and a copy of the transcript will be offered to you following transcription.

If you believe a transcript misrepresents your comments or opinions, please inform the researcher and an alternative wording will be negotiated.

#### **Confidentiality – Anonymity**

Your name will not appear in the research.

Hospice will not be named in the research.

Patient names will not appear in the research.

Volunteers occupying unique roles or positions within the organisation will be advised (before each interview) of the possible complications regarding anonymity that may arise from this situation.

***Please sign and date this form if you are willing to participate in the study and accept the terms of this agreement.***

<i>Interview</i>	<i>Volunteer to sign and date</i>
1	
2	
3	

You are free at all times to decline to answer any question, or to withdraw from an interview, or to withdraw from the whole project without giving a reason.

A copy of this consent form will be given to each participant.

Thank you again for your assistance.

Martin Lipscomb - Martin.Lipscomb@uwe.ac.uk - Tel: 01531

## Interview guide

- Re-introduce study: re-explain purpose, aims, methods.
  - Does interviewee have any questions?
  - Invite interviewee to sign consent form.
  - Start tape recorder: ensure interviewee comfortable/ready to proceed.
1. Confirm grade/position/role/title.
  2. How long have you worked here?
  3. Where were you before coming here?
  4. **Change?**
    - a. Where?
    - b. How?
    - c. When?
    - d. Why?
    - e. Specifically?
    - f. Impact on staff?
    - g. Impact on patients/care?
    - h. Impact on you – your role – your work/function?
  5. **Admissions/Discharges**
    - a. Admission
      - i. Who do we admit - criteria for admission?
      - ii. Balance?
      - iii. Who influences/controls admissions?
    - b. Discharge
      - i. Timeliness?
      - ii. Organisation of?
      - iii. Reasons for?
      - iv. Issues?
  6. **Consultant differences**
    - a. Your opinion?
    - b. Degree – extent – impact – significance?
    - c. Specifically?
    - d. Which, if any, approach do you favour?
    - e. Benefits/problems?
  7. **Treatment/interventions**
    - a. Changes?
    - b. Specifically?
    - c. Why occurring?
    - d. Appropriateness?
      - i. When appropriate?
      - ii. When inappropriate?

**8. Spirituality/Religion**

- a. At study site?
- b. Distinguishing spirituality from religion?
- c. Changes in practice/attitudes?
- d. Significance for hospice?
- e. Significance for you?
- f. Role, if any, in care?

**9. External relations/consultant attitudes/care standards**

- a. Who do we interact with?
- b. Why do we interact with them?
  - i. How is the process of interaction managed?
- c. NHS palliative care consultant attitudes to hospices in general and us specifically?
  - i. Significance – impact – threat?
- d. Clinical Governance and Care Standards?
  - i. Role – significance – meaning for function/activity?

**10. Other:**

- a. Education?
- b. Funding?
- c. Future developments?

- Does interviewee have any questions/wish to say anything?
- Is interviewee comfortable with questions/experience?
- Restate – copy transcript to be forwarded following transcription.
- Thank interviewee for participating and conclude.

## Pre-coding interview summary A:a

Conversational style allows content display as 'binary contrasts' – A:a, NA, 15 years service at hospice (arrived 12-18 months after opening). Recent drop in hours to PT from FT.

**Past:**

Quieter (8 beds)

Time to talk/socialise

Less patients

Predominantly terminal patients

Discharge rare (seen as 'success'<sup>2</sup>)

Relationships with pts/families 'friends'

Relationships were 'closer'

Less staff (total)

More staff "on ground"

(Implication – less professionalised)

More NAs (ratio) bigger role in care

Less trained nurses

More cleaners/kitchen staff (ratio)

Less admin/support staff

High staff camaraderie (crisis)

Clinical staff actively fundraise/promote

Nursing/NAs share common values

Overt spiritual values expressed

Sympathetic to religion

Chapel used more

Staff psyche support 'religious'

**Present:**

Busier (16 beds + day hospice + outreach + Macs)

Less time to talk/socialise

More patients

Mainly palliative patients (active symptom treatment)<sup>1</sup>

(Implication – discharge now common)

Relationships with pts/families 'professional'

Relationships now 'distanced'

More staff (total)

(Implication – as (a) ratio changes, (b) less 'hands on')

Increased professionalism distances staff from patients/families<sup>3</sup>

Less NAs (ratio) reduced role/importance

More trained nurses

Less cleaners/kitchen staff (ratio)

More admin/support staff

(Implication – now less camaraderie)

(Implication – clinical & support staff distinct)<sup>4</sup>

New 'NHS' staff more diverse (different values)

Secular, few spiritual values displayed

Less sympathetic (hostile?) to religion

Chapel less utilised

(Implication – support now secular or fractured/professionalised)

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<sup>1</sup> Despite change from terminal to palliative admissions current balance is about right, p.13.  
<sup>2</sup> Anomaly? Rare discharge a 'success', need to 'keep them going so they can go home again' – query does this undermine 'acceptance' of death, p.3?  
<sup>3</sup> Increased numbers of professionals contribute to pt/family-staff distancing, p.5.  
<sup>4</sup> Indicates role/professional boundaries originally fluid, implies now fixed/rigid – note relaxed non-medical behaviour of earlier hospice medics, p.16. Sadness at loss of camaraderie/aim, p.7.



