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**A critique of Post Modernism(s) in Nursing Literature
from the Perspective of Habermas' Critical Theory**

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Abstract

A critique of Post Modernism(s) in Nursing Literature from the Perspective of Habermas' Critical Theory

The aim of the thesis was to examine the strengths and weaknesses of postmodernism(s) and the influence it had on the nursing discourse. This was to be achieved by using Fairclough's critical discourse analysis to examine the nursing literature. A literature search was conducted on major data bases of nursing journals, and after inclusion and exclusion criteria were applied 167 articles became the data for the study. The order of the discourse revealed that the dominant features included the following findings: 75% of the articles make reference to the theme of power; Foucault was the dominant theorist; and 73% of the articles were published in five nursing journals.

Further analysis was conducted concerning the theme of power relating to articles that utilised Foucault and postmodern critical theory. Articles that drew primarily from Foucault articulate an approach to power that exhibits high levels of consistency. This was not the case when Foucault was used in conjunction with other theorists or in the case of the postmodern critical theory articles. These articles included a high level of variation, confusion and contradiction. The Foucauldian critique of critical theory has had a profound impact on the discourse and this was particularly evident concerning issues relating to emancipation, empowerment and reflection. From the Foucauldian perspective these concepts were considered to be overly ambitious and privileged particular groups. In the case of reflection they undermined the 'self' by engaging in self-surveillance. Stripped of their emancipatory agenda, the postmodern critical theory articles lose their *raison d'être*.

The findings have been interpreted using a framework based on Habermas' critical theory concerning his theories of communicative action and instrumental rationality. Further impact on the discourse emanates from societal and contextual issues concerning publishing and government funding since the discourse almost entirely originates from the university sector. This reveals that the postmodern nursing discourse, as a whole, is marginalised through issues relating to journal 'impact factor' ratings and research quality frameworks.

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Chapter 1

Introduction to postmodernism and critical theory

The intention of this thesis is to examine the strengths and weaknesses of postmodernism(s) and their impact on the development of nursing literature. The critique is to be undertaken from the perspective of Habermas' critical theory, which shares common ground with postmodernism but also holds some contrasting positions. In this chapter, postmodernism will be outlined in general terms, and the principle issues of concern to the thesis will be outlined. These include a discussion of the distinction between postmodernism and poststructuralism and how these terms will be used in the thesis. Similarly a distinction is made between critical theory and critical social theory and how these are subsequently interpreted. Postmodernism is also seen in the nursing literature in a similar way to how it is viewed in social sciences disciplines. Critical theory is discussed with reference to why Habermas has been used to critique postmodern nursing literature.

What is postmodernism?

The full impact of postmodernism has not as yet been fully realised, with many aspects remaining highly contested. For example, there is controversy as to when postmodernism actually started and at least three views are presented. Bohm (1988, p. 58) claims that the foundations of modern science in the early twentieth century and the discipline of philosophy in the nineteenth century were questioned from a postmodern perspective. The challenge to science is said to have first emerged in the discipline of physics. The emergence of relativity and quantum theories questioned the previously respected basis of physics that was considered to be the oldest and most established of the physical sciences. These challenges were profound and continue to have repercussions on the development not only of physical sciences but also social sciences. Bohm (1988) claims a similar challenge was made to modern philosophy in the late nineteenth century by existentialists such as Kierkegaard and Nietzsche, who rejected a generalised view of reality or 'worldview' in favour of a personal or individual perspective.

In contrast to this, Agger (1998) claims that postmodernism began as an architectural and aesthetic movement in the 1960s and 1970s. In accordance with this,

the architect Charles Jenks, in a humorous account, claims that the modern period ended in architecture at 3:32 pm on 15 July 1972 when a housing estate was declared uninhabitable and subsequently dynamited in St Louis USA (Anderson 1996, p. 26). The destruction of the estate, once regarded as the ‘perfect modern machine for living’ for low income people, thus heralded the era of postmodernism in architecture, according to Jenks.

The emergence of postmodernism has also been associated with the demise of the welfare state and the increase in cultural domination of mass consumption of consumer lifestyles (Kermode & Brown 1996). Umberto Eco (in Anderson 1996) claims that James Joyce’s *Finnegans Wake* (published in 1939) is a postmodernist work. However, he also declares, ‘Actually, I believe that postmodernism is not a trend to be chronologically defined, but rather an ideal category—or better still, a *Kunstwollen*, a way of operating’ (Anderson 1996, p. 31). This statement is a reference not only about the complexities of when postmodernism started but also introduces the difficulties in defining postmodernism that will be discussed in more detail later in this chapter.

Postmodernism has arisen in a wide range of disciplines such as fine art, music, literature, literary criticism and cultural studies. It would appear that what is said to be postmodern relates to a movement that is broad and permeates all aspects of our lives. The profound impact it has had on society, and on how we view the world, may be expected to continue for some time.

Agger claims that it is useful to divide postmodernism into three categories, themes or varieties. These are:

- postmodern art, architecture and design;
- postmodern literary and cultural theory (sometimes represented by the activity of deconstruction); and,
- postmodern social theory, primarily concerned with analysing society using tools afforded by the postmodern critique of existing social theory (Agger 1998, p. 35).

It is expected that this thesis will be primarily concerned with the last two types.

As can be seen, postmodernity has arisen in a wide range of disciplines and not only defies a specific point of commencement but also precise definition. Eco (Anderson 1996, p. 31) claims that ‘Unfortunately, “postmodern” is a term *bon à tout*

faire. I have the impression that it is applied to anything the user of the term happens to like'. However, Proveti (1999, p. 5) claims that 'postmodernism' is a pejorative in English-language polemics against French or French-inspired thought but also states that it can be used positively. Cheek (2000) agrees that postmodernism defies definition but describes it as a set of intellectual or philosophical propositions that privilege no single authority: they offer ways of thinking about the world.

Further debate arises from whether the terms 'poststructuralism' and 'postmodernism' are separate or refer to a single entity. According to Jones (2000), structuralists believe that individuals are shaped by sociological, psychological and linguistic structures over which they have no control. In addition, these influences can be uncovered by structuralist methods of investigation. Poststructuralists, however, do not believe that there are definite underlying structures that explain human behaviour and also believe that it is not possible to step outside the discourse to understand the situation objectively. Derrida's deconstructionism (Jones 2000) is a technique for uncovering multiple interpretations of texts and is also regarded as poststructuralist. Jones goes on to argue that poststructuralism is part of the 'theoretical formulations' of the postmodern condition. Cheek (2000, pp. 5–7) claims that poststructuralism is as impossible to define as is postmodernism, that many authors use the terms interchangeably, and that the two approaches are intertwined and integral to each other. Agger (1998) also does not make a distinction between the two types of theory or theorists. In the remainder of this thesis, both poststructuralism and postmodernism will be referred to as postmodern.

In addition to the debate concerning the division between poststructuralism and postmodernism, there is controversy about how a theorist should be categorised or how they self-categorise. Classification in this manner is itself not a postmodern concept. According to Jones (2000, p. 5), only Lyotard of the contemporary French theorists uses the name postmodernism. He describes a 'postmodern condition' in which techno-economic forces have driven the West beyond the conditions that birthed the modern era in the thought forms of humanism, individualism, rationalism, secular moralism and progressivism. According to Cheek (2000, p. 17) and Anderson (1996, p. 36), Foucault has resisted categorisation. Derrida is described as postmodern by Agger (1998), Anderson (1996), Jones (2000), but as post-phenomenological by Proveti (2000).

Although this may not be significant, it further illustrates the complexities and difficulties associated with defining postmodernism.

Postmodernism could be described as an expression of discontent in response to the failure of the Enlightenment project to deliver on its promises. The modern period was characterised by optimism and faith that grand theories such as scientific method, liberalism, humanism and the major religions could bring about a better life through rationalism, objectivity and orderly systematic processes. Postmodernism is a response to the perceived failure of these grand theories. In general, there is disenchantment with the certainty or comfort that these traditions have offered. Postmodernism does not subscribe to the view that progress necessarily equates with an improved quality of life for community members or individuals.

Kvale (1995) identified several themes as characteristics of postmodernism. The first of these themes includes a doubt that any human truth is a simple objective representation of reality. The second related theme is acceptance that different descriptions of reality cannot always be measured against one another in any final, objective and non-human way. Postmodernism has a focus on the way societies use language to construct their own realities. Further to this, there is a preference for the local and specific over the universal and abstract. Postmodern forms of inquiry have created a renewed interest in narrative and storytelling. Kvale contends that there is now a willingness to accept things as they are on the surface rather than to search for deeper meanings.

Important features of postmodernism are that there is no objective truth, progress does not equate with improved quality of life, and there is rejection of the grand theories and of rationalism. A further issue is the use of the term 'postmodern' that is used in preference to the term 'post-modern'. The latter suggests after the modern period as though history could be interpreted as a linear progression rather than a fragmented non-rational process as it is understood by postmodernists. The use of the term 'postmodernism' also implies a set of ideas that characterise the postmodern rather than the mere indication of a transition in time. This study is concerned with the ideas of postmodernism and will use this term.

Postmodernism is not without its critics, and there is every indication that it requires serious critical review. As could be expected from a collection of such diverse ways of viewing the world, postmodernism includes some serious contradictions. Even

the postmodernist Eco (1996) claims that every period has its postmodernism, as every period has its mannerisms, its avant-garde that tears down all that is new and destroys it and inevitably must be replaced. This suggests that postmodernism may not be as significant as is suggested in some quarters and is merely a product of disenchantment that is experienced with every age and leads to a new set of theoretical propositions. A further issue is how postmodernism is considered to have developed—some theorists consider this to have occurred as a gradual process while others see a clear break between modernism and postmodernism. Critical theorists such as Adorno, with his thesis against utopianism, and Marcuse, with his discourse on the loss of authenticity, and who could both be regarded as postmodern, argue that the development of postmodernism has continuity with modernism rather than representing a radical break. Although critical theory includes features of both modernism and postmodernism, Habermas declares that he is not a postmodernist because he believes the Enlightenment has not run its course and its emancipatory agenda is incomplete. While critical theory presents a theoretical position in which modernism and postmodernism might be thought to sit together with compatibility, they also have serious contradictions which make this a stormy marriage. These issues are expanded upon throughout this thesis.

Implications of the postmodern rejection of ‘grand theory’, and ‘totalising’ or ‘universalistic’ approaches of the modern era, according to Wood (1997), include rejection of the rationality of science, emphasis of the fragmented nature of human knowledge and rejection of the traditional notion of class. Wood (1997) claims that postmodernism is also insensitive to history and rejects its effects on the present. Postmodernism is thus an epochal change based on a denial of the history of which it is itself a product. Postmodernism insists on the impossibility of any emancipatory politics based on ‘totalising’ or universal knowledge. A further contradiction is that although capitalism is a totalising system, it is accepted by postmodernists but it may be the most universalising contemporary system of all. Lyotard (Jones 2000, p. 5) describes the ‘post modern condition’ as a techno-economic force driving the West. It is reasonable to say that technology driven by late capitalism has produced many of the changes that we experience today and describe as postmodern.

Postmodernism has the potential to create new and innovative perspectives in a rapidly changing world in nursing literature as well as social sciences. It was expected that the postmodern literature for nursing would include the rejection of categorisation and the

grand theories of scientific method, humanism and liberalism as is the case in postmodernism in general. The postmodern perspective also included the view that there was no single truth and that progress did not equate with linear improvement in quality of life. Postmodern theories that are used in social sciences are as varied as are modern theoretical perspectives and this would be expected in nursing literature. Nursing issues that were concerned with social sciences and health often included equity and access issues and it was of concern how these were considered from a postmodern perspective. It was for this reason that a critical theory framework was proposed to critique the postmodern nursing literature. However critical theorists may be either modernist or postmodernist but Habermas clearly identified himself as a modernist and was therefore seen as an appropriate theorist to draw from to critique postmodernism in nursing literature. A brief rationale for this choice will be discussed.

Critical theory

Chapter 2 of this thesis discusses the development of critical theory and how Habermas' ideas relate to this heritage. The work of Adorno, a predecessor of Habermas, can be regarded as postmodern, since he and other Frankfurt theorists despaired at the enthusiastic acceptance of capitalism by the populations of northern Europe after the fall of Nazism. This was regarded as an irrational acceptance of the same conditions as allowed the development of Nazism to arise. In the pessimistic post-war conditions Adorno and others rejected the Enlightenment promises of a utopian world. Adorno also rejected traditional Hegelian philosophy and the 'grand theory' approach to understanding the world from a single standpoint, and his work can be regarded as postmodern even though he was a Frankfurt School theorist. Adorno's work and the acceptance and rejection of his predecessors by Habermas is discussed in depth. As discussed above, in contrast to Adorno Habermas unequivocally regards himself as a modernist.

A further issue is that some theorists accept that postmodernism evolved with continuity or a gradual change, which can be observed in the work of some members of the Frankfurt school, but others argue that there is a radical break signalling a high degree of incompatibility between postmodern and modern theories. If the latter is correct, it appears that both modernist and postmodernist approaches are being utilised simultaneously, which would increase confusion and complexity in the analysis of

contemporary life. In an article critical of postmodernism and its use in nursing literature, Kermode and Brown (1996) argue that owing to its fragmentation of knowledge, postmodernism does not resist the grand theories of capitalism or patriarchy as sources of oppression. It could be argued that in Western societies these were the dominant forces that resulted in the failure of the liberating aspects of the Enlightenment project. A fragmented approach to these underlying forces does not produce significant resistance or change, and postmodernism therefore ensures maintenance of the status quo. However, critical theorists belonging to the Frankfurt School purport to offer resistance to capitalism, in particular these major sources of oppression. In this section of the thesis, critical theory will be discussed as an introduction to some central issues that will be further developed in chapter 2. Like postmodernism, critical theory includes a number of theorists with similar perspectives and with whom common ground is shared with postmodernists. This ground will be explored to provide a basis for the development of a framework for the remainder of the thesis.

Critical theory and critical social theory

In addition to the issue of whether postmodernism is a result of a clear break with modernism or a progressive change building onto modernist trends a distinction is required between the terms critical theory and critical social theory as these are frequently used interchangeably in the nursing literature. The discussion further illustrates the complexity of postmodernism and the rejection of categorisation by the theorists.

In his text *Critical Social Theories: an Introduction*, Agger (1998) includes a chapter discussing Lyotard and Derrida, plus sections relating to Baudrillard and Foucault, all of whom are claimed to be *postmodern* social theorists. However, Agger also claims that Lyotard, Derrida and Habermas are *critical* social theorists; thus, Lyotard and Derrida are both critical and postmodern theorists. Agger includes a chapter for each of the areas relating to both feminist theory and multicultural theory in terms of critical theory, although theorists in these areas may also be postmodernist. According to Agger (1998), the book offers an argument in favour of a continued viable critical social theory in an age characterised as postmodern.

Agger (1998, p. 4) describes critical social theory as a theory ‘cluster’ with seven features. The first of these includes the position that critical social theory opposes positivism and, second, that it distinguishes between the past and the present—history is taken into account as a factor in oppression. Third, it is argued that domination is structural in nature, and, fourth, that structures of domination are reproduced through people’s false consciousness promoted by ideology. Fifth, critical social theory argues that change begins in people’s everyday life, in the home and work place. A sixth point conceptualises the bridge between structure and agency as dialectical; this means that although everyday life is conditioned by structure, knowledge of it helps produce social change. Finally, the seventh point is that critical social theory opposes the notion that eventual progress lies at the end of a long process that involves sacrificing people’s liberty or life.

Not the entire group of theories/theorists address each of the seven commonalities, according to Agger (1998), and some would resist the totalising effects of being grouped with other theorists and the term ‘commonality’ being applied. Points five and seven are regarded as highly contentious characterisations of critical social theory to which many theorists do not subscribe; many would disagree with Agger’s claim that these are commonalities at all. The tendency to resist categorisation is a characteristic of postmodernism, and some theorists also reject the use of the term ‘domination’ in their writings. This calls into question the relevance of including some of the theorists, particularly Lyotard and Derrida, in the category of critical social theory, as Agger has done.

The question of which theorists should be included as critical social theorists brings into focus the distinction that is made by some theorists, notably Fay (1987), between critical theory and critical social theory. Fay (1987, p. 4) claims that critical theorists are associated with the Frankfurt School and include the social theorists Horkheimer, Marcuse, Adorno and Habermas. For Fay, critical theory means two distinctly different things: on the one hand a neo-Marxist theory of advanced capitalism, and on the other a metatheory of social science. The neo-Marxist theory of advanced capitalism is a theory of society, while the metatheory is a theory of *science* or a methodology to study social sciences. Fay (1987, p. 5) claims that it is reasonable to adhere to the methodology while not accepting the theory of society, and makes the distinction by calling theories that subscribe to the metatheory only as critical social

sciences. Agger does not make this distinction, however, and calls the theories a cluster of critical social theories, with the Frankfurt School constituting a subgroup. The distinction described by Fay is an explanation as to why some critical social theorists would not accept Agger's seven characteristics. This thesis is concerned primarily with the Critical Theory of the Frankfurt School as an approach from which to critique postmodernism, and will refer to this theory unless otherwise stated.

Agger claims that a defining characteristic of critical theory is that it opposes positivism. This is not to say that critical theorists do not accept positivism in the physical sciences, where the objects of study are non-human, but that they do not accept the domination of positivism in social sciences that consider human phenomena. This includes rejection of universalising laws that are taken by positivists as governing human behaviour and which are based on cause and effect analyses similar to those applied in physical sciences. An example of this would be laws which claim that behaviour can be predicted on the basis of social class stratification.

Critical theory considers historical events as being an active component of present-day oppression, and that the use of consciousness-raising efforts will enable individuals and groups to overcome historical and traditional disadvantage. Oppression is believed to be frequently based on ideology, and awareness of the source of domination can produce strategies to change the situation. Critics may claim that structural barriers require more than consciousness raising, however, and that an oppressed person or group may lack the skills and personal attributes to make structural change without assistance. For such critics, the positive claims of critical theory are overstated.

Critical theory and positivist Marxism

Critical theory differs from what Agger (1998, p. 7) describes as 'positivist Marxism', as espoused by theorists and practitioners of politics such as Engels, Lenin and Stalin, because critical theory does not create laws and prescriptions for societies and it does not prescribe an armed revolution to overcome capitalism. Critical theory therefore does not create victims or sacrifice individuals for what is seen as the 'greater good' but does seek to increase individual freedom. This thesis draws on Habermas' form of critical theory, based on the tradition of the Frankfurt School. It uses non-positivist Marxism

and Freudian theory as theoretical bases and will be discussed in greater detail in chapter 2.

Postmodernism and critical theory

In general terms, a comparison between postmodernism and critical theory reveals many similarities. Both approaches may focus on language as a medium of understanding experience and constructing reality, and both reject positivism. Although postmodernist approaches reject positivism as a grand-theory, critical theory accepts positivism when it is not used to describe human subjects and is not used as a source of domination. Critical theory accepts that grand theories are necessary to explore society with a 'broad brush' and attempts to explain interrelationships between phenomena. Without this over-arching framework, micro-examination of issues are studied out of context of the wider society. Critical theory obviously accepts non-positivist Marxism regarded by other postmodernists as a totalising theory. Habermas' critical theory brings issues from local or everyday life in the home or work place through reflection and individual consciousness raising into the public domain in order to seek resolutions through interaction with others using group processes. This process brings together the private and the public spheres into contact at a community level. This is not the case with postmodernist theories, where—as described below—responsibility for change remains with the individual.

For the following reasons postmodernist nursing literature is seen as an important area for significant critique using Habermas' critical theory. Postmodernism is said to have produced a renewed interest in narrative and story telling, it is regarded as creative and producing new ideas. Partly this is because it rejects the modernist binary situation of categorising types of knowledge and ways of knowing, the tradition of interpretive knowledge and has renewed interest in narrative and story telling. This approach provides an alternative to positivism and offers insights into individual experience but it provides no strategy to improve the situation. It is also highly individualistic and does not attempt to create structural change. While critical theory utilises some of the methods of the interpretive approach, it is arguable that the postmodern position is merely a further theoretical development of the interpretivism and suffers from the same weaknesses, providing no strategy for change. Furthermore, postmodernism does

not offer substantial resistance to positivism or to domination by other grand theories when utilised in social sciences.

This thesis uses nursing as a case study of the application of the critique of postmodernism critiqued from the perspective of Habermas' critical theory. Although it was originally intended that the study would examine the three areas of epistemology, truth and power, it became apparent in the beginning phase of the analysis that this would be beyond the scope of a doctoral study. However, since it was evident that power was the dominant theme, this became the major focus of the study. Similarly, it also soon became evident that Foucault was the dominant theorist in the study and therefore his work—and articles that drew from postmodern critical theory—became the major theoretical focus of the study.

Postmodernism results in any number of theoretical positions being presented without the possibility of justifying a theoretical preference, on the grounds of disadvantaging particular individuals or groups. This results in continued dominance by existing powerful discourses or groups. In postmodernism, power resides in the hands of the individual, and terms such as the 'empowerment' of individuals would not be used.

In relation to power, one of the aims of using critical theory in nursing is to empower both nurses and recipients of health care. It seeks to empower nurses, and in turn clients, by utilising reflection based on rational analysis of practice to expose ritual, automatic and other 'taken for granted' standpoints and practices. Participants are encouraged to examine distorted, inconsistent and irrational values that contribute to oppressive, inappropriate or ineffective practices. Some of these values and practices are embedded in nursing history, which is not acknowledged by postmodernists as contributing to contemporary difficulties. Critical theory aims to promote informed participatory and collaborative decision making, and ultimately political action, in order to produce improved outcomes in health care for clients. As described later in the thesis, this is in contrast to the individual solutions that are offered by postmodernists.

