

Chapter two



How I came to grow an alongside epistemology and understand its relevance to health care.

In this chapter, I show how through the process of growing my own epistemology I come to understand my research methodology, which increasingly relies on collaborative relationships. I use the word 'growing' because of the developmental nature of the dialogical and dialectical process for myself enquiring with other people as understanding germinates, grows and becomes embodied and lived. I describe how my appreciation of knowledge creation shifted to a living theory approach (Whitehead,1989) to enable me to work at understanding, improving and explaining what I do as a health visitor.

Here, I ask how action research methodologies which are about processes of change, and encompass values as centrally important, relate with more traditional methodologies usually found in health care. By clarifying epistemological assumptions underpinning different paradigms, and methodological considerations arising from them, I find understanding of the internal conflict I experienced at the outset of my research and my difficulties explaining what I wanted to do. Looking at the different approaches within action research that I found in nursing, I explore the effect epistemological perspective has on what is possible. Comparison has not only helped me understand my research approach but has also illuminated increased

possibilities for practitioner research. This chapter is an account of an epistemological journey I needed to take to begin understanding my research perspective. Contradictions emerge between reflective practice processes recommended for practitioners (DOH,1999a.) and usual ways of creating knowledge in health care.

A process of becoming

My epistemological journey is in tandem with my research question:

How do I improve my health visiting practice supporting developing family relationships?

I search to understand, so I can improve what I am doing as I try to respond to my changing perceptions of what is needed in practice and community populations. A single snapshot of my knowledge at one point in time, now for instance, would be less helpful because it is the *process* of my coming to know which is key to the epistemology. Research and practice continue to develop together making my emerging methodology hard to represent without the experiences informing it. A process of continual review and renewal relates closely with the notion of people, myself and my research associates, living in processes of becoming (Rogers,1961; Fox,1995). My motivation in the form of rights for children and my need to improve family relationships for children evolve into practice values.

Relationship changes in my research methodology and practice emerged together as I recognised similarities between collaborative researching, alongside health visiting and positive parenting. I recognised the importance that emotional needs play in processes of becoming for all players associated with this research - parents, children, fellow researchers and myself. Promotion of mental health for children, my chief concern, now appears dependent on working to achieve well-being for all concerned with caring for children. I recognise mental well-being to be a relative state which is hard to define. However, it is not completely relative in that certain experiences appear to influence well-being. I now bear the Crucial Cs (Lew&Bettner,1996) in mind in my relationships with others. This influences my view of parenting, changes my health visiting and researching relationships and evolves into an alongside epistemology. I moved from seeing families and myself as research subjects to be described, interpreted and explained to seeing us as unique people living our lives in different circumstances. My relationship therefore shifted to co-researcher alongside parents, children and research associates as we engage in our own ongoing enquiries about how to live our lives (see page 218). Living knowledge we each dialectically create is related to our circumstances. I have learnt more about ways of doing and being than I record or even fully recognise.

Finding a question - the process begins

In my year enrolled in a health care faculty I undertook a literature search (Pound,1995a). Very few authors from this review are represented in thesis as the focus of my interest shifted from understanding the rationale and context of rights for children to understanding family and health visiting relationships. Discussing the literature review I said:

*Finding a way through the maze, which is the social construction of childhood, and granting greater rights for self-determination to children is one thing. Having a background understanding of why parents parent the way they do and the results of their efforts is another. The result is more questions. If children are to be viewed more as autonomous independent beings than is common at present, and less the property of their parents, **how is this to be achieved?*** (Pound,1995a:32).

I went on to identify three options:

The first option is to do nothing, leave parents to continue doing their best as most parents do ... requires waiting for the emotional maturity of parents and an enlightened conscience to evolve into more child-centred parenting. Evidence suggests this may not happen or at least not as quickly as those concerned for the welfare of all children hope.

The second option is to legislate ... At best laws affirm principles but in reality no change is made until the principles are put into practice in people's lives.

The third option is to adopt educational principles that work best for parents ... include providing information and supporting change at the time that it is wanted, in the form which is acceptable and sensitive to the needs of parents. In other words starting from where they are already in their knowledge, experience and expectations.

(Pound,1995a:32).

This social constructivist approach abounded in literature related to children's social worlds and education (Richards&Light,1986; Ritchie,1993; Kimber et al,1995). I find it interesting that I knew those things in October 1995 because for a time much of it seemed to get lost in my attempts to find a researchable question. In this search, bias, validity, reliability, sample size and generalisability exercised me all year so that I lost touch with what I already knew. I was warned at this time that my approach was 'value-laden' and 'manipulative'. I have kept these words in mind as a useful critique to show how my epistemology developed and my practice changed.

From the grounded theory study in my first degree (Pound,1994a) I knew that beliefs parents held about relationships, families and children, were central to how they created relationships and sustained their beliefs. To change things for children, I wanted to encourage parents to consider their beliefs and associated hopes for their children's future, and to realise their hopes through the relationships they created with each other. I considered my role to be a catalyst for small-scale social change at 'grassroots', as distinct from the public health-style campaigning to influence policies that absorbed my energies in previous years. I wanted to draw back from public campaigning and apply my new knowledge to my practice with families. Improvement of children's mental well-being and future health through realising their rights in family life was

my aim. I was to shift my focus from a preoccupation with ‘rights’ to fostering mutually rewarding relationships. Within my search for a question, I found hypotheses I could test but none asked what I really wanted to know:

*What do I do and **how** do I do it in practice?*

A new paradigm in my passionate world

A friend Jacqui Hughes, who was writing-up her own action research, suggested I speak with Jack Whitehead at Bath University. Jack listened carefully to the chaotic, emotional story of my efforts to find a way to study my work with parents and their children while seeking new practical skills and theoretical knowledge. He empathised with my angst at the obstacles created by my value-laden and manipulative intentions. Clearly and carefully, he explained that professional practice is about individual formations of knowledge about how to work and research to improve what the practitioner is doing. The development of my knowledge in practice would be a valuable and important project. I would illuminate knowledge not yet knowable within the academies of professional learning - the traditional holders and creators of knowledge. It was, he said, about the living of one’s values in one’s practice. I could explore the obstacles, raised in the critiques of others, during the process he called creating my own ‘living theories’. I faithfully recorded his words in my journal but needed to hear them many more times before I began to really understand what they meant (journal,30.1.96; Whitehead,1989).

Jack helped me create an action research proposal and negotiate a transfer to the Faculty of Education, at UWE. Dr Martin Forrest agreed to supervise supported by Dr Norma Daykin’s specialism in health care. Jack offered informal support and opportunity to join weekly discussions at BARG. I was elated and using words I had heard wrote:

My passion for the subject is no longer a problem. It is part of the development of my truth. I have always known that I could change what I know as true. At this moment, there are some things that I cannot see changing ... At last, those things that are in the forefront for me do not have to be suppressed, but can be used in my future researching. They can be laid open for the critical review of others. (Journal,1.2.96)

I was also afraid. At the time, I felt it was stressful enough putting my head above the parapet with a ‘rights for children’ agenda, without choosing a methodology for which validity might be hard to demonstrate. Was I launching myself into another arena of potential conflict? I was to discover that the two are so closely entwined in their underlying philosophy that they were to grow together into a more unified epistemology than I yet realised. I was also to find the alonsideness I found rewarding in parenting, health visiting and researching, could also inform my approach to explaining my methodology to others. Before I explain the values and relationships of this research, it may be useful to clarify what the shift of paradigm means in terms of knowledge gained and criteria for judging it.