Prayers prior to MDT  
Bell call to prayers  
Prayers offered on death

Less medicalised (talk – pain control)

(Implication – poor medical leadership)  
Nurses ‘freer’ to give medication

Less documentation/ bureaucracy

***Hospice:***

Attitude – care  
Humane  
people.  
Personal relationships formed  
Body ‘a nice place to be’

Not turning away from death<sup>6</sup>

Open awareness (sensitive)  
Pt ‘bravery’ confronted with death  
Originally seen as ‘defeat’ by some GPs  
‘In beginning’ voluntary organisation  
status valued  
More than a job  
Good aftercare (hoped for)<sup>7</sup>

***Hospice patients:***

Professionalism rejected emphatically – p.6  
Attitudinal changes linked to influx of hospital (system) influenced staff – p.6  
Strong emotional commitment to hospice  
Hospice Board – elitist, distant.

Practice abandoned  
Practice abandoned  
Prayers now covertly offered –  
limited expression allowed (by  
whom?)

More medicalised (quicker resort to  
drugs)

Medical leadership improved  
Nurses ‘hands tied’ re medications  
(distinguishes between old/new  
hands)<sup>5</sup>

More documentation/ bureaucracy

***Hospital:***

Attitude – cure  
Less humane – pts not treated as

Depersonalised  
Treatment overextended (‘worse than  
disease’)  
Turning away/reluctance to accept  
death

(Implication – voluntary status now  
devalued/nebulous?)

(Implication – just a job for some?)  
Poor aftercare (e.g. drug labelling)

***Non-hospice patients:***

Those treating it as hotel (disrespect)  
Dementia – mental illness, mental  
degeneration (disruptive)

<sup>5</sup> Difference in use of drugs noted between old timers and new recruits.

<sup>6</sup> Possible anomaly, p.5 – doctor refers to hospice as ‘unit’, why embarrassed by name?

<sup>7</sup> Wants admin/discharge liaison nurse appointed, p.13-4. Practical aspects of aftercare often ignored, p.14.

## Pre-coding interview summary B:a

Conversational style discursive and 'layered'. B:a – Nurse [Edit]. At hospice approximately 2 years.

Emotional response to or engagement with suffering prompts choice of nursing career. Early professional/work experience gained in nursing homes (NH) and [Edit]. Frustrated by inability to care for patients as would like. Retrained [Edit] – became [Edit]. Frustration regards care standards provided continued prior to move to hospice. Following move to hospice, B:a able to provide terminal care as wants to.

### Death

'Good' death an important concept for B:a. Prefers terminal to respite pts or arranging discharges. Prefers relations 'calm', patient sedated 'calm', not fighting/thrashing, notes that family and respondents perceptions can vary.

'Bad' death involves uncontrolled symptoms, anger, unresolved personal or family issues, not relaxed. Claims age irrelevant (but note multiple references to aged death as more acceptable/less fearful than youthful death). Vivid descriptions given of frightening symptoms/deaths (faecal vomit and catastrophic bleeds in particular).

### Own death fears [Edit]

### Professionalism & emotional involvement

Emotional involvement deliberately curtailed/limited behind professional 'face' – professionalism used to distance B:a from emotional response (may be involved with/experience 2/3 deaths per day at hospice). Notes reduction in emotional involvement with rising medical input. Professionalism associated with 'doing' rather than 'feeling'. Notes professional expectations vary between hospice and NH. Conscious focus at hospice on technical/rational knowledge/aspects of care. Tech/rational skills valued above 'homemaker' skills. Hospice patients have complex needs and their deaths can be vivid and frightening [Edit]. Involvement – influenced by likeability of patient, i.e., 'like my own granny'. Personal fear of cancer. Distinguishes between personal response to horror (revulsion/nausea) and professional ability to cope [Edit].

### Symptom control

Claims that appropriate knowledge exists to control symptoms so that, personal failings aside, symptom control should be unproblematic. Pain – states that effective pain control requires professional's to tackle psychiatric 'problems' (pain not purely physiological).

Reluctant to articulate concept of total pain (though aware of concept). Term can be a 'cop out', has potential for misuse.

### Hospice patients

Mix generally correct but qualms about some respite and dementia patients (linked to 'valued' good death). Unprepared to say who should come in/be excluded. Notes that 'nice' patients kept longer than burdensome.

### Hospice

Higher staffing ratios, more resources, good medical cover. Privacy in bays problematic. Hospice = public deaths. Younger deaths less accepting (than advanced ages). Old patients watch younger patients die.

Dissent problematic. Conformity valued (by management?). Initiative valued by clinical team. Ideal hospice – single rooms, encourage talk, high staff ratio, good symptom control, good communication, not raising false hope, setting clear boundaries/objectives. In actuality – communication sometimes lacking, poor nurse/doctor communication (nurse opinions devalued on ward rounds). Lack of 'momentum', nothing definite, drift. Poor management by consultants, patients slide between categories/boundaries – absence of clarity. Poor planning.

### Nursing homes

Long term care fosters 'family' like atmosphere (their own home). Poor medical (GP) input (cost, attitude). Attempt not to admit to hospital. Privacy in own (or twin) rooms. NH = private deaths. Advanced age associated with acceptance. High emotional involvement (3/4 deaths per year).

Professionalism rather than 'professional', claims difference. NH deaths acceptable (not frightening), however – note qualms re inadequate pain/symptom control. Description of NH death somewhat idealised, but more 'hospice' than hospice.

### Hospitals

Hospice better (no evidence), superior communication.

### Change at hospice

Notes major changes over last two years. Was – more like NH. Now – busier/more interventionist (more IVs/antibiotics). Suggests doing more may add to patient problems. Interventions (palliative or otherwise) raise patient/family expectations. Danger of giving false hope (when 'little hope' exists). Over-treatment of symptoms may hamper peaceful death. Activity hinders acceptance. Possible reticence on hospice's part to state situation/prognosis (closed awareness?).

