

# The power of the name

An integral part of any research study is the assignment of names to phenomena of interest. The linguistic nuances accompanying names are frequently neglected, with a resulting significant affect on nursing research and on the tenor of nursing knowledge. Concept analysis is an important strategy for surmounting the difficulties associated with the process of choosing and modifying names. Examples of the naming process in two areas of nursing research are used to illustrate the influence of concept analysis on the development of nursing knowledge.

**Mary E. Müller, PhD, RN**  
*Perinatal Consultant*  
*Columbus, Ohio*

**Laura Cox Dzurec, PhD, RN**  
*Assistant Professor*  
*University of Maine*  
*Orono, Maine*

That which we call a rose  
By any other name would smell as sweet . . .  
—William Shakespeare<sup>1</sup>

**B**UT HOW would we call it to mind? Does “red, thorny flower” bring up the same memories, fantasies, facts, and feelings as “rose”? “What’s in a name?”<sup>1</sup> This article will examine names to reveal their powerful implications for the direction of nursing research.

One might argue that nursing research is driven by a quest for knowledge in the service of patients. This article argues that nursing research is driven by something much more subtle—something that, although profoundly visible, is hidden. This “something” is the power of a word or phrase, accepted as the name, the foundation of an area of study. The name becomes the key to unlocking a series of doors leading to one perspective of knowledge. This article will present examples from two areas of study: maternal-fetal attachment and severe mental disability.

## NAMING, RESEARCH, AND KNOWING

Early researchers who studied the maternal-fetal relationship adopted the name *maternal-fetal attachment*.<sup>2,3</sup> As a result, most subsequent researchers interested in prenatal relationships referred to these relationships as attachments and featured attachment theory in the theoretical framework or literature review.<sup>4-6</sup> Attachment theory includes a variety of foci, from the imprinting characteristics of baby ducks to the loneliness experiences of elders who have lost their attachment figures. This specific range of foci has shaped the considerations of researchers seeking to understand the "attachments" of mothers and their unborn babies. The name "maternal-fetal attachment" has directed researchers to place more emphasis on attachment theory and less on alternative theories, such as maternal adaptation, symbolic interactionism, or other theories that may have been equally or more relevant to an understanding of maternal-fetal relationships.

In the area of severe mental disability, the successes of neuroleptic medications and, more recently, the political influence of advocacy groups, have fostered the growth of a biologic paradigm to explain mental disability.<sup>7</sup> Although in fact practically nothing is known about the nature of schizophrenia,<sup>8</sup> professional research efforts, as well as sources of potential funding, are concentrated in the area of biophysiologic processes that might be synonymous with mental illness. To be called "mentally ill" is to have some sort of biophysiologic deficit, albeit of yet unknown character. Research in psychosocial and communication processes is essentially scorned in the current milieu.<sup>8,9</sup>

What if Rubin's<sup>10</sup> name for the maternal-fetal relationship, "binding-in," had been adopted, thereby aligning maternal-fetal attachment research more closely with theories of maternal identity and experience? At this point, it is hard to imagine such an alternative path because of the influence of the name "maternal-fetal attachment" on the extant writing and thinking in this area. One might speculate that with the name "binding-in," there may have been more emphasis on mothers' physical experiences of the fetus and on their understanding of pregnancy and motherhood. The name would have directed research toward a different knowledge about maternal-fetal relationships.

What if researchers and practitioners accepted Lidz's argument "that schizophrenic patients have been raised in specific types of seriously disturbed or distorted families"?<sup>11(p8)</sup> Could such an emphasis alter the chaos currently characterizing community treatment for people with severe mental disabilities,<sup>12</sup> a large majority of whom are patients with schizophrenia?

