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Resisting Technical Rationality in Mental Health Nurse Higher Education: A Duoethnography

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Abstract

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Keywords

Duoethnography, Neoliberal Higher Education, Technical Rationality, Ideology, Null Curriculum, Mental Health Education

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Resisting Technical Rationality in Mental Health Nurse Higher Education: A Duoethnography

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This duoethnographic study has three aims: the first is to coherently situate our emerging duoethnographic dialogue in relation to an overview of both its parent methodology and related approaches within the narrative inquiry paradigm. Our second aim is to then enable readers to make contextual sense of our dialogue. We do so by prefacing it with a brief, focused overview of our theoretical, empirical and fiction work, and related literature, selected for the purpose of clarification. Following this, our final aim is to demonstrate in our dialogue the differences between our respective attempts as academics to work against the neoliberal ideology of technical rationality. We believe that this negatively impacts on contemporary mental health nurse higher education and thus necessitates our respective remedial contributions to this discipline. We conclude by considering the extent to which we feel we have met our aims and describing emerging implications for mental health nursing and other scholars, internationally. Keywords: Duoethnography, Neoliberal Higher Education, Technical Rationality, Ideology, Null Curriculum, Mental Health Education

As a contemporary approach in narrative inquiry, duoethnography is comprehensively overviewed by Norris and Sawyer (2012), seminal figures in the origins and development of the methodology. These scholars clarify that the key aim of engaging in a duoethnographic relationship with another is to identify, expose and thereby achieve a greater level of emancipation from some of the relatively hidden structures and features of oppressive ideologies informing their identities. This is achieved through an extended, critically reflexive dialogue, which should purposefully and selectively draw on elements from each author's *life curricula*, or relevant accumulated cultural experiences (Latz & Murray, 2012). In the context of its meaning in duoethnographic work, *ideology* refers to socially and culturally shared assumptions about aspects of life that are contingent rather than essential, through being shaped by contemporary and historic cultural forces, but which come to be regarded over time as *natural, obvious, common sense, just so, timeless and the way things should be*.

Exposing ideological shaping forces is one of the major strengths of duoethnography, because these forces are often neither adequately apparent to people implicated in them, nor sufficiently acknowledged publicly. Fundamental to the duoethnographic approach is the assumption that oppressive ideologies will shape and inform the cultures that duoethnographers work and live within, and will often negatively impact on their identities. Ideological constructions of reality privilege some ways of life, groups of people and related epistemologies over others, while naturalising, smoothing over and concealing ensuing exploitative, unequal, and contradictory social relations.

Duoethnography shares some of its aims, assumptions and practices with autoethnography, a close methodological relative within the narrative inquiry paradigm. Autoethnography is similarly underpinned by an assumption of a critical relationship between identities and cultures (Grant, Short, & Turner, 2013), and may be co-written on the basis of a collaborative dialogue (Grant & Zeeman, 2012). The extent to which autoethnographers write about themselves as either separate from culture, inscribed within culture, constructing culture in and through writing, or appearing as a cultural expression through textual performance,

varies across the genre (Allen-Collinson, 2013). However, resonating with the aim of duoethnography, a key fundamental aim of autoethnography is to expose and critically interrogate cultures which often escape scrutiny and are regarded as normative, benign or *just so*.

However, unlike much autoethnographic work, the two writers of a duoethnography are less inclined to identify and emphasize their empathic connections and similarities (Norris & Sawyer, 2012). Such a tendency is arguably characteristic of much qualitative research more generally, within which the differences between contributor voices are explored, and ultimately resolved through their co-absorption within a single emerging, transcendent story (Grant, 2014a). Duoethnography in contrast aims to celebrate tensions between writer identities, in illuminating the differences between writers' storied accounts of the ways in which they resist unwelcome ideological forces that they perceive as oppressively impacting their identities.

This points up a further crucial difference between autoethnography and duoethnography, which is that the latter is mediated by a central assumption of the self as "currere" (Pinar, 1994). This term refers to the notion of the self as a historically developing curriculum of lived experience, upon which ideologies are imprinted or over-written. Engaging in duoethnography facilitates both the identification of the nature of these ideologies and the ways in which they are resisted.