Acknowledges separateness of palliative and hospice care, but reluctant to articulate difference.

### Consultants

Recognises major difference between consultants. Con1 keeps patients longer. Prescription differences (Con2 lower initial doses). Con2 more interventionist. Disagrees with some of Con2 interventions (e.g. inappropriate transfusions). Acknowledges differing nursing preferences for consultant styles.

Personally likes Con1 despite being worse boundary smudger than Con2 (anomaly). Choice – Do we allow patients too much choice? Should we 'guide' more? (see Change above)

### Opiates/Euthanasia

We hasten death, but this is not unacceptable. Equivocal regards euthanasia (variable attitude towards).

Against euthanasia in hospice – what we do is ‘euthanasia enough’.

Prepared to equate sedation with euthanasia. Notes differences in nurse medicating – linked with potential for abuse. Yet also believes we can hold back sedation (reticence about offering enough in a timely manner).

## Interview coding process – A:a

TpA coding begins when 'a label is attached to a section of text to index it as relating to a theme or issue which the researcher has identified as important to his or her interpretation' (King, 2004, p.257). Following King (2007b, 2004), coding did not begin however until the researcher was familiar with the interviews. To this end recordings were replayed, transcripts were re-read and notes were made (Appendix G and H). Familiarisation enabled the researcher to formulate provisional ideas or proto-theories regarding (i) individual transcripts, (ii) relations between transcripts and (iii) relations between transcripts and observed practice. Familiarisation also facilitated (iv) reflection on the relationship between interview derived proto-theory and MM theory. To illustrate both the labelling process and the importance of pre-coding interpretation a short passage from the interview with participant A:a is examined.

quietness
physical size  
busyness

staff numbers  
 A:a Well it was, well for one it was much quieter than it is now, much quieter (emphasis). The whole, you know, I mean we were only open for eight beds. We used to have four staff in the morning and three in the afternoon and three on the night and that was it. And it was like two trained and two auxiliaries, or perhaps more than that, two trained and three auxiliaries in the morning and one trained and two auxiliaries in the afternoon and one trained and two auxiliaries at night. And so it was very much a (pause). Not so medical (emphasis). You know it was very much well we'll go and ask the trained staff if you can have something, you know, but if you want me to sit here and have a chat, if that might help. And sometimes it did, sometimes the drug wasn't necessary; it was just let's sit and hold your hand and have a talk.

medicalisation  
social and/or emotional engagement

ML So did they have an on site doctor all the time?

A:a Yes, yes they did.

ML But you felt you didn't go to them as often as we do now, or do you feel you relied less upon the prescription charts?

A:a Yes but they (pause), I mean they were written up for pain killers, they were written up for morphine. You know, for anti-emetics and all that sort of thing. They were written up for them and they could have them if they wanted to. But it just seemed (there were a lot of us on the ground) and you know a lot more socialising, sitting on the bed chatting, sitting on the bed show us your knitting, and you know sitting on the bed and playing scrabble.

staff numbers  
staff ratios

social and/or  
emotional  
engagement

ML So by implication we don't do that so much now?

A:a No, no we don't.

ML When did it change then?

staff numbers  
recruitment

busyness

A:a (Pause) I suppose as we got more and more patients, as we started to take in more and more sicker patients and then we started taking in more trained staff. And the trained staff were coming mainly from the hospital where you don't sit down playing scrabble (laughs), or crosswords, you don't you know, you don't sit there giving somebody a massage or spending time curling their hair or what have you. You know, that's, that's what changed; it became more of a (pause) medical job. I don't know what the words are.

admission  
practice

medicalisation

social and/or emotional  
engagement

ML You wrinkle your nose when you say that, so do you put, I take it from the way you say it, that you place a high value on the way it was to begin with?

A:a (Pause) Yes, but then, you know I'm coming from an auxiliary's point of view, not from a medical. I mean look at the work we're doing here now it's far more palliative than terminal isn't it. I mean then it was terminal care.

*Nursing assistant-registered nurse*

*Hospice/palliative workloads*

*Hospice/palliative status*

Interviewee A:a begins by emphasising how much quieter the hospice used to be and thus, by implication, it is now busier. Quietness is put down to size “we were only open for eight beds” and linked to staff attitudes or behaviours “but if you want me to sit here and have a chat, if that might help.” The hospice was, in its early period, “Not so medical” and staff engaged with patients in what might be termed emotionally therapeutic socialisation (i.e. massage, playing scrabble and hair curling). This past is then juxtaposed against seven overlapping features of current practice; changes in the ratio of nursing auxiliaries and registered nurses, the admission of more and “sicker” patients, staff recruitment from environments where unhurried socialisation is impractical, increasing busyness, a move from terminal to palliative care and medicalisation. Further, implicit or unarticulated assumptions about nursing assistant-registered nurse interaction and the relative workload involved in terminal and palliative (symptom control) care may also be discernable.

In the exemplar passage (above), identifying labels (notated on transcripts by a mixture of overlapping coloured markings and scribbled margin comments) referenced ‘quietness’, ‘busyness’, ‘physical size’, ‘social and/or emotional engagement’, ‘admission practice’, ‘recruitment’, ‘staff numbers’, ‘staff ratios’, ‘medicalisation’ and ‘hospice/palliative status’. Provisional or tentative labels are also posted against ‘nursing assistant-registered nurse interaction’ and ‘hospice/palliative workloads’ (the provisional nature of these labels is here illustrated by the use of dotted lines and italicised scripts).