When researchers chose the word "attachment" rather than the phrase "binding-in," and when they chose to view mental disability as physiologic, they selected the nuances that would accompany the development of knowledge about those phenomena. If this selection was made ignorantly of the nuances that accompany every word in every language, the researchers who made it were not alone. Researchers generally neglect linguistic nuances when they choose names. These nuances include the various meanings of any one word, the images that are peculiar to that word at a given point in history, the theories that have incorporated that word as a name or adjective, and the emotional or political contexts of the word. Re-

---

***When linguistic nuances are ignored, inordinate time and effort are spent in supporting the veracity of the name, rather than developing knowledge about the phenomenon itself.***

---

searchers' neglect of these linguistic nuances results in frustration.

For example, research findings may be contradictory to the reigning body of knowledge or to findings of other similar studies. Replication studies conducted for the purpose of validation may yield unanticipated or even unwanted findings. In situations in which the design, instruments, and sample selection have been influenced more by the linguistic nuances of the name than by the phenomenon of study itself, these sorts of anomalous, unsatisfactory findings occur. Furthermore, when linguistic nuances are ignored, inordinate time and effort are spent in supporting the veracity of the name, rather than developing knowledge about the phenomenon itself. Neglecting the power of the name is a problem for researchers across the dominant research paradigms in nursing.

### **THE TENACITY OF POLITICAL FORCES ACROSS RESEARCH TRADITIONS**

The naming of phenomena and the conducting of nursing research ostensibly are for the advancement of nursing knowledge and the improved care of patients. There is obviously a political aspect to these processes, however: the author/researcher must be accepted by the scientific community and

appreciated for thinking in a currently acceptable way to have his or her scientific work taken seriously.

The name chosen by a nurse researcher has implications not only for patient care but also for researchers' potential for publishing their work. Obviously, publication of research findings is essential to the integration of such findings into patient care. Opportunities to test research findings in patient care settings are essential to the development of further relevant research. Researchers across paradigms who desire to make optimal contributions to nursing science and to patient care are influenced by the power of the name.

### **Empiricist tradition**

Empiricist researchers use a variety of techniques to answer questions of description, prediction, and control. They name variables of interest before studying them so that they *can* study them. The researcher's choice of research design makes known the name the researcher has assigned to the concept of interest. Empiricist researchers expect that the chosen name is, indeed, what it says it is or, even more appropriately, what the literature says it is. They rarely consider that names, by virtue of their relationship to every other word in a language, encompass additional meanings, implications, and theoretical networks.

The empiricist researcher's aim—to define the name before conducting the research—is championed by the review of literature preceding every empiric study. By virtue of their choice of research method, empiricist researchers particularly neglect linguistic nuances of names with long histories that have been subject to extensive empiricist study. Extensive study usually implies that one name has been generally

accepted by researchers examining a given phenomenon. Thus, while such phenomena appear to be well understood, it is more likely that researchers have a better understanding of the name given to those phenomena than of the phenomena themselves.

At the beginning of the research process, the empiricist researcher chooses a name, which leads directly to the pertinent theoretical literature and subsequently to a review of the studies about that name. In a computer search of the literature, the researcher uses key words, and all subsequent decisions regarding the research emanate from the key words. Because research is based on the key words chosen, the researcher becomes almost like a pawn in a chess game. In the area of prenatal relationships, the choice of the name "maternal-fetal attachment" exemplifies this situation.

### **Phenomenologic tradition**

Researchers in the phenomenologic tradition are concerned with questions of meaning, understanding, and description. This tradition is an umbrella for many kinds of research often referred to as "qualitative." Phenomenologic researchers do not begin their research by defining specific variables. Instead, they identify phenomena of interest and coax their definitions and accompanying names from the data. For the phenomenologist, names are not defined according to a body of literature but rather emerge from the shared experiences of the respondents and researchers. The goal of phenomenologic researchers is to unearth the essential characteristics of a given phenomenon. Research respondents themselves may label their experiences by using a particular name, or their repeated, similar descriptions

of an experience can strongly influence the researcher to impose a name. In either case, the phenomenologic researcher believes that multiple meanings, implications, and theoretical networks are embedded in the words that manifest themselves as the name. Despite this, phenomenologic researchers have no more advantage with regard to the immutability of the name than do empiricist researchers. The phenomenologic researcher personally operates within a context of established names. Those names influence the perspective taken by the researcher, regardless of efforts to strip away contextual factors.<sup>13</sup>