It appears that the postmodernist understanding of power is based on differences such as ethnicity, race, sex and gender, rather than class or economic status, and in the case of the theorist Foucault, power is related to knowledge. Postmodernism is employed in the literature to analyse and explore power relationships and knowledge

development (Fahy 1997, Heslop 1997), which is also the domain of critical social theory.

In chapter 2 of this thesis a detailed examination of the trajectory of Habermas' critical theory has been conducted since, for critical theorists, history is considered to be a significant issue that influences the present. Where possible, the heritage of the Frankfurt School is used to explain the development of Habermas' theoretical position, which is also discussed as a theoretical framework for chapter 3.

The research methodology, namely Fairclough's (1995, 1992) critical discourse analysis, has been outlined in chapter 3 and is applied to published nursing articles claiming to use a postmodernist approach. Chapter 4 describes the collection of the data and the first stage of the discourse analysis that establishes the 'order of the discourse' and discusses issues relating to the contributors to the discourse. Discourse practice, concerning publication and distribution of the literature, is detailed in chapter 5. An analysis of power in the articles that have used Foucault as a dominant theorist is developed in chapter 6. This leads naturally into an analysis of postmodern critical theory and power, which comprises chapter 7. The concluding chapter, chapter 8, considers the implications of the analysis overall, including socio-political issues, and suggests areas for further consideration concerning the use of Foucault and postmodern critical theory in nursing.

Chapter 2

Critical theory of the Frankfurt School

In the Introduction to this thesis it is argued that postmodernism is an ill-defined class of theories that defies definition and classification, even in relation to when it commenced. Postmodernism is described by Cheek (2000) as a set of intellectual propositions that privilege no single authority, and as a way of viewing the world. Postmodernism has influenced a broad range of disciplines and, in general, is a reaction against modernity, with its exaggerated claims to progress and an ever-improving quality of life. Postmodernism adopts a position that opposes the use of grand theories such as scientific method, humanism, Marxism, and organised religion. Critics claim, however, that it offers no resistance to the acceptance of capitalism and its accompanying economic theories, which are also totalising phenomena.

Critical theory shares some characteristics with postmodernism but there are also differences, particularly in the way capitalism is viewed. It is evident that critical theories are said to refer 'to postmodern capitalism, while postmodernism refers to postmodernity' (Agger 1998, p. 84). Critical theorists, particularly those of the Frankfurt School tradition, engage in critique from a Marxist perspective of postmodern capitalism, while postmodernists accept capitalist domination of economics and society.

This thesis will utilise Habermas' critical theory as a framework to assess the effects that postmodernism as a theoretical perspective has on nursing literature. To be consistent with a critical theory approach that values the contribution of history and its impact on the present, this chapter will examine the development of the Frankfurt School. The Chapter discusses the directorship of each period during the emergence of Frankfurt School critical theory and the political context in which Habermas' work developed. This is necessary as it provides rationale for his theoretical position on power which is central to the analysis of the postmodern articles.

Clarification is also necessary in reference to the terms 'traditional Marxism', 'positivist Marxism' and 'historical materialism' which refer, in a general sense, to conventional Marxist theory and practice even though there are differences in their contexts. 'Traditional Marxism' refers to Marxist interpretations that focus primarily on economic aspects of Marx's theory and, along with 'positivist Marxism', regard Marxism as scientific. These approaches reject the early Marxist acceptance of Hegel's

philosophy that accepted both objective and subjective experience. Marxist-Leninism adopted in the Soviet Union and east European communist countries are described as traditional Marxism, and critical theory rejects this approach. Historical materialism considers that contextual issues that have an impact on everyday lives shape beliefs and values of those people experiencing them.

The Frankfurt School

Critical theory began its development in Germany at the Institute of Social Research, later to be known as the Frankfurt School, founded in 1923 (Slater 1977). Its founding fathers were Friedrich Pollock and Max Horkheimer (who later became the director). Felix Weil, whose father was a wealthy grain merchant, donated the necessary funds to build the buildings and pay the staff. The first director of the institute was Grünberg, followed by Horkheimer. Later, significant members of the group were Adorno and Marcuse, followed by Habermas. Although the Institute was based in Frankfurt and later became known as the Frankfurt School, during the 1930s there was also a branch in Paris, and during the Nazi's rise to power the Institute shifted to Geneva in 1933 and to Columbia University in 1935 (Held 1980, pp. 32, 34). The Institute of Social Research was then re-established in West Germany in 1950 (Outhwaite 1994, p. 5) and Frankfurt in 1953. In 1955, Adorno became co-director. In this section, the key characteristics of each directorship will be discussed, particularly in relation to the conception and utilisation of power and how the legacy influenced Habermas.

The Institute's establishment commenced in 1923, when Weil produced a 'Memorandum on the Creation of an Institute for Social Research' that was sent to the curator of Frankfurt University. The proposed Institute's objective was to develop 'knowledge and understanding of social life in its totality'. Weil did not fail to stress that the Institute should operate independently of any party political considerations. Like Grünberg, Weil emphasised all references to Marx were to be understood 'not in a party political sense, but strictly in a scientific sense'. However, Grünberg's inaugural speech, in which the director claimed himself to be an opponent of the prevailing social order, made the Institute's sympathies with Marxism clear and firmly committed it to Marxist methodologies.

Although Grünberg was committed to the study of the working-class movement, his directorship was characterised by an intellectual rather than class focused in a

practical way. There was no emphasis on the theory-praxis nexus with regard to practical political action. However, during Grünberg's directorship a focus was evident in relation to Marxist economic theory that led to a critique of ideology and political economy, using what Marx called 'the method rising from the abstract to the concrete' (Slater 1977, p. 5). This could also be described as moving from the theoretical to the practical.

The following director of the Institute, from 1929, was Max Horkheimer, a close friend and colleague of Felix Weil. Horkheimer was a figure acceptable to the German Minister of Culture, the university's Faculty of Economics and Social Sciences, the university Senate and, of course, Felix Weil himself, parties who had at times been in heated disagreement (Slater 1977). This was a period during the German Weimar Republic characterised by severity, when hardship was inflicted on the German working class, and critics of the government were not well received. However, this environment worsened with the rise of Nazism, and the institute was forced to move to Geneva and then Columbia in the USA. A contributing factor in moving away from Germany and the Nazis was that several key members of the Institute had Jewish heritage.

Unfortunately, in exile the Institute suffered from some poor investment decisions and found difficulty in raising funds to continue its work. Negative pressures on the Institute at this time included its source of funding, the political environment in which it was conceived, and the prevailing authoritarian attitudes which placed limitations on the Institute's functions. However, according to Held (1980, p. 29), it was due to its private funding that the Institute was able to maintain its autonomy. The early source of funding from a wealthy benefactor no doubt contributed to later accusations from traditional Marxists that the Frankfurt School was 'revisionist' and that a genuine Marxist position had not been adopted and maintained.

Under Horkheimer's directorship, the Institute shifted away from critique of economics to focus on philosophy and psychology. The term 'philosophical' may have been unacceptable to some traditional Marxists, but the Institute's Chair had been transferred in the Frankfurt University from the Faculty of Economics and Social Science to the Faculty of Philosophy. It was claimed the use of the term 'philosophical' related more to university politics than a significant shift in the Institutes' intellectual focus. However, this change signalled significant changes in the Institute's direction. The change of Faculty was also used as a device to accommodate Weil's original plans

for the Institute that was also demonstrated in Horkheimer's directorship when he became the first professor of Philosophy and Social Philosophy. He emphasised that the study of economics was a 'sine qua non' for an adequate depiction of social reality, but that it did not explain the full picture. The broadening of the traditional Marxist focus was a significant characteristic of the Frankfurt School in the future. Horkheimer focused on philosophy 'as a non mystificatory component in the evolution of social theory'; whereas, the psychological components were unexplored and left for the future work of the Institute. Horkheimer conceived his focus as essential for historical materialism itself and had sincere convictions that Marxism was the only method adequate for the purpose of analysing society.

Both Grünberg and Horkheimer were concerned to overcome the split between empirical sciences and social philosophy, but there is no indication that the Institute would formulate a practical-critical theory of social change at this stage (Slater 1977, p. 13). The split between empirical science and social philosophy becomes a key issue with regard to epistemology in future critical theory work including Habermas's and is a theme that will be developed further throughout this chapter. The theory-praxis nexus, or the relationship between theory and practice, is also an issue to be developed regarding epistemology.

Like Grünberg, Horkheimer initially saw the Institute's role 'of interest' but not as a practical political class weapon. However, in 1935 the team became radicalised owing to the political environment in Germany, and Horkheimer asserted and acknowledged that the value of 'theory' 'depends on its relation to praxis' (Slater 1977, p. 15). An adequate social theory had to be related to progressive forces within society. Horkheimer wrote in 1934 that 'the value of theory is determined by its relation to the tasks taken up, at the given moment in history, by the most progressive social forces' (Slater 1977, p. 15). The relationship between theory and practice was also of interest to Habermas and will be developed further later in this chapter.

Slater (1977, p. 16) suggests that the Frankfurt School be assessed in the context relating to monopoly capitalism, the Weimar Republic, the German working class, fascism and capitalism, and the problem of manipulation. The issue had a significant impact on the direction of the Frankfurt School in the post World War 2 period, when Adorno and Horkheimer experienced difficulties in coming to terms with the readiness of the populations of Germany and other Northern European countries to once again

embrace liberal capitalism. This was regarded by members of the Frankfurt School as irrational and became a focus of analysis in terms of these theorists developing a theory of cultural ‘manipulation’, and an understanding of authoritarianism, domination and subsequently of power. This theory was developed by Horkheimer and its emergence is discussed here in considerable depth as it is of critical importance in the development of understanding power from a critical theorists perspective.

The origins of this theory have their roots in monopoly capitalism that resulted from the Treaty at Versailles at the end of World War 1 between the ally nations of Britain, France and the USA and defeated Germany formed the backdrop for the economic turmoil that was to follow in that country. The treaty was particularly punitive because vast war reparations were demanded by the allies. Consequently, the German republic owed enormous debts that were paid for in high interest loans from the United States. This resulted in drastic devaluations of the German currency which played havoc in the domestic German economy. Monopoly capitalism was consolidated in Germany during the Weimar republic. Debts were paid with devalued currency and allowed large corporations to buy out smaller ones at very low prices. Large corporations (Slater 1977) within a market colluded to fix prices that steadily rose and with a reduced tendency to engage in containing the retail price of goods. Economic power became increasingly concentrated into the hands of a few, with consumers becoming increasingly powerless. It was seen by Horkheimer during the Weimar Republic that ‘the most progressive social forces’ should take up the ‘task’ of smashing capitalism; and it was a result of their failure to do this that fascism seized power. Because Germany’s recovery from World War 1 was funded through massive loans from the US at very high interest rates, German capitalists had to produce phenomenal profits to pay these loans back. The German working class shouldered the burden and, in this context, Horkheimer’s talk of a ‘proletarian uprising’ as a plausible expectation can be seen as justifiable.

German workers were reduced to a phenomenon called ‘rationalisation’ whereby American production techniques were transferred to the German factory along with a staggering rise in the intensity of labour, or the requirement to work faster and for longer hours. Such American production techniques— ‘Fordism’ were those of Henry Ford and Fredrickson, who had developed the concept of ‘scientific management’ and production line techniques that require high levels of repetition of tasks and speed to

produce efficiency. The required increase in speed and efficiency was accompanied by an increase in work-related accidents. There was a relative increase in fatal accidents in relationship to people employed, and for non-fatal accidents there was an absolute increase (Slater 1977, p. 18). The term 'relative increase' relates to the number of accidents relative to the number of workers, but the term 'absolute' relates to an increase in accidents even though the number of workers may have reduced. Official statistics show a marked decline in the standard of health partly due to the intensity of labour and the low level of wages paid to labourers (Slater 1977, p. 18). Wages rose to a small degree between 1924 and 1930, but not sufficiently to reach the subsistence minimum, and deductions from the wages in taxes and insurance increased 200% between 1914 and 1927 and 300% by 1932 (Slater 1977, p. 18). While the need for the eight-hour working day was recognised, in practice every worker needed to hold down two jobs in order to cover the cost of living and the increased taxes. Rationalisation meant increased work for a few workers, accompanied by increased unemployment and underemployment for others, prior to the economic crash that resulted in mass unemployment. Unemployment benefit was inadequate to cover the cost of living. The solution only came with Hitler's 'reign of terror', when fascism resulted in an exacerbation of poor working conditions, labour conscription, the cancelling of all holidays and the crushing of the German trade union movements.

These conditions set the scene for further theoretical developments by the Frankfurt School because they were 'right' for a Marxist uprising of the proletariat that did not eventuate. The Nazi machine was too effective to allow such a movement to occur, and Horkheimer believed it was inappropriate for outsiders to exhort an uprising from the German working class because it was too dangerous. According to Slater (1977, p. 23), Nazism had a profound censoring effect on the Institute's members and the Frankfurt School's writings about revolutionary prospects subsequently receded.

It was in this context that Horkheimer wrote about the process that he called 'manipulation' which took place after fascism was conquered in 1945. 'Manipulation' referred to the recovery of society, including the restoration of an antiquated social apparatus that was made up of a network of social institutions which had developed prior to Nazism. 'Manipulation' also referred to a change in people's mental state that allowed renewal of liberal capitalism. If fascism was a logical development of capitalism in crisis, as some members of the Institute thought, the process of recovery of

society and its restoration back to capitalism in the post-war period was highly irrational and potentially dangerous. Horkheimer believed that a systematic analysis of the process of the renewal of liberal capitalism was required, and this became the basis for the Frankfurt School's theory of 'manipulation'. Slater (1977, p. 23) points out that this was not a mere appendage to Marxist historical materialism but its most pressing challenge in the prevailing socio-political context.

Two studies were important to the development of the theory of 'manipulation', one being 'The Clerks' authored by Siegfried Kracauer and the other Wilhelm Reich's work claiming that socio-economic conditions alone were not sufficient to radicalise the working class. After all, the conditions of the Weimar republic, and then fascism, did not result in a Marxist uprising of the proletariat as predicted. 'The Clerks' is a study about German white-collar workers and their adoption of bourgeois values. In 'The Clerks' study, although their work was repetitious and their wages were less than blue-collar workers, clerks did not support working-class movements and voted increasingly for the fascists (Slater 1977, p. 24). Kracauer's work attempts to explain this phenomenon, focuses on the group of workers' 'over identification' with the upper middle class, and adopts a rather disparaging tone. Of the 3½ million new workers in white-collar industries between the late nineteenth century and the 1920s, over one-third were women. Labour unions and other political groups at this time were very strongly dominated by 'blue-collar worker' men. The clerks were comprised of a large number of women and, apart from any pre-existing class differences with blue-collar workers, may have felt very little affiliation with the culture of the labour movements. This may partly explain the clerks' failure to give support to the unions. Failure to consider alternative contextual issues that may have resulted in the 'The Clerks' rejection of labour unions amount to a methodological flaw. However, the study was used by critical theorists at this time as a basis for the theory of manipulation. Slater claims that both Kracauer's and Reich's work had a bearing on the shaping of critical theory and its subsequent focus on the psychological mechanisms of authoritarianism. Although the authors of the report did not have the advantage of the insights of subsequent feminist perspectives, the work appears to have been of benefit in the development of theories concerning ideology and power. This issue will be discussed later in this chapter and in chapter 3 in relation to power.

Horkheimer surrounded himself with a diverse team, including Fromm, Marcuse, Adorno, Neumann and Benjamin (Held 1980, p. 32). He believed it was necessary to have a multidisciplinary team in order to reintegrate disciplines because the division of labour in social sciences and humanities had presented a very fragmented overall picture. Horkheimer stressed the necessity for economists, philosophers, sociologists, historians and psychologists to work together by using both qualitative and quantitative methodologies as a basis for theoretical analysis of class and culture. He believed that economics alone could not explain the human condition and that traditional Marxism required modification to incorporate broader perspectives. Held (1980) believes that while this group has come to be known as critical theorists, they encompass a broad range of perspectives, collectively, between individuals, and in the range of each individual's work over the passage of time.

Although the Institute for Social Research was privileged to be established by a patron, during its time in exile it experienced financial difficulties causing some important studies to be abandoned. The institute's members consciously toned down their radicalism for fear of political harassment and of being deported from the United States. Intellectual differences in North American scholarship were also experienced, as expressed by Neumann (Held 1980, p. 36):

... on the whole, the German exile, in the veneration of theory and history, and contempt for empiricism and pragmatism, entered a diametrically opposed intellectual climate: optimistic, empirically orientated, a-historical, but also self righteous.

Horkheimer, while in the United States, lost the enthusiasm evident in the early part of his directorship. The rise of fascism, emigration to North America, and the lack of funding took their toll. Horkheimer, Adorno and Pollock returned to Europe in the early 1950s, and the Institute was re-established in Frankfurt in 1953, while Marcuse and others stayed in the United States. In 1955 Adorno became co-director, and Horkheimer and Pollock retired in 1958. In 1969 Adorno died, followed shortly by Pollock and Horkheimer in 1973 (Held 1980, p. 38). Horkheimer and Adorno had dominated the Frankfurt School in the post-war years. While remaining critical of the cold war and developments in capitalist society, and defending Marxism and critical theory, on the one hand, and being critical of Soviet Marxism, on the other, they became increasingly isolated. This resulted in alienation from both conservatives and radicals.

Marcuse, who remained in the United States, was the most successful in promoting the Frankfurt School critique of contemporary culture, authoritarianism and bureaucracy.

The isolation and subsequent marginalisation of Horkheimer and Adorno had a profound impact on Habermas, who had joined the group as Adorno's assistant. In response to the isolation of his colleagues Habermas, who became the new director, took measures to ensure that he and critical theory were established and maintained as a mainstream approach. In order to achieve this he drew from a wide range of work from other theorists, some of whom, for example Talcott Parsons, held positions opposing Marx (Agger 1998). Critics claim this has 'watered down' critical theory to its detriment and undermined its capacity to achieve its emancipatory goals.

Habermas inherited from his predecessors theoretical positions concerning the rejection of the dominance of positivism, the nexus between theory and practice, and a theoretical power involving the theory of manipulation. He also aspired to avoid the marginalisation associated with the directorships of Horkheimer and Adorno. As mentioned previously, although Marcuse, Adorno and Horkheimer were all regarded as critical theorists or Frankfurt School theorists, they each held individual positions on a range of issues, as did Habermas when he became associated with the group. The inheritance these theorists offered Habermas, and how he differed in relation to them concerning issues such as power, will now be discussed.

Adorno's contribution to the Frankfurt School

As mentioned previously Habermas joined the Frankfurt School as Adorno's assistant. Adorno's work represented a significant break with the traditional German philosophy of Hegel to which the school had previously subscribed. It has already been established that Horkheimer gathered around him members from a wide range of disciplines. Held (1980, p. 175) claims that he wanted theory to benefit from both the reflective capacity of philosophy and the rigour of individual disciplines. The Frankfurt School had already established a body of thought relating to the rejection of the dominance by empirical science as a method of understanding the human condition. The relationship between theory and practice, or the 'theory praxis nexus', has also arisen as an issue: the Institute originally did not advocate a practical application of its theory to practical politics, but this changed during the mid 1930s during the rise of Nazism. Horkheimer was opposed

to armchair theorists encouraging the working class to rise up against the formidable Nazi machine against which they would have most certainly been brutally crushed.

According to Horkheimer, philosophy in the 1930s had failed in its attempt to address the totality of life. He believed that the great philosophical questions of the past should not therefore be rejected but recast to make them more relevant to the contemporary issues of the time. These questions related to the traditional Hegelian approach to philosophy and were concerned with an approach that was absolute and according to which the world could be understood in its entirety from a single standpoint. Adorno supported, in principle, the position that philosophy had an important part to play in the analysis of Germany in the 1930s. Marx and the critical theorists drew heavily on the German philosopher Hegel, although Marx's later work underwent an epistemological shift away from humanist Hegelian philosophy to a rationalist economic, scientific position (Agger 1998, p. 80). Adorno's major work at the Institute involved a critique that, in principle, involved an inversion of Hegel's philosophy (Held 1980, p. 203). He accepted Hegel's concept of process of mind as activity but rejected his formulation of philosophy as a system, his notions of the identity of subject and object, and the notion of an 'Absolute Idea' (Held 1980, p. 203). This notion of Absolute Idea is a kind of grand theory, or an idea, that is designed to explain everything that is accepted in its entirety. Hegel's *Phenomenology of Mind* (translated Baillie 1966) suggests that social processes are inextricably intertwined with the development of consciousness, but Adorno takes this further in considering the impact ideology has on the individual. Adorno rejects Hegel's view that reality can be grasped from a single standpoint. He views not only interpretations of history as bound up with constraints on individual thinking due to contextual issues of the time but also philosophy as a 'desire to control' the world. This desire to control brought internal order to external chaos, and delivered in thought patterns what the 'Enlightenment' failed to deliver in reality. Adorno argued that the function of traditional philosophical systems was to bring order to the whole and to exclude what is external and cannot fit with the system, and he rejected this approach.