Some comments carry multiple labels. This is termed parallel coding. Parallel coding occurs when 'the same segment is classified within two (or more) different codes at the same time' (King, 2004, p.258). Parallel coding occurs in the above passage when two labels, 'quietness' and 'busyness', are attached to the opening phrase (current busyness is implied). Parallel coding is also apparent in the template created for A:a (Appendix K). Here comments about increasing treatment/interventions are linked to staff recruitment. These data are situated under the first level codes 'Change' and 'Treatment/interventions'.

Labels *describe* data. However, following §2 Chapter 1, labels do not simply arise *from* the data, rather they are suggested by thematically informed pre-coding interview proto-theory as well as broader philosophic/theoretic considerations. Pre-coding transcript familiarisation had, in this instance, forewarned the researcher that A:a and other participants linked together changes such as staff ratios/numbers and recruitment to increasing medicalisation and treatment/intervention use. Familiarisation facilitates the interpretive process when, in examining a single passage, the researcher is, as stated, cognisant of its place within the transcript as a whole, its relation to other transcripts and observed practice. Textual (transcript) analysis is thus aided by factors external to the interview 'segment' under review (this aspect of interpretation is developed further in Appendix J). For example, in the passage above, the label 'staff ratios' can only be attached because subsequent comments by A:a make it clear that this is what she was referring to (the key word here is 'us' – i.e. 'us' auxiliary nursing assistants) and, below, interviewer-interviewee familiarity allowed (non-over exposing) affective revelation by A:a to highlight the significance or meaningfulness of what was being said. Thus, in response to the question, "Do we still get to know them [patients] as well as we used to?" A:a



replies “No” and suggests that such interaction “isn’t part of it”, hospice activity, “any more”.

A:a No. No. We got to know them a lot (pause), a lot better because we had more time. You know there weren’t all these people about.

ML Why don’t we have time? We have very good patient-staff ratios?

A:a Yea (pause). Why don’t we? (Pause) Well because that, that isn’t part of it any more. That *was* it (emphasis). That isn’t (pause) [it now].

This excerpt suggests that an emotional distancing has occurred between staff and patients. The literal meaning of these comments is clear and yet the emotional or affective ‘weight’ captured in the interview recording is lost in transcription. Through inflection and wavering tonality a tremendous sadness is conveyed to the listener at this point. A:a may not have revealed this distress to an unfamiliar researcher and, even had this occurred, without knowing the respondent an unfamiliar researcher may not have appreciated the importance of such expression. Pre-coding familiarisation alerted the researcher to the significance of this and similar passages in advance of formal coding; it helped to suggest the sorts of labels that might usefully be employed and it demonstrated that data analysis benefits from consideration of extra-textual factors. It is a strength of TpA that it encourages such consideration and, as in the above instance, such consideration allows due significance to be given to emotional as well as literal (textual) statements.

MM (level 2) theory allows (§1 Chapter 2) that unequal rates of change may occur between, for example, social and cultural structures and the expression and interpretation of data/labels were influenced by this possibility. In the exemplar passage it was supposed that suggestive evidence for just this form of differential

morphogenesis might be apparent (level 3 theory). Grand conclusions cannot of course be drawn from short transcript excerpts such as those presented above. Nonetheless, the consistency and coherence of the interpretation allowed by the use of these labels is demonstrated internally, within the transcript, both by the repeated use of these labels in describing subsequent passages (albeit that, in TpA, frequency does not equal salience) and the closeness or ease of ‘fit’ between labels and template themes. Externally, the utility of these labels is demonstrated by their ability to interpret data across transcripts.

As will be noted, it is not claimed that A:a’s narrative is itself consistent or coherent – though it appears to be – rather, emphasis is placed on the consistency and coherence of the *interpretation allowed* by theoretically informed label use. This does not concede that coding ‘merely’ produces an interpretation. It recognises rather that, for realists who reject correspondence theories of truth (§1 Chapter 3), transitive explanations of intransitive reality are always and necessarily interpretations.

Following formal labelling, TpA orders similar labels or codes ‘together to produce more general higher-order codes . . . [and this] Hierarchical coding allows the researcher to analyse texts at varying levels of specificity’ (King, 2004, p.258). Appendix K lists six levels of code for A:a. These range from high first level codes such as ‘Change within the hospice’ (level 1) through to more specific lower level codes such as ‘claims need to keep hospice spirit alive’ (level 3). As will be noted, the description of data in Appendix K does not use the ‘bulleted’ labels described earlier. Rather, more descriptive phrases are employed and this change reflects the requirement that template coding captures the entirety of an interview. That said, although the exemplar passage describes only a small fragment of the interview, data/evidence from this passage clearly informs Appendix K at several points.

For example, starting with the above identified data labels (quietness, busyness, physical size, etc) and working 'upwards' it was possible to maintain and incorporate additional themes into the interpretation of A:a's narrative so that, in the researcher's opinion, a more comprehensive picture of her position is captured. Thus, as can be seen (Appendix K), under the general heading 'Change within the hospice' and three second level codes (i) 'was quieter, now busier', (ii) 'professionalisation – role change' and (iii) 'staff-patient relations, much of the data from the exemplar passage is reproduced.

## Interview coding process – B:a

Here emphasis is placed on the suggestion that interpretation is best accomplished when transcript data are: (i) read in the round (rather than being disaggregated), (ii) placed in context of the interview as a whole and (iii) related to comments made in other interviews. Where this occurs, analysis of the exchange supports and extends initial template themes. The exchange was prefaced by a query regarding participant B:a's nursing home experience.