Comparing three main research paradigms

I wanted to apply insights about children's well-being to my health visiting practice, but there were gaps in what I knew. Not only did I want to know how to use my new knowledge, I also wanted to know more about what healthier relationships are for families? How can families solve problems more effectively, and what part can I play? I wanted practical applications to take account of the complexities of professional practice where unique individuals from across a social panorama are living unique lives.

Separating off confounding variables so I could test each piece of new information was not helpful nor did I only want to know what was there already. I needed room for discovery and change starting with what I knew already. I also wanted to create knowledge that had meaning for my colleagues and for the academy. From conversations with those involved in health science I am aware that creating research knowledge which is convincing in one field, education for example, may not automatically assume acceptability in another, for example health care. While recognising the value of qualitative research, a doctor colleague saw the study I was anticipating was 'lower tier' research requiring testing later to prove its findings (journal,7.7.96). This issue of proving findings to create 'absolute' truth was even clearer for me on a research study day when community nurses were told that random controlled trials were the 'gold standard of research'. No other methods for community practitioners to find new knowledge was suggested (journal,24.6.98).

I was finding, as Ernest suggests, that acceptance of research as convincing appears to depend on the use of accepted ways of expressing knowledge and justifying its validity in the field to which it relates (Ernest,1994:34). I found Ernest's simplified summary helpful for understanding the effect different occupational expectations have on methodologies that underpin their research (Ernest,1994:29). I needed to understand how collaborative action research fitted into the broad span of research paradigms and how I could justify its validity to those whose expectations lie in paradigms different from my own.

From the perspective of educational research, Ernest compares three broad research paradigms. Each represents a large umbrella for a range of variations of method and perspective within it. He suggests that researchers bring a number of assumptions about knowledge, about the world and about how knowledge is obtained, to their enquiries (1994:19).

He calls his divisions scientific, interpretative and critical theoretic research. Although I did not choose a critical theoretic or social constructivist approach, the underlying principles in this description are similar enough for my purpose of understanding my intentions in relation to

more traditional paradigms. I resist the temptation to alter his framework as I found the form he created helpful as a stepping stone in my developing understanding. Below, I add my particular 'living theoretic' approach to the side of his table to extend the comparison to my own. I also offer an alternative presentation of my living knowledge.

Scientific research

Ernest described the scientific research paradigm as concerned with objectivity, prediction, replicability, and the discovery of generalisations or laws defining discrete phenomena in a physical space. Thus the predominantly quantitative 'process-product' research, typical of this paradigm, results in well confirmed, 'absolutist' theories and hypotheses. Care is taken to ensure that the perspectives of the individual knower do not intrude on the research process. Knowledge is acquired by individuals cognitively receiving and processing facts. Contrary to claims, he says, it cannot provide absolute truth. The scientific research paradigm adopts a 'top-down', researcher-led perspective and uses the general to describe the particular (Ernest,1994:25).

Interpretative research

The interpretative research paradigm is primarily concerned with human understanding, interpretation, intersubjectivity and lived truth (in human terms). It uses predominantly qualitative methods to find general laws, always with a degree of uncertainty he calls 'fallibilist', as particulars of the world are usually unique and only shared features allow for the application of laws. Exploration of the rich, unique features of a particular case in its context serves as an exemplar of something more general. Personal knowledge is interpreted using techniques to overcome perceived weaknesses of subjectivity. Beyond the analysis, understanding for the reader arises through identification, empathy, or a sense of entry into the lived reality of the case. The particular is intended to illustrate a more generative and complex truth from a 'bottom-up', participant and researcher, perspective (Ernest,1994:26). This describes my aim in the grounded theory study of mothers' beliefs and hopes for their children (Pound,1994a). I was describing situations as I found them and drew conclusions from which I planned future intentions.

Critical theoretic research

The critical theoretic research paradigm Ernest describes is not just concerned with finding out and understanding, as in interpretative research, but also with critique and improvement of social life or social institutions. Participants are collaboratively engaged in the construction and validation of knowledge and change in the group. It is often underpinned by issues of social justice and emancipation (Ernest,1994:28). This 'fallibilist' perspective accepts human knowing as bounded, finite and always corrigible and subject to change (1994:35). Values appear increasingly central to the motivations and process of action research.

Action research that supports learning and change has direct relevance for the educational nature of health promoting health visiting. This loosely describes my initial motivation to find new skills and new ways of 'delivering' knowledge. The process taught me that practice is more complex than I first knew. I discovered I needed not only to influence parent-child relationships, but my own relationships with parents as well. I experienced a shift to being more collaborative as I began to understand the relevance of other people's perspectives and my urgency to 'deliver knowledge' faded as our finding out together grew. For this reason my approach united individual and social constructions of practice in that participants continually review and create *their own* knowledge through dialectical process (Ritchie,1993:55). Each person starts where they currently are in their knowledge moving in a pace and direction decided by themselves. I agree with Ernest that success may be found as much in shared perspectives as in changed realities - outcomes. I add that changing perspectives change future realities.

As I find visual representations helpful for aiding my understanding of complex ideas, I reproduce Ernest's comparison of the three major educational research paradigms. My own living theory as reflective self-study action research is added to the side (also see pages 211-224).

	SCIENTIFIC PARADIGM	INTERPRETATIVE PARADIGM	CRITICAL PARADIGM	MY LIVING THEORY
ONTOLOGY	Objects in a physical space	Subjective reality	Persons in society	People becoming
EPISTEMOLOGY a. VIEW OF KNOWLEGDE	Absolutist, objective knowledge	Personal Knowledge	Socially constructed knowledge	Living, dialectically constructed
EPISTEMOLOGY b. THEORY OF LEARNING	Cognitivist	Constructivist	Socially constructivist	Dialectical collaboration from learner's standpoint
METHODOLOGY	Quantitative and experimental seeking general laws	Qualitative case studies of particular contexts	Critical action research change on social institutions	Practitioner, value-led collaborative action research
INTEREST	Prediction and control of the world	To understand and make sense of the world	Social justice, emancipation	Social justice by realising democratic values
INTENDED OUTCOME	Objective knowledge and truth in the form of laws	Illuminative subjective understandings	Intervention for social reform, social justice .	Generation of living standards for judging practice
COMMONLY ASSOCIATED PEDAGOGICAL AIMS	Subject-centred or social utility aims	Child-centred aims	Empowerment and critical citizenship aims	Co-learning in dialogue

SUMMARY AND COMPARISON OF THREE MAIN PARADIGMS (Ernest,1994) with my approach

I found the table useful for showing assumptions underpinning each paradigm that make it difficult for people trying to understand each other when using expectations of one perspective to judge another. Comparison here makes it obvious that the paradigms all rely on different understandings of the creation of knowledge and the status of the research 'subject'. The critical paradigm appears as different from the interpretative paradigm as they both do from the traditional scientific paradigm predominant in health care. Democratic values that motivate and are dialectically explored in the changes sought by some forms of action research may be perceived as variables that cause bias in the other two paradigms.