Adorno was influenced strongly by Benjamin, who also engaged in critique of Hegel, and by Nietzsche, whose scepticism of all values and ideas has had a profound impact on Adorno's work. This particularly applies to Nietzsche's rejection of ideology, supported by Adorno in his major work *Negative Dialectics* (1973), which does not

hold much hope for emancipation. Adorno did not believe that history could provide a suitable foundation for any thought system but held that if thinking was subjected to a continual critical process, 'a moment of transcendence' could be preserved. Negative dialectics was said to break the grip of conceptual systems, although it could not lead to change on its own. Adorno's theory values the object over concepts that are used to describe it, and explores the possibilities of which the object was cheated by the circumstances of its history. These potentialities hold the key to breaking through the dogmatic application of systems or classifications of thinking. Adorno called this 'non-identity thinking', as opposed to the more conventional 'identity thinking'. Through this process of critique, the individuality of the particular can be discovered: the particular is then valued over the general.

Adorno argued that most studies of society perceive it to be an object to be understood through methods similar to those of natural science. In contrast, Adorno argued that society was both a subject and an object and it must therefore be understood from within, through what he called 'negative dialectics'. Negative dialectics continually evokes transcendence from an existing belief system but does not give an absolute status of this idea. To do this would be to contradict his position that absolutism forms a belief system, ideology and conditioned thinking. Adorno sought to become self-conscious in avoiding such systems, using negative dialectics. These philosophical insights represent a significant break with a traditional Marxist approach and hint at an emerging postmodern position as mentioned in the Introduction to this thesis.

Marcuse's contribution to the Frankfurt School

Another major contributor to the Frankfurt School prior to Habermas was Marcuse although he was not a director. In the post-war period he was said to be the member who contributed most to the popularity of the school. While Horkheimer and Adorno returned to Germany after the war, Marcuse remained in the United States. According to Held (1980, p. 223), Marcuse shared Adorno's concern with critique and transcendence. He also shared Horkheimer's views on the nature of the unconcluded dialectic, the centrality of human practice in the assessment of knowledge, and the importance of the inter-disciplinary approach. While Marcuse shared considerable overlap with Adorno and Horkheimer, there were also major differences because Marcuse engaged more

fully with the interests of classical Marxism and his work constantly attempts to defend and reconstruct Marx's work. Marcuse was also different from Adorno and Horkheimer because he undertook less empirical work and, as a student of both Husserl and Heidegger, was more sympathetic to their methodology than the other members of the Institute (Held 1980, p. 224). Marcuse's differences with Adorno and Horkheimer may also be attributed to their possible rejection of Heidegger, owing to his support for Hitler and his membership of the Nazi party well after the end of World War 2 (Crotty 1996, pp. 96 –99). Marcuse believed that although knowledge was historically rooted, an array of potentialities and possibilities could be rationally devised. He believed that historical rather than purely epistemological conditions determine the meaningfulness and truth of propositions. This means that historical and contextual circumstances have an impact on each situation and require consideration if a desirable outcome is to be achieved.

The influence of Freud on the early Frankfurt School

The members of the Institute had an interest in Freud from as early as the 1920s (Held 1980, p. 111). Both Horkheimer and Adorno made reference to Freud in their early work; indeed, Horkheimer had been involved in setting up an Institute for Psychoanalysis at Frankfurt University. Fromm, who was a member of the Psychoanalysis Institute, influenced Horkheimer and Adorno in areas relating to personality structure and sadomasochism. Later, Marcuse and Habermas contributed work that drew on Freud in understanding personality and the individual and a section is specifically included that discusses Habermas and Freud later in this Chapter. This also contributed to the understanding of the authoritarian personality and the work on 'The Clerks' study discussed previously in this chapter concerning power and domination.

Habermas and the Frankfurt School heritage

The work of Horkheimer, Adorno and Marcuse, among others, provided an enormous heritage to the Frankfurt School of critical theory and provides a significant context for Habermas' emerging theoretical position. These include: issues of epistemology, including the relationship between theory and practice; rejection of the dominance by empirical science concerning the human condition; and the consideration of historical events and their impact on the present. In this section, various interpretations are made

of Marx's work, which was considered by Habermas to be of varying importance to his theories. In some cases Marx's work has been significantly modified. The impact that contextual and social issues have on ideology and values is also foregrounded. The similarities and differences between Habermas and these early figures in the Frankfurt School will now be discussed.

Habermas was born in Germany in 1929; during his childhood and youth the Nazi party was in power, and he did not become radicalised until the late 1950s when he was employed as an assistant to Adorno. His work is steeped in German intellectual traditions. He conceives his project as a self-emancipatory theory with practical intentions, which aims to increase the self-understanding of both groups and individuals that are transforming society and engaged in emancipatory processes. He effectively reformulates critical theory because he claims that twentieth century history is characterised by a number of developments in socialist and capitalist societies that alter the Marxist analysis of capitalism. According to Held (1980, p. 250), these characteristics are:

- the degeneration of the Russian revolution into Stalinism and technocratic social management;
- the failure of mass revolution in the West;
- the absence of mass revolutionary class consciousness;
- the frequent collapse of Marxist theory into either deterministic, objectivistic, science and /or a pessimistic cultural critique.

Habermas sees recent structural changes in capitalist societies as forcing modifications to Marx's original approach. One of these issues is state intervention in the marketplace. According to Habermas, forces in capitalist societies have increasingly organised to reduce competition and reduce the vagaries and risk of market forces. State intervention has increasingly involved the use of 'instrumental reasoning' and increasing bureaucratisation of everyday life. Instrumental reasoning can be described as an understanding of the world that is centrally concerned with the philosophical and sociological issues that are produced from a reduction of knowledge based on empirical sciences (Outwaite 1994, p. 20). Consistent with this approach, knowledge is utilised to create an unproblematic reflection of reality which relates to the critical theory idea of 'false consciousness' .

However, it is arguable that since Habermas wrote about these changes that were first published in English in 1976, further changes in the 1980s, 1990s and the twenty-first century have developed in Western capitalist societies. This has been accompanied by trends to reduce income tax and other sources of government revenue that consequently result in reduced levels of government utilities. Increasingly, utilities have been put out for tender to reward contractors who bid to provide services for the lowest cost. A consequence of these policies is that the working conditions of those who provide such services have changed, coinciding with a generally reduced quality of service to their recipients. Utilities that were previously provided by government and funded from taxation are increasingly provided on a 'user pays' basis, which results in an increasing burden on disadvantaged sections of the community. It is arguable that these changes create an environment that is susceptible to the Marxist analysis of capitalism because they relate to the more disadvantaged members of society. The state rescue of failing corporations is consistent with the Marxist view that the state acts on behalf of capital (Hancock 1999, p. 37).

In accordance with the central Frankfurt School position, as mentioned previously in relation to Horkheimer, Habermas argued in his early work that politics was no longer just a phenomenon of superstructure and economics. There was, he argued, an increasing interdependence between technology, science, industry and the state. This interdependence relied on the commercialisation of the media and the infiltration of means-ends rationality into more aspects of life. Adorno, Horkheimer and Marcuse held views that technology could be used positively as a form of non-alienated labour, but Habermas argued that this was naive.

Habermas' differences with the Frankfurt School

From this point, Habermas departs on a number of issues from the other members of the Frankfurt School, in particular on how to deal with the changes and increasing complexities of capitalism. He is not as optimistic about radical social change as Marcuse was but more optimistic than Horkheimer and Adorno in the later part of their lives.

Unlike other members of the Frankfurt School, he was not involved in analyses of popular culture. Entertainment and mass media became industries of post-World War 2 capitalism, circulating cultural commodities and manipulating people's consciousness.

This is a reference to the previously mentioned 'manipulation' theory. According to Agger (1998, p. 90), other critical theorists believed that popular culture did not offer avenues for debate or critique but instead acted as a narcotic to divert people's attention away from the difficulties of contemporary life, and thereby provided pleasurable representation of the realities of life. Culture was no longer a realm apart; rather it became indistinguishable from advertising and mass media (Agger 1998, p. 90). It might be argued that by ignoring popular culture Habermas underestimated the extent to which it distorted the perception of individual experience.

Habermas nonetheless agreed with other members of the Frankfurt School regarding the significance of psychology and the creation of links between the societal framework and individual identity formation. Furthermore, it was seen that psychological issues contributed to conflict situations. According to Held (1980, p. 252), although Freudian psychology was meant to underpin his theory, it is 'unclear how much of Freud's substantive contributions Habermas would defend'. He rarely discusses the psychosexual dimensions of Freud's work, and it is suggested that it is of methodological interest only in relation to psychoanalysis and self-reflection (Held 1980).

Habermas does not share the views of Horkheimer, Adorno and Marcuse on the foundations of knowledge and values. Adorno argues that there are no ultimate foundations for knowledge and values, while Habermas defends a position suggesting the opposite. He also rejects the antipathy of Adorno and Horkheimer for systematic thought. His work concentrates on engaging and appropriating competing traditions of philosophy and social thought, reformulating the foundations of social theory, and demonstrating the superiority of his stance over others. According to Held (1980, p. 253), this contrasts markedly with the other Frankfurt theorists. Held (1980, p. 253) claims that Habermas is epistemologically eclectic, whereas Agger (1998, p. 98) notes that although he draws from the work of a wide range of theorists, this could be regarded as a weakness because some sociologists that he cites held views contrary to those of Marx. This can be said of Parsons' structural functionalism and, indeed, of Weber (Agger 1998, pp. 94, 28). According to his critics, this practice of drawing from theorists with contradictory positions does tend to undermine the cohesiveness of his work.

Instrumental reasoning

A main concern of Habermas is the spread of instrumental reasoning (Held 1980, p. 254). Instrumental reasoning is a central force that must be resisted, from Habermas' perspective, in order to counteract power and control. The rise of technocratic consciousness, with its disintegrative effects, is discussed on two fundamental levels by Habermas, namely the level of social theory and the level of the theory of knowledge. Habermas argues that in the case of social theory there is an increasing tendency to define practical problems in technical terms that threaten aspects of human life because technocratic consciousness justifies particular class interests. This 'penetrates beyond the level of particular class interests to disclose the fundamental interests of mankind as such' (Held 1980, p. 253). Habermas argues that if emancipation from domination is to remain a project of humanity, it is essential to counter this tendency of instrumental reasoning and to reaffirm self-reflection and self-understanding.

Habermas' strategy for resisting instrumental reasoning is to employ a systematic investigation of the nature of human interests, action and knowledge. Like Horkheimer, Habermas contends that knowledge is historically rooted and interest-bound, although he understands this in a quite different way. His theory is developed in terms of historical materialism; the view that history, social reality and nature are all a product of the constituting labour of the human species. Habermas argues that humans have three main interests. Two of these centre on humans as toolmaking and language-using animals. As toolmakers, people must produce from nature what is needed for material existence through manipulation and control of objects: this constitutes a 'technical interest'. As language-using animals, people must communicate with others with the use of symbols: this comprises a 'practical interest'. It is argued that humans have an interest in creating knowledge that would enable them to control objectified processes and maintain communication. Habermas argues that people humanise themselves through communication, and not just labour as Marx had suggested. He identifies the third interest as the reflective appropriation of human life, or an interest in reason to be self-reflective and self-determining: this third interest is 'emancipatory' (Held 1980, p. 255). The technical, practical and emancipatory interests are said to be anthropologically rooted strategies for interpreting life experience. The sections to follow summarise Habermas' theory of cognitive interests articulated in his papers *Knowledge and Human Interests* (1986a) and *Theory and Practice* (1986b). Although

consistent with other work from the Frankfurt School, this theory is original to Habermas.

Theory of communicative action

In his theory of communicative action, Habermas argues that all speech is orientated to the idea of genuine consensus, a discursively achieved consensus that is rarely realised. The analysis of consensus, he claims, reveals the notion of a normative dimension that is formalised in the concept of what he calls 'an ideal speech situation'. Habermas' theories of communication and *Knowledge and Human Interests* are linked to his interest in the development and demise of public opinion. His critique of Marx's theory of historical materialism and his use of Freud's theory are also discussed in connection with these.

Habermas describes the development of public opinion in Western Europe (Held 1980, p. 260) as coinciding with the rise of the middle class. This social change resulted in the development of newspapers and journals, as well as an active and independent public sphere that was separate from the government and feudal lords. Members of the bourgeoisie who had education and property were said to be the reasoning public. These people attempted to change society so as to increase private autonomy and reduce political interference. However, the liberal idea of free speech never really became a reality. Instead, according to Habermas, a commercialised media arose alongside increasing government interference and regulation in the marketplace and thus the notion of public opinion was undermined. This was further exacerbated with the rise of technocratic consciousness.

Habermas and Marx

Although the discussion of Marx's political economy may seem obscure to the discussion concerning Habermas and the interpretation of postmodern nursing literature it is however significant because it influences issues concerning power. Issues concerning political economy results in instrumental reasoning and for example influences how resource in health care resources. Instrumental reasoning may also effect issues relating to power.

Increasingly, according to Habermas, the state has intervened in the marketplace in order to stabilise economic growth and reduce the negative effects of the unregulated

market. Meanwhile, the growing mutual dependence of research and technology has turned science into a leading force of production. Thus, science and technology have contributed significantly to production and productivity. 'Surplus value', a conventional Marxist term that describes profit made from the increased value from the production of commodities, and is no longer simply dependent on labour power as described by Marx but also on scientific technical innovation. As a consequence, Marx's labour theory of value is undermined; also his theories of ideology and class struggle, are affected by these developments. This alteration of the base of society and political life has transformed the structure of ideology and communication, and has resulted in the depoliticisation of many issues and has secured mass loyalty to the capitalist system. The minimisation of economic risk of production is now managed with the technical solution of problems rather than the realisation of practical goals. (Held 1980, p. 264). The minimisation of risk includes a guarantee to a minimal level of welfare for members of society and successful management of the economy. Successful management of the economy entails sustaining continuous economic growth with few cycles of instability and 'boom and bust'. Technocratic control is essential in attempting to achieve this goal. Technocratic consciousness, according to Habermas, is ideological and, at its core, is instrumental reasoning (Held 1980, p. 265). Technocratic consciousness is necessary for 'an entire organisation of society: one in which technology has become autonomous, dictates a value system—namely, its own, to the domain of praxis it has usurped' Held (1980, p. 264). Habermas claims that while technocratic consciousness is so all pervasive, influencing all aspects of life, it has an invisible hand whereby its ideological influence is not clearly articulated but insidiously erodes the realm of praxis. This explains how domination by the market and technical rationalism is able to colonise practical spheres of life.

Habermas describes four levels of the progressive rationalisation of technical control between competing parties. It can be seen how technical rationality and its values dominate other value positions. These are (Held 1980, pp.265–266):

First level—application of techniques generated by science are applied to social problems for the realisation of specific goals. Values are isolated from decision making in an attempt to achieve objectivity;

Second level—is entered into when there is more than one conflicting and competing technical solution in the first level. Technical values of

efficiency and economy dominate the selection of means for implementation. When values are involved they are subjected to pragmatic tests of their validity;

Third level—is entered into when resolution does not occur at level two between two or more competing positions. Technical rationality is extended to the value positions themselves. All values are subjected to technical rationality and measured against a basic formalised value for success. Actor strategies are clarified in terms of survival and how they measure against the opponent. All other value systems are discounted;

Fourth level—decision making could be completely delegated to computers.

Although Habermas argues that decision making in advanced capitalism could be relegated to the realm of computers, he concedes that it has not actually happened in any society. He argues that society is progressing towards level four in terms of political decision making.

Habermas argues against technology, but his work is focused on technical consciousness and decision making rather than the practical use of technology. Such arguments are thus quite different to those of his predecessors, who claimed that technology has benefits as labour-saving devices that can free people from monotonous and manual labour. Rather, Habermas argues that this is utopian and that technical consciousness acts to maintain the privileged status of those in society. The inclusion of the discussion of technical rationality is significant to this study because the bureaucracies of health care and tertiary education in which nurse practitioners and academics write and think include features of technical rationality. It acts as a powerful force on work practices and the production of knowledge and it would be expected to emerge in the nursing literature.

Habermas is also critical of Marx with regard to this theory of historical materialism, claiming his work has been left open to positivist interpretation (Held 1980 p267). Historical materialism relates to the understanding that ideas and beliefs that people hold are developed in relation to the conditions that they experience and the impact these have on their lives. Habermas claims that Marx's work has a 'fundamental unresolved tension' that has contributed to positivist atrophy in Marx's social theory and a justification for technocratic social management (Held 1980 p267). This positivist

tendency was manifest in eastern European countries and the Soviet Union, and originated from Marx's theory of historical materialism.

Habermas reconstructs Marx's theory by taking it apart and putting it together again in a form more able, he believes, to meet its original aims. In his work on historical materialism, Habermas sees Marx taking into account both productive labour and practical activity. This reflects the origin of Habermas' theory of cognitive interests: productive labour corresponds with technical interests, and practical activity corresponds to practical interests. Marx incorporates an analysis of the way human beings reproduce the material conditions of their lives, thereby transforming the material world; accompanying this is an analysis of how people interpret and alter societal institutions in historical struggles. The theory embraces the economic base, the institutional frameworks, the structure of symbolic interaction, and the role of culture and tradition (Held 1980 p268). Marx draws a distinction between two dialectically related dimensions of the reproductive processes of society. These are the realm of the scientific technical, where epochal change is produced through the forces of production, and the realm of institutions—that is, the relations of production that distribute rewards, obligations and charges. The latter includes forms of social integration, domination and social conflict, namely class struggle. Marx's theory is an analysis and critique of crisis-ridden capitalism. It is a science and criticism of economics and a theory of exploitation, including a critical consciousness of revolutionary practice. Human self-formation is viewed as a self-formative process dependent on confrontation with nature in production (productive work) and in the transformation of society in social struggles.

Habermas argues that Marx's theory of self-understanding is inconsistent with his categorical framework (Held 1980, p. 268). Habermas claims that Marx had a strong tendency to reduce practical to technical activity (this may be described as productive labour or instrumental action), which then becomes the paradigm for practical or sensuous activity. This unresolved tension in Marx's work, says Habermas, is between the reductionism and positivism of his general theoretical approach and the critical dialectical approach of his concrete social investigations. In the anthropological and epistemological sense there is a distinction in Marx's theory between man as toolmaker and man as a language-using animal. Unfortunately, according to Habermas, (Held 1980 p268, 1987 Habermas p44 - 46) Marx has a tendency to collapse the two into

'man as toolmaker', resulting in a reductionist and technical interpretation and causing his theory to be interpreted as positivist.

According to Habermas, the work of Engels, Lenin, Bukharin and Stalin reflect a reductionist and positivist interpretation of Marx (Held 1980 p269). From these theorists, a form of dialectical materialism emerged that could explain every aspect of life. Marx claimed that his theory was scientific, and with scientific method came prediction that requires control. Scientific dialectical materialism thus legitimises technocratic activity and centralised control by experts, places power in the hands of those with objective knowledge, and reduces emancipatory opportunities for other people.

Habermas and Freud

A further dimension of Habermas' work, as that of his predecessors, is psychology. Habermas claims (Held 1980, p. 276) that certain elements of Freud's substantive theory can be employed to supplement and enrich Marx's conception of the nature of social organisation. Habermas (1987 p280) argues that Freud's later contributions to social theory, repression and social psychology provide systematic insights into the origins and functions of social institutions that aid the elucidation of the concepts of social power and ideology. These are important to the critique of postmodern literature in nursing because power is as key issue that requires analysis.

Habermas argues that when faced with conditions of scarcity human beings are forced to adapt to conditions in ways that prevent complete gratification of instinctual desires (Held 1980 p276). Habermas (1987 p274-5) saw in Freud's theory important similarities between the individual and development of the species. The effectiveness of social institutions in facilitating survival occurs at the cost of repression of wants and needs, operationalised through the development of patterns of distorted communications on a social scale (Held 1980 p276). According to Habermas, Freud distinguished between the forces and relations of production in a similar way to Marx (Held 1980, p. 277, Habermas 1987 p276). Social coercion was seen as a function of the level of necessary social repression required for the corresponding development of productive forces in a society (Held 1980 p277, Habermas 1987 p279). Subsequently, as the technical power of a society to control the forces of nature increases, the constraints of scarcity are overcome, thus decreasing the degree of social repression that is necessary

(Held 1980 p277 Habermas 1987 p280). As the degree of repression decreases, the institutional framework of society can change to accommodate a higher level of needs gratification (Held 1980 p277). . Beyond the level of general repression, Habermas points out (in accordance with Marcuse) that there is class-specific repression and denial. Groups that experience the highest levels of deprivation are the most likely source of radical change (Habermas 1987 p280). According to Habermas' own theory, social institutions conceived as a result of repressed needs are also a source of distorted and limited communication.

According to Habermas, Freud was able to give a better account of ideology than Marx (Held 1980 p277, Habermas 1987 p282). . This was because Marx was unable to develop a satisfactory conception of ideology and power as distorted communication, due to his focus on production and labour and his tendency to see the development of social organisations in terms directly dependant on productive process(Habermas 1987 p282). Freud focused on the development of socially expressible needs and motivation patterns(Held 1980 p277, Habermas 1987 p 281- 282). He could see that the power of social norms is based on a defence that enforces substitute gratification and produces systems as long as they are the result of unconscious mechanisms and not of conscious control. Emancipation is therefore not only related to technical mastery in eliminating scarcity but also in dissolving systems of distorted communication. In Habermas' view, historical materialism must be supplemented by a theory of ideology understood in terms of distorted communication. In this way both his theory of communication and instrumental rationality relate to and understanding of power and how insidiously it can be used to control thought and behaviour.