For example, Dzurec<sup>14</sup> investigated power experiences of people with chronic schizophrenia. Power did have meaning for the subjects in the study. However, the description of the experience of power by study participants who were labeled "mentally ill" was not the same as that by people who were not considered schizophrenic. The name "power" took on context-dependent meanings, assigned to some degree by a reality circumscribed by already established names such as "brain dysfunction." Like the empiricist researcher, the phenomenologic researcher cannot be too careful about describing the context within which the meanings of phenomena are understood.

### **RESPECTING THE POWER OF THE NAME**

Names are not immutable hooks for ideas. Researchers, who by default must use names, need to recognize the limits those names impose on their work. From the moment the researcher chooses a word, he or

she becomes embroiled in the “baggage” that accompanies the word: all of its synonyms; all of its antonyms; and all the divergent ways that people can use it in their thinking. A good researcher will not be discouraged by the intricacy and the implications of the name. Instead, he or she will simply acknowledge the complexity of the reasons for selecting, using, and changing names. Good researchers will quickly see that names and the context in which they are chosen—rather than the phenomena of study themselves—often drive nursing research and nursing knowledge. Choosing a name in either paradigm is a matter of awareness. Differences in the choice process across paradigms result from the peculiarities of the paradigm, not from characteristics of the phenomenon of study itself.

In 1981, the term “maternal-fetal attachment” was introduced in the maternal-child literature. Did the introduction of this term to supersede the term “binding-in” reflect an evolution or growth in our understanding of the relationship between mother and fetus? What advantage did it offer over “binding-in”? Did the introduction of this term reflect a growth in the nursing knowledge about the phenomenon or, instead, the concern of the 1980s and 1990s with technology, the growing knowledge of fetal development, and a lessening value on the natural development of loving relationships?<sup>15</sup>

Does the current focus on physiologic bases for mental illness (and the resultant concentration on funding to develop new technology and new knowledge in the area of brain pathology) reflect an evolution of our knowledge about mental illness, as the surrounding enthusiasm would suggest, or does it reflect, instead, the powerful influ-

---

***Inventing or using a new name absolutely mandates that the researcher clearly define the conditions, context, related ideas, and limits of the name.***

---

ence of contextual forces—advocacy groups, direction of technology development, and funding initiatives, for example?

Nurse researchers use names such as “maternal-fetal attachment” and “brain pathology,” because those names make their work potentially more acceptable to other scientists. Using a name to align an area of study with acceptable and powerful theoretical stances provides certain guarantees. Basing one’s research on a name consistent with a long-standing and highly regarded theoretical tradition promotes potential funding and publication of the work. Basing one’s research on a name that has been widely researched provides entrée to a rich body of theoretical and research literature, thereby ensuring that the author will have something to talk about in a publishable paper. However, researchers’ use of established names implies concomitant responsibilities.

To perpetuate a name only because it is already recognized and accepted limits the validity of the research using that name. Names need to evolve as understanding of relevant phenomena evolves. Names are most useful if they are grounded in what is generally recognized as reality. Purposely halting the naming process is unethical and may invalidate future research.<sup>16</sup> Naming a phenomenon, addressing the name as “common knowledge,” and failing to deal with its full implications can be research’s first step

in the wrong direction. Often a new name is needed.

However, inventing a new name may be a fruitless venture in a context in which established knowledge interdicts development of a novel name. Thus, time and effort must be invested in assessing the readiness of the discipline for a new name. Furthermore, inventing or using a new name absolutely mandates that the researcher clearly define the conditions, context, related ideas, and limits of the name.