In the generation of knowledge, Ernest considers the degree of sureness arising from these paradigms. He distinguishes profoundly different standpoints that he calls 'absolutist' and 'fallibilist' perspectives (Ernest,1994:34). Absolutist epistemology, associated with the scientific

paradigm views truth as attainable, he says, and aspects of the world to be potentially understandable. Knowledge arising from interpretative and critical epistemologies on the other hand he calls 'fallible'. Those researching in these paradigms do not regard the world as something that can be known with certainty. Knowledge in these cases, is not received directly from the outside but is constructed by individuals in an experiential world and the relationship between the knower and the known is recognised. In the critical epistemology, knowledge is not only fallible but also continually open to change in the future (Ernest,1994:31). I notice that knowledge from scientific research and interpretative paradigms can be used to inform practice, while knowledge both informs and is created in practice action in the critical and living enquiries. Living knowledge belongs first to individuals.

Looking at the **interest** and **intended outcome** rows it becomes obvious that the critical action and living enquiries are underpinned by different epistemological expectations from the other two paradigms. This makes it difficult to find mechanical means for justification of this tentative, partial and imperfect knowledge of events. The criteria for proving validity of scientific or interpretative science research is unhelpful for checking the validity of action research for social change (Winter,1989:31; Ernest,1994:34; Meyer&Batehup,1997:181). I shall consider dialectical methods of assuring validity later.

Sharing this chapter with BARG, I came to realise that representing my living theory in the compartmentalised boxes above, as if static in process and time, did not do justice to the living, evolving, tentative nature of practitioner knowledge (Taped meeting,21.1.01). Following Pat D'Arcy's suggestion, I produced *Robyn's best thinking today* below:

my concern is: child-centred ... parent-centred ... people becoming themselves
 my action is focussed on: public health ... individual families ... people in community
 change achieved by: challenging beliefs ... parenting training ... realised emotional needs
 my work often decided from: my agenda ... parent's agenda ... alongside relationships
 learning comes from: raised awareness ... goal setting ... acceptance ... values
 my motivating passion: children's rights .. equality .. respect & autonomy .. enhanced connections
 my aim is: less hitting .. improved relationships .. democracy .. co-learners in dialogue
 subjects: families myself people people in a process of becoming
 research relationships: partnership collaboration co-learners in dialogue
 knowledge is constructed ... knowledge is personal ... knowledge is living

Robyn's best thinking today



It shows my knowledge evolving from the beginning of the research until I reach what Winter calls my current 'improvisatory self realisation' (Winter,1998:371). In conversation with Jack Whitehead I came to see that even this representation does not give a full picture of knowledge as I practice. It does not show *how* I 'live' my 'embodied' knowledge. Jack said:

*This might have been 'Robyn's best thinking' in March 2001 in a sense divorced from your sheer joy of living, the embodiment you show, that delight you communicate to yourself and others. **That** really is your best thinking.*

(Taped conversation,18.8.01).

He is not speaking about *what* I do but *how* it is experienced by others. How can a total communication style, which changes with complexities in the context, be explained?

Choosing, stumbling over or moulding an action research approach?

I would like to be able to tell you that I chose a living theory (Whitehead,1989) approach from a range of action research options and knew exactly what it meant from the beginning. Not unusually in action research, this is not how it happened. Finding myself in an educational research environment where living theory talk predominated, and freed from many of the constraints of the health sciences, I began my enquiry. My considerations were more ethical than methodological in the beginning. I was preoccupied with human rights and wanted them to be reflected in my approach. Feminist issues in research were central to my previous study and I knew I wanted both to include parents in this study and to make sure they all benefited from the process. I began by interviewing parents, keeping a detailed journal and attending weekly BARG discussions. I learnt about the process as I explored. I will outline methods I used to discover the things I needed to know in the next chapter. Here, my intention is to address methodological questions that germinated from my research question as I 'grew' my epistemology.

It was not until I came to write-up that I became curious about how living theory related to the range of action research methods appearing in health care literature. I feel lucky to have stumbled on a perspective that fitted with what I wanted to do. Although there are action research self-studies in education, why can I find no other studies quite like mine in the field of nursing? I have found action research fruitful and enjoyable, so much so that I needed to be urged towards drawing the open-ended process into conclusions for the purposes of submission. Why then do others find action research so problematic? Beyond the consideration of what constitutes knowledge, power relationships are cited as a considerable problem for nurses, especially in hospital situations (Cowley&Billings,1999; Webb,1989); Meyer,1992; Greenwood,1994). I too experienced barriers when I tried to explain myself to the predominantly different perspectives of Research and Development funders and the

Medical Ethics Committee. However, I have enjoyed enviable freedom and encouragement in the actual researching process.

More problematic for writing-up, was my awareness that many shifts in my knowing have been so gradual over time that it is difficult to tell you exactly how it happened or what it was like before. Like Titchen (2000) and her co-researcher Binnie, I found that becoming aware of a way of being was as fruitful in improving my practice as finding new techniques. Here, while recognising it is not possible to reconstruct them all, I will introduce some insights about my methodology and therefore my practice by exploring questions. In the rest of this chapter I concentrate on answering these questions:

1. *What can I learn about my own methodology from comparing it with that of Lewin?*
2. *How do I respond to the suggestion that my endeavours maybe manipulative?*
3. *How does my living theory relate to the range of action research methods described by nurses?*
4. *How can I check rigour and validity of my enquiry?*
5. *How can I understand, explain and extend the role played by values in my work and research?*
6. *How do I solve my concerns about the ethical dilemmas of researching whilst practising?*

Similarities and differences from Lewin's action research

1. *What can I learn about my own methodology from comparing it with that of Lewin?*

I start my exploration of action research at its developmental roots with Kurt Lewin. Social psychologist Lewin is often referred to as the originator of action research (Adelman,1993:1). Reading about his motivations has helped me understand my own. With Lewin I found early structural underpinnings of present day action research for social change, similarities in the social justice issues he wished to influence and criticism of his methods as manipulative. Relevance of his action research for my study is thus threefold.

First, unremarkably for action researchers, I find Lewin's process of fact-finding, action-planning and evaluating, in continuing cycles of reflection and activity towards change, a useful beginning for describing my process. His approach differs in that he employed outsiders to demonstrate changes using controlled experiments. I started with Kemmis and McTaggart's *Action Research Planner* (1982) which, building on Lewin's work, suggested cycles of planning, observing and reflecting before formulating new plans. I used their suggestions for collecting and recording data (1982:39-42), which I will outline in the next chapter.