For Habermas, the history of the species can be reconstructed as the history of humanity's increasing capacity for freedom from the vicissitudes of both the environment and personal conditions, namely the spheres of production and normative structures of interaction. This history is also a history of crisis, and there is no guarantee that the crisis will be resolved or that there will be progress. The extent of exploitation and repression by no means stand in inverse proportion to the degree of development. In this respect, although Habermas is committed to the view that historical events have an impact on present-day circumstances, he shares the postmodern view that progress does not necessarily equate with increased freedom or opportunities for emancipation.

In his theory of communicative competence Habermas argues that all speech is orientated to the idea of genuine consensus, a discursively achieved consensus that is rarely realised (Held 1980 p256. It is difficult to establish on what ground it can be claimed that ‘all human speech is orientated to consensus’, as this is presented as though it were an inherent motivation of humans to achieve consensus, a highly questionable assumption of the theory. The analysis of consensus, Habermas claims, reveals the notion of a normative dimension that is formalised in the concept of what he calls ‘an ideal speech situation’. In Habermas’ opinion, consensus attained in this situation — referred to as ‘rational consensus’—is the ultimate criterion of the truth of a statement or of the correctness of norms. The end result of this argument is that the very structure of speech is held to involve the anticipation of a form of life in which truth, freedom and justice are possible. On Habermas’ account, this is where a critical theory of society has its starting point(Held 1980 p256). Critical theory is therefore grounded in a normative standard that is not arbitrary but inherent in the very structure of social action and language. It is this anticipation of an ideal form of discourse that can be used as a normative standard for a critique of distorted communication. Every communicative situation where consensus is established under coercion or similar conditions will result in distorted communication. This is the origin of the contemporary formulation of ideology, those belief systems that can maintain their legitimacy despite the fact that they could not be validated if subjected to rational discourse.

Habermas explores the acquisition of communicative competence—of cognitive, linguistic, and interactive abilities in ontogenesis (study of things) and phylogenesis (classification of living things) by examining the major stages of individual and social development. His approach was based, in part, on Chomsky’s theory of language (Outhwaite 1994, p. 39), and Habermas intends to show that there are levels of growing capacity to master theoretical and practical discourses. In particular, he hopes that with increasing communication skill, problematic truth claims and discourse about the rightness or correctness of norms are questioned. From this perspective, the capacity for freedom is dependent on the capacity to master cumulative learning in theoretical and practical activity (Held 1980, p. 257). Such learning makes possible the knowledge generation that allows the technical mastery of the natural and social world and organisation and alteration of social relationships. This is the sphere of praxis or ‘sensuous human activity’. Praxis consists of both work (instrumental or purposive-

rational action) and interaction (or communicative action). Truth is defined in terms of consensus, involving the meeting of equals, although it is noted by Outhwaite (1994, p. 40) that Habermas recognises that speech rarely occurs in an ideal speech situation. However, if equal relationships can not be achieved, it would appear to undermine truth as an outcome and makes the issue of domination and power in human relationships of prime importance.

This chapter has discussed the development of the critical theory of the Frankfurt school and considered the key features of each directorship. It outlines the characteristics of critical theory that have been adopted by Habermas and those that have been rejected, as well as describing theoretical innovations. It has distinguished critical theory from traditional Marxism and has discussed the overlap between the ideas of some of the critical theorists, and between Adorno and postmodernism. Habermas' rejection of postmodernism, on the ground that The Enlightenment has not yet run its course, is discussed further in chapter 3 in relation to the methodology for this study.

Critical theorists, including Habermas, see Western societies as having a long history of struggling for domination in an attempt to overcome fear of the outside world. The threats in this alien world that requires control have included nature, women, members of minority groups and alien cultures. Positivism or technical rationality has been seen as a tool with which to dominate contemporary society. Ironically, technology and science are a product of the Enlightenment that itself promised to overcome fear and domination. The Enlightenment is also a champion of a form of reasoning that is required for the development of technical rationality. Critical theorists, including Habermas, however, wish to support a range of forms of rationality without allowing technical rationality to dominate.

For critical theorists, domination also arises from contemporary culture in the form of the all-pervasiveness of advertising, entertainment and mass media. These became industries of post-World War 2 capitalism, circulating cultural commodities, manipulating people's consciousness and creating 'false consciousness'. The images represented in contemporary media bear limited similarity to the 'real life' of most people. The lives of people in contemporary society lack the glamour presented in popular culture and are often characterised by dirty, repetitive and monotonous work; yet there is strong identification with the lifestyle presented in popular culture. This is

similar to 'The Clerks' study discussed earlier in this chapter, in which low-paid white-collar workers strongly identified with their middle-class employers and their values. Observations of this phenomenon led to the development of 'manipulation theory' described by early critical theorists. Contemporary culture, according to the Frankfurt School, is no longer a realm apart but indecipherable from advertising and mass media and therefore not a medium through which to critique and debate culture as it had been in previous times. This is reflected in Habermas' interest in the 'public sphere' and public debate that have diminished with monopoly ownership of the media. Habermas' communication theory addresses this form of oppression.

These theoretical positions contribute to how power is understood, in Habermas' approach. It is this understanding of power from Habermas' perspective that is of significance to this project and the interpretation of the postmodern nursing literature. Power is described as domination in two major forms which are presented in his theory of technical reasoning and theory of communicative competence.

The first of these is the domination of understanding through the use of technical reasoning that promotes science, technology and positivism and the imposition of technical reasoning on practical and personal issues. There has been substantial discussion of the development of this theory and mechanisms for control in this chapter and it is reflected in Habermas' theory of cognitive interests. As discussed previously this includes:

... technical interests based on mastery of nature and concerned with work;

practical interest concerned with communication and relationships with others;

emancipatory interest to achieve personal autonomy using reflection (Held 1980, p. 253).

The second form of domination occurs in terms of Habermas' theory of communicative competence whereby an ideal speech situation can not occur if asymmetric power relations are present, notably when members of the group are adhering to an ideological position that does not allow free expression and exchange of ideas. These two theories of domination are discussed further in chapter 3 in relation to

Fairclough's discourse analysis and the Habermasian framework for the interpretation of the study findings.

Chapter 3

Methodology

This chapter introduces Fairclough's discourse analysis, which is the methodology that has been used in the thesis, and further develops the theoretical framework based on Habermas' critical theory that was introduced in chapter 2. This chapter is comprised of four sections that include the following content.

The first section discusses discourse analysis and its relationship to language and social theory. A discussion concerning discourse analysis is undertaken to establish where Fairclough's methodology is situated among a wide range of alternative approaches. The chapter also establishes how other approaches have influenced his methodology. For example, discourse analysis is used in a wide variety of disciplines and may include approaches that have only linguistic analysis without considering the context in which linguistics occur, through to approaches that have social analysis of the context in which language occurs but does not include linguistic analysis. Discourse analysis may also be categorised as 'critical' or 'non critical', meaning that it may draw on critical theory and include social theory relating to power and social change in the case of a 'critical' approach, or disregard this perspective in the case of a 'non-critical approach'. Fairclough's discourse analysis takes a critical approach that includes both linguistic analysis and the social context in which the language occurs. While Fairclough is critical of Foucault's approach to power, he also utilises his concept of the 'order of the discourse' as a strategy to identify the dominant features of the discursive event. He borrows the concept of intertextuality from Bakhtin and Gramsci's theory of hegemony to make sense of dominant ideology in the discursive event. The first section of the chapter describes how these theoretical perspectives are incorporated into Fairclough's approach.

The second section of the chapter discusses the development of the concept of ideology concerning critical theorists, building onto ideas developed in chapter 2. A rationale for the use of Fairclough's critical discourse analysis (CDA) and Habermas' theories concerning epistemology, and power as a framework for the study is discussed. Compatibility between the two theorists is established concerning common positions on issues relating to ideology, power and epistemology. In addition, points of difference

are discussed that are related to their positions concerning postmodernism and the theories of the linguist Noam Chomsky.

The third section of the chapter discusses Fairclough's critical discourse analysis, including the three levels of analysis concerning language and text, discourse practice and socio-cultural practice. Discourse practice also includes Bakhtin's concept of intertextuality, which identifies and traces dominance and social change across these three levels of analysis. This section then goes on to discuss how the methodology will be applied in this study concerning nursing literature and postmodernism.

Finally, Habermas' theoretical positions concerning power are discussed briefly, as outlined in his theory of cognitive interests and communicative action. Habermas' theory of cognitive interests describes technical, practical and emancipatory interests that concern all people, while his theory of communicative action is related to his concept of an 'ideal speech situation' in which truth is established through dialogue with others. However, this can only be achieved if equality is evident between the participants; otherwise distorted communication arises and results in entrenched unequal relationships and the development of ideology. (This is not to say that Habermas was opposed to ideology *per se* but that critique should favour rationality, as is argued in his lecture 'The Entwinement of Myth and Enlightenment: Max Horkheimer and Theodor Adorno' (Habermas 1987). Ideology and critical theory are discussed further later in this chapter). The framework to critique the articles is only briefly outlined, as it will be further developed in subsequent chapters relating to the theme of power when these are discussed in relationship to the research findings.

What is discourse analysis?

The terms 'discourse analysis' and 'discursive practice' have received a wide range of interpretations, from linguistics to social analysis. However, one common feature that they all exhibit is that they are concerned with language (Lupton 1998, p. 24; Brown & Yule 1983, p. viii; Potter & Wetherell 1987, p. 1; Macdonell 1986, p. 1; Jaworski & Coupland 1999, p. 3). Not only has discourse analysis been used in a wide range of approaches by 'linguists, literary critics, critical theorists, and communication scientists', but also Jaworski and Coupland (1999, p. 3) and Potter and Wetherell (1987, p. 6) confirm it has also been used in a wide range of disciplines. Lupton's (1998) *The Emotional Self* is an example of discourse analysis in psychology, while Potter and

Wetherell (1987) also utilise discourse analysis in social psychology. Jaworski and Coupland (1999) identify disciplines such as geography, philosophy, political science, sociology and anthropology as utilising discourse analysis. Further examples of discourse analysis from education (Davies & Harre 1990) and nursing (Rudge 1998) can also be added to this list. A result of discourse analysis being utilised in such a wide range of disciplines is that each practitioner of discourse has put their particular 'disciplinary stamp' on their approach to discourse practice. While it is entirely appropriate that discourse analysis be adapted to the purpose for which it is to be applied, a bewildering array of approaches has thus become available. This widespread usage has created multiple approaches to discourse analysis and generated terms that are used to describe strategies of discourse analysis that have a range of interpretations. The intent of the following discussion is to 'unpack' the differences between some of these approaches.

Jaworski and Coupland (1999) argue that although discourse analysis is generically concerned with language, how this is interpreted is enormously varied. Brown and Yule (1983) state that discourse analysis is concerned with language in use and cannot be restricted to linguistic forms independent of their purpose or function in human affairs. In this description of discourse analysis there is a clear distinction between approaches that examine the formal properties of language concerning grammar and sentence structure alone and those approaches that include consideration of the context in which the language is produced. Potter and Wetherell (1987, p. 7), in relation to the distinction between linguistics and discourse analysis, state that they are 'not linguists attempting to add social awareness to linguistics through the addition of the study of pragmatics'. They go on to say they are expecting to gain a better understanding of social life and interaction through the study of social texts. However, Potter and Wetherell (1987) still have a very strong focus on 'language in use' that ignores the broader social context in which the speakers function.

Jaworski and Coupland (1999) claim that the increasing interest in discourse analysis has two features that relate to a shift in traditional ways of explaining knowledge development, the second being that the discipline of linguistics has broadened from its narrow 'scientific' basis for studying language. In relation to Jaworski and Coupland's (1999) first point, the rise in the interest of discourse coincides with uncertainty relating to traditional ways of knowing and a shift in

epistemology and how we build knowledge. Traditional scientific knowledge was developed with the rules of objectivity and the logic of scientific method, but it has been increasingly demonstrated that this creates limitations. While traditional approaches are appropriate for knowledge developed in a controlled laboratory, the empirical approach has limitations for understanding human social and behavioural issues. Discourse analysis places language at the centre of knowledge development. Jaworski and Coupland (1999) explain that this is related to the necessity to identify conceptual classes of knowledge and to define boundaries and relationships between these classes of knowledge for example empirical and interpretive knowledge. This is an outcome of discourse analysis and these classifications become possible through language, which ceases to be a neutral medium and becomes a source for the transmission of knowledge and therefore can be an indicator of changes in knowledge development. A function of discourse analysis is to identify these changes in language. This approach to knowledge development that recognises that the application of rules to language use and knowledge development has limitations is consistent with a critical theory approach. It is demonstrated through Fairclough's approach to linguistics and the rejection of narrow rule bound structuralist approaches and acceptance of interpretations of language use that include contextual issues.

In addition to the above, Jaworski and Coupland's second reason for the increasing interest in discourse analysis relates to the use of language. While some approaches are concerned with 'language in use', in a narrow sense, relating to linguistic interpretations, other analysts consider language in relation to broader issues such as social, political and cultural forms that are beyond 'language in use' (Jaworski & Coupland 1999, p. 3).

A further issue of importance identified by Jaworski and Coupland (1999) is the claim that since World War 2 language has become increasingly important. This trend is related to Western societies shifting from the 'modern' industrial era to the 'post-Fordist' or postmodern era—the modern era being associated with capitalist economies primarily concerned with mass production and manufacturing and postmodern economies concerned with service industries. Skills required to function in these economies have shifted from the isolated, individual production-line worker of the modern era, who was separated from the end product of his or her labour. Workers now require skill to communicate with the consumer who ultimately purchases the product,

in the contemporary economy of the 'post-Fordist' service industry worker. For the person working in the service industry there is a much stronger emphasis on being able to function in work teams and communicate with the consumer than was the case previously. In this consumer-centred economy, communication and language has greatly increased in importance. Luke (2002) also supports arguments concerning the increasing significance of language in contemporary society when addressing issues of inequality in education for minority and socio-economically disadvantaged groups. Similar issues would apply to socially disadvantaged groups in health care. Discourse analysis that uses an approach that is broader than mere linguistic analysis is therefore an ideal methodology for identifying important indicators in language that suggest a shift in knowledge, power relations, and social and cultural change. The context of the present project could be characterised as occurring in a 'post-Fordist' era in health care and tertiary education, which are usually described as service industries. It is therefore appropriate to identify these shifts in language in nursing literature relating to postmodernism and to use Fairclough's critical discourse analysis and Habermas' framework as a methodology for the project.

Jaworski and Coupland (1999) place different approaches to discourse analysis on a spectrum from those that only explore linguistics to those that focus exclusively on cultural changes. Fairclough makes similar distinctions but takes this further by discussing approaches in terms of whether they are 'critical' or 'non critical' (1992, p. 12). The critical approach differs from the non-critical in terms of how the discourse is shaped concerning power relations and ideologies and, in turn, the effects these have on social identities, relationships and belief systems. The 'non critical' approaches are those that engage in analysis of linguistics but do not include the context or the cultural values in which the discourse takes place. Critical discourse analysis takes the view that participants have access to language given their position in society, and this reflects the participant's power within the societal structure. Among the non-critical approaches, Fairclough identifies Sinclair and Couthard (1975), conversation analysts or ethnomethodologists such as Garkinkel (1967), Labov and Fanshel (1977), and Potter and Wetherell (1987) (in Fairclough 1992, p. 13). As can be noted, the texts are almost thirty years old; however, a brief discussion of these is important in order to establish how critical discourse analysis developed and the significance of using this particular approach rather than another.

Sinclair and Couthard (1975) focus on the analysis of exchanges of conversations between pupils and teachers, particularly the transactions between the participants, and apply interpretive rules concerning the linguistic forms and tactics of the participants (Fairclough 1992, p. 15). Sinclair and Couthard's approach was 'pioneering' for its linguistic analysis of the properties of dialogue but, according to Fairclough, lacked a social orientation. These omissions included consideration of how power relations have an impact on discourse and also the lack of recognition of how historical issues concerning social struggle affect classroom dynamics. A further criticism claimed by Fairclough (1992, pp. 15, 16) is that Sinclair and Couthard underestimated the ambiguity in the interactions between teachers and pupils and tended to adopt the teachers' interpretations of the students' responses. The interpretations of the pupils' responses are therefore homogenised, creating reduced variability and simplicity in the discourse analysis of the classroom. The teachers' perspective is accepted as the dominant view, while the pupils' perspectives are attributed little significance.

Fairclough (1992, p. 16) has a similar criticism of ethnomethodologists and their use of conversation analysis. Potter and Wetherell (1987, p. 21) describe this type of discourse analysis as the identification of rules in conversation and the actions that the participants in the conversation take in response to these rules. This approach represented a shift in the interpretation of the significance of conversational rules (Potter & Wetherell 1987, p. 23). However, Fairclough (1992, p. 17) is critical because ethnomethodologists ignore issues such as class, power and ideology in their approach to discourse analysis, which limits the interpretation of the data in their analysis. The result of the ethnomethodologists' approach is to produce homogeneity of the data, as was the outcome of Sinclair and Couthard. Although it has been said that there has been considerable effort to develop a critical ethnomethodology so as to broaden its scope and take these criticisms into account, Fairclough seems to have ignored that effort. His approach to discourse analysis attempts to introduce strategies that incorporate issues such as power, class, and the effects of ideology into the methodological process in order to produce a richer data analysis and more complex material to explain the discursive event in more detail. The concept of 'homogeneity of the data' is interpreted by Fairclough as representing the dominant position, or status quo, in the discursive event and is considered in his approach. His use of this concept has been described later in this chapter.

Fairclough also discusses the approach by Labov and Fanshel (1977), in which discourse analysis is applied to the psychotherapeutic interview. According to Fairclough (1992, p. 20)—and contrary to Sinclair and Couthard and the ethnomethodologists' approach where the outcome created homogeneity—in the study findings of Labov and Fanshel the outcome produced a high level of heterogeneity. This indicates that their study using the psychotherapeutic interview as data showed a wide range of variability among interviewees. Labov and Fanshel draw on both linguistics and psychology in the analysis of their data, and use a complex frame of multiple levels of analysis that has the effect of expanding the meanings of the interviewee's comments. This creates increasing levels of variability among the interviewee data and therefore a high level of heterogeneity. Nonetheless, Fairclough claims that heterogeneity is more complex than is suggested by Labov and Fanshel who refer to an interviewee overlaying two styles of responses in an interview. Fairclough (1992, p. 22) argues that interviews may be more complex than this, with more styles being used that are difficult to disentangle and identify. He also suggests that perhaps Labov and Fanshel's view of heterogeneity is too static because they view the styles in the therapeutic interview as being stable.

While homogeneity is indicative of stability and power in the current situation, heterogeneity is an opposing force that represents change and instability. Fairclough claims that Labov and Fanshel have made a valuable contribution to discourse analysis; however, in addition to the weakness described concerning heterogeneity, like other non-critical approaches Labov and Fanshel do not attend to factors concerning the impact wider society and culture have on their interviewees and how this influences their responses and behaviour.

Fairclough uses the principle of heterogeneity himself in his concept of 'intertextuality', but his perspective has important differences to that of Labov and Fanshel. Fairclough (1992, p. 84) describes intertextuality as:

basically the property texts have, of being full of snatches of other texts, which may assimilate, contradict, ironically echo and so forth. In terms of production, an intertextual perspective stresses the historicity of texts: how they always constitute additions to existing 'chains of speech communication' consisting of prior texts to which they respond.

Fairclough's perspective of heterogeneity is that it is unstable and sensitive to changes occurring in the discursive event, reflecting wider cultural and societal change. Such a concept of intertextuality is drawn from Bakhtin's theory and is discussed in some detail later in this chapter.

Finally, Potter and Wetherell (1987) are discussed by Fairclough (1992) concerning their discourse analysis in social psychology. A significant feature of Potter and Wetherell (1987, p. 38) is the claim that participants alter their speech patterns in different social contexts depending on the situation and to whom they are speaking, and that the traditional approach of social psychology has underplayed these inconsistencies. Potter and Wetherell make a distinction in their analysis between content and form, with a major focus on the latter; however, Fairclough (1992, p. 25) is critical of this approach, as he claims that form and content have significant overlap. He states that the content aspect in Potter and Wetherell is limited to conceptual aspects of meaning rather than interpersonal ones. Fairclough (1992, p. 25) claims that analytical weaknesses are most apparent in Potter and Wetherell's work in relation to the 'self'. This is because, although in their view different 'selves' are evident in interaction with different people, Potter and Wetherell's framework cannot take into account different body language and non-verbal behaviour. Fairclough claims that these will be a significant source of information that is required to support the view that different 'selves' are used in different contexts. Once again, this approach has similar weaknesses to other non-critical approaches to discourse analysis because it does not take into account significant socio-cultural factors that have an impact on interpersonal behaviour.

Fairclough's approach aims to combine broader contextual issues and linguistics in order to establish sensitivity to cultural change that influences human behaviour. In order to do this, he draws on the work of the early critical linguists Halliday, Pecheux and Fowler, whose work he regards as too narrow because they ascribe too much influence to the text itself and insufficient to the process of production and interpretation (Fairclough 1992, p. 28). Fairclough also utilises Foucault's work in the development of his model of critical discourse analysis. Fairclough is critical of Foucault for not utilising a linguistic analysis as part of his discourse analysis but claims he has provided a valuable contribution to the social theory of discourse and power relationships. According to Rudge (1998, p. 229), Foucault recognised that his work on the micro-workings of power in the practices of governmentality and self-surveillance

requires socio-linguistic analysis. Rudge suggests that the necessary socio-linguistic analysis is offered by others, such as Fairclough.