B:a Well, well, if, we have, we have better staffing. We have, but in nursing homes you often are looking after people you've known for very many years often. And they are very much part of the family (pause). And to be fair the carers and the staff feel it very greatly when people do die (*emphasis*) (pause). And I think the difference is that there, there is very little, trying to stop anybody dying. Or, I think symptom control, I think pain control is bad (*emphasis*) in nursing homes because GPs often don't want to know. And if you call in a specialist they don't particularly want to be bothered to come out to a nursing home. And there are cost implications that, that they ask to be paid to come out and give an opinion. And that, often the nursing homes can't do that and you find that people are dying on paracetamol (pause). Which is (laughs) a very good drug (laughs), but you've got someone who (pause). You're using all of the other methods, you're using (pause) positioning of the patient who's, you're using wheat bags, you're using heat, you're using (pause) massage, you're using lots of other, you, you have to be very, very inventive because often you can't get MSTs<sup>1</sup> or, because of cost implications to the GPs who really can't be bothered with (pause) with, to visit nursing homes. I find, I did find that very frustrating (*emphasis*). But here I find it amazing because everything is thrown at people like [Patient] to make sure that things are good. And that was one of the things I found very frustrating in nursing homes (pause) . . . In a nursing home it's a bit like they're dying in their own homes. They've often been with us a long time, like I said. So consequently they, they often die with, in their own bed, with their possessions around them. They're in a place they've known as home, often. With people around them that they recognise, or don't recognise as family. There's certainly (pause), I don't know, I think they feel (pause). We try very hard not to send them into hospital. We feel very strongly that they should die at home, as in their home (pause). Dying here I think can be a little bit (pause) hospitalised and a bit (pause) medicalised (pause). I think we do our best if a family stays. And obviously they can have as many people around them as they like. But (pause) often, well certainly in the four bedded

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<sup>1</sup> Morphine sulphate tablet.

areas (pause), the families I'm sure, and the patients themselves are quite aware of the deaths going on in the next beds. And that sort of thing. In nursing homes, we did use to make sure that people had their privacy. They often all had single rooms anyway. So it was perhaps always private, their deaths. Whereas here sometimes the deaths are a little bit public (pause). And then again, of course, (pause) people in nursing homes tended to be of, of an age when (pause) not only did they accept it perhaps themselves, but also the people in the nursing home could. Here (pause), I find that some of the, with the age differences, you've got some, an older person watching a younger person die. Or, visa-versa, it's (pause) perhaps, it can be much more frightening, here. Whereas in a nursing home, in a way, they did expect to die.

ML You said that in the nursing home (pause), it was their home (pause), you'd known them for some time, and when they died, you felt it keenly. Whereas here, if, how does that compare with here?

B:a (Pause). I don't allow myself to feel a great deal here. To me, clearly this is a different ball game (pause). There, that was their home and we got very involved with them (pause). So that, there, they were a little bit like, to use, a little bit like our grannies and granddads. It was, it was a home yea. And we tried to make it homely. Here (long pause), that was still professional, it was, I was still a professional person. But here I find it different; I find it more, more (pause) perhaps because it is more medicalised. Because we do more things (pause). Perhaps because it's a more professional team generally and there's a lot more going on. I don't know (pause). I've very rarely been affected by anybody dying here (pause). I don't think it's because I'm hard (pause). I just think it's (pause). When I came here it is what I came here for and to do. And I, I, I'd known those people for perhaps three or four years. I'd watched them get more poorly. Whereas here, they're often admitted more poorly and (pause). I can't explain it, it's different, but I don't get as close. Whether that's because I consciously don't get as close because we have so many and I, emotionally I don't think anyone would be able to hack it if you felt every death (pause). But certainly if you're having two or three in a day (pause).

At one level several of the labels used to code A:a (Appendix I) are applicable here.

Thus, "we have better staffing" was labelled 'staff numbers' and "Dying here I think can be a little bit hospitalised and a bit medicalised" was labelled 'medicalisation'.

New labels are also introduced. For example, in the first paragraph 'GP/pain' was applied to comments regarding perceived GP failings and the statement "everything is thrown at" was labelled 'resource'. The extract's interpretive significance is however, not revealed in line by line or close labelling (though this occurred).

Rather, the extract's significance becomes apparent when read as a whole. It can then be seen to expose values and ideas about nurse-patient relations, good or desirable forms of death and changed hospice practice *through* the juxtaposition of commentaries on nursing home and hospice deaths.

Thus, despite recognising that pain control may be suboptimal and resources limited, B:a idealises nursing home deaths. Reflecting personal values articulated elsewhere in the interview B:a notes that nursing home deaths occur privately in "single rooms". People die "in their own bed, with their possessions around them" and, when it occurs, death is expected and accepted. Importantly, patients are "people you've known for very many years . . . And they are very much part of the family." Consequently, when they die, "the staff feel it very greatly". Such deaths are infrequent and B:a quantifies this by later noting that two or three a year may be normal.

At the hospice it is, in contrast, common to have "two or three" deaths a day. These deaths lack privacy. They are "public" and occur in un-homely bays where "patients . . . are quite aware of the deaths going on in the next bed." Significantly, for B:a, emotional engagement is reduced. Contra her nursing home experience, B:a states that "I don't allow myself to feel a great deal here" and "I've rarely been affected by anybody dying here." These comments are somewhat disingenuous since it is quite evident from subsequent passages (edited to prevent over-exposure) that B:a, like others, is profoundly affected by witnessed violent and traumatic hospice deaths. Nevertheless, the number and forms of death experienced at the hospice necessitate that, for B:a, conscious boundaries be erected against exposing emotional engagement and, to manage this exposure it is later suggested that "I feel here [at the hospice that] I use my 'professional' head (pause) in a way almost as a (pause) wall to hide behind, to keep me from getting too involved."