During the first year I felt this model did not adequately describe what I wanted to do and agreed with McNiff that:

...frameworks presented so far are able to deal with only one problem at a time. Action research should offer the capacity to deal with a number of problems at the same time by allowing the spirals to develop spin-off spirals, just as in reality one problem will be symptomatic of many other underlying problems. (McNiff,1988:44)

Several spirals of enquiry have continued concurrently through my investigation each sprouting new lines of enquiry (Chapter Three). In the beginning, and to an extent throughout the study, reflection seemed sometimes to outweigh action. It was this large amount of conversation, reflection and dialectical debate that gradually changed my awareness about aspects of my practice relationships in a gradual, fine-tuning way. I feel this to be important because my focus turned towards the relationships between myself and people I came across during the research process. The changes I needed to make to improve my effectiveness may have resulted more from my growing understanding about people's situations and the part I could play, than from my consciously doing something different (Chapter Five). In other words, I found new techniques and ways of delivering them, but I also found the way I present myself, my way of being, to be important if the work is to be effective. My intentions moved towards enhancing connection, co-operation, self-reliance and resilience in a whole spectrum of relationships.

For this reason, I agree with Jack Whitehead that the process of research is in itself educational both for me and for those I enquire with. I also recognise Jack's notion of living contradictions, values denied in practice, as triggers for reflection and change. His way of explaining how to deal with a sense of living contradiction is this:

I experience a concern when some of my values are denied in my practice

I imagine a solution to that concern

I act in the direction of the imagined solution

I evaluate the outcome

I modify my practice, plans and ideas in the light of the evaluation. (Whitehead,1989)

For me it was often an uncomfortable feeling that alerted me to considering that I may have 'got it wrong'. The imagined solution was therefore to think about it, talk to people, sometimes defend myself, until I came to new awareness and began to consider alternative points of view. I could change how I was with people and the uncomfortable feeling faded. This is why some of the process took so long. My urge to defend myself from believing I could possibly be wrong was sometimes strong. I have gradually learned to be more open to hearing alternative perspectives and reconsidering my views. I move towards learning *with* others.

Although Lewin's reflections led to actions different from mine, he recognised that motivating values were important. He said:

To encourage change toward democracy a change of values in a vast realm would have to be accomplished ... for instance increased emphasis on human values as against superhuman values... education for independence rather than obedience ... manipulating difficulties rather than complaining about them. (Lewin,1948:36)

He began a process of participation in research that was to lead to the development of collaborative researching relationships, in our time, beyond his possible expectations. This brings me to the second area of his work that offers insights for my own.

The democratisation of parenting, practising and researching.

I felt excited to find a second similarity in that action research was founded on similar democratic motivations to my own. Being Jewish, Lewin emigrated to America in 1933 to escape Nazi persecution. His 'social-psychological' observations about cultural differences between the USA and Germany emerged from the rise of fascism in Germany. About families, he noticed the comparative freedom and independence of children and adolescents in the USA and their lack of servility toward adults. Parents seemed to treat children with more warmth and respect and to encourage earlier independence (Lewin,1948:4-9). He spoke about tolerance for diversity in which cordial relationships could be retained even following a 'hard theoretical or political fight'. In Germany at this time, he saw that, 'a political or even a scientific disagreement seems inseparable from moral disapproval' (Lewin,1936:13). He noticed interrelated differences across all aspects of social life and believed cultural traits as a dynamic whole, to be responsible for democratic attitudes towards 'equal rights for everyone'.

Lewin believed 're-education' was required for democratic reconstruction of cultures, which he saw as necessary if a peace, 'worth at least the name better than before', was to be established (Lewin,1948:34). I have sympathy with his urgency to do something about attitudes he saw lived out in people's actions. His papers (Lewin,1948), recalled my own urgency to do something about the multiple tiny interactions I saw between parents and children, the learnt ways of relating and solving conflict, which lead to future discontent (Pound,1991a, 1994b). I knew that democracy had to be built from the smallest developmental unit - the family - in the way described by the Children's Rights Office (CRO,1995a) and not dissimilar to Lewin's thoughts in his early papers. Having a good idea and a passion to do something about it is one thing, achieving it is another. It was not until I began this enquiry, three years later, that it dawned on me that I could not foster democracy in families if I did not also live it. I will speak more about my I shift towards more collaborative, relationships in the next chapter.

Lewin translated his social research into social action in the field of group dynamics, attempting to resolve conflicts. He appears to have achieved change in projects he supported. His belief in the positive outcomes to be gained from participation seem to have been vindicated (Lewin,1944:140). While consulting with participants he also used behaviourist techniques of his time and attracted criticism that he manipulated workers towards the goals of efficiency and productivity defined by their managers (Adelman,1993:10).

Helping or manipulating?

This brings me to the third area of insight that his work offers for my study as I ask:

2. How do I respond to the suggestion that my endeavours may be manipulative?

Lewin (1948) saw social change to be a matter of urgency and envisaged methods of 'engineering' attitudes away from autocratic coercion towards more democratic means of solving problems. Adelman alerts us to Lewin's vision of democratic participation within industry not taking into account power relations between managers and workers that influenced processes of change (Adelman,1993:10). Lewin assumed managerial goals were rational and unquestionable his problem being how to gain worker compliance by consulting them. In research terms, he believed social facts to be as real as physical facts and similarly amenable to experimental testing. This meant controlled, scientific 'field' experiments, conducted by outsiders and precluding access to participants during the evaluation stage. Lewin recognised the power of his action research methods as a force for change but it is unclear how conscious he was that his methods were manipulative.

For myself, I was surprised when it was pointed out that my intentions may be manipulative because I saw myself as a force for good. I would like to say that I knew from the outset about encouraging participants to become action researchers in their own right, in collaboration with me. This is not the case. I now know criticism about the manipulative nature of my initial intentions for this study to be well founded because of my hidden agenda. My urgency to improve well-being for children I recognise. It was pointed out by a colleague whose tact I find inspirational. She said:

I always found you to be very intense. That's not a criticism either, you are very, very enthusiastic and I think what ever you pick up and run with is like there's a real enthusiasm, I admire that ... I think you are quite forceful ... I felt as if there was a clock running for you, a sense of urgency. (Colleague, taped interview,3.10.96)

The parents were participants rather than collaborators in the first stages of this enquiry. I believe it was my shift to becoming 'also the learner', and supporter of *their* enquiries about parenting, which marks the fading of my urgency to manipulate them, into more tentative democratic collaboration. Awareness that parents usually want good relationships with their children, and can be trusted to look for them when they are able, contributed to my growing understanding of respect. My methods became less like planned social engineering and more like co-learning in dialogue.

Collaborative relationships have become important to my work and therefore my researching and yet I find few action research projects in nursing that include service users in this way. It appears that the span of ontological and epistemological underpinnings may cause a similar

span of research intentions within action research for change, as I found when comparing it with more traditional research paradigms.