Fairclough utilises Foucault's strategy of 'ordering the discourse' which looks at the discursive activity or practices within a society or institutions and the relationship between them, and these then form a central focus of the discourse analysis (Fairclough 1992, p. 43). Foucault's method also includes analysis of how the context in which the discursive event occurs affects the participants. Discourse analysts who focus primarily on linguistics, as explained in the above discussion, overlook this issue, according to Fairclough (1992, p. 45). Furthermore, linguistic discourse analysts do not consider the social identity of those participating in the study, and this impairs the method for social research. However, Fairclough goes one step further than Foucault. He interprets Foucault's approach to the individual as being affected by the discursive event in a 'one way' process that has structuralist overtones. By this he means that Foucault overstates the impact that the discursive event has on the individual and does not portray the individual as having the potential to change the structures in which he or she is interacting. Fairclough responds to this weakness in Foucault's approach by suggesting a dialectical relationship between the participant and the discursive event. In this situation, the participant plays a more dynamic role; and although the participant is influenced by the discursive event, he or she responds by re-shaping it through changing and restructuring discursive practices.

Fairclough's understanding of the relationship between the participant and the discursive event as being a dynamic interaction between the two also leads to a difference in how power is seen to function. He claims that Foucault exaggerates the extent to which individuals are manipulated by power and underrates what can be achieved through struggle (1992, p. 56). He also claims that it is not that Foucault does not focus on 'resistance' but that it is described in terms that do not threaten the dominant group (1992, p. 57). An example is provided concerning homosexuality in the nineteenth century, using what Foucault calls 'reverse discourse'. This is illustrated by Fairclough (1992, p. 57) when he describes Foucault's homosexuality as finding a voice of resistance. However, it did not use its own voice but instead used the same language as the medical discourse through which it had been initially disqualified. This demonstrates a 'resistance' that was not prepared to go outside the confines of the parameters of the discourse that created the oppression. Fairclough claims that this is a

weakness in Foucault's approach caused by the absence of texts and textual analysis as actual examples of 'people doing, or saying, or writing things' (1992, p. 57). Although Foucault refers to discursive practices, what is actually being considered, according to Fairclough, are the rules or structures that underlie these practices that are said to account for what can or cannot be actually done. What is being asked is whether these underlying and abstract structures can account for, and equate with, practice. In this way, Foucault is also criticised for using abstract concepts to account for practice. Fairclough (1992, pp. 57–58) goes on to say that practice cannot be assumed to follow from underlying structures in a uniform way. Additionally, actual examples of practice and texts require analysis and that, in turn, helps to change structures. Foucault's neglect of practice and struggle has resulted in his approach being incredibly one-sided and his structures of domination as being depicted as monolithic and unchangeable. According to Fairclough, his own adoption of Gramsci's theory of hegemony is a much better approach to power because it provides strategies for struggle and change. It can be seen that although Foucault has contributed considerably to social theory and discourse analysis, his methodology is perceived to have weaknesses, from a critical theory perspective, that are addressed by Fairclough and his approach.

Fairclough's work is underpinned by the theories of the linguist Bakhtin in developing his concept of 'intertextuality' and of the political scientist Gramsci for his concept of 'hegemony'. These theories compliment each other, as Bakhtin's concept of intertextuality identifies how texts relate to each other in a chain of communication and also identifies dominant trends. In Fairclough's (1992, p. 102) approach, Bakhtin's theory of intertextuality identifies power in the discourse, while Gramsci's theory of hegemony makes sense of ideological forces that are acting in the discursive event. Each of these theories will now be discussed, beginning with Bakhtin.

Bakhtin wrote considerable interesting material concerning language, and it is for this reason that Fairclough has drawn from his work. As previously mentioned, the concept of 'intertextuality' originated from Bakhtin, although the term was actually coined by Kristeva in reference to Bakhtin's work (Fairclough 1992, p. 101). Bakhtin used the term '*heteroglossia*', which, when translated from Russian, means 'multi-speechedness'. He applies the term to language concerning the concept of a 'national language' and regional dialects. The term 'centripetal' is used in relation to movement toward the centre of national language, and 'centrifugal' is used to mean movement

away from the centre for regional dialects (Dentith 1995, p. 35). Fairclough also uses the terms ‘centripetal’ to refer to homogeneity and ‘centrifugal’ to refer to heterogeneity, and the relationship between these will be further developed later in this chapter. *Heteroglossia* includes the concept of ‘genre’, as Bakhtin considered multi-speechedness also related to the different features of speech concerning social class, professional groups and different manners of speech in different contexts. Ironically, considering the concept of genre, there are at least three pieces of literature where authorship and Bakhtin are immersed in controversy. These are *Freudianism* (1927) and *Marxism and Philosophy of Language* (1929) that were published under the name of Volsinov, and *The Formal Method of Literary Scholarship* (1928) that was published as authored by Medvedev (Holquist 1981, p. xxvi). According to Holquist (1981, p. xxvi), 90% of these books were written by Bakhtin. However, Dentith (1995, p. 10) claims that there is considerable dispute concerning this issue, as both Volsinov and Medvedev were members of the first ‘Bakhtin circle’ and they also published material in their own right. It is considered that the latter two authors’ names may have been used in order for the material to be published because Volsinov and Medvedev were considered to be more acceptable to the regime of the time and Bakhtin was considered to be a less conventional Marxist. The controversy continues today in the West, with ‘the left’ wanting to claim Bakhtin as their own ‘sophisticated non-reductive Marxist’ (Dentith 1995, p. 9), although he also wrote some material that was deemed to be conventional for the time and reductive. It is interesting, considering the issues above, that Bakhtin has written extensively concerning genre and the use of different voices in texts. As discussed previously, Fairclough (1992, p. 84) describes intertextuality ‘as properties of texts as being comprised of “snatches” of other texts, which assimilate, contradict, ironically echo and respond to previous texts’. His perspective of intertextuality is that it is ‘heterogeneous, unstable and sensitive to changes occurring in the discursive event, reflecting wider cultural and societal change’ (1992, p. 104).

The other significant theory underpinning Fairclough’s methodology is Gramsci’s theory of hegemony. It was during his years of imprisonment that Gramsci wrote some of his most important work, including *Selections from the Prison Notebooks*, published in English in 1971. Controversy clouded the notebooks, as Gramsci wrote them under difficult conditions, including intervention by the prison censor (Bocock 1986, pp. 22, 30), and there are occasions when it is difficult to establish exactly what was meant.

They employ difficult grammar, repetition and contradictions, but Bocoock (1986, p. 30) argues that an interpretation of their meaning can be established based on Gramsci's writings prior to his imprisonment.

Gramsci held the view that it was necessary for people to participate in, and have a full understanding of, policies that political leaders plan to implement. It was his view that if this did not occur after gaining political control, revolutionaries would be forced to use repressive measures to implement their policies. To achieve this aim it is necessary for revolutionary political leaders to participate in civil society, a sphere Gramsci regarded as a significant force, separate from the state. This recognition of civil society as a separate force was a shift away from traditional Marxism which described power in society as being solely determined by economics and its expression in class structure. Traditional Marxism regards the economic base as determining the ideological superstructure of religion, politics, the arts, law and education. Gramsci's shift away from this economic determinism, or 'economism', enables a stronger focus on issues in the sphere of civil society and is important to his theory of hegemony.

Gramsci's theory of hegemony recognises three discrete but interconnected forces within society: the economic sphere, the state, and civil society (Bocoock 1986, p. 33). The economic sphere concerns the dominant modes of production and the ways in which workers are differentially treated in relation to their position in the means of production. The state is concerned with state-funded bureaucracies, including the public service, the legal, welfare and educational systems, and also the means of control through potential violence effected through the police and armed forces. Civil society relates to social formation that is neither part of the economic nor state spheres but includes independent organisations that are funded and contributed to by private citizens, such as environmentalists, women's groups, religious organisations, and Lions Club, Rotary and other charities. The boundaries between the state and civil society are constantly being renegotiated as organisations receive funding from the state or support from capitalists (Bocoock 1986, p. 34).

Although Gramsci identifies these three areas as discrete, they are also inter-related and may act as opposing forces or work together to exert power. While Gramsci opposed economism, this was not to exclude the economy as a means of exerting power but was to shift the emphasis to politics and to include the state and civil society as spheres where hegemony could also be established. Hegemony includes the concept of

‘nationhood’ and requires the national leadership of an entire people. This could never be achieved in narrow economist corporate terms: it requires the support of the state and civil society which exercise power and hegemony in order to achieve a cohesive society.

Gramsci’s theories have similarities and points of contact with critical theories and what Agger calls ‘Western Marxism’. These similarities relate to his critique of economism and a break with the idea that only a revolution that takes control of the state could successfully transform society. His theory of hegemony is also consistent with the critical theory perspective of the concept of ideology, and his idea of civil society also has similarities to Habermas’ concept of the ‘public sphere’ (Outhwaite 1994, p. 7).

Fairclough (1992, p. 92) emphasises Gramsci’s hegemony in terms of leadership and domination across a wide range of domains such as economic, political, cultural and ideological. Fairclough claims hegemony is never more than partial and temporary control and is maintained as an ‘unstable equilibrium’. Gramsci’s theory of hegemony underpins Fairclough’s discourse analysis and will be referred to on other occasions later in this chapter.

Fairclough’s discourse analysis was selected for this project because it combines analysis of language with analysis of the social and cultural contexts in which the discursive event occurs. His approach is a rejection of discourse analysis that focuses primarily on language at the expense of content and of socio-cultural issues. He accepts aspects of the work of critical linguists and Foucault, while other elements are rejected. Critical linguists are criticised for being too narrow, although the linguistic aspects of their work are incorporated as part of Fairclough’s approach. He raises objections concerning Foucault’s failure to use linguistics, for his ‘one sided’ approach to power, and for collapsing rules for practices into actual practice, but he incorporates into his approach Foucault’s strategy of the ‘order of the discourse’. Fairclough’s critical discourse analysis is also underpinned by Bakhtin’s theory of intertextuality, which is concerned with how texts relate to each other and the use of different voices in different contexts. Gramsci’s theory of hegemony and power is also utilised because of its suitability for critique of late- or post-capitalist societies.

Fairclough’s critical discourse analysis was also seen as compatible with Habermas’ critical theory, which will form the framework through which the issues of,

power in the data are interpreted in this thesis. Fairclough also understands power from a critical theory perspective. For disadvantaged individuals, the critical theory approach is more positive, embraces hope and suggests possible benefits from struggle, whereas Foucault's approach sees power relations as monolithic and unchangeable. Fairclough and other critical theorists, including Habermas, adopt the position that strategies can be developed and implemented that will improve the position of participants.

Fairclough's approach to the relationship between theory and practice is one in which practices are said to be interpretations of theoretical positions. Once again, they share a dialogical position in which theory and practice are different from, but impact on, each other. This is consistent with a critical theory approach—in contrast to Foucault's acceptance of abstract principles as being evidence for practices—and is a more accurate reflection of everyday experience.

The relationship between Fairclough and Habermas

A key issue in Fairclough's methodology is the significance of ideology in influencing people's understanding and actions. The significance of ideology has a long and important history in the development of critical theory and is discussed in chapter 2, beginning with 'The Clerks' study. According to Agger (1998, p. 82), Lukacs' interpretations of Marx provided a basis upon which Frankfurt critical theorists and Gramsci, whom Agger describes as Western Marxists, developed their interpretations of the critique of ideology. Lukacs' theory held that the reason for the delay in the collapse of Western capitalism, as predicted by Marx, was that the custodians of capitalism became more expert in managing the economy, along with a range of social and cultural phenomena, rather than that Marx's predictions were simply incorrect. One issue was the underestimation by traditional Marxists of the importance of the complexity of class consciousness and how it was produced. This was often reduced to simple economics, referred to by Gramsci as 'economism' and illustrated by the Clerks study, when low income earners adopted the values of their employers. Lukacs' argument concerning Marx also focused more on his early work as a Hegelian humanist philosopher, which had critical implications for his interpretation of Marx. Traditional Marxists, and later Althusser, were critical of the position of Lukacs and the critical theorists claiming that it weakened the argument for a revolutionary uprising in Western European countries.

It must be noted, however, that there is considerable controversy around these interpretations. Agger (1998, p. 80) supports Lukacs' and the Western Marxists' position, and describes Althusser's contribution as a counter-argument to that of Lukacs'. Contrary to Agger (1998, p. 80), Fairclough (1992, pp. 86–87) argues that Althusser has made the most influential contribution to the debate about the discourse of ideology in recent times. Although Fairclough claims that Althusser provides a theoretical base for the discourse of ideology, he expresses reservations concerning the limitations of his theory. Althusser identified an epistemological shift between Marx's early work focusing on Hegel and his later work as a rationalist economic scientist. A significant factor is that Lukacs first published *History and Class Consciousness* in 1923, long before Althusser's *For Marx* in 1970, which would mean that Lukacs had an important impact on the early critical theorists prior to Althusser's publication. Bocoock (1986, p. 24) contributes to this debate by noting that Althusser's reading of Marx developed in the 1960s and 1970s and was critical of 'existentialist and critical theoretical interpretations of Marx', and that this occurred at a time when the dominant position in social sciences was 'scientific', which added to the persuasiveness of Althusser's argument. However, the positivist position is not as dominant in the early twenty-first century, and a more humanistic interpretation of Marx is correspondingly more acceptable. It would appear that while Althusser's theory may have widened the debate between traditional Marxists and critical theorists, Althusser contributed to Lukacs' established theory regarding the significance of ideology.

Traditional Marxists, reinforced by Althusser's work, were critical of Lukacs' portrayal of Marx as a humanist Hegelian, which they saw as weakening the argument for radical change. However, Western Marxists also claim that a reading of Marx as a rationalist allows a positivist interpretation of his theory of political sciences. Critical theorists would argue that the traditional Marxist interpretation resulted in major weaknesses in how the theory had been applied in the communist countries of Eastern Europe and the Soviet Union, ultimately contributing to their eventual collapse.

Traditional Marxists have also argued that Western Marxists since Lukacs have presented a case that Marx was a humanist philosopher and that a socialist revolution was not inevitable because of the potential of capitalism to manipulate class consciousness (Agger 1998, p. 80). Agger (1998, p. 80) and Bocoock (1986, p. 24) claim that the Western Marxist interpretation is a reasonable application of Marx in post-

capitalist Western societies. Lukacs' argument is that when positivism is used in social science it presents social relations as resembling relations in the natural world and that therefore they are stable, permanent and not susceptible to change. Lukacs' interpretation of Marx was that capitalism had a tendency to transform human relations into relationships between things, not people—a process Marx called 'commodity fetishism'. Lukacs' concept of 'reification' is claimed to be inherent in Marx's account of the commodification of human labour power, which describes people's labour being turned into a commodity to be bought and sold on the labour market. 'Commodity fetishism' was also related to class differences and was used to explain why capitalism survived longer in the West than had been predicted by Marx. 'The Clerks' study, despite its methodological weaknesses described in chapter 2, showed the way a group of low paid 'white collar' workers identified with those in higher socio-economic groups. This identification resulted in the adoption of the values of those people with higher socio-economic status, but these values were not reflected in the income or lifestyle of a clerk. This interpretation of Marx's theory stressed aspects relating to alienation, consciousness, ideology and 'commodity fetishism' as considerable influences on personal identity. These factors were seen as significant in preventing people from engaging in class identity and struggle. According to Agger (1998, p. 82), Western Marxists such as Lukacs, Gramsci, and the Frankfurt School, held views consistent with this, although they were not shared by traditional Marxists. The latter placed a stronger focus on economics and regarded the position adopted by Western Marxists as retreating from the socialist revolution. However, the Western Marxist position can be seen as an appropriate response to changes in Western society and to a post-capitalist economy and culture (Agger 1998, p. 80).

Critical theorists of the Frankfurt School further developed Lukacs' theory of 'reification' into their theory of 'domination', which is similar to Gramsci's 'hegemony' (Agger 1998, p. 83), and describe how critical theorists perceive power. Habermas, in particular, sees power as being exercised in Western societies through two mechanisms, both of which have resonance with Lukacs' theory of 'reification'. The first of these is domination of social sciences through instrumental reasoning and positivism. The second is domination through distorted communication exercised by the mass media, resulting in the acceptance of ideology and 'false consciousness'. Among other issues, Habermas' theory of communicative action addresses the problem of ideology.

In chapter 2, I outlined Habermas' theoretical positions that place an emphasis on speech, including his theory of communicative competence in which he claims that in an ideal speech situation 'all human speech is orientated to consensus'. This theory is strongly related to his positions on 'truth' and 'freedom', and therefore relates to his understanding of power. In an ideal form of discourse, 'truth' is established through consensus, and freedom is achieved through mastery of technical skill and communicative competence. The end result of this argument is that the very structure of speech is held to involve the anticipation of a form of life in which truth, freedom and justice are possible. In particular, it is expected that, with increasing communication skills, problematic truth claims and discourse about the rightness or correctness of norms are questioned. When an equal relationship cannot be established, coercion is present and an ideal speech situation cannot be achieved; thus, distorted communication occurs and this results in failure to establish truth. When unequal relationships are maintained values are established that do not undergo rationale critique or challenge and, as a result, ideology or 'false consciousness' is established. This theoretical position contributes further to the strength of the methodology to be used in this project and to the critical framework to critique the ideology or taken-for-granted knowledge or so-called 'commonsense' subsequently identified in the articles.

Ideology and distorted communication are also issues of concern for Fairclough, but he takes Habermas' position further by developing strategies in his critical discourse analysis to identify ideology in institutions and social practices. As already stated, Fairclough claims that Althusser had a significant input into the theoretical base of the discourse concerning ideology, and notes that he made the following claims (Fairclough 1992, p. 87):

- 1) Ideology has material existence in the practices of institutions and can therefore be investigated;
- 2) Ideology interpolates subjects and that one or more significant 'ideological effects' can be evident;
- 3) 'Ideological state apparatuses' such as educational institutions or the media are sites for class struggle.

It is Fairclough's view that these claims have strongly influenced the debate concerning ideology. He also expresses concern about Althusser's theory and how it

envisages power. Two contradictory visions of power are portrayed: the first as domination characterised as an asymmetrical imposition, monolithic and unchangeable, and the other as struggle and transformation of the situation by the disadvantaged party (Fairclough 1992, p. 87). Unfortunately, from Fairclough's perspective, Althusser marginalises his vision of struggle and 'transformation'. As can be seen in the previous discussion about Foucault, Fairclough and other critical theorists do not accept the monolithic concept of power that underplays the potential for change through struggle by individuals or groups. It is therefore apparent that the preferred critical theory view is that the disadvantaged individual or group has the potential to adopt the second position concerning struggle and change. The accepted view in relation to power aligns more closely with Gramsci's theory of hegemony.

From the above discussion it can be seen that ideology is a site wherein power struggles can be evident and therefore the exposure of ideology in a discursive event becomes important. According to Fairclough (1992, p. 87), 'The ideologies embedded in discursive practices are most effective when they become naturalised, and achieve the status of "commonsense"'. This indicates that Fairclough regards 'so called' commonsense, in which practices and beliefs are accepted uncritically, as strongly embedded within ideology and therefore as providing suitable material for critique. He goes on to offer the following warning about commonsense: 'this stable and established property of ideologies should not be overstated, because my reference to "transformation" points to ideological struggle as a dimension of discursive practice' (1992, p. 87). He claims here that although ideology may appear to be entrenched, in reality it can be unstable. Furthermore, change may be achieved through struggle and discursive practice. Fairclough and Habermas thus have complimentary positions concerning ideology and power, and share the view that transformation can be achieved through struggle.

Critical discourse analysis and critical theory also possess other complimentary qualities. Although the Frankfurt School critical theorists address issues concerning late Western capitalism, this is often related to the 1970s. Agger (1998, p. 83) claims that we have since moved to 'later capitalism', or postmodern capitalism, and that this requires further analysis, since ideology is even more dispersed or enmeshed into everyday life. Indeed, Featherstone (in Agger 1998, p. 83) claims that

postmodern ideology is so deeply implanted in everyday popular culture that almost no one, including critical intellectuals, can get a grasp of the difference between truth and falsehood, reality and illusion, a preliminary aim of any ideological-critical program intended to raise political consciousness.

It is evident from these comments that the ability to distinguish reality and truth is in serious doubt in the late twentieth century, early twenty-first century and that Foucault, Derrida and Baudrillard all bemoaned the increasing lack of epistemological certainty (Agger 1998, p. 83). In the context of postmodernism, further uncertainty is expressed by the view that the critical theory of Western Marxism is disabled; in other words, theorists can no longer engage in consciousness-raising by revealing the truth and exposing illusion (Agger 1998, p. 84).

However, the suggested strategy to overcome these methodological difficulties is to combine postmodern analysis with critical theory. Agger (1998, p. 84) describes this in the following passages:

the interpretive tools of deconstruction, developed by French theorists in postmodernity, are invaluable to critical theorists who want to detect and then debunk ideologies dispersed into the deep discursive fabric of every day life itself.