### MAXIMIZING THE VALUE OF THE NAME

Clearly, naming is an important process in nursing research. Whether selecting a commonly accepted name or a novel name for a phenomenon of interest, the astute researcher has essential, fundamental work to do to maximize the power of the name. This work is twofold and entails (1) recognizing the cultural, social, political, and historical contexts shaping the direction of nursing knowledge and (2) purposefully selecting the name that conveys the researcher's best understanding of the phenomenon within those contexts. Through this process, the astute researcher, instead of succumbing to the comfort of popular labels or to the excitement of something novel, will validly represent phenomena of interest in a way that people will hear and recognize. Such an approach is consistent with a post-structuralist view regarding subjectivity and knowledge development.<sup>17,18</sup> It is consistent as well with empiricist<sup>16</sup> and phenomenologic<sup>19</sup> views of knowledge advancement.

The steps involved in concept analysis outline a process appropriate for maximiz-

ing the name. Concept analysis has been widely used in nursing research and theory development,<sup>20</sup> but, contrary to popular practice, such analysis must include consideration of the political, historic, social, biologic, environment, and psychologic contexts in which a phenomenon is found *before* the name is imposed.

Wilson<sup>21</sup> identified one approach to conducting concept analysis. The temperament of the researcher is Wilson's first consideration. Nurse researchers can prepare for the experience of choosing the name by grounding themselves, recognizing that the task is neither overwhelmingly complex nor ridiculously simple, neither compulsive to the point of obstructing thought nor fluid to the point of magniloquence, and neither superficial nor moralistic. Once in a constructive frame of mind, the nurse researcher is prepared to take on the business of choosing the name through concept analysis.

The cognizant researcher will recognize that in most situations of naming, numerous issues—specifically, those discussed in this article—come to bear on the final choice. As a result, the phenomenon itself is already established in a context that is fact and value laden. As the researcher begins to choose an appropriate name, this context must be stripped carefully away through the process of concept analysis.

First, the investigator isolates questions of concept from questions of fact and value. For example, the investigator sorts out issues germane to what maternal-fetal attachment is or what power is *before* endeavoring to determine who can experience it. This is a long-range goal requiring continued vigilance on the part of the researcher as he or she moves through the other steps of the process of choosing a name.

Second, the investigator describes the social context in which the phenomenon is expected. Questions the investigator can ask include: "Who can experience this phenomenon?" "When?" "Why would one experience it?" This endeavor is assistive in clarifying the links among the concepts typically associated with the phenomenon. It prepares the investigator to do further analysis and perhaps further data collection and clarification.

Third, the investigator establishes the practical significance of the name. In the case of maternal-fetal attachment, at issue are the implications of the phenomenon of maternal-fetal attachment on mother-child well-being. In the case of severe mental disability, at issue are questions regarding the questionable physiologic/psychosocial/spiritual basis for mental illness and the implications of that basis for social and clinical treatment. In choosing the name, the investigator must identify the implications of that choice. It is not enough to say, "Yes, mothers and fetuses attach," or "Yes, people with severe mental disability can be powerful." The investigator also must ask, "So what?" This question is particularly important to the development of knowledge in an applied discipline such as nursing. The aim of nursing is not to define terms for all times, but to identify how those terms will be used by people in society.

Fourth, the investigator recognizes the psychologic implications of the choice of the name. What anxieties are raised for the investigator personally, for patients, for the research community, for practitioners, for families, and for the political establishment by identifying people with schizophrenia as "powerful" or by identifying mothers as "attaching" to their fetuses?

Fifth, the investigator describes the conditions under which the phenomenon can be expected to occur. For example, by maternal-fetal attachment, do we mean a process undergone by all pregnant women, or a process experienced only by women who have a particular relationship with the fetus? Are the power experiences of all people going to be similar, or will those experiences vary for people with established mental illnesses?

Sixth, the investigator identifies a variety of cases that provide instances of the phenomenon in an effort to establish its essential features. For example, a researcher might observe a pregnant woman rubbing her abdomen and talking to the fetus within. Is this an essential feature of maternal-fetal attachment? A researcher might observe an individual with schizophrenia feigning physical illness to avoid participating in an activity. Is this an essential feature of power for people with schizophrenia?