A developmental shift of action research towards collaboration

3. *How does my living theory relate to the range of action research methods described by nurses?*

Action research seems to be an approach to research rather than a specific method and is not therefore easy to define. I found Hart and Bond's typology (1995:40-43) useful for showing where my method relates to others described in health care literature.

To clarify what is meant by action research Hart and Bond build on four broad traditions that include *experimental* action research, *organisational* change, *professionalizing* action research in education and nursing, and the *empowering* approach of emancipatory research. Hart and Bond identify seven criteria they found to distinguish action research from other methodologies.

They say action research is:

- 1 *educative*
- 2 *deals with individuals as members of social groups*
- 3 *is problem-focused, context-specific and future oriented*
- 4 *involves a change intervention*
- 5 *aims at improvement and involvement*
- 6 *involves a cyclic process in which research, action and evaluation are interlinked*
- 7 *is founded on a research relationship in which those involved are participants in the change process.* (Hart&Bond,1995:37)

I like their conclusion that their typology shows:

... a developmental process over time as action research has shifted from a scientific approach to social change to a more qualitative and social constructivist methodology.
(1995:44)

I would add that the developmental process of action research is taken even further by this current research process as it moves towards greater collaboration with clients. This fits my impression that health care is moving towards greater recipient participation in interventions affecting them including involvement in research as well as therapeutic procedures.

Experimental

As I consider the researching relationships across each of the four action research traditions, shifts in the degree of collaboration involved emerge. Lewin's controlled *experimental* type of 're-education' sought to bring about measurable changes in participant's perceptions (Lewin,1948). It was undertaken by outsider researchers who used experimental methods to prove outcomes. It could be considered 'top-down' in that improvement in social relations between workers and managers did not take account of power behind the managerial stance.

Organisational

The managerial biased *organisational type*, also has top-down, predetermined aims for organisational change. Consensus may be sought amongst participants in an attempt to overcome resistance in situations where individuals or work situations feel threatening to them. Negotiations might be facilitated by the consultant outside researchers (Hart&Bond,1995: 40-43). Cowley and Billings place their action research project of health visiting in this type (Cowley&Billings,1999:966). In their study, fact-finding in a general medical practice was aimed at profiling health needs of a population in order to redirect health visiting services to meet those needs. Consumers helped prioritise health needs before a partnership of researchers, managers and GP fund-holders¹ planned the development of the health visiting service. The desire to create a service for school-aged children and establish a community development project met with economic complications resulting from the GP fund-holding priorities of the time - 1997. The resultant pull of primary care away from community health promotion towards reducing the demands of individual users on general practice required considerable painful negotiation (1999:972).

The health visitors and school nurses appear to have played little part in the process. Locality managers and the health visitors are reported as being disempowered by the economic imperative to meet GP requirements. Poor communication equally left school nurses angry (1999:970). Cowley and Billings speak with disquiet about the project as they describe 'a sense of betrayal experienced by practitioners who were already upset, stressed and angry about unconnected events' (1999:972). They ask if 'the upset caused in any change process is justified in the interests of research?' Later, they seem to accept 'that dissonance was, at times, a necessary part of the process even though it was not a preferred way of working (1999:973).

Although not stated as goals for my research, three similar outcomes, improved client-participation, a service for school-aged children and community development, also emerged from my research in practice (Chapter Seven). I moved to these areas in my work because they arose as necessary for meeting emergent health needs and because they became possible as my skills increased. In contrast to the health visitors and school nurses in Cowley and Billing's study I recognise a great deal of personal autonomy in the 'bottom-up' process I created and therefore I felt energised and freed from animosity towards managers. My study occurred in a GP practice which resisted 'fund-holding' and therefore instead of economic pressure I was offered supportive interest. As non-work aspects of the research happened in my own time the only costs to employers were my university fees. I decided the course of the research myself.

Professionalizing

¹ GP funding - See Chapter Three:74 footnote

Practitioner-led *professionalizing* action research grounds the changing knowledge and actions in reflection on the everyday experiences of professional practice. Both the problems and the definitions of success are professionally determined. Practitioners are empowered themselves, may negotiate with, and become advocates for users of the service (Hart&Bond,1995:40-43). Titchen's hospital ward-based project with Binnie used a critical theoretical approach. The goal was to understand Binnie's expertise in patient-centred nursing and to develop her skills in facilitating ward staff acquisition of these skills (Titchen,2000:40). The project started as collaboration between the two and moved towards a type of collaboration with the staff as they learned self-awareness, reflective, critical and creative thinking (2000:160).

Empowerment

In *empowering* action research, the shift is towards all participants as enquirers with a stake in a change process. Exploring problems becomes part of the process of enhancing user-control and shifting balances of power. By taking account of vested interests, outcomes are negotiated using pluralist definitions of improvement and knowledge (Hart&Bond,1995: 40-43). Hart and Bond report no studies in nursing which fit *empowerment* type research. Considering their typology helps clarify the development of my own study towards collaboration in purpose and action. The research I describe in this thesis began in the *professionalising* type in terms of my identifying the initial problem and becoming a reflective practitioner. My focus shifted into *empowerment* type in some areas in that I am now more likely to encourage parents to decide the focus of their own enquiries and to take greater part in finding solutions (Chapters Five, Six). I also created collaborative researching relationships with colleagues. Here we decided the direction of our deliberations and were democratic together in our actions (Chapter Three:73). My changing awareness continues to develop in dialogical and dialectical relationship with colleagues, parents, BARG and others. I will describe the development of my methods in the next chapter.

Educationalist Adelman, speaking of the recent emphasis on improved practitioner effectiveness through individual reflexivity, points to a shift away from Lewin's view of action research as a democratic group commitment. He claims individual self-reflection is less likely to promote democratic participation and democratic practice (Adelman,1993:16-21). I believe that this present study and the research in classrooms by Moira Laidlaw (1996) should restore Adelman's faith in the viability of the democratic impulse in practitioners' value-led research. However I take his point and support his call for bringing together Schön's individual reflective practice (1983) with Lewin's discussion and decision-making and Freire's work in democratising communities (1972). I will speak about the rationale for the movement of my research towards community development in Chapter Seven.

I recognise the entrenched power relationships in health care, which both Cowley and Meyer identify as hindering true empowerment. Meyer suggests,

it is perhaps wrong to think that action research should strive to be closer to the enhancement end of the spectrum when the contexts of health-care practice do not easily allow this. (1997:179)

I am saddened by the view that health care institutions are not yet ready to strive for democratic working practices. I can speak only about my own experiences of being able to move towards collaborative relationships in a context where I experience considerable personal autonomy. In a paper about the significance of personal beliefs in my professional agenda I explored the value of autonomy for boosting my energy and sense of purpose (Pound,2000). I asked where my strongly held beliefs about autonomy comes from and why I behave the way I do in some contexts.