It is further claimed that 'critical theory corrects deconstruction's collapsing of true and false, reality and illusion, by retaining a concept of objective representation, including empirical science' (Agger 1998, p. 84). The work of the critical theorists of the Frankfurt School, who place importance on ideology, consciousness, and culture, is thus enriched by the work of postmodern theorists (Agger 1998, p. 84). Agger is suggesting here that critical theory is able to utilise postmodern techniques but can also act to correct the postmodern relativism created by its collapsing of dichotomies.

These arguments support the use of Fairclough's critical discourse analysis to unravel changes indicated in literature, whether or not this methodology is regarded as postmodern, because critical discourse analysis will reveal dominant ideology and power shifts that are reflected in the texts. A discussion concerning postmodernism and Fairclough is presented below. In the case of this study, nursing literature is subjected to a critical discourse analysis and is critiqued using a critical theory framework drawing on Habermas' theoretical perspectives. The use of Fairclough's discourse analysis is

appropriate for revealing sensitive changes that have occurred in the postmodern nursing literature. Habermas' theory of 'knowledge and human interest' allows acceptance of realism in both physical and social sciences. However, in the case of social sciences, instrumental reasoning is not permitted to dominate, allowing for reasoning that is sensitive to human needs and a balance which is essential in a caring profession such as nursing.

Although there are strong levels of consistency between Fairclough and Habermas, there are also some differences. There are differences in how they position themselves in relation to postmodernism and in their relationship to Chomsky's linguistic theories, and each of these differences will now be discussed.

In chapter 1 it was argued that postmodernism is difficult to define, and in chapter 2 some critical theorists such as Adorno may be described as postmodernists while others like Habermas identify as modernists. Since Marxism is regarded as a 'grand theory' by postmodernists, any theory such as critical theory that draws from Marxism is likely to be rejected, and be rejected by, postmodernism, or at least be subjected to controversy if it claims to be postmodern. Some aspects of Habermas' theory could be regarded as postmodernist, while other aspects represent counter-arguments to postmodernism. Habermas discusses the speech he gave in 1980 entitled 'Modernity an Unfinished Project' that was largely a critical response to Lyotard's postmodern critique of reason (Habermas 1987, p. xix preface), and his book includes twelve essays that further outline his position on postmodernism. While he supported his contemporaries in relation to the criticism of structuralism and science applied in social theory, as outlined by Lyotard (Habermas 1987, p. xix preface), he is damning of postmodern criticisms of the rationalist and humanist ideals of the Enlightenment (Outhwaite 1994, p. 122). He argues that these attacks are politically conservative and echo earlier counter-Enlightenment movements. In his view, the humanist and rationalist promises of the Enlightenment have not yet been fulfilled because modernity has not yet run its course. These Enlightenment promises relate to an equitable society based on Marxist principles, freedom from domination by oppressive ideologies, and instrumental reasoning. On these grounds alone, it is clear that Habermas could not be considered a postmodernist.

Although Fairclough does not declare a position on postmodernism as Habermas did, he still subscribes to a critical theory perspective that claims a neo-Marxist

orientation, drawing on Habermas, Gramsci and Bakhtin. At the same time, he utilises Foucault's work in his methodology and although Foucault's later work is regarded as postmodern he himself refused to be labelled, this results in Fairclough's work drawing from both modernist and postmodern sources. On these grounds, then, although Fairclough does not declare a position, his methodology can be used in conjunction with theoretical positions that are either modernist or postmodernist.

A further point of difference between Fairclough and Habermas relates to language and the work of the linguist Noam Chomsky. Habermas drew from Chomsky's theory of linguistic competence to develop his own theory of communicative competence (Outhwaite 1994, pp.39–40). However, some linguists, including critical linguists and discourse analysts, were critical of Chomsky's theory. Chomsky's theory, although groundbreaking for psychologists (Potter & Wetherell 1987, p. 10; Brown & Yule 1983, p. 22), was rule bound, narrow and ignored the context of speech, and in the 1960s and 1970s represented mainstream linguistics. These issues were discussed by Habermas in relation to his theory of communicative competence but are at odds with his theory of cognitive interests, since these include the rejection of realism as a dominant paradigm in social sciences; nevertheless he continued to tie himself to Chomskian linguistics (Outhwaite 1994, pp. 36–40).

Fairclough, on the other hand, draws from critical linguistics as a theoretical base for his methodology, strongly rejecting the Chomskian approach. Although this is a point of difference between the methodology and the interpretive framework for this study, it is not seen as having created methodological inconsistencies. Fairclough's approach, which includes broad contextual considerations, is employed in the analysis and has the effect of counteracting any narrowness that may have been imposed by Habermas' theory, subsequently used to comment on the findings.

This section of the chapter has discussed the relationship between the views of Habermas and Fairclough, including a consideration of how ideology has influenced critical theorists and its significance to the methodology and the framework. Points of difference between Habermas and Fairclough were raised relating to postmodernism and how the linguistic theory of Chomsky is regarded by each of them, although these differences were not expected to create any methodological inconsistencies. The chapter now turns to discuss Fairclough's methodology and how it will be used in the research.

Fairclough's methodology

The role of discourse within a society or culture is seen as historically variable, and Fairclough argues that in contemporary late modern or postmodern society discourse has played a major role in socio-cultural reproduction and change. He claims that his critical discourse analysis (CDA) consolidates a three-dimensional framework. The framework aims to map three separate forms of analysis onto one another: 1) analysis of language and texts; 2) analysis of discourse practice, i.e. processes of text production, distribution, and consumption, also called 'the order of the discourse'; and 3) analysis of discursive events as instances of socio-cultural practices.

As explained previously, the approach utilises a combination of Bakhtinian theory in the analysis of discourse practice and the Gramscian theory of hegemony in the analysis of socio-cultural practices (Fairclough 1995, p. 2). Bakhtinian theory highlights the production and creativity of discourse practice in texts that are heterogeneous in their forms and meanings, the heterogeneity emanating from their intertextuality; texts are constituted from other, already produced, texts and from potentially diverse texts types.

The theory of hegemony that Fairclough draws from Gramsci highlights how power relations both constrain and control productivity and creativity in discourse practice. One domain of hegemony is the 'order of the discourse', which is characterised by relatively stabilised configurations of discourse practice. The overall process of change is investigated in terms of mapping the creativity in the heterogeneity of the texts generated, and the restraining influences of homogeneity (the 'order of the discourse'), onto one another. According to Fairclough (1995, p. 2), heterogeneities are a sensitive indicator of socio-cultural contradictions, and a sensitive barometer of their evolution.

Fairclough's critical discourse analysis uses a framework that includes:

- the analysis of text and language,
- the analysis of discourse practice; and,
- the analysis of socio-cultural practice or discursive events.

The methodology involves mapping these dimensions of analysis over each other to establish an understanding of social change and power as evidenced in texts. Intertextual analysis is used to establish connections between texts and connects them to discourse practice and to the discursive event in order to make sense of the whole.

In order to illustrate the concepts involved in the analysis, a single article has been selected from the sample and the full text of the article appears as Appendix 1. The article, Glazer (2000b) 'Therapeutic touch and postmodernism in nursing', *Nursing Philosophy* 2:3, pp. 196–217, is assumed to be a reprint of an article with the same title from the series *Knowledge and Society*. The editors of the journal *Nursing Philosophy* say they took the unusual step of reprinting the article, although they do not say where from, for two reasons. The first reason the editors state is that 'the paper raises provocative points regarding the dichotomies in nursing and we believe that addressing these dichotomies is a contribution that *Nursing Philosophy* can make to nursing scholarship' (Edwards & Liaschenko 2000, Editorial). The 'second reason concerns the fact that a journalist has expressed interest in issues typically not seen as relevant to those outside nursing, which we think is important to nursing' (Edwards & Liaschenko 2000, Editorial). A central feature of the article is that it compares what Glazer claims are the dichotomous approaches of scientific method and qualitative paradigms in nursing research to the 'culture wars' of the social sciences in the USA.

It can be seen from the above that the article is not typical: its analysis is complex and it breaks a number of conventions concerning authorship and use of language; it is controversial; and it raises a number of significant issues concerning power within and outside nursing. However, because these issues are complex and the scope of this section of the chapter is limited, only a few extracts from the article will be used to illustrate Fairclough's methodology. The discussion will further develop what is meant in each dimension of analysis.

Analysis of language and text

Language

Fairclough (1995, p. 10) argues that in order to carry out analysis of texts a theory of language is necessary, and subsequently suggests a systemic theory of language and grammar. As noted previously, Fairclough draws on the work of earlier critical linguists who attempted to combine social theory with a systemic theory of language (Fairclough 1992, pp. 25–26). The rationale for the adoption of this approach to linguistics is that these are functional theories relating to how language is structured in order to carry out its social functions. They may indicate the use of convention and innovation and therefore suggest possibilities for social change. Discourse is the use of language as a

form of social practice, and discourse analysis is analysis of how text works within socio-cultural practice. Such analysis requires attention to textual form, structure and organisation at all levels: phonological, grammatical, lexical (vocabulary), and higher levels of textual organisation in terms of exchange systems (the distribution of speaking turns), the structure of arguments and generic (activity type) structure (Fairclough 1995, p. 10). An assumption is that any level of organisation may be relevant to critical and ideological analysis. The discussion now turns to issues relating to language in the articles for the study.

Because the data in the study are academic journal articles, aspects of language analysis concerned with conversation are regarded as not being relevant. For example, conversational ‘interactional control features’ such as ‘turn taking’, ‘exchange structures’ and ‘topic control’ are obviously not features of an academic article. Some aspects of topic control of a published article are external to the text and are part of an analysis at the level of discourse practice, which is discussed later in this section. However, aspects of grammar are seen as relevant to the academic journal article and include dimensions such as ‘modality’, ‘transitivity’ and ‘theme’, and each of these will be explained below.

Modality

Modality in this approach to discourse analysis relates to interpersonal functions of language (Fairclough 1992, p. 235). In grammar this has traditionally related to the mood of a verb and denotes manner in relation to a proposition. Fairclough (1992, p. 159) gives examples of a traditional use of modality, such as ‘should’, ‘must’, ‘may’ or ‘can’. He explains that systemic linguists see these as only one type of modality and claims that ‘tense’ or adverbs such as ‘probably’, ‘possibly’ and ‘definitely’ are also types of modality. Modality suggests variable degrees of affinity with a proposition. The use of present tense, for example, can suggest categorical support for a proposition. Fairclough (1992, p. 158) gives the example of ‘the world is flat’ as supporting the statement/proposition with a higher degree of affinity, rather than the ‘world could be flat’. Modality may also be subjective, as in ‘I think the world is flat’, or objective, as in ‘the world is flat’. Once again, the latter represents high affinity and categorical support for the proposition. Fairclough claims that even if modality is stated in terms that are objective, it may mask subjectivity. According to Fairclough (1992, p. 159), the

subjective expression demonstrates a high degree of personal affinity with the proposition but objective modality does not indicate whose affinity is being presented. The speaker or author (Fairclough 1992, p. 159) of an objective or categorical modality may be presenting what is believed to be a universal perspective, their own perspective, or the perspective of another group or organisation. Speakers or writers presenting an objective modality, according to Fairclough, are often presenting or operating from a form of power within the discourse.

However, Fairclough (1992, p. 160) also cautions that expressions of affinity with a proposition may be complicated by the motives of the speaker or writer, such as a desire to express high levels of solidarity on a personal level with another participant in the discourse rather than a genuine agreement with the presented views. Conversely, low levels of expressed affinity may relate to the participant's perceptions of lack of power in the relationship. Fairclough (1992, p. 162) identifies some traditional forms of academic writing as utilising a style that avoids categorical modality as a matter of principle. This may be motivated by scholarly caution rather than low affinity with propositions.

When a proposition is important to the discourse, struggle and contestation occur and the modality may undergo transformation. This process often occurs in the media when a particular slant is placed on an event or in relation to a particular issue. The following discussion of the sample article by Glazer illustrates such a transformation.

Thompson (2002, p. 62) writes, in reference to Glazer's article, and her position concerning the range, complexity and diversity of types of postmodernism that are utilised in nursing literature, that 'Glazer would not occupy the critical postcolonial side of this divide'. In Glazer's reply she says that 'Thompson concludes that I must be on the other side of some simplistic divide from "more critical", "post colonial" thinking, in other words I must be a political reactionary'. Thompson, an academic who—unlike Glazer—writes in the genre of the academic article, makes comments that are more cautious, more objective and appear to have lower levels of affinity with the proposition than does Glazer. She has not avoided the categorical modality by using the verb 'would not', of which Fairclough is critical in academic writing, but her choice of wording also represents caution. Thompson is writing on behalf of a group that has dominance within the discourse, compared to Glazer who is an interloper and a freelance journalist. Glazer also uses a categorical modality with the use of the verb 'must be'. However, modality

is also transformed from Thompson's comment that she (Glazer) 'does not occupy the critical side of the divide' to 'I must be a political reactionary'. According to Fairclough, this form of transformation commonly occurs in the media, a medium with which Glazer is familiar and in which she frequently participates. These aspects of modality act as signifiers in the articles of how the writers see themselves positioned in the discourse and indicate sites of instability, evidence of dominance and contestation. Glazer's comments have a high level of subjectivity and affinity, with emphatic use of the first person, and it appears that she is writing in order to represent herself. Glazer's article is clearly an attempt to challenge what she perceives to be dominance in the discourse. It should also be mentioned that while Thompson is defending a position that is dominant in the nursing postmodern literature, this discourse itself is neither dominant in nursing literature as a whole nor in the broader community. Considering these issues, the position presented by Thompson could be regarded as unstable and vulnerable to change.

Transitivity

The ideational or 'conception of ideas dimension' of the grammar of the clause in systemic linguistics is termed 'transitivity'. It provides important information concerning the 'ideas forming' aspects of the text. According to Fairclough (1992, p. 178), it deals with the types of action, event, and mental processes which are coded into, and are types of, elements in clauses in given texts. These process types may be either 'transitive' or 'intransitive'. A transitive is 'a (verb) taking a direct object expressed or understood', while an intransitive does not take a direct object. Each of these processes is described below (Fairclough 1992, p. 180):

'action' processes, where an agent acts upon a goal and may be directed or non-directed;

directed, is where an agent acts on a goal as a transitive (subject-verb-object) and may be in either,

active voice

passive voice;

non-directed involves an agent and an action but no (explicit) goal and is an intransitive (subject-verb);

‘relational’ processes, where the verb (being, having, becoming) marks a relationship between participants (elements in clauses) and action processes;

‘event’ process involves an event and a goal and are realised as an intransitive;

‘mental’ processes include cognition such as think or know, perception such as hear, notice and affection such as like or fear and are realised as a transitive.

Fairclough claims that the process type used may be an indicator of cultural, political or ideological significance. In English text, according to Fairclough (1992, p. 178), relational and action processes predominate. Action processes are attributed to the person in the relationship who is taking an active role in processes that are occurring and who are therefore portrayed as exercising some control. Who the agent is will be an important indicator of the portrayal of power relations in the text. Relational processes involve being or becoming or having, in states of transition. They do not identify an agent and portray the person as passive. Similarly, event processes do not identify an agent or direct action. Whether agency, causality and responsibility are left vague or made explicit in relation to important events may indicate a particular bias in the account. These can be vital clues concerning who may exercise power in a particular situation and how participants are portrayed.

As can be seen, the action directed clause could be worded in either passive or active voice. The passive voice allows for the agent to be unknown. Once again, this could be used as a strategy not to name the agent in order to avoid making them responsible for an action, although other reasoning may motivate this terminology, such as the identity of the agent being already known.

A further characteristic of transitivity is ‘nominalisation’ according to which the objects referred to exist in name only. Nominalisation is similar to passivity in that it allows for omitting the agent. The passive voice and nominalisation may work together, such as when a process becomes backgrounded and tense and modality are not indicated and thus it is not clear ‘who is doing what to whom’. Fairclough (1992, p. 179) claims that medical and scientific technical language favours nominalisation.

Theme

A further feature of analysis of the clause is the concept of 'theme'. The theme is the initial part of the clause and identifies what the clause will be about. Fairclough (1992, p. 183) claims that this will correspond with what is to be taken as 'given' information concerning commonsense assumptions. The theme is the author's 'launch pad' in a clause and, according to Fairclough, its content usually relates to 'what is taken for granted' or to information already known or established. These will correspond to what the author sees as commonsense assumptions (or naturalised ideologies) about the social order. Themes may be either identified as 'marked' or 'unmarked' choices by the author. The unmarked choice of theme in a declarative clause is the subject of the clause because this is the choice made if there is no special reason for choosing something else and is an indicator of 'commonsense assumptions' or strategies by the author (Fairclough 1992, p. 183). A marked choice of a theme in a text indicates foregrounding of what is important to the author. Themes are important indicators in a text because they give clues to the assumptions that the author has made in the text.

An example of marked and unmarked themes, modality and transitivity can be seen in Glazer's article, the second paragraph of page one, below the abstract. The initial clauses of each of the sentences in this paragraph are:

'Therapeutic touch is a technique' (unmarked theme with a categorical support for the proposition);

'Its practitioners claim to heal' (practitioner is marked, the clause is action directed, the term 'claim' conveys ambiguity and is used to discredit the agent);

'There is no evidence' (unmarked clause with categorical support for the proposition);

'Rosa's crusade to expose' (marked clause, action directed verb the subject is named and portrayed with a high level of affinity to support the clause); and

'After reviewing hundreds of reports' (no agent event process).

Thus, Glazer identifies therapeutic touch as a technique, practitioners are identified with doubt concerning their efficacy to heal, and there is no ambiguity concerning the claim that there is no evidence to support the therapy's effectiveness.

The focus of the paragraph shifts to Rosa conducting a personal campaign against the practitioners, the review of the reports, is a less emotive ‘event process clause’. It can be seen from this that Glazer portrays two groups in conflict, using language that is personal and emotive and is ‘fore-grounded’.

Word meaning

Fairclough (1992, p. 185) claims that as users of words we are faced with choices to make about how to use a word and how to word meaning. Likewise as interpreters of words, we are faced with choices about how to interpret meaning and what values to place on word usage. However, word meanings are not only matters for individuals but also they are socially approved and defined, and are sites of contestation. According to Fairclough (1992, p. 186), the dictionary model presents potential meaning of words in the following ways:

- meaning potential is stable;
- meaning potential is universal in the sense that it is common to all members of the speech community;
- meanings within a word’s potential are discrete or separate from each other;
- meanings within a word’s meaning potential are complimentary either/or relationship to each other and are mutually exclusive.

Fairclough (1992, p. 186) argues that this dictionary model works quite well, particularly in relation to the first and the last points above; however, in cases when there is cultural and social contestation, word meanings may be implicated in the process of controversy. In these cases, word meaning may be unstable and vulnerable to change. Complementarity of meanings between words may then arise; in other words, a hierarchy in which there is dominance and subordination concerning preferred meanings. Fairclough (1992, pp. 186–187) suggests that scientific papers are more likely to follow the dictionary model of word selection, whereas creative approaches to writing will be more playful utilising ambiguity and may be less consistent. It is the more creative text that produces changes in word usage.

An example of word meaning can be found from observation of the postmodern nursing literature concerning ambiguities relating to the word 'critical'. It appears to relate to at least four meanings, which are explained below:

- to criticise;
- to use critical thinking;
- in relation to critical social theory;
- in relation to critical theory (of the Frankfurt School).

There is a high level of usage of the term 'critical' in the articles in the study and, although not prevalent in this literature, in the wider nursing literature the term 'critical incident' is also common. Although it is evident that all of the above have quite different meanings, it is not always apparent which of them is being used in a given text. Differentiation between these meanings can sometimes only be established through subsequent information in the article. In the postmodern nursing literature the term tended to be regarded as a positive attribute, but among nurses who are not academics it may be regarded as negative and seen as mere fault finding. Therefore, the use of the term may have unwanted or unforeseen effects on readers and influence their acceptance of the arguments being presented.

The term 'critical thinking' has been a highly favoured term in nurse education where it is used to encourage students to think more carefully and creatively about their studies and practice. Alfaro-Lefevre (1999, pp. 8–9) gives five descriptions of critical thinking that include characteristics such as knowing how to learn, thinking creatively, problem solving, reflective thinking on what to believe or do, and goal-directed thinking. The term is thus a 'catch all' that appears to have been used to drive a variety of agendas. Critical thinking can be seen as part of reflection and reflective practice, but it is also related to technical approaches to nursing practice and research such as the nursing process and 'scientific method' (Alfaro-Lefevre 1999). It is an important element in performing intellectual activities effectively but requires a flexible environment for students and practitioners in order to be achieved. However, it is uncertain what authors who use the term 'critical thinking' actually mean and not all meanings will be equally valued.

The term 'critical approaches' is also often used in the postmodern literature, but here it is often unclear whether users mean critical thinking, critical theory or critical social theory, as the last two in particular are used interchangeably. This fails to

recognise that whereas ‘critical theory’ relates to theories that emanate from the Frankfurt School, with its Marxist or neo Marxist origins, ‘critical social theory’ is a more general term concerning social theory. Thus, while critical theory is a critical social theory, not all critical social theories can be regarded as critical theory. Confusion abounds in the literature, and it is not always clarified in the articles when the theories are described. The uncertainty concerning the term indicates unstable usage. Thus it is likely to be a focus of analysis in research and in ‘ideologiekritik’, which will relate to exploring the underlying issues and establishing hierarchies of meaning. It appears that the term ‘critical’ may be regarded positively, but reasons concerning how it is used are unclear at this stage. The effect of widespread use and misuse of the term ‘critical’ is to reduce its significance as an element in arguments for change consistent with critical theory.