Situated within the interview, these comments may be interpreted as a critique of change that uses the running juxtaposition of nursing home-hospice difference as a plot or narrative device. Thus, for example, later in the interview B:a notes that “When I first came here it was closer to (pause) a nursing home death than it is now.” B:a also states that “I seem to remember that when I first came here. We, we (pause) we did things for them, but then we seemed to know when to call it a day.” Now however, increasing treatment/interventions, although palliative in intent, cannot but “give them hope when there isn’t any (pause) hope.” Indeed, the hospice currently seems “to treat quite actively and (pause) I don’t think that does anything to get, to give somebody a nice, a peaceful death.” Again, the censure of current hospice practice is contrasted with nursing home care where “they just seemed to accept the fact that they were dying, as did the family, because that’s what was happening . . . everyone was very accepting of that” and B:a thus links change at the hospice with more active treatment/interventions, the potential giving of false hope, professionalisation and personal emotional withdrawal or boundary setting.

Looking across transcripts, this interpretation is bolstered insofar as §2 Chapter 1 and Appendix I both describe, for A:a, kindred changes at the hospice regarding busyness, a rise in the number of high dependency patient admissions and increases in the number and complexity of treatment/interventions. A:a talks about an influx of acutely trained staff whereas B:a does not. Nevertheless, A:a specifically mentions forms of low or non-technical therapeutic intervention (e.g. massage) that mirror B:a’s comments on the use of massage, positioning and heat pads to relieve discomfort and A:a reports upon forms of developing professionalisation that, accompanying these changes, encourage or are synonymous with emotional disengagement. Further, allied sentiments about the direction of change,

treatment/interventions and staff-patient relations are echoed by other clinically based nurses.

Respondent E:a, for example, made comments that appear to ‘confirm’ or support the opinions offered by A:a and B:a. E:a is a registered nurse who worked at the hospice in its early years and, following a break, more recently. She stated that for the early hospice:

E:a the level of medical intervention was far less . . . I always, we used to be able to feel that our patients died peacefully, I don’t anymore (pause). They were loved. We used much less in the way of intervention. We would never have had sub-cut<sup>2</sup> fluids up. We never had an IV.<sup>3</sup> We weren’t allowed to give blood . . . it was different (emphasis) the atmosphere was different. The atmosphere was much more homely. Much less like a hospital . . .

The recurrent ubiquity of similar expressions amongst *some* respondents does not mean that personal experience validates external reality – the authenticity of extra-linguistic reality cannot meaningfully be ‘voted’ upon – and contradictory viewpoints were also expressed – nevertheless, insofar as the interpretation of respondent comments offered here is coherent within and across transcripts, the reader may perhaps have some confidence in the interpretation offered.

B:a’s interview template (Appendix L) recognises the nursing home-hospice distinction by the inclusion of a new theme labelled ‘NH and hospice care.’ In this way the initial template is extended albeit that some of the issues illustrated by this dichotomy are parallel coded under other headings such as ‘Medicalisation’ and ‘Professionalisation – role change’. At master template (Appendix M) level the ‘NH and hospice care’ theme is, as stated in §1 Chapter 1, lost, since other interviewees did not raise this distinction in this way. Nevertheless, key elements from B:a, A:a and E:a’s commentaries (as well as others) appear under the heading ‘Change within

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<sup>2</sup> Subcutaneous.

<sup>3</sup> Intravenous infusion.



the hospice' and subsidiary headings 'Treatment/interventions' and 'Professionalisation' and, in this way, the substance of these interpretations is maintained.

TpA coding, interpretation or analysis occurs at a variety of levels. The place of pre-coding interpretation and line by line labelling was described in Appendix I. Here, emphasis is placed on the argument that interpretation also requires that interpreters look beyond the transcript details so that interviewee comments may be understood 'in the round'. Contextualisation is provided by 'placing' interviewee comments within the 'frame' of the transcript as a whole as well as other transcripts/observations. Contextualisation here enables B:a's nursing home-hospice contrast or dichotomy to be seen as a narrative device through which ideas about change and the consequents of change can be articulated. This interpretation then allows MM theory to overtly re-enter the analytic process and, for example, it might be suggested that B:a describes structural changes that 'outstrip' the S-C 'position' or values of B:a and other clinicians. Suggestions regarding differential morphogenesis and agential S-C interaction are made simply to illustrate how TpA coding may inform MM theory and sufficient evidence is not supplied here to substantiate such proposals.

## Template A:a

## Code levels:

1      2      3      4      5      6

## Change within the hospice

was quieter, now busier

sicker patients – greater willingness to intervene medically

different patients

professionalisation – role change

unwelcomed – increasing focus on treatment/interventions

unwelcomed – distances staff from patients/families

unwelcomed – greater role specialism/separateness

respondent more involved in hospice activity when less professionalised

during 1980s financial crisis – respondent involved in fund raising – moral/camaraderie then good

financial crisis necessitated practice changes (equipment use)

claims need to keep hospice spirit alive

now more ‘upstairs people’ and relatively fewer ‘downstairs people’

more ‘form filling’ – a shift away from patient care

staff relations change with increasing numbers of staff

staff relations change with changing staff ratios

auxiliaries – decline in ratio compared with nurses

auxiliaries less active in MDM<sup>1</sup>

auxiliaries disempowered from wider hospice involvement

nurses – influx from local state sector

differences between behaviours/attitudes of old and new recruits

doctors – medicalisation

more doctors – medical staff have more power relative to nurses

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<sup>1</sup> MDM – Multi-disciplinary meeting.