I notice researcher's perspectives and values are acknowledged as important for researching relationships in nursing (Webb,1989:408; Meyer,1992:1070.). However, values appear to play little more part than stated as ethical intentions or described in situations where they cannot be realised. Uncomfortable regret and acceptance that little can be done seem especially to result when issues of power occur within teams (Meyer&Batehup,1997:179). The outsider role of the researcher renders her less able to assure contradictions are explored by practitioners. I suggest practitioner values, if central to the research could play a bigger part in understanding and improving practice. I wonder what would have arisen if different questions were asked such as, '*How can we improve our practice here? In which ways are our values negated in our practice?*'

Before I consider the values that emerged when I placed myself in the centre of my study, I pause to explore my fourth question.

Establishing validity and rigour through reliability

4. How can I check rigour and validity of my enquiry?

I feel clearer about the validity of my research when other people say my explanations have relevance for them. I expect people most likely to find clear similarities with their own practice to be other practitioners. However, Bassef referring to the importance of the process of comparison suggests:

The point about reliability of findings from one situation to another is that there is no guarantee that they can be applied, but the merit of the comparison is that it may stimulate worthwhile thinking. (Bassef,1995:11)

This form of reliability provides a type of triangulation giving depth to my insights by expanding their possibilities. I also looked at interpretations of incidents I made during the

research process, particularly struggles I experienced. These were times when I felt uncomfortable about things I said or did, or when other people disagreed with me. I discussed my perceptions with people and contemplated possibilities, sometimes lengthily. Resolution was often by movement towards greater understanding of my beliefs and values. Looking at two examples when this happened (below) I find relatability between the process of my deliberations and that described by Winter for ensuring rigour (Winter, 1989:38). I look particularly at 'reflexive' and 'dialectical critique' in order to show their relatability to my own deliberations.

'Reflexive critique', Winter's first principle (1989:43), is recognisable in my process. Reflexivity refers to assumptions, concerns and interpreted meanings that I as researcher make of experiences and phenomena under scrutiny. For ensuring rigour in research terms reflexive critique is about critically reflecting on the meanings I attached to data as it was collected. Being rigorous in collecting and interrogating data should make my interpretations of experiences more likely to be believable for other people. Here I relate my deliberations to the three steps Winter suggests for increasing rigour:

- *I collected accounts*
- *I examined the reflexive basis of these accounts. I examined the appropriateness of my perspective and asked if there were other possible explanations.*
- *my claims could sometimes be transformed into questions which might increase the range of alternative explanations.*

In this way new lines of argument could be exposed for broadening my understanding of the account and the assumptions on which my interpretations depended (Winter,1989:43). As my collaboration with other people increased, opportunities arose for offering my perceptions back to participants. I therefore add a fourth step to Winter's three:

- *I offered interpretations back to participants to check the accuracy of the account and the appropriateness of my interpretation.*

An example of this process I called *Belief or prejudice?*

Belief or prejudice?

In chapter five I describe some of the processes in which I considered and changed my strongly held assumption about religion in a family's life. Here I summarise what was in reality a messy transformation over several years as I shared my perceptions with others before eventually asking the family concerned. This is what happened. Meeting Marianne and her mother, and hearing about Brian in the weeks after the birth of their first baby, I formed assumptions about them and the future work I might need to do (Page 114). I saw

the family's commitment to a religious faith. I perceived Marianne's mother to be a dominant figure, likely to have influenced Marianne's early life. Her demeanour and prominent position in the church led me to wonder if she might hold traditional hierarchical family values. Marianne also told me she suffered from ME. She appeared to lack confidence and was concerned about her ability to cope. I wondered how much of this was a legacy of her early life experiences. My own recent experiences told me that families with a strong religious faith sometimes used physical punishments on children to maintain a hierarchy of authority (1991 Archive reported in Pound,2000; Pound.1995a:26; Greven,1992). I assumed this family might use physical punishments on their child in the future and planned future conversations accordingly. These assumptions were based on my own personal experiential knowledge and mostly proved well founded during later conversations with Marianne and Brian. However the last assumption, that they might use physical punishments on the child was unfounded in that they had already made the decision, within their religious faith, not to use physical punishments. My approach, drawn on my knowledge, was not the best action for this family. My assumption that people with a religious faith are likely to hit their children was too absolute and needed to be more tentative in its prediction. Reflexive critique of my assumptions meant that meanings I made of the initial data altered and I modified my interpretation and therefore future intentions in my work.

Winter's suggestion is that the authoritative claim made by an account is twofold. First, it implies that it accords with 'the facts', and secondly it implies that it is generally true. That is, anyone else would have come up with 'the same account' if they had been there to observe. I am wary of the second. Anyone else may not come up with the same account because they may be informed by a different knowledge base. If we do not feel free to offer new perspectives for consideration how can things move on? I agree with him however, that reflexive critique:

enables us to question any claim to generality, by noting the string of particular assumptions and judgements on which any interpretation must always depend.
(Winter,1989:44)

The second of Winter's principles is 'dialectical critique'. Phenomena are subjected to a critique in which the complexity of meanings made of the whole may compete with the apparent meanings available in each of its components. Winter suggests:

it is this search for the combination of the overall unity of a phenomenon and the diversity of its elements which characterises the second fundamental dialectical approach to the process of understanding. (Winter,1989:48)

In action research, emphasis is placed on explanations of how and why change occurs and theories emerge. 'Respect for me as a person', the next example, appears to relate closely with Winter's dialectical critique.

Respect for me as a person

At a multi-professional training day we participants were asked, in small groups, to consider some basic beliefs (journal,28.6.96). I spontaneously disagreed with the statement, 'I believe I should be respected by others'. I did this because of what McNiff has called my 'best thinking

to date' (Laidlaw,2001). I disagreed because at the time, I felt I had no right to expect respect from children simply because I was an adult. I had arrived at this belief from, amongst many experiences, discussion with parents who frequently complained that their children 'showed no respect' for them when they felt it was their due. This was often in contexts when parents themselves did not appear to show much respect for their children's feelings. Similarly, I heard complaints from older people about youth who they said, no longer showed respect (meaning fear) for authority figures such as teachers or police. I took this to mean that I should not *expect* the respect of others as a right. I should earn it through my actions towards other people. Participants in our small group were clear in their disagreement with me saying that all people have the right to expect to be treated respectfully by others. I wrote my thoughts later, *Is this about being 'worthy of respect' or 'treated with respect'? Is it due to you because of your position in society or is it common to everyone? Therefore, let's try another statement, "I believe I should be treated with respect by others because I am a human being and worth it'* (Journal, 28.6.96). This does not mean that I can expect to automatically receive it of course (page 47).

Dialectical critique of my conclusions, involving different contexts and different people's points of view, has continued ever since. Most recently, again in discussion with others, I came to extend the notion of respect for myself after the shocking death of Bob Gibbs, the general practitioner with whom I worked. Realising I was also grieving, in similar ways to my clients, I could no longer expect myself to go on caring while suppressing my own feelings and giving endlessly of myself. My personal resources were low and I also needed time to restock. I needed to learn to recognise and voice my own needs while respecting myself enough to be able to also ask for consideration if I was to continue. This is no mean feat for a woman, nurse, mother, carer who has rarely questioned the obligations (and rewards) of caring.