From this theoretical and methodological position, our shared purpose in working together on this duoethnographic project is to fulfil the aims of this paper, described above. We do so in relation to our immersion in nurse education cultures, as critically reflexive academics from a social and human sciences (Alec) and humanities background (Mark). We qualified as mental health nurses the mid-1970s and late-1980s, respectively, prior to embarking on our respective undergraduate and postgraduate degrees. Our scholarly backgrounds, and the ways in which these have played out in how we have made sense of our subsequent life experiences, simultaneously enrich and trouble our disciplinary allegiances to mental health nurse education. In particular, it is our scholarly – as opposed to disciplinary – backgrounds that have, we believe, enabled us to become more sensitively attuned than many of our nursing and mental health nurse academic colleagues to the stultifying effects of neoliberalised higher education (Grant, 2014b). These effects include the ideological power of teaching practices that proceed on the basis of technical rational assumptions (to be explained fully below in the *Theoretical basis for the duoethnography* section).

Method

Our duoethnographic study began formally in in the spring of 2014, in the context of a postdoctoral mentoring relationship. On the basis of my longstanding expertise and success in publishing in the area of narrative inquiry, Mark and I (Alec) agreed that I would work with him to help him develop experience in academic writing for publication, and that duoethnography was the most appropriate methodological basis for this. The conversations that led to this agreement, and to the choice of specific narrative methodology, began four years previously, soon after Mark started work with me in the same school in our University. These were around our respective dissatisfactions with mental health nursing and nurse education, and how we felt those dissatisfactions compromised our scholarly identities and integrity.

Guided by the work of Norris et al. (2012) on duoethnographic method, we met in late May 2014 for a formal conversation about those dissatisfactions, in the broader contexts of our professional identities. This conversation was recorded and subsequently transcribed by Alec. After agreeing the accuracy of the transcription, it constituted the main data source for successive iterations of our paper. These were crafted by Alec, shared with Mark, and amended on the basis of his feedback and the changes he made directly on the working document. This

process was supplemented by email exchanges and telephone conversations that helped increase our clarity about the aims, focus and content of the developing manuscript. After a final agreement about its content, it was submitted to TQR in January, 2015.

This first submission was accepted for TQR's manuscript development programme, and the feedback we received from Dr. Ora Robinson, the peer reviewer, proved enormously helpful. It necessitated a major re-write of the manuscript, done on the basis of a much clearer understanding of our duoethnographic aims and focus, and how the paper could be better structured. The second submission thus had a smaller number of specific aims that guided the shape, structure and conclusion of the paper. Its content was expressed more clearly, with a greatly reduced number of key concepts, better defined for readership accessibility. Finally, the revised paper was re-structured to clearly demarcate the difference between the duoethnographic dialogue and its theoretical contextual basis, which follows immediately below.

The Theoretical Basis of the Duoethnographic Dialogue

Alec recently wrote critically about the ways in which the neoliberal discourse has saturated university life internationally (Grant 2014b). In this paper, he argues that this discourse socialises academics to work harder, in unquestioning ways, in line with national and international economic objectives. At a broad ideological level, these objectives are portrayed as "naturally" coinciding with institutional professional and academic responses to public need, reflected in professional and educational policy. In his view, supported by others engaged in the critique of neoliberal changes to higher education, this results in mental health nursing knowledge being packaged and transmitted as "commodities." Reflecting a training rather than an educational agenda, these commodities are often comprised of sets of competencies that nurses are perceived to need in order to qualify for, and contribute to, the mental health labour market.

At a specific, work-related, ideological level, nursing competencies are frequently imbued with "technical rational" assumptions (Schön, 1987). Schön argued that technical rationality frames the world of professional education and practice in terms of well-formed instrumental problems that require specific techniques, strategies and algorithms to solve them. Alec argues that, when applied to mental health nursing practice, such a de-contextualised model of professionalism is overly simplistic and one-dimensional. Because of this, technical rational curricula often fail to adequately address the skilled nursing knowledge and related practices needed to by students to help them engage in the messy and complex identities, relationships and life and treatment environments of contemporary mental health service users (Grant, 2015).

In Alec's view, such engagement requires an educational curricula that, instead, promotes "professional artistry" (Polanyi, 1967; Schön, 1987). In practice, professional artistry requires critically reflexive levels of increasing organisational and political awareness. This is because, in all of its aspects, mental health nursing practice is political, historically contingent and socially and environmentally contextual. It is political because it takes place within power relationships. It is historically contingent because it happens at particular points in time, with guidelines and expectations around how mental health nursing is perceived and practiced determined by associated policy and public perception. It is socially and environmentally contextual because it occurs within specific configurations of relationships, events and work settings.