Wording

Whereas the previous section concerned the meaning of words, this section relates to the wording of meanings. There are multiple ways of wording a particular meaning, but wording is liable to change meanings and the interpretation of meanings (Fairclough 1992, p. 190). Meaning in this respect has particular theoretical, cultural, disciplinary and ideological dimensions. New wordings can create new meanings, and some of these become stable meanings or understandings of a particular concept or groups of concepts. According to Fairclough (1992, p. 191), wording also has an intertextual dimension by which it can be introduced into a discourse from another genre. This can be demonstrated in the use of language from the sample article authored by Glazer. The author’s writing reflects her experience as a freelance journalist, and the language of a broadsheet newspaper is used in an academic journal. Glazer makes the following statement (2000, p. 200):

Advocates argue that the qualitative approach, which generally relies entirely on patients’ or nurses’ comments—known as ‘the narrative’ in ‘postmodern lingo’—is better attuned to hearing patients’ needs and arriving at effective caring than ‘quantitative’ investigation.

The use of the phrase ‘postmodern lingo’ has the effect of casting disparaging characteristics on the narrative approach and undermining its credibility as a legitimate approach to research. Since Glazer’s article was assumed to be originally published in

Knowledge and Society, the article was written for the non-nursing public. Thus it would have the effect of discrediting nursing as a profession, with the potential to have a wider social and political agenda. Since it is also unusual for a journalist to take an interest in the disciplinary affairs of research and knowledge development in nursing, it could also indicate a shifting interest in this direction.

Over-wording and rewording

Further issues of significance that relate to wording that may appear in the articles are ‘over-wording’ and ‘rewording’ (Fairclough 1992, pp. 193–194). An example of over-wording in Glazer’s article could be the following words found in the abstract concerning postmodernism: ‘anti-scientific world view’, ‘eastern mysticism’, ‘crystal healing’, ‘colour therapy’, ‘therapeutic touch’, ‘smoothing out energy fields’. According to Fairclough, over-wording is related to a pre-occupation with a particular ideological perspective. In the example given, postmodernism is closely related by Glazer to alternative approaches to health even though that link and those methods are virtually absent from postmodern, or indeed any other, academic nursing literature. It would appear that this perspective has been adopted by Glazer even though it is not reflected in the complete body of literature, and so one can only assume this to be driven by a personal ideological agenda.

Rewording occurs when phenomena are renamed in order to change established understanding of a meaning in line with an ideological position. A familiar example of this could be the use of ‘politically correct’ terminology.

Metaphor

Although metaphor has traditionally been thought to be a feature of literary works, Fairclough (1992, p. 194) believes that evidence of metaphor appears in even the most unpromising of texts, including scientific and technical discourse. Metaphors signify how we construct reality by structuring the way we think and act, and they influence our knowledge and belief systems in fundamental ways (Fairclough 1992, p. 194). Metaphors can also be resisted, and in this sense the metaphor represents a site of struggle.

The following are examples of the use of metaphor in Glazer’s article. The relevant phrase is quoted from a nursing leader who disputes the American Medical

Association's claim that doctors are 'the captain of the ship' concerning the delivery of health care (Glazer 2000, p. 198). This metaphor conveys an image of the medical staff being in complete control, with exclusive possession of the corresponding authority and expertise. It also has a naval defence force connotation that all is secure, orderly and in safe hands. However, that image of medical staff was being challenged by the nurse, placing the position of doctors in dispute and therefore creating a site for contestation.

The discussion now turns from the analysis of language to textual analysis, which is the second component of this level of analysis.

Textual analysis

In addition to the analysis of language, textual analysis is also essential to critical discourse analysis. It includes analysis of the texture, form and organisation of texts and requires more than commentary on 'content'. The reason for the consideration of texture was that social and cultural phenomena were evident in the text in ways that make them extraordinarily sensitive indicators of socio-cultural processes, relations and change Fairclough (1995, p. 5). Social cultural analyses were then enriched by this evidence, which was partly linguistic and intertextual and explains links between texts and how text types influence each other. At the centre of this issue, according to Fairclough (1995, p. 5), was the problem of the relationship between form and content. The tension between these has been discussed previously in this chapter in relation to the discourse analysis of Potter and Wetherell, where Fairclough claims that their methodology places too much emphasis on form. However, Fairclough (1995, p. 4) also claims that many discourse analysts outside linguistics and language studies place an undue emphasis on content rather than the form or texture of the text. His position is that a balance between these two is necessary, as there is significant overlap. No analysis of text content and meaning can be satisfactory if consideration has not been given to the form, texture or structure of the text.

Analysis of text includes analysis of what is 'in' the text, which may be both implicit and explicit (Fairclough 1995, p. 5), and may include what has been excluded from the text. Implicit references concern those that are regarded as 'common sense' or assumed prior knowledge, and 'common sense' includes the unquestioned ideological positions adopted in the text. Absences from the text also relate to what choices have been made with regard to inclusion and exclusion, and what has influenced these

decisions. Analysis of 'absences' depends upon a systematic view of text as choice, concerning options exercised in the production of texts.

According to Fairclough (1995, p. 6), the implicit content of a text is a sort of 'half-way house' between presence and absence. Analysis of implicit content can provide valuable insight into what is taken as 'given', or as 'common sense', and may also provide a way of conducting ideological analysis, as ideologies are generally represented as implicit assumptions. Previously in this chapter, the notion of 'common sense' and the importance concerning 'taken for granted' knowledge or values was discussed, and these may be important indicators of underlying ideological positions. Critical theorists see ideology as an important tool of domination in both modern and postmodern culture, and this issue has also been discussed. For this reason alone, the identification of concepts regarded as 'common sense' or assumed prior knowledge is particularly important.

The article authored by Glazer has multiple agendas, but what is identified as common sense and its underlying ideology will be discussed. For the purpose of simplicity, in order to illustrate Fairclough's methodology the explicit content concerning Glazer's acceptance of scientific method as the worldview in nursing will be explored. The 'common sense', assumed knowledge or truth claim in Glazer's article is that scientific method is the only knowledge that has a valid truth claim. Subjectivity, and theories that relate to mind and body, are seen as having little value. Alternative therapies, such as 'therapeutic touch', are consequently of no value except for any placebo effect, which, according to Glazer, may also be negative. In the case of Glazer's article, this aspect of implicit content, 'common sense', ideology and explicit content have a high level of congruency.

Glazer's ideological position embraces scientific method and 'positivism' as offering the most valuable knowledge, and she claims that it has been unjustly criticised. Glazer's article is clearly written from the perspective of the dominant ideological position in medicine and the physical sciences. Glazer expresses the view that nurse researchers regard 'truth' claims made by research participants as carrying a high level of credibility, and that these researchers accept concerns about the limitations of concepts such as reductionism, control groups, reliability and validity. These issues comprise the implicit ideological and explicit relative foreground in the article and, although the article is long and convoluted, constitute its central argument.

Explicit relative background content that is introduced includes issues such as alternative approaches to health, postmodern philosophy and methodologies and feminism that will shortly be discussed in more detail. Minimal effort is made by Glazer to understand nursing's dilemma in relation to medicine, and she makes the following negative comment about nurses (p. 202):

In many ways that critique (of medicine) is ready made for graduate-degree nurses chafing under the authority of doctors, resentful that their personal knowledge of patients' emotional life is given short shrift in the medical arena, and seeking an equally exalted platform to present their findings about the interaction between a person's inner life and their health.

This trivialises nursing's effort to define itself as a health discipline outside of medicine, with a relationship to clients that is more intimate and focuses on different types of truth claim and knowledge base. Glazer portrays nurses' attempts for acceptance of nursing as an equal and legitimate discipline as being based on resentment and envy. Glazer claims that this coincides with nurses' efforts to achieve 'fee for service' payments, which are provided for reimbursement by medical insurers in the USA, and the right to prescribe medications. This is even clearer in the following quote (p. 210):

It is intriguing to consider that the historical-social-gender conditions that gave rise to therapeutic touch in nursing are beginning to fade away. Could it be that nursing's professional leaders took this antagonistic path to Western medicine, employing Foucault and others as their weapons, because their generation of women by and large could not become doctors?

This is a very negative and demeaning portrayal of nurses as being driven by personal agendas rather than as professionals attempting to provide a quality service to their client groups.

There are also several absences from Glazer's article. One of these is that she makes the assumption that all qualitative research is based on postmodernist philosophy or has these underpinnings. Glazer also fails to specify which type of postmodernism her critical comments relate to, and it appears that postmodernism is treated as a homogenous entity. As has been discussed in chapter 1 of this thesis and confirmed by

Thompson (2000), there is a wide range of postmodern positions, and whether any would accept therapeutic touch as a valid therapy is unclear. However, Glazer fails to recognise these differences and her critical comments concerning postmodernism are at best superficial.

A further omission in the article is that Glazer only cites nurse researchers and others who are critical of the use of non-positivist methodologies in nursing research. There are no references to researchers who have investigated postmodern or qualitative methodologies such as Sandelowski (1995), Emden and Sandelowski (1999) and Koch (1994), who are critical of poor research but support qualitative and postmodern approaches. Glazer thus has been selective in the source material that has been cited, and the absences are significant in the presentation of her argument. This lack of balance of source material has produced a text with a 'one sided perspective'. However, Glazer herself has been inconsistent with her argument concerning rigour, as she is prepared to accept evidence from a science project of a schoolgirl because it discredits therapeutic touch. Glazer draws heavily from an article published in the *Journal of the American Medical Association* and authored by Rosa that discredits therapeutic touch based on a statistical study which Cox (2004) claims is deeply flawed. Errors in the article, according to Cox (2004, p. 76), include: repeated misuse and failure to correctly interpret and report the results of basic statistical tests; misleading presentations of data; and errors in statistical calculations. There are also further issues relating to: informed consent; failure to protect the research subjects from harm; and discrepancies between the authors' published protocol and what they actually did. Cox claims that all the errors, with the exception of the erroneous calculation, favour the author's bias against therapeutic touch and that as a traditional scientist he finds the errors unacceptable in a research journal publication.

A further omission is also evident in the paper, as Glazer is not specific about her interest in nursing as a freelance journalist in health in either the articles being considered here or a subsequent piece published in *Nursing Philosophy*. It is also difficult to establish from what disciplinary position Glazer is writing her articles, as she appears to defend medicine, the use of scientific method and utilises support from a theoretical physicist. Another journal, *The CQ Researcher*, actually lists Glazer as one of their authors and as having a BA degree in American History from the University of Chicago. It is appropriate to support arguments from a range of disciplinary

perspectives if the type of knowledge that is used is taken into account concerning disciplinary differences, but Glazer's disciplinary position is left unstated. It also should be mentioned that it is unusual for someone outside an established discipline to make such derogatory comment on that discipline—and be allowed to do so in an organ of that discipline's professional discourse.

These three absences from the article under consideration provide a rich source of material for the discourse analysis on which further questioning of decision making of the inclusion and exclusion of content occurs. Questions that arise relate to the reasons why these omissions are made from the article. Exclusion of material is an indicator of the ideological position of the author and is directed at bolstering Glazer's arguments in favour of the scientific method and a medical approach to nursing.

The discussion thus far has considered and exemplified Fairclough's analysis as it concerns text and language, and now moves to the next level.

The analysis of discourse practice

The analysis of discourse practice includes intertextuality and the conditions under which texts are produced and distributed. As mentioned previously, the concept of intertextuality originates from Bakhtin. In the discussion concerning language and text the examples used to illustrate the methodology came from a single article. While discourse analysis can be conducted on a single item, it often involves a number of items, as it is in this research project. Intertextual analysis concerns how the articles in the discourse relate to each other and the three levels of analysis: 1) language and text, 2) discourse and 3) socio-cultural practice. While presence and absence has already been discussed in relation to a single article, it can also be systematically identified between texts. It is also possible to access explicit intertextual content on the presence/absence scale by rating it as relative 'foregrounding' and 'backgrounding', as was discussed above.

Across the three areas of analysis, Bakhtin's features of centripetal and centrifugal forces will be evident and, according to Fairclough (1992 & 1995), texts respond to both of these forces. Centripetal forces are those that exhibit homogeneity, repetition and consistency and respond to constraining forces: texts that exhibit homogeneity are consistent semantically and in the relationship between text producer and audience (Fairclough 1995, p. 8).

In Glazer's articles, the strong defence of methods consistent with scientific approaches, support for medicine and anti-feminist sentiment, support dominant truth claims and are thus centripetal forces. Although they may be dominant truth claims in society, they are not necessarily so in nursing, and so support for this position would constrain nursing research and practice and prevent nursing from further differentiating itself from medicine. By contrast, centrifugal forces produce heterogeneity of texts, and render them creative and sensitive to cultural change. They are diverse, contradictory, chaotic, inconsistent and a force for change. These texts restructure discourse, producing new configurations of genre and discourse and informing the analysis of discourse practice. Language—vocabulary and grammar—and the structure and organisation of these texts may also be unconventional. Ambivalence and disfluency may be a consequence of a high level of heterogeneity and centrifugal influences in texts. Glazer's article includes a number of centrifugal forces relating to the use of language, the style of the article is chaotic, long, convoluted and includes some inaccuracies. For example, in Glazer's article the use of, or support for, alternative therapies is portrayed as synonymous with postmodernism. Although this may be the case in some instances, it is unverifiable and the assumption is exceedingly weak. Glazer demonstrates poor understanding of postmodernism, and this is further demonstrated in the phrase 'in setting science against humanism', since postmodernism does not subscribe to either of these 'grand theories'.

While centrifugal text acts to create and change, centripetal text acts to constrain. All discourse includes examples of both forces and this is demonstrated in the Glazer article. According to Fairclough (1995, p. 7), it is important to avoid an imbalance of either repetitive or creative properties of texts. Any text is part repetition, part creation and texts are sites of tension between centripetal and centrifugal pressures (Bakhtin 1981, 1986 cited in Fairclough 1995). Texts vary in the relative weight of these pressures depending on their social conditions, so that some texts will be relatively normative whereas others are relatively creative. Elements of centripetal and centrifugal forces include the relationship between texts in a particular genre and how they influence each other and form intertextual analysis. Fairclough (1992, p. 232) identifies different types of intertextuality as follows:

interdiscursivity that is concerned with genre or discourse types and compatibility of the text with others in the sample;

manifest intertextuality relates to what goes into a text and what other texts are drawn upon—does the text draw upon a genre that is distinctive from other texts in the sample?;

intertextual chains concerned with distribution of the discourse sample. For example, whether the text is transformed into and/or ‘out of’ different genres or discourse types with the expectation that there may be a different or more than one readership.

Discourse practice also includes the concept of ‘cohesion’ and ‘conditions of discourse practice’. Fairclough (1992, p. 232) describes ‘cohesion’ as how texts are interpreted by readers, and ‘conditions of discourse practice’ relates to social practices of text production to consumption. Intertextuality and discourse practices will now be discussed.

The intertextual understanding of implicit content relates to the unsaid words of a text—that is, what has been taken as a given and has already been said elsewhere. This is the form in which a text is shaped and penetrated by ideological elements from domains of prior textual practice. In the sample article authored by Glazer, a reference is made to a physicist named Sokal. This author has notoriety for authoring a bogus article, published in the prestigious journal *Social Text*, claiming to relate principles of physics to social sciences, resulting in exacerbation of the so-called ‘culture wars’ and a division in the intellectual left in the USA. Few nurses outside North America would be familiar with this scandal, and this is one example where Glazer’s article introduces and draws on material that would not normally form part of the genre of the nursing journal. Commenting on Glazer’s article Peters (2002, p. 51) quotes Sokal as saying:

I’m an unabashed Old leftist who never quite understood how deconstruction was supposed to help the working class. And I’m a stodgy old scientist who believes, naively that there exists an external world that there exists objective truths about the world and my job is to discover some of them.

Peters (2002) claims the culture wars resulted in the intellectual left dividing into two camps: traditional Marxist realists, and the cultural left who argue against ‘naïve’ realism. Glazer’s article, according to Peters (2002, p. 49), indicates that the culture wars are at the centre of nursing studies, at least in the USA. By this he means that,

although articles similar to the Glazer article are not prevalent, conflict is present between modernist and postmodernist approaches in the nursing literature.

The Glazer article demonstrates a number of intertextual issues. Interdiscursivity is evident since the article is not compatible with other articles in the genre. Manifest intertextuality is also evident as the article draws on a genre not normally seen in nursing journal articles. It is inflammatory and introduces conflict from other disciplines. That Glazer's approach originates outside the genre of the nursing journal article is evident from comments made about the article by Thompson (2000). Thompson assumes Glazer's paradigmatic position is from elsewhere than nursing because Glazer does not understand the historical development of knowledge within nursing or the positions from which postmodernism has evolved. Thompson holds the view that it is a 'taken for granted position' that nurses would accept that science has its place in nursing knowledge but that it does not and cannot address all issues relating to the care of clients. It is evident that Glazer does not recognise, acknowledge or accept this position.

Intertextual analysis links the text and discourse practice, and shows where the text is located with respect to the social net work. This is achieved by considering the following (Fairclough 1995, pp.10, 11):

- a. The order of the discourse is the social order in its discursual facet, or the historical impress of sociocultural practice on discourse;
- b. Any discursive event positions itself in relation to its historical legacy selectively reproducing or transforming it;
- c. The specificity of the particular sociocultural practice, which a discursive event is a part of, is realised first in how the discursive event draws upon and works upon the order of discourse.

Discourse practice ensures attention to the historicity of discursive events by showing their continuity with the past; that is, their dependence upon given orders of discourse, and their involvement in making history or orders of discourse (Fairclough 1995, p. 11). Discourse practice also relates to the rules about how the texts are written and produced. It is claimed that analysis of text should not be artificially isolated from institutional and discourse practices within which the texts are embedded. The

previously mentioned concepts, 'cohesion' and 'conditions of discourse practice', identify where Fairclough (1992, pp. 232–233) sees this aspect of analysis occurring.

'Cohesion' is concerned with how the reader interprets the text. Textual analysis in isolation from the audience has been widely criticised. The effects of ideology should not be interpreted solely on the basis of the text without considering the diverse ways in which the texts may be responded to. Thus, analysis of discourse practice should include consideration of text production, distribution and consumption. It should demonstrate how producers and interpreters of texts draw upon the socially available resources that constitute the order of the discourse. Cohesion essentially involves reader research, and it may be very difficult to establish exactly who are the readers or consumers of journals. However, how the text is published and distributed is also significant. The example used in this chapter to demonstrate Fairclough's methodology was first published in the journal *Knowledge and Society*, a publication not normally accessed by nurses and consequently it attracted a minimal response. However, many non-nurses may read this article and accept its arguments that seriously discredit nursing as a profession. After it was reprinted in *Nursing Philosophy*, a number of articles were published in reply, resulting in some angry exchanges. Readers or consumers who write letters to the editor or write contributions to a professional journal cannot be accepted with certainty to be representative of the interests of the journal's readership, although publishers of professional journals will have information about the distribution of their journals. Information about individual access to particular articles and acceptance of, or resistance to, particular articles and content might be difficult to establish without conducting specific research into this material.

Conditions of discourse practice concern the social factors that influence the production of the sample as a whole. For example, it is evident that the vast majority of articles in the research sample for the present study are written by academics in tertiary institutions. We must ask what the norms are concerning these institutions that influence which academics will write a journal article. Furthermore, we must ask what social or institutional factors influence which professionals contribute to the professional discourse, and what conditions act as barriers to practising nurses contributing to the nursing discourse. It is clear that such questions would be difficult to answer in respect of Glazer's article because the author is a freelance journalist and her access to publication will be through different processes to those which apply to either a

practising or academic nurse. It would be reasonable to expect considerable overlap between conditions of discourse practice and the 'order of the discourse' which is included in analysis of social practice.

Society and culture

This level of analysis includes the 'order of the discourse', the 'social matrix' of discourse and ideological and political effects of discourse, and each of these will now be discussed.

The concept of the order of discourse has been adapted by Fairclough from Foucault (Fairclough 1995, p. 1), as mentioned previously, in order to refer to an ordered set of discursive practices associated with a particular domain or social institution. Concerning the order of discourse, authors and consumers tend to drift toward the ideal type or convention, and work is judged against these homogenous qualities. The order of the discourse identifies the dominant characteristics of the discourse. Whereas the previously described 'conditions of discourse practice' describe the social and organisational context in which the articles are written, analysis of the order of the discourse includes identification of the rules that are required to be satisfied for participation and consequently of who is permitted to contribute to the discourse and who is excluded.

The social matrix of the discourse relates to the identification of hegemonic forces that are present in relation to the particular discursive event, including its historical conditions. Consistent with critical theory, critical discourse analysis should historicise its data by considering the wider historical conditions that were prevalent when the data was generated and how this context has shaped the discourse (Fairclough 1995, p. 19). This is because social change influences many domains of social life and is a fundamental characteristic of contemporary social experience. According to Fairclough (1995, p. 19), it is not possible to establish an understanding of contemporary and discursive practices without undertaking an analysis of contemporary social change. An example given by Fairclough (1995) of a major contemporary social change concerns 'marketisation' of domains of social life that were once insulated from market influences. This marketisation relates to state-sponsored institutions that have been subjected to a cultural shift by governments that have embraced a trend from public to private ownership of institutions that were formerly state enterprises. This shift has also

been characterised by a managerialist philosophy in which state organisations—such as health and education services—are managed and run as though they were commercial businesses. These institutions include universities, schools and hospitals that are at the centre of education and employment of nurses and other health care professionals that are at the centre of this study.