new doctors and nurses – nurses and doctors coming from acute backgrounds – nurses less willing/able to act on own initiative – inability to intervene to relieve pain without medical input

staff-patient relations change (used to 'know' patients more) – less involved in personal care with increasing staff numbers

less than adequate care attributed to recent influx of hospital staff (discharge medications)

### **Treatment/interventions**

rise in interventions linked to increased staff numbers and recruitment from NHS

rise in interventions linked to change from terminal to palliative care

rise in specific interventions – example, blood used

### **Spirituality/Religion**

Overtness of spiritual/religious dimension lost

bell no longer rung

experiences 'loss' at changed situation

Decline in overt spirituality/religiosity linked with new influx of staff from NHS

More focus on symptom palliation, less focus on event of death or suffering

Prayers on death – now offered covertly

### **Open awareness**

Increased

Reticence of some early medical staff to use term hospice

### **Patient groups**

Were terminal – now palliative care

Paradoxically, respondent appeared to prefer old regime but would not want to turn away non-terminal patients

People with mental health problems and those with dementia not suitable hospice patients

Inappropriate patients or patient behaviours recognised

**Consultant differences**

Consultant differences acknowledged – one (Con1) a ‘soft touch’

**Hospice management**

Trust board – a distant relationship

## Template B:a

### Code levels:

1      2      3      4      5

### Change within the hospice (often juxtaposed against Nursing Home care)

Significant change observed in two years

defined as move away from Nursing Home (NH) type care

new patient needs recognised

higher dependency admissions

new medical responses possible

new forms of care initiated (more treatment/interventions)

new care changes staff-staff and staff-patient relationships

### Professionalism

hospice becoming more professional – care becoming more professional

in contrast to NH professional behaviour hospice professionalism:

promotes technical competence (doing skills)

a response to changing patient needs

a response to medical willingness to meet those needs

allows emotional disengagement/protection

disengagement welcomed – response to multiple

violent deaths

more active patient management required

decision making – poor when ‘passive’, when patients kept

for no purpose

Rising expectations on part of public/patients/families

### Treatment/interventions

Interventions increasing (e.g. – more IVs, antibiotics etc)

Interventions may inadvertently engender unfounded/false hope

paradox between intervening to ameliorate symptoms (good) and

raising false expectations about delaying impending death (bad)

contrast good NH practice (accepting inevitable death) with

confused messages given out by proactive hospice stance

Treatments may continue for too long – difficulty or failure in withdrawing and/or defining boundaries/limits

### Consultant differences

Consultant differences acknowledged

paradox – respondent wants more active management of patient admissions but prefers less active consultant style on medication use and patient communication

Criticism of active consultant for offering patients options that they cannot emotionally refuse “clutching at straws”

Believes less interventionist consultant generally preferred by nursing staff

Proactive consultant innovative (good)

### Discharge

Problems with discharges – quick readmission – poorly managed

Distinguishes between liked and disliked patients (disliked discharged more speedily)

### Communication

Communication and personal skills valued by patients – not just technical skills

Challenges crude ideas about open awareness (emphasises need for privacy – “properly private things”)

Danger of engendering false hope (need to make treatment refusal acceptable)

Call for communicative clarity when discussing options with patients – need to set expectational boundaries – encourage patients to get out when able

Notes occasional poor doctor nurse communication

### Leadership/Management

Need to take lead in managing admission duration and treatment goals – notes occasional current problems

Lack of medical lead – lack of clarity (results in overly long patient stays & delayed discharges)

moral imperative to manage admission goals/aims on patients behalf  
Currently failing to manage some patients effectively – in particular –  
changes in patient status (respite – symptom control – palliative – terminal)  
poorly managed  
Top heavy management

### Sedation

Not enough sedation sometimes given – possibly should sedate for reasons  
other than pain

Concedes opiate use life shortening

Willing to consider euthanasia but probably not at hospice “what we do  
here is euthanasia enough”

Accepts that terminal sedation a form of euthanasia (functional  
death)

Nurse differences – some give more opiates than others – open to  
abuse

### Patient groups

Terminal patients - favoured patient group

Access – despite preference for terminal patients – respondent  
unwilling to deny access to non-terminal patients

Respite and MND patients – admission suitability questioned

### Death Fears

Strong personal interest in death

Fear of death – hospice deaths often violent and nasty [Edit]

Good death – peaceful, calm, sedated, family appreciative

Bad death – lack of equanimity rather than age related (however, NH deaths  
distanced by age)

Coping with death – difference between professional and private reactions

### NH and hospice care

Hospice staff less emotionally involved with patients than NH staff

Respondent emotionally detached at hospice

## Appendix L

explanation for detachment – high patient turnover and number of deaths

professionalism a bulwark against emotional involvement

professional 'face'/expectations vary between hospice and NH

NH staff lack hospice resources and must be inventive in tackling pain/symptoms

Death in NH – a death in the family

Hospice death comparatively medicalised and interventionist compared with NH death

NH death less public than hospice death

NH death expected and accepted (age important) – hospice death may be more unwelcome/violent

### Hospice and hospital care

Belief that hospice care superior to hospital care

more staff

more openness and honesty (however, see comments on engendering false hope)

more time

### Criticism

Hospice reluctant to seek or accept criticism

Hospice management do not like 'boat rockers'