'Collaborative resource', Winter's third principle, is closely entwined with dialectical critique as I have shown. It includes the mutual challenge of enquiring together for negotiated interpretations (1989:55). Focusing on the inevitable personal threat involved for all concerned, Winter speaks about 'risk' as his fourth principle (1989:60). I prefer 'openness to challenge' which I believe both recognises risks involved in uncovering flaws in practice but allows optimism that through exposure to the critiques of others acceptable solutions and explanations may be found.

'Plural structure', Winter's fifth principle, recognises that a collaborative enquiry will not result in a unified structure of cause and effect (1989:62). Collaborative enquiry creates accounts and their critiques ending, not with conclusions, but with possibilities intended to be relevant in various ways to different readers. Principle Six, speaks of the relationship between 'Theory, practice, transformation'. They do not confront one another but are necessary to each other for continued vitality and development as questions are asked and contradictions confronted in unending transformations (Winter,1989:67).

This brings me back to the values that came to the fore when contradictions were exposed in my practice.

Value-led research

5. *How can I understand, explain and extend the role played by values in my work and research?*

I approached this research with very strong opinions about what was 'good' for children and awareness that I needed to do something about it in my work. My attempts at finding a research question within a health science approach were value-laden and inappropriate in a paradigm where strongly held beliefs were seen as a hindrance to unbiased outcomes. Finding an action research methodology that encouraged my personal commitment to be at the forefront allowed my study to begin. However, my understanding and generation of my values continued to be developmental.

I began the research recognising my belief that children are worthy to be free from physical violence and having their views taken seriously, in the same way that their parents expect as a 'right' (Pound,1995a). I also started the research feeling defensive about these beliefs, having experienced conflict during previous years when I tried to persuade others of my views. Now, I realise uncomfortable feelings arose from the implied criticism and moral obligation to comply which rights impose on listeners. I recognise that as the research progressed, my right-talk faded in my health visiting practice as my values grew. I agree with Smith (1997) now, that rights and values attract different considerations. In relationships with children she points to rights owing more to:

the formal requirements of regulating, measuring and monitoring the externally observable contours of performance. (Smith,1997:3)

Values on the other hand are internalised beliefs that motivate behaviour and are concerned with less tangible qualities of caring in human relationships. We need them both she says, because values direct attitudes in order for the externally defined rights to be achieved (1997:12). I realised if I was to be useful in both my own and others' enquiries improving family relationships I needed to 'live' respect, which I was advocating in relationships with children, with everyone I met. My meaning for the value 'respect' grew as I began to intellectualise the competing complexities that I needed to take into account if I was to see other people as worthwhile regardless of their beliefs.

I found values a useful springboard for understanding my motives for acting as I do, for highlighting areas for improvement and for extending the role values can play. I agree with Whitehead that it is by recognising contradictions, times when personal values are not realised in practice, where the greatest moments of learning and change occur (Whitehead,1989). I recognise these times as feeling uncomfortable with a situation, more ill at ease than an immediate recognition of my failure to be congruent. For example, I now realise that the

defensiveness I experienced during the campaigning years was as much about my lack of respect for others' views as from their resistance to mine. Listeners must have felt criticised by me. I wanted people to believe me and to act *now* to improve things for children. I did not understand the process people needed to go through to consider their personal 'truisms', as I would need to do. The origins of my own personal beliefs and values, and their significance for my health visiting agenda, I explored in depth in one cycle of this research (Pound,2000). I identified 'respect for people' including acceptance of diversity, 'equity of rights for children' and 'autonomy' as values motivating me. I describe in some detail how these values expand in Chapters Six, Seven, Eight.

I am interested to find my values relate closely with those motivating social workers over the last four decades (Biestek,1961). I wonder how health visiting has by-passed recognition of the importance values could play in our work. Has our close allegiance to the medico-scientific world been influential here? Speaking about social work, Everitt and colleagues suggest that:

The essential values of positivism, objectivity, neutrality and determinism are at variance with the value base, and the purposeful and humble activities of social work ... Practitioners have much to learn from reflecting on the way people react to them'.
(Everitt et al,1992:35,110).

Health visitors also have much to learn about values, I think. Another social work writer, Butrym, pushes this further attributing a decline in the emphasis on morality in human life to be partly due to:

the primacy given ... to science and what is considered to be 'scientific validity'. This has in turn resulted in a decline in the status of philosophy, and so the absence of adequate philosophical reflection upon the nature of scientific activity and its effects upon society have encouraged the myth that science is value-free, as well as consequently a dichotomy between scientific thought and moral considerations. (Butrym,1976:41)

Amongst discussion about competing considerations in social work practice I notice similarities between the values usually cited (Biestek,1961; Butrym,1976; Horne,1987; Banks,1995). Respect for persons appears to provide a moral principle from which all the other values seem to be derived. Horne clarifies this by pointing to a common way of describing what is meant by this respect in that people should be treated as ends in themselves, not as means to ends (Horne,1987:11). I came across this same view when reading around human rights (Pound,1995a:13-19). My understanding now is that people have worth because of their inherent humanness as a first consideration. Respect for them because of their actual achievements, behaviour or because to do so is likely to realise particular results is secondary.

A second value described for social work is 'self-determination'. This reflects individuals' rights to manage their own lives and to make decisions concerning themselves. I see similarities here

to my recognition of the value of 'autonomy' for myself and my intention to foster it for others (Pound,2000). Other social work values commonly include a 'non-judgmental attitude', 'acceptance' and 'confidentiality'. I find these all relevant to health visiting as are two further basic assumptions on which Butrym says social work is based. One is:

a belief in the social nature of man as a unique creature depending on other men for fulfilment of his uniqueness. (Butrym,1976:45)

I draw close associations here with the basic human emotional need to feel connection with others for security and self-fulfilment (Lew&Bettner,1996). The second of Butrym's assumptions is:

a belief in the human capacity for change, growth and betterment. (Butrym,1976:45)

This optimistic stance is also a primary tenet of my view of health visiting in that I see people as basically good, worth the effort and likely to search for improvement as their personal resources allow them (Chapter Seven).

Looking behind the importance of values in practice, I relate to Maio and Olson's suggestion that for many people strongly held values are usually acquired during socialisation rather than developed through reflection. Values may simply be *truisms* in that they are rarely questioned and may be relatively bereft of cognitive support by the holder (Maio&Olson,1998:298; Pound,2000). I also found that analysing particular values causes them to change, especially where cognitive support had been lacking for them. This might partly explain Banks' observation that social work ethics and values have moved away from a 'list approach' because such general principles are so variously interpreted and not fully understood or lived by practitioners (Banks,1995:29). In my view, this provides another motivation for individual practitioners to explore their own values and the implications arising for practising and researching. It would be interesting to know how the nursing studies reported by Meyer and Batehup (1997) and Cowley and Billings (1999) would have been perceived by participants if the question-askers had been considering their own motivating values during the process. It follows that this would necessitate a different methodological approach and a research question that places researchers as 'I' in the centre of the study.