Alec contends that the technical rational training agenda in mental health nursing marginalizes and silences a source of knowledge vital to the practice of professional artistry. This is to be found in narratives based on lived experience, which are often currently relegated

to the status of non-evidence based knowledge (Bach & Grant, 2015). With colleagues, he has recently used such narratives – provided by service user contributors from the USA and the UK – to expose abusive experiences perpetrated in the name of institutional psychiatric treatment (Grant, Biley, & Walker, 2011). These narratives give the lie to assumptions of psychiatric treatment environments as neutral, unproblematic backdrops to mental health nursing practice, as conveyed in many mainstream professional and educational texts. Moreover, these texts, and related mental health nurse educational curricula, do not up to this point in time seem to value multi-faceted lived experience knowledge written by “hybrid” narrative researchers who are simultaneously mental health academics *and* survivors of the institutional psychiatric system (Grant, Leigh-Phippard, & Short, 2015).

As a novelist (Radcliffe 2010, 2013), Mark is also concerned about the contingent political, historical and contextual nature of mental health problems, treatment and institutional psychiatry. However, his work explores this from an arts, rather than social science, paradigm. His second novel dealt with the ways in which a group of mental health nurses, working in the psychiatry industry in the late 1980s, were affected by the policies and related environmental changes of that time. These shifted the locus of treatment and care of psychiatric patients from Victorian asylums to community facilities, for economic and political rather than genuine therapeutic reasons. As a result of this, the characters in his novel experience an irreversible erosion of their original human caring values, which continue to trouble decades after they decide that they can no longer remain and practice in the mental health nursing profession with integrity.

On the basis of all their work described above, Alec and Mark constantly work towards troubling neoliberal ideology, including in its technical rational variants, in their teaching and writing. However, they are frustrated that their concerns do not often seem to be acknowledged, or indeed recognised, by many of their colleagues locally and internationally. Alec makes sense of this in the light of the “Functional Stupidity” theory of organisations (Alvesson & Spicer 2012). Alvesson and Spicer describe functional stupidity as a cognitively and affectively-informed unwillingness or inability to employ reflexivity, justification and substantive reasoning in work organisations. In this context, *reflexivity* refers to the active questioning of organisational knowledge claims and norms by organisational members. *Justification* entails that these members routinely both demand and provide reasons and explanations for decisions made within organisations that impact on professional practice. *Substantive reasoning* constitutes the act of engaging thinking as broadly as possible in relation to professional practice and related work problems. This contrasts with applying thinking myopically, in technical rational ways, to practices and problems that pay insufficient regard to their contextual bases and referents.

The Duoethnographic Dialogue

Alec: On opening this dialogue Mark, I’ll attempt to describe what my identity as a mental health nursing academic means to me right now, as fully as I possibly can. Over the course of my academic career, I have increasingly come to believe that technical rational principles and assumptions are accepted on the basis of straightforward educational need, rather than ideology, in relation to nursing higher education. I am also aware of the extent to which a technical rational agenda claims exclusivity in driving nurse education in the UK and internationally right now, at all levels, from policy through to training and practice. The issues that most trouble me in this regard are that technical rational curricula insufficiently acknowledge the contextual complexities of mental

health nursing practice. These include the – often hidden – structures of power that inform this practice, and lived “expert by experience” knowledge.

I use every opportunity I can to expose the problems in technical rational understandings in the classroom and in my research and writing. I teach provocatively in undergraduate and postgraduate degree programmes, emphasizing the need for nurses to develop increasingly greater levels of critical reflexivity. I believe that this is the hallmark of practice informed by professional artistry, and that nurses need to develop in this way to help them better understand the ways in which they are caught up in structures of power. These structures link to abusive and oppressive practices, which often go unacknowledged by nursing students, and their colleagues and managers in their work placement organisations.

My teaching is informed by my scholarship and research, within which I unashamedly position myself as both a mental health and mental health nursing academic, with a background in mental health professional practice, and a survivor of the UK psychiatric system. From this, “hybrid,” identity position, I am in a privileged position to expose various forms of abuse and oppressive practice. Such practices are often perpetrated in the name of “treatment” and “care” by institutional psychiatric services. From a technical rational perspective, these services present themselves as evidence-based and helpful, while being frequently blind to, or defended against, the ways in which they are complicit with various forms of abusive practice.

I believe that my teaching and scholarship therefore challenges some of the assumptions about what constitutes “professionalism” in UK and international mental health nurse practice. I have in the recent past, for example, written about my experiences of “Not In My Backyard” (NIMBY) reactions to my work. These reactions were voiced by North American and UK mental health nursing academics, who, while simultaneously praising my bravery in *outing*, criticized it on the basis that it carried a major career damaging risk for myself, and for others who might follow my lead.