## Master template

## Code levels:

1      2      3      4      5      6

## Structures and institutions

**State/NHS relations** - hostile environment, hospice perceives that its interests are threatened – conscious engagement with external bodies to protect interests

- Department of Health

- Clinical Governance

- burdensome

- little/no benefit to hospice

- resource wasteful

- Care Standards Act

- requires compliance

- will align hospice and NHS practices

- means to control hospice activity

- PCT<sup>1</sup>

- County Palliative Care Directorate

- Con2 Chair

- hostile to study site:

- controlling – wish to make hospice more

- accountable to state sector

- financial levers

- organisational levers

- NHS Palliative Care Consultants

- hostile to hospices in general and study site as local manifestation

- GPs

- relations initially difficult – now greatly improved

- referrals 'patchy'

- not always appropriate

- Macmillan nurses

- historically 'mixed'/antagonistic relationship

## Demographic relations

- Admissions

- sicker

- physically more dependent than was once case

- later (from acute sector, from community)

- sooner (family support reduced)

- changing referral patterns

- migrant workers

- Discharges

- family support reduced – some discharges delayed

- more complex

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<sup>1</sup> Primary Care Trust

**Relations within the hospice**

**Organisational re-designation as SPCU<sup>2</sup> (2000) – pro- and anti-change groups emerge at hospice consequent to change**

Hospice (historic)

less busy

holistic care valued

non-physical and physical care awarded equal attention

spirituality important to all

terminal care plus symptom control

SPCU

busier

specialist rather than holistic

physical care predominates

spirituality a speciality

symptom control plus terminal care

patients

increasing dependency (patients' sicker)

physical needs predominate

staffing

new staff from acute sector

compared to past – new staff orientated to:

treat/intervene more

use more medications

use medications in different ways

compared to past – new staff are not orientated to:

'stand back' from life sustaining

treatment/interventions

engage emotionally – act independently

new nurses more reliant on medical direction

**Consultant differences**

Consultant 1 (Con1) – GP background

non-interventionist

pain medication 'generous'

slow to discharge

traditional admission criteria

focus within institution

unproblematic relationship with hospice

Consultant 2 (Con2)

acute background

interventionist

pain medication 'parsimonious'

quick to discharge

non-traditional admission criteria

focus external to institution

PT at hospice

problematic relationship with hospice

sees hospice care as inequitable, elitist, unaccountable

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<sup>2</sup> Specialist Palliative Care Unit

### **Treatment/interventions**

- increasing use of treatment/interventions
  - reasons for increasing use of treatment/interventions
    - new treatment/interventions available
    - new willingness to use treatment/interventions
    - change in institutional designation
      - palliative rather than hospice
      - function – symptom control
    - less value placed on non-clinical interventions

### **Admissions – Discharges**

#### **Admissions**

- more high dependency patients being admitted
- favoured patients
- nurses question suitability of some admissions
  - mental health
  - dementia

#### **Discharges**

- conflict
- end stage patients

### **Professionalism**

Professionalism perceived to be increasing – needed to:

- manage large organisation
- fundraising
- future planning
- successfully meet State/NHS expectations/demands

Professionalism – perceived problems:

- specialisation allows staff to withdraw from aspects of care
- creates barriers to staff-patient relations
- creates barriers within organisation
- volunteers seen as unprofessional

#### **Bureaucratisation**

necessary to:

- protect hospice future
- meet external demands

problematic because:

- specialisation distances workforce

### **Medicalisation**

- more doctors doing more doctoring
- changes in staff ratios
- staff from acute backgrounds
- resistance from long service nurses

### **Spiritual-religious issues**

#### **Religious withdrawal**

- overt religious expression diminishing
- dog collar seen as problematic
- prayer bell no longer rung

- relatively few formal religious services

- prayers no longer offered following death

- chapel to relocate and lose most Christian iconography

Secularisation and increasing treatment/interventions

- focus of activity shifting to treatment/interventions

Secularisation and professionalization

- role specialisation – spiritual matters responsibility of clergy

Secularisation and recruitment

- new nursing staff less spiritually aware than earlier recruits

Spiritual values

- differentiate care in hospice from State/NHS

- spiritual branding

- give purpose to activity

- define purpose for symptom control

- gives meaning to death

## Hospice links with external organisations and professional groups

In an attempt to protect the hospice's interests, senior hospice staff sought positions with external organisations and professional groups. The most significant of these were (alphabetical order):

Association of Hospice Management  
Members only.

### Cancer Network

The Chief Executive is regional network liaison lead. As such he attends Regional Cancer Network palliative meetings. This group reports to National Council (NCHSPCS – see below).

### County Palliative Care Directorate

1. Con2 Chairs the Directorate
2. The hospices full-time educator chairs the Directorate education subcommittee.

### Forum of Hospice Chairman

The hospice Chairman is currently regional Chair. He is about to become National Chair. As National Chair he will get a seat on board of the National Council (NCHSPCS).

### Independent Hospices Representative Committee (part of Help the Hospices)

The Director of Nursing is the regional representative (elected post).

National Association of Hospice Fundraisers  
Members only.

### National Council for Hospices and Specialist Palliative Care Services (NCHSPCS)

The Chief Executive sits on council as Regional representative (elected post). The NCHSPCS provides national representation. It actively lobbies government.

### NICE<sup>1</sup>

The Director of Nursing is a member of the working group responsible for palliative care guidelines.

### RCN<sup>2</sup>

The Director of Nursing is a member of the Policy and Practice Forum that has responsibility for hospices and specialist palliative care.

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<sup>1</sup> National Institute for Clinical Excellence.

<sup>2</sup> Royal College of Nurses.

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