Ethical considerations emerge

6. How do I solve my concerns about the ethical dilemmas of researching whilst practising?

I started this research committed to the ethical principles employed in my previous study. They were to do with involving parents and keeping them informed, confidentiality, non-exploitation and ensuring families benefited from the process (Pound,1994a). The Ethics Committee found these assurances, along with my aim to improve practice through action-

reflection cycles, while collecting evidence, to be inadequate. My inability to describe a clear research plan that met their expectations made approval difficult to grant when they did not know what I was going to do. Where were the interview schedules or questionnaires I might use so that they could approve them? If I was to try interventions not learned in professional training, or proven by research, how could I be sure it wasn't dangerous? How could parents withdraw from co-operating if I was their inherently powerful health visitor? My difficulty was in trying to explain that my reflective enquiry was into my regular work as I endeavoured to improve it. Behind the frustration I experienced at the delay in gaining approval, lay important ethical considerations. My claim to be motivated by democratic values did not impress the Committee (journal,27.6.96).

Through the process of the research, I have come to understand associations between the professional code of conduct, medical ethics, human rights, human emotional needs and my emerging values. I did not understand any of this well enough to explain the ethical sensitivity of my intentions to the committee. After dialogue with the Committee, I decided to obtain informed consent for specific data collecting beyond normal health visiting, through individual information/consent letters (Appendix I). My intention was to place no pressure on parents to be interviewed or video-taped. Those who chose to take part said that being consulted about the course of the study and the transcriptions or videos I gave them were interesting to them. In the beginning, I did not know how the study would effect all families nor could I predict who would become the focus of special interest and feature in my field notes. I was acting as the health visitor so I did not provide written information about the study or seek consent from every parent. I have partly redressed this by speaking about the research informally and in practice newsletters to all patients. I now endeavour to be open about the focus of my current enquiry and consider all parents to be enquirers into their own parenting at some level. Many are in continuing dialectical relationships with me and with each other.

The UKCC *Code of Professional Conduct* (1992) speaks about promoting and safeguarding the interests and well-being of clients (code 1) and protecting confidential information (code 10). These considerations caused me to be more reflexive about what I wrote and to be open with families about my accounts of work with them (Chapters Five, Six). Concerns about confidentiality do not come from my having ideas about people, but from my writing field notes and keeping a personal journal with the possibility this writing might inadvertently be seen by others. Coded anonymity in field notes appears to be accepted practice to reduce risks to participants (Zeni,1998). I found this difficult as I made notes about an array of experiences which might become interesting or which changed my thinking. Sometimes the detail was more than would usually be recorded in the child health records but it is not always appropriate to tell parents preoccupied with a crisis that I am recording field notes about them. I now

endeavour to inform parents as soon as appropriate that I am doing reflective research, invite their engagement with the process and inform them that I may keep field notes about the process.

As I moved into report writing, I felt able to discuss most anecdotes I wished to write with the families concerned. Sharing my accounts provided further opportunities for discussion about the accuracy of my interpretation and its relevance for parents' own enquiries. I asked how I might assure their anonymity. Although the families I consulted volunteered that they did not mind being named, I decided against it because my friendly professional relationship meant I could not be certain my position had not influenced their decision (Chapters Five, Six). This is not the case with colleagues with whom I am in a more equal relationship. I agree with Zeni (1998:15) that instead of anonymity it is preferable to work in collaboration, giving full credit for involvement. This is what I have attempted to do in research relationships with colleagues where we were equally involved in generating ideas. All of our names appear in publications (Pound et al,2001a,b).

It appeared that families with long-term intractable problems might be worried by my account of their lives. Here I asked colleagues to check the validity of my interpretations. I recognise an 'ethic of care', in which I balance multiple factors in the situation, may supersede principle-oriented ethics (Cooper,1991; Chapter Seven:10). My openness with families increased as the study progressed leading to richer sharing of ideas. My understanding of the ethical dimensions of practice and research extended in relationship with the development of my values.

Creating alongside epistemological relationships

I wish to use the alongside epistemology growing from this enquiry in my search for ways of sharing explanations with those whose assumptions are grounded in different paradigms. I hope to cultivate open-minded, respectful communication while avoiding what Donmoyer calls the 'traditional response' (we talk sense, you talk rubbish) or a 'Balkanisation response' (leave them to get on with their business while we get on with ours) (Donmoyer,1996:25). When my dialectical engagement with others is achieved in this research, I enjoy new insights by challenging and extending my understanding. I hope similar experiences occur for the others.

Reflection on alongside relationships stimulated my insight into how much easier it is for me to give away power when I have it as a health visitor-researcher or as parent. When I feel secure and capable, I can afford to be open and generous and could claim power back if I felt the need.

In dealing with situations where children are at risk from their parents, I sometimes need to exert professional power in the interests of their children. On the other hand, I recognise different times when feeling powerless, small and frustrated as someone who's knowledge or very being lacks credibility, has a different result. In this situation I might waver between confidence sapping isolation and a desire to speak up and 'tell it how it is' hoping others will hear. This later subterranean side can surface in defence of my feeling diminished and powerless. This occurred in 2001, in a struggle to resist a hierarchical nursing structure that threatened existing democratic relationships as we created a new GP practice. Identifying my feelings helps me understand that other people may be feeling something similar. I need to work on being genuine and open and invite *sharing* of ideas while maintaining connections. If I hold to being *right*, I risk putting dialogical and dialectical possibilities at risk.

Following discussion about Ernest's framework in BARG (21.0.01) I began to integrate fuller meanings of alongsideness in parenting and health visiting into an alongside epistemology. I am aware people bring their own beliefs and knowledge to discussions. Many of these beliefs will be lifelong assumptions, and some will come from recent experience such as the expectations of research paradigms. Our knowledge is built on foundations of beliefs we hold, and act on, unless we find them unfounded. There may be little motivation for people to believe something different unless it is interesting and fits with other aspects of their emerging knowledge. In other words competing ideas do not diminish the person but are interesting and generate a need for enquiry. So who is alongside whom? In this case, I see alongsideness as a sharing of ideas between interested people. This is dialectical co-learning where everyone has knowledge and many endeavour to find out. Validity is established by rigorous critical questioning of explanations that uses individually established standards of judgement. My alongside epistemology moves me from urgency to make others understand, by using convincing explanations, towards a stance where I ask myself, 'how can I use my passion to engender a spirit of enquiry here?'

In this chapter, I have attempted to understand my epistemology in a way that I could explain within my own field of health care. I therefore chose an enquiry for this phase based in existing literature so I could understand and explain where I fit. The following chapters represent enquiry grounded in my practice with clients, colleagues and others. This part is about my own process of alongside enquiry, the emerging values and their embodiment over time. It is about my endeavour to enquire, the nature of my influence and the emerging standards by which my practice may be judged.