I found their feedback helpful and illuminating however, as it further confirmed for me the existence of a significant *null curriculum* at play in mental health nurse education. I use this term to refer to important knowledge that is normally excluded from teaching and writing. In my view, such knowledge is excluded precisely because it challenges taken-for-granted assumptions and policy- and professional-led principles that inform dominant curricula. The null curriculum I’m referring to is apparent in the mental health nursing programme in our own institution. On the basis of my international peer review and external examiner and consultancy work and experiences, I believe that it is also perhaps a feature of mental health nursing curricula at an international level. This is that hybrid identity teaching and writing that draws on narratives of lived experience does not as yet have an established place mental health nursing knowledge and practice because of an assumed need to maintain a clear demarcation between nursing professionals and “mentally ill” patients, where the former group cares for the latter one in fundamentally caring rather than potentially and sometimes actually abusive environments.

However, although I feel ethically driven to write and teach on the basis of the null curriculum, I constantly agonise about the relative success of such “ideology busting” scholarship in the total scheme of things. Moreover, I feel constantly troubled and somewhat paranoid about the tensions between what I teach on the basis of my scholarship and lived experiences and what my managers would prefer me to teach. What is at stake here in our own institution is the perceived threats to an assumed *partnership* relationship between the nursing academy and local nursing practice organisations, within which it’s arguably politic to not be seen to be too critical.

Mark: What you've said is very interesting, Alec. What brings me to the duoethnographic table is the fact that although I am employed as a mental health nurse academic, I consider myself primarily a novelist. Because of this, what meaning I make from the world emerges in the first instance through fiction. I am by a coincidence of life circumstances a novelist with a background in mental health nursing and nurse education.

My fiction writing informs my interests and teaching in mental health nurse education, and I think gives it authenticity. This interest is implicitly political in that I am drawn to the ways in which power expresses itself in relationships and the language used to mediated these relationships in mental health nursing culture and practice, at all levels. I am sensitive to what I perceive as the construction of mini-industries that emerge from stories of what mental health nursing is supposed to be about, with research being one of those stories. I admit that the bridge between writing fiction and trying to offer something scholarly that has integrity in mental health nursing education is a challenging one for me. My second novel, *Stranger than Kindness*, has political elements to it. The critical backdrop to the novel is that mental health nurses' lived experiences are shaped by the institutions and related ideologies they find themselves working in. A major element in this backdrop is a satirical view of the power of *Big Pharma* – the global pharmaceutical industry as it pertains to mental health. The book is about what happens to good people with a background in mental health nursing when they are cumulatively hurt or damaged by the things they see or become part of. I think it is an attempt to re-humanise the meaning and significance of the embodied and relational struggles people have to negotiate and engage with, as they accumulate the effects of major life stresses and difficulties over time.

Alec: I think that the critical picture you paint is inescapably true Mark. However, this is only partially acknowledged in mainstream mental health nursing textbooks, and not usually in ways that encourage nurses to reflexively critique the institutions they work in and the ideologies that inform their practice and professional and private lives. From the technical rational perspective of evidence-based nursing practice, the supposedly best possible solutions for service users' problems are stated in ways that pay grossly insufficient attention to the shaping contexts of both nurses' and users' experiences.

Mark: This observation, of institutionally-related ideology shaping, is neither unique nor profound. It derives from the writings of any number of critical theorists. However, I don't want to write explicitly message-carrying novels, as these tend not to be very good. In fact they are often clunky and childish. Good novelists do not write novels in order to campaign, instruct, or message their readers. That would constitute a bludgeoning of the sensibilities. Instead of producing fiction to convey messages, my writing is informed by my imagined world, and my particular gaze. In essence, what I produce emerges from my embodied sense of the world and my curiosity. I find out by writing whatever it is I happen to *know*.

In relation to this, while I admire the capacity of scholars and academics generally to contribute to our refinement, advancement and indeed betterment, I am deeply suspicious of some elements of scholarly culture in mental health nursing and more generally. I believe passionately in the traditional place of the university as a civilizing institution. However, the increasingly neoliberal economic backdrop that you talk and write about combines with and

what I perceive as an intellectually conservative instinct in mental health nursing academe generally. This results in a tendency in mental health nurse teaching and writing towards the reactionary, the restrained, or to a collusion with questionable mainstream institutional mental health practices. In essence, our higher education in mental health nursing culture dictates that certain methods, questions and contributions are valued organisationally, professionally and economically over others, because they fit with dominant cultural patterns and forces. By dominating the mainstream these cultures also dictate the nature of our responses to it.

