

## Psychiatric Research: Clear in Thought and Word *Recommendations for good prose style*

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“Little attention has been paid to a possible relationship between outcome of depression and beliefs a person might have about the aetiology of the disorder: nevertheless such a relationship can be postulated.”

Why are so many research papers a chore to read? Most doctors do research at some time in their careers. Research can be difficult and time-consuming. It may mean fruitless days waiting for suitable patients, frustrations trying to get a new technique to work, disappointments when results fail to come. But for most doctors who do research, there is in the end the reward of an accepted publication, which answers a question and in however small a way increases medical knowledge. Why then not make it interesting to read? Short, snappy, to the point, and with your message clear.

There are many possible reasons why doctors' prose is so turgid. Crichton (1975) thought that the apparent profundity was meant to impress. Gregory (1992) suggested that scientific papers are written to be cited not to be read. I share their scepticism, but rather than analyse the source of the problem – pre-university education, the structure of university examinations, the implicit power of convoluted language, the failure of research supervisors to give help, the failure of journals to care – I suggest the best way to clear the turgidity is to make doctors realise that reading would not be such a chore if medical writers simply dropped all their preconceived ideas about what medical writing ought to be. Medical writing is for the communication of facts and ideas; it is not (or should not be) for their obfuscation.

The extract heading this editorial is from a paper in the *British Journal of Psychiatry*. Who is paying this little attention? Why write “relationship” instead of *link*? Do people really have beliefs about aetiology? Why has “depression” suddenly become a “disorder”? Who is postulating the relationship? Why write “nevertheless”; there is no illogic between the lack of attention and the link between outcome and belief. And anyway, the link has already been postulated by the adjective *possible*. In English:

“The outcome of depression may depend on what the person thinks caused the depression.”

At the least, this revision has reduced 32 words to 14. It has also made it more direct, more interesting – and more easy for a non-medical person to understand.

### Good style

I am not discussing grammar. The quote about depression is grammatical. But it is poor style. Poor style not uncommonly causes incorrect grammar, but medical writers need know few rules of grammar to write well. There are guidelines to better style (Goodman & Edwards, 1991). Use shorter, familiar words rather than longer, unfamiliar words (*use* instead of *employ* or *utilise*). Omit superfluous words (*It has been shown that* blood is red). Use precise words instead of vague words (*inject* drugs; don't *administer* them). Avoid the passive voice (*We measured . . .* not *Measurements were taken of . . .*). Avoid using nouns as adjectives (*preservation of hearing* is better than the possibly ambiguous *hearing preservation*).

Papers in the *BJP* contain pleasingly few abbreviations compared with some journals in other, perhaps more mathematically inclined, specialities. Abbreviations make understanding more difficult; they are not a mark of high scientific content. They are useful shorthand when referring to types of questionnaire (the CAPE I/O scale and the DSM-III-R criteria, to take two examples at random). I see no advantage, other than to save printers' ink, in abbreviating obstetric complications to OCs.

One last guideline is to avoid what the Longman guide (Greenbaum & Whitcut, 1988) calls “writing about writing”. Do not write *It is important to note that . . .*, or *The most noteworthy finding is . . .*: make it interesting and let your readers draw the conclusion. Similarly, do not rely on *however*, *furthermore*, *nevertheless*, *in addition*, *in contrast*, *on the contrary* and similar links. These are unnecessary if you carry readers with the flow of your sentences.

Application of the guidelines, practice at writing and the equally important rewriting, and a growing feel for language should ensure that

“There appears to be some controversy over the diagnostic criteria and precise nosological entity of neuroleptic malignant syndrome”

will be rephrased as

“We are not certain how to diagnose or classify neuroleptic malignant syndrome.”

The *BJP*, and training in psychiatric research, will be the better for it.

One last suggestion to authors: is the first sentence, or even the first paragraph, of your paper necessary? Does anyone reading the *BJP* need to be told that “Depression is the most common psychiatric disorder among patients presenting to psychiatrists”? Or that “Despite major advances in the treatment of psychiatric disorders over the last decade outcomes for patients and their families have been found to be less than ideal”?

These sentences are the written equivalents of clearing the throat. A research paper should ask a

question, answer it and put the answer in context. Tempted though you may be to show your wide reading and to review a subject in the introduction, a research paper is not the place for it. Keep that for your thesis, or for the day when, because of the succinct and clear answers you always provide to your research questions, you are asked to write the definitive review.

#### References

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