Seventh, and finally, the investigator constructs and publishes a carefully delineated argument clarifying the rationale for the choice of the name. Reviewers of the research then can decide whether the choice was relevant for them, and the process, heretofore clandestine, can be made public.

• • •

Through a carefully planned and executed process, nurse researchers construct the discipline of nursing. With regard to the power of the name, there are two alternatives: nurse researchers either actively choose the names that will provide their perspective on knowledge, or they accept extant names by default. Contextualized concept analysis empowers nurse researchers to provide legitimate direction to the discipline of nursing.

Although well-conducted concept analysis is time consuming and arduous, it is manageable. As Wilson noted, "the analysis of concepts is a rather sophisticated form of communication. . . . We have to learn how to proceed in the same way that we learn

how to play a game . . . by actually *doing* it. . . ."21(p20)

Nurse researchers have a responsibility to the discipline to recognize and consider the names that define the discipline. After all, what's in a name?

## REFERENCES

1. Shakespeare W. Romeo and Juliet. Act II, Scene II, lines 43-44. In: Craig H, ed. *The Complete Works of Shakespeare*. Chicago, Ill: Scott, Foresman; 1961.
2. Cranley MS. Development of a tool for the measurement of maternal attachment during pregnancy. *Nurs Res*. 1981;30(5):281-284.
3. Weaver RH, Cranley MS. An exploration of paternal-fetal attachment behavior. *Nurs Res*. 1983;32(1):68-72.
4. Kemp VH, Page CK. Maternal prenatal attachment in normal and high risk pregnancies. *JOGNN*. 1987;16(3):279-302.
5. Koniak-Griffin D. The relationship between social support, self-esteem, and maternal-fetal attachment in adolescents. *Res Nurs Health*. 1988;11(5):269-278.
6. Lerum CW, LoBiondo-Wood G. The relationship of maternal age, quickening, and physical symptoms of pregnancy to the development of maternal-fetal attachment. *Birth*. 1989;16(1):13-17.
7. Malone J. Schizophrenia research update: implications for nursing. *J Psychosoc Nurs Mental Health Serv*. 1990;28(8):4-9.
8. Mechanic D. *Mental Health and Social Policy*. 3rd ed. Englewood Cliffs, NJ: Prentice Hall; 1989.
9. Mesulam MM. Schizophrenia and the brain. *N Engl J Med*. 1990;322(12):842-844.
10. Rubin R. Maternal tasks in pregnancy. *Maternal Child Nurs*. 1975;4(2):143-153.
11. Lidz T. Optimism in treatment of schizophrenia still premature, says expert. *Psychiatric News*. 1990;17(6):8.
12. Mechanic D, Aiken LH. Improving the care of patients with chronic mental illness. *N Engl J Med*. 1987;317(26):1,634-1,638.
13. Heidegger M, Macquarrie J, Robinson E, trans. *Being and Time*. New York, NY: Harper & Row; 1962.
14. Dzurec LC. The necessity for and evolution of multiple paradigms for nursing research: a poststructuralist perspective. *Adv Nurs Sci*. 1989;11(4):69-77.
15. Müller ME. Binding-in: still a relevant concept? *Perinatal Women's Health Nurs*. 1990;1(3):179-184.
16. Messick S. Test validity and the ethics of assessment. *Am Psychologist*. 1980;35(11):1,012-1,027.
17. Foucault M. *The Will to Know*. Paris, France: Gallimard Publishers; 1976.
18. Foucault M. Polemics, politics, and problematizations. In: Rabinow P, ed. *The Foucault Reader*. New York, NY: Pantheon Books; 1984.
19. Strasser S. On the boundary of philosophical anthropology and empirical human science. In: Strasser S, ed. *Phenomenology and the Human Sciences*. Pittsburgh, Pa: Duquesne University Press; 1963.
20. Meleis AI. *Theoretical Nursing: Development and Progress*. 2nd ed. New York, NY: JB Lippincott; 1991.
21. Wilson J. *Thinking With Concepts*. New York, NY: Cambridge University Press; 1988.