On the face of it, I am mindful that this might be construed by many mental health nurse academics as an over-generalization that borders on petulance, or as little more than an excuse not to engage with the positive side of mainstream mental health nurse education and writing. However, it reflects my own critical position conveyed in my fiction writing, and I believe that although this is informed by a quite conscious and strategically used naivety, it is not without worth when used as an educational tool in mental health nurse curricula. If nothing else, my own novels and other fiction writing make us more sensitive to, and remind us, of our eternal responsibility to notice the expressions of power implicit in mental health nursing interventions, and to be mindful of what contributions these interventions make to the moral world.

I think that this results in an eternal elephant in the room for social scientists like yourself, working in mental health nursing education, and that elephant is art. Art offers us a long and rich history of exploration and humanity around what's good in the world. As an artistic modality, the novel is the greatest record of human consciousness. The novel shows us *us*, albeit not in a language that much of social science can read or that the more conservative and, in my view, intellectually timid disciplines like nursing and nurse education feel able to embrace.

Alec: Okay Mark, I guess we've both laid our cards on the table at this point. I can see that my critical social scientific stance means that I seem to cope in nurse higher education and challenge its ideological technological rational bases by being combative in print. In contrast, you appear to have found a place of the aesthetic margins, which enables you to protect your particular set of values. In this context, you seem to place great stock in creativity and the imagination as scholarly and pedagogic resources, using the novel as both a methodological and teaching tool.

A more pressing issue for me though is that we can't escape from the fact that our respective resistance to oppressive ideology styles forces us to constantly exercise critical reflexivity. What I see around me in mainstream mental health nurse education is exactly the opposite: an organisational picture of a relative absence of such reflexivity. Of course, to *do* organisational reflexivity to recognise and deal with the experiences of ideological oppression is to cross the rubicon. Doing so, invites censure, "othering" and unpleasant, defensive negative labelling from colleagues in mental health nurse education and practice.

I feel that I am constantly walking a path between two mutually antagonistic worlds. One is the world that you and I, along with very few other allies in mental health nurse higher education, work in and contribute to in different ways according to our critically reflexive sensibilities. In the other world are the education and practice colleagues who seem to express the caring qualities of nursing in glowing terms, from an insufficiently scrutinized humanist perspective, as self-evident truth rather than ideology. This allows academics and practitioners inhabiting this world to over-invest in success stories. At worst, these stories are about nurses turning people's lives around in institutional and organisational contextual vacuums.

An ideological function of these stories is to either minimize or ignore the contextual features of institutional psychiatry that lead to abusive rather than success experiences for both mental health service users and nurses. From my position in the critically reflexive world, I believe myself to be doing the opposite. I constantly expose difficult and uncomfortable teaching and writing on such ideologically challenging issues and topics to mental health academic colleagues, nursing students and mental health users and survivors. I believe that this rescues them from being constantly ignored or left to languish in the curricular margins.

Mark: What you say makes sense to me and I immediately find myself wondering *how do you sustain that?* It seems to me that your working between these worlds might be exhausting. Most strikingly, as you imply, you are constantly in danger of, and actually, being labelled for this, aren't you? This can be quite benignly patronising; I've heard people say "Oh Alec, always challenging, he's like a walking library, what would we do without him?" Or it can reinforce your experience, and fear, or marginalization. And of course I am mindful of what you know yourself already: the accusations of self indulgence that too much critical reflexivity represented by teaching from autobiographical knowledge can bring. On the other hand, to not challenge oneself and others in the ways that you do seems to me to risk being crass and inauthentic.

Because we both work in opposition to dominant norms and assumptions, we are thus in part constructed by what we oppose. I think my long term position on mental health nursing has evolved through an opposition to anything resembling oppressive practice, injustice or the subtle and harmful (and recurrent) expressions of power or violence. Additionally, aware of the corrosive effect of defining oneself in opposition to things, I also think I evolved a way of existing within organisations and cultures by staying separate. For me, being creative became the heart of this.

Alec: I think I'm now beginning to get a sense, Mark, of where we come together and move apart. I could not have got to this point in my life and career without a critical grounding in the social sciences, which I think nurses and nurse educators badly need to move them more out of what I regard as their ideological blindness. Indeed Mark, we both seem to want our contributions to mental health nurse education to shake people up, and help them develop more curiosity about their own lives, and the lives of people they try to help, and contexts which underpin these. But, equally, we both use up quite a lot of our emotional energies to survive in what we often experience as inauthentic higher educational environments. In so doing, we try to exercise our respective talents and contributions in different ways. You withdraw whereas I take up arms.

Mark: I feel that trying to be productive is a responsibility, and I am fearful of not being so. I believe that modelling how to *be* is a key element of teaching, in contributing educationally and morally to the student experience, in order to do some good as a nurse educator. I believe, more broadly, that this is an important part of education in the public services and I care very much about how I interact and support student learning. I think that I turn my attention to simple moral expressions as a way of separating myself from some of the more monolithic and bureaucratic aspects of the organisation. I read this as a reclamation of purpose in the face of neoliberal ideological dominance.

Alec: I'm interested in what all of this might mean at an organisational theoretical level? I think that Functional Stupidity theory casts light on organisations where critical reflexivity is regarded as an anathema and threatening. I think this theoretical position helps explain why many of our colleagues are more likely to make sense of their lives according to the dominant ideologies of the organisations, and wider institutions, within which they are positioned. Teaching and writing activities that do not fit with these are likely to be neutralized in various ways. An example of this is the negative, trivialising and dismissive response of academics in our organisation to your championing fiction as methodology, and to my autoethnographic work. Another is what I perceive as a tendency towards a grudging, reluctant and qualified acknowledgement of the relevance of our respective contributions for the local mental health nursing curriculum. In regard to the content of my teaching for example, I often here statements from my nurse academic colleagues and managers, along the lines of "Very interesting Alec, but the students aren't ready for it. This is postgraduate level work." I think this actually reflects a state of perpetual deferral of the relevance of my work, at all levels, since I often hear equivalent comments expressed about it in relation to its relevance for postgraduate courses. I believe that all of this really signifies that it's the academics, rather than the students, who aren't ready for it.

It is tempting to extrapolate from this state of affairs beyond our own institution. It seems to me that an implicit curricular rule may always be operative in many mental health nursing, and I suspect, other higher educational disciplinary cultures in the UK and possibly elsewhere. This rule can be expressed as: "*if it don't fit, it don't exist.*" It arguably results in a form of enforced narrative invisibility imposed on knowledge areas and sources that challenge and threaten mainstream assumptions, which are accorded null curricular status by default.

Mark: Isn't it ironic Alec that you can lend the organisation credibility and breadth through being positively framed as an intellectual *maverick* in the wider scholarly community? From this perspective, you may be perceived as a role model of good critical scholarship, while locally your experience might simply reflect our organisation's tolerance of its irritants. I wonder if that situation is changing? I wonder if, as neoliberalised universities increasingly come to regard themselves as corporations rather than *idea gardens*, working on the margins, developing critical perspectives that challenge, or simply trying to produce ideas or work that does not conform to the clearest revenue stream, will make discussions such as ours not just marginal but alien. This is precisely why I think we need to be encouraging these sorts of discussions right now through the production of this paper.

Alec: In drawing our dialogue to a close Mark, What I'm left with is the sense that both of us are caught up in a kind of continual ideological war. We do our best to defend our own values at the null curricular level while simultaneously trying to infiltrate a normative nurse education pedagogy with those values at the explicit curricular level. If we had not engaged in the process of writing this paper over the last few months, all of this would have remained much more invisible to us individually and together, and would not have been available for readers of our work, so I'm very pleased that we did so. I'm left thinking that what we do best is in planting the flowers from our respective ideas gardens in

the barren ground of technical rationality. This gives it life, colour, dimension and variation, so I hope we never stop doing this, in spite of the neoliberal agenda!

Conclusion

Working on this duoethnographic study has, we believe, enabled us to meet the three aims described at the outset of this paper. We have situated our duoethnographic dialogue within a discussion of the approach and related methodologies more broadly. Doing so, and providing context in our previously published theoretical, empirical and fiction work and related literature, will hopefully enable readers to make better sense of our dialogue. We have coherently set out and discussed in the dialogue our respective ongoing attempts to resist technical rational ideological forces in our academic work and lives. The overall process of working on the study has proved enormously useful in in this regard. It has enabled us to achieve considerably greater clarity about our respective positions, in terms of our similarities and differences, and, we believe, move forward in our careers with greater confidence in the integrity of our scholarly identities. Finally, we hope that our work may help others, in mental health nurse education and beyond, in considering the possible relevance of the duoethnographic approach for tackling the perceived negative impact of ideologies informing their own scholarship and academic practices.

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