In relation to order of the discourse, the sample article authored by Glazer ‘breaks the rules’ concerning who is normally permitted to contribute. This is because Glazer is a ‘freelance journalist’ and writes from a position situated outside the disciplinary norms and without appreciation, according to Thompson (2000), of unwritten values and principles relating to the importance of science in nursing epistemology. The inclusion of the Glazer article in the discourse created a site for conflict and disharmony. However, this is not related to the author alone, as her article, although directed at nursing’s leadership, was not published where nurses would typically be consumers or readers. The reprinting of the article in a nursing journal was the responsibility, as mentioned previously, of the editors of *Nursing Philosophy*, who therefore also contributed to the disruption of the ‘order of the discourse’. The reasons given for reprinting Glazer’s article were that it included ‘dichotomies’ to be addressed which would enhance nursing scholarship and because it was seen as unusual for the issues raised to be of interest outside of nursing. The editorial (Edwards & Liaschenko 2000, p. 195), in explaining the reasons for reprinting it, states that ‘Ms. Glazer’s paper was a response to publications in the late 1990s that appeared in *Journal of the American Medical Association* and (in other) newspapers’. These reports imply ‘that therapeutic touch lacked any scientific evidence supporting the claims that had been made regarding its effectiveness’ (Edwards & Liaschenko 2000, p. 195). However, Glazer’s article is a critique that goes far beyond the efficacy of therapeutic touch, and the editorial suggests the article to be politically motivated. Reprinting the article has also created interest in the journal *Nursing Philosophy* concerning the publications of articles responding to Glazer’s article—for example Thompson 2002, a further rejoinder from Glazer 2000b, and Peters 2002. One can only speculate as to the covert reasons for the editors choosing to publish such an article, but the old adage that any publicity is good publicity may have played a part.

A further matter of interest is that Glazer’s original article was published in the USA but reprinted in the UK. We might ask why it was necessary to reprint the article

in another country when the issues raised are related to conflict in the USA, in particular the issue concerned with so-called 'culture wars'. This may simply be because the original publishers did not give permission for the article to be republished in the USA.

The term 'culture wars' appeared for the first time in the nursing literature in this study, with the publication of Glazer's article. It can be seen from this example that a break with the order of the discourse is especially significant to the critical discourse analyst. It identifies a site of conflict between two groups struggling for dominance, or the hegemonic force in the discourse, in accordance with Fairclough's concept of the social matrix. The struggle is complex, with several parties playing a role. These include the freelance journalist, Glazer; Thompson, the academic, defending the position of the nursing leadership; other nurses, cited by Glazer as supporting her position; the medical profession, in its suggested role; the journal's editors and publishers, who decided to reprint the article; and, maybe, the publishers of the original article. The issues can be demonstrated as going beyond the discourse of nursing to that of other professions and the wider society. The term 'culture wars' actually has more resonance in Australia in relation to debates in the discipline of history, concerning white settler interactions with indigenous people and the conflict over how this history has been interpreted and written about (Manne 2002 & Windschuttle 2002). However, since Glazer's article was published in *Nursing Philosophy* in 2000 the term 'culture wars' in Australia has been used in a wide range of disciplines and contexts.

Ideological and political effects that have been discussed previously in this chapter should also be discussed, as they impact on the discursive event. In the sample article, Glazer and the major nursing protagonist Thompson have definite ideological positions. While Glazer does not state her ideological position, Thompson is open in her support of critical theory. Glazer's unacknowledged ideological position embraces the view that scientific method and 'positivism' generate the only valuable knowledge and that it has been unjustly criticised. The article is clearly written from the perspective of the ideological position dominant in medicine and physics. Thompson's (2002) ideological position is explicitly taken from critical theory, and she is critical of Glazer for not identifying which postmodernism she is referring to in her critical comments. Thompson supports some forms of postmodernism and, with the following quote from Yeatman (1994 p. viii, in Thompson 2002, p. 58), makes distinctions between particular forms of postmodernism:

Post modernism is (an) ambiguous term, lending itself ... to both *critical* and positivist relationships to ... the modern institutions of capitalism, the market and the state.

It can be seen from the above discussion concerning the two competing ideological positions that there are implications concerning Glazer's work being described as 'positivist', as she is seen as rejecting the evidence of participants in qualitative research, being deterministic and embracing the scientific method and the medical model. In contrast, Thompson is a relativist, accepting subjective evidence in research and supporting feminist approaches. Regardless of whether these attributes are absolutely correct, and whether or not they are explicitly stated, the positions adopted convey to readers powerful values and standpoints. These examples convey the significance of the adoption of an ideological position in the discursive event.

The analysis of language and text, discourse practice and socio-cultural practice have now been described, with the three domains overlaying each other and connected by intertextual analysis. Analysis of language and text provides evidence of dominance or change in the discourse, while discourse practice relates to the conditions in which the text was produced and its relationship with consumers or readers. Socio-cultural practice includes the wider social context in which the discursive event occurs. Discourse practice also includes the concept of intertextuality connecting the three domains. Bakhtin's theory of intertextuality can be used to identify homogeneity and dominance in the discourse, while Gramsci's theory of hegemony is used to analyse ideological influences from order of the discourse and socio-cultural influences. Across the three areas of analysis, Bakhtin's notion of centripetal and centrifugal forces will be evident, and, as described previously, texts respond to both of these forces.

Texts constitute a form in which social struggles are acted out. Texts are not only a powerful indicator of social change at a personal level but also have implications for how individuals perceive their position and status within a social grouping or in relation to society as a whole. How this methodology will be used in this project will now be discussed.

How Fairclough's discourse analysis will be applied in this research

Corpus

Fairclough (1992, p. 226) refers to the data that is required to research the discursive event as 'the corpus'. The nature and the structure of the corpus is decided by the specialist discipline in which the project is being conducted, and decisions about how the research is conducted can only be made based on a consideration of the content of the subject 'archive'. This includes decisions about what will be included in the research and how it can be accessed. The following describes how this methodology was applied to this project.

The texts to be used as data

The research focuses on the effects that postmodernism has had on knowledge development demonstrated in nursing literature published in the English-speaking world. Evidence of postmodernism is determined by the authors' claim that a postmodernist approach has been used. Further evidence is derived from the author's use of a postmodernist theorist or methodology.

The post-1988 work of Foucault, the works of Derrida, Baudrillard, Lyotard and Rorty would be regarded as postmodernist and could be used as a theoretical framework or methodology. Examples of inclusion and exclusion in nursing literature can be found in the work of the nursing theorists, Jean Watson and Patricia Benner. Watson's later work would be widely accepted as postmodern, and this was expected to be reflected in this research. Her book *Postmodern Nursing and Beyond* (1999) describes her model of transpersonal care, which has evolved from carative to caritas. Carative factors were the original principles of Watson's theory involving human caring. It was 'geared towards subjective inner healing processes and the life world of the experiencing person, requiring unique caring-healing arts' of the framework called 'carative factors' (Parker 2001, p. 345). 'Carative factors' have now evolved into 'caritas', a Greek word meaning to cherish. According to Watson (Parker 2001, p. 345), this 'allows love and caring to come together for a new form of deep transpersonal caring'. Caritas is claimed to allow 'inner healing for self and others, extending to nature and the larger universe, unfolding and evolving within a cosmology that is both metaphysical and transcendent with coevolving human in the universe' (Parker 2001, p. 345). According to Watson, this integrative and expanded model is postmodern because it transcends conventional

industrial static models of nursing. Consequently, Watson's book *Postmodern Nursing and Beyond* (1999) is treated as postmodern for the purposes of the research. On the surface, Watson's work meets the inclusion criteria for the study, as the author identifies as postmodern. However, when articles authored, co-authored or based on her work were examined further, few of the articles were included in the study because many were not postmodern but characterised as humanist.

While work based on Watson's theory may be acceptable to use in the study, contrary to this there is ambivalence concerning literature that utilises Heidegger's phenomenology. This apparent contradiction is based on Crotty's (1996, p. 96) assertion that some nursing literature that utilises Heidegger's phenomenology is a misinterpretation of his work. Crotty (1996) states that work claimed to be based on Heidegger's phenomenology by nurses such as Benner and Wrubel in, for example, their *Primacy of Caring: Stress and Coping in Health and Illness*, (1989) is premised on a misunderstanding of Heidegger. It would appear that while Benner's work may use Heidegger's methodology, she does not use his philosophical position. While Benner and Wrubel claim to use Heideggerian phenomenology, Crotty (1996) demonstrates that their work has strong humanist tendencies. Heidegger had no such leanings expressly denying that his project in *Being and Time* was humanistic (Crotty 1996, p. 96). According to Crotty (1996, p. 96), 'Heidegger is offering an understanding of authenticity and fulfilment reserved for an élite'. Heidegger has also been identified by Crotty (1996, p. 97) as being a Nazi sympathiser, which further confirms that he is unlikely to have humanist tendencies. While Heidegger may be regarded as a postmodernist, the use of Heideggerian phenomenology by some nurses appropriates strong elements of humanist philosophy that Heidegger and the postmodernist would reject. Since humanism is regarded as a philosophy of the modern era and rejected by postmodernists, it could not be accepted as material for analysis in this study. Consequently, work based on Heideggerian hermeneutic phenomenology or Benner's work will not be accepted for analysis. Although it should be mentioned that not all nurses using Heidegger's methodology would subscribe to the same values as Benner, they are also unlikely to subscribe to his philosophy whether or not they have taken a postmodern position. While Benner's work was not regarded as postmodern and therefore was not included in the study, Watson's work was initially regarded as acceptable but subsequently did not meet the inclusion criteria. Neither theorists are

included, nor do they have a strong presence in the study because their work includes strong humanist influences.

Further criteria for acceptance of literature is based on the use of postmodern methodology or language or terminology associated with postmodernism such as 'discourse', 'discourse analysis' or 'deconstruction'. For example, literature using postmodern methodology such as 'discourse' or 'discourse analysis' would be accepted; however, 'discourse analysis' alone is not regarded as sufficient for inclusion as a postmodern piece of work. In addition, it would be expected that the work would be based on a postmodern theorist with declared postmodern characteristics. Criteria for acceptance of data for the study were established on grounds that the literature was postmodern and used a postmodern methodology, for example discourse analysis in conjunction with Foucault or other demonstrated postmodernist approaches. Likewise, literature that uses 'deconstruction' and declares that it uses Derrida's philosophy would also be regarded as postmodern and accepted for the study. However, deconstruction on its own, without postmodern theoretical qualities or claims, would not be regarded as postmodern.

Authors who claim to use postmodern feminist theory would also be accepted as part of the literature for the analysis, despite claims that the postmodern feminism, as argued by Fahy (1997, p. 27), is an oxymoron. This argument is based on the view that feminism grounds its emancipatory ideals on the modernist concept of humanism that is rejected by postmodernists. The feminist argument that rejects postmodernism is similar to the critical theory objection to the abandonment of the Enlightenment ideals, as it is considered that modernism has not yet ran its course. Nevertheless some feminists and critical theorists would regard themselves as postmodern, and for this reason their work will be accepted for the study.

For the purposes of the research the corpus will be comprised of nursing articles that have been published in nursing journals and collected from an extensive literature search that is described in chapter 4. Nursing journals are defined as those that have been written with the intention that nurses would be the primary audience and are listed as appendix 1. Fairclough (1992, p. 227) refers to enhancing the corpus with supplementary data. It is acknowledged that other work has an impact on nursing knowledge and practice; however, although texts relevant to the discourse have been accessed, only nursing literature as defined above were central to the analysis. Articles

that have been written and published by nurses in journals that are not primarily for nurses but which are relevant to the topic were also accessed.

Coding and selecting samples within the corpus

Fairclough (1992, p. 230) recommends coding or selecting samples within the corpus for detailed analysis. It is suggested that the whole corpus may be surveyed for specific features and samples selected from within it for detailed analysis. In the case of this project all of the selected articles have been coded for the features below. (A more detailed discussion of this is continued in chapter 4).

The articles were numbered and the following information was recorded:

author

major theorist

journal of publication

location of the author

authors position or status

year of publication

whether or not the article presented a position on:

epistemology

power

truth.

As explained earlier, it was evident at this stage that power was the dominant theme and, given its prominence, became the focus of the study. Fairclough claims that important sites in the data are 'crises' or 'moments of crisis' when there are misunderstandings between contributors and 'repair' of communication is necessary. There may be repetition or disfluencies, participants may correct one another and there is evidence that things are going wrong. These situations provide important evidence concerning change in the discourse and provide important focal points for analysis, and evidence of sites such as these will be sought after in the articles:

Analysis

Fairclough (1992, p. 231) suggests that analysis should take place that includes:

- (1) the analysis of discourse practices at *macro* level, focusing on intertextuality and inter-discursivity of the discourse samples;
- (2) analysis of texts that includes *micro* aspects of discourse practice; and,

(3) analysis of *social practice* of which the discourse is a part.

Although Fairclough claims that the discourse analysis does not have to be done in the order that he states, the analysis usually begins with some analysis of social practice in which the discourse is embedded. However this is done it must progress from interpretation to description and back to interpretation.

Order of the discourse

It was envisaged that in this research that the project would start with analysis of the whole corpus examining the order of the discourse. This established the norms of the discourse, including who the people were who contributed to the discourse, what were the rules of participation, and what were the norms of the published articles concerning layout, content and how the material was ordered. The effects of ordering the content on the reader and whether some content privileged over others were also considered. The ordering of the discourse is a major constraint and will reflect homogeneity, repetition, and the dominant features of power and control in the discourse. The order of the discourse is a component of point (3), the social practice elements of analysis, which will be completed later in the discourse analysis.

A further restraining influence relates to the use of language, and it is proposed that the next stage of the analysis will concern point (2), analysis of texts that includes micro aspects of discourse practice. At this stage it is envisaged that the articles will undergo analysis relating to the dominant theme in the study, rather than analysis of the entire corpus. A general discussion of the principles of Fairclough's discourse analysis has already been undertaken in this chapter, and the following outline will describe how the methodology will be applied more specifically in this project.

Analysis of text and language applied to the nursing articles

Analysis of Language in the study

Fairclough claims that a theory of language is necessary for discourse analysis and suggests a systemic theory of language and grammar (1995, p. 10). These are functional theories that relate to how language is structured to carry out its social functions. However, since the articles mainly reflect the formal written language of an academic paper, a specific theory of language was not seen as necessary for the purposes of the study. Analysis of the articles included examination of the conventions of the way the

articles were written, standardisation, simplistic or jargonistic use of language, misuse or purposeful use of words, and the structure of the arguments. It also included instances where particular terminology was not used, perhaps because it may be regarded as 'politically incorrect', and replaced with more acceptable terminology. Consideration was also given to language relating to experiential use, relational use, expression, and the use of metaphor. Both the order of the discourse and the use of language were used to determine the characteristic, homogenous and dominant features of the discourse in relation to postmodernism.

Textual analysis applied to the study

Textual analysis, as described previously, does not relate only to content but is concerned with the texture of the text. It includes issues such as absences of topics from the articles, common-sense or assumed prior knowledge, accepted ideological positions, and the 'forwarding' and 'backwarding' of how content has been prioritised within the articles. As language and the order of the discourse identify centripetal forces of power and dominance, textual analysis, while confirming homogenous forces, is also sensitive to creative forces of heterogeneity and change. It is expected that these two forces will be identified and confirmed during textual analysis.

Analysis of discourse practices applied to the study

Analysis of discourse practices was the next phase of the discourse analysis (and relates to point 1). Discourse practice relates to the conditions in which the articles were produced and the circumstances in which they were consumed. It included conditions of production and distributions of the texts and their relationship to the audience and who reads the articles. Information concerning distribution and the journal's relationship with the contributors and readers was established from the journal's website and was considered in relation to how it influences the discourse.

This is analysis on a macro level where the whole body of the corpus is analysed and related to centripetal forces of power and centrifugal forces of creativity that have been previously identified. Analysis of discourse practice also mediates between the text and socio-cultural practice. Both text and socio-cultural practice are dependent on, and changed by, this interactivity. This intertextual relationship between discourse

practice and the text and socio-cultural practices occurs on three main levels that have been explained previously and include:

inter-discursivity,/ manifest intertextuality,
coherence and
intertextual chains.

Inter-discursivity and manifest intertextuality relate to text production. Inter-discursivity concerns discourse type or genre and activity type or style, which can be linked to the order of the discourse. In the articles the convention of the academic journal prevails, and conformity to this style could be commented upon. Manifest intertextuality relates to what goes into producing a text. Coherence relates to the relationship of the text to the reader. For example: Does the text require interpretation and how ambiguous is the text? Will the text be resisted by some readers? The ambiguous nature of postmodernism predisposes it to resistance by some readers and this will be an important aspect of the analysis. Intertextual chains relate to how the journals are published and their availability to readers. Of interest in this area is the proliferation of journals in electronic form, and how these affect the distribution of articles or reduce or increase access to readers. Since it is not possible to establish exactly how readers relate to the text without conducting separate research, it is accepted that this relationship cannot be more than partially established through drawing on existing literature relating to the readership of the genre of the nursing academic journal article.

Analysis of socio-cultural practice or discursive events applied to the study

This section includes how the texts relate to the wider community and society. The research also considers the context in which the articles were written. It was not possible to know exactly why the articles were written, but it was reasonable to speculate that issues concerning government funding for tertiary education and health care would contribute to the context. It was considered that issues that could be explored were related to nursing's place among health professionals, in both the tertiary education sector and health care settings.

Since it was evident that most of the articles originate from authors in tertiary institutions, nursing's place in the tertiary education sector and the place of the university in postmodern society will be discussed in relation to the study findings.

In the book of edited works *Why Universities Matter* (Coady 2000), a number of issues are discussed that relate to the threats to Australian universities to be able to continue to provide education to students and intellectual services to society as they have previously. This relates to funding that has seriously declined in the last two decades and has been accompanied by a decline in the status that the university holds within the community. A further issue is that not only has the status of the university as an institution declined but also nursing is a latecomer to the tertiary sector, the transfer of registered nursing education to the university sector having been completed in 1993. Schools of Nursing and Midwifery characterise the emergence of mass education in the tertiary sector and typically exemplify the difficulties of tertiary education with high student numbers and academic ratios.

The above issues have significant impact on the rationale and the capacity for writing and publishing articles by academics in the tertiary sector. The findings from the above discourse analysis were then discussed using a framework based on Habermas critical theory, which is outlined below.

Habermas' critical framework

Previously in this chapter, and in chapter 2, it has been explained that Habermas sees the two most potent sources of power in post-capitalist society as domination of social sciences through instrumental reasoning and distorted communication through ideology and false consciousness (Agger 1998). The examination of the theme of power employs Habermas' theories of: 'knowledge of constitutive interests', as described in *Knowledge and Human Interests*; and his theory of 'communicative action'. In this section, these theories will be discussed briefly in order to identify how the framework is used as part of the methodology. The theories will be discussed in more detail in relation to the research findings in their respective chapters.

As previously discussed, Habermas' account of epistemology is presented in his interpretation of instrumental reasoning and his theory of cognitive interests. Primary issues of concern in Habermas' theory of cognitive interests are:

- technical interests based on mastery of nature and concerned with work;
- practical interest concerned with communication and relationships with others; and,
- emancipatory interest to achieve personal autonomy using reflection.

Habermas' technical interest is concerned with mastery of skill and technology. It is accompanied by attributes of objectivity and when applied to social sciences it involves technical rationality or instrumentalism. While Habermas has no objection to the use of positivism in natural sciences, he is critical of its dominance in social sciences. Any evidence of this would be commented on in the articles, although this is not expected as many postmodernists would share this value.

Technical skills and requirements should also not dominate over practical and interpersonal or emancipatory interests. This would include economic imperatives relating to funding and their associated technologies such as diagnostic-related groups, case mix, computerised roster and patient dependency systems in the health care setting, as well as funding mechanisms in the tertiary education setting, and the impact on educational, research and publication issues relating to the research data. Evidence of issues relating to this form of domination would be grounds for discussion. Issues effecting personal autonomy, emancipation, power and reflection will also be discussed in relation to Habermas' perspective.

Habermas also placed a strong emphasis on the importance of language. In chapter 2, Habermas' theoretical positions that place an emphasis on speech are outlined, including his theory of communicative competence in which he claims that in an ideal speech situation 'all human speech is orientated to consensus'. Habermas' theory of communicative competence is strongly related to his positions on 'truth' and 'freedom' and therefore relates to his understanding of power. In an ideal form of discourse, 'truth' is established through consensus, and freedom is achieved through mastery of technical skill and communicative competence. The end result of this argument is that the very structure of speech is held to involve the anticipation of a form of life in which truth, freedom and justice are possible. In particular, he hopes that with increasing communication skill problematic truth claims and discourse about the rightness or correctness of norms are questioned. When an equal relationship cannot be established, coercion is present and an ideal speech situation cannot be achieved. Thus, distorted communication occurs and this results in failure to establish truth. When unequal relationships are maintained, values are established that do not undergo rationale critique or challenge, and so ideology or 'false consciousness' is established. This theoretical position contributes further to the strength of the methodology and to

the critical framework to critique the ideology or taken-for-granted knowledge or so-called 'commonsense' identified in the articles.

Conclusion

In this chapter discourse analysis has been discussed, and the way Fairclough's critical discourse analysis is positioned among an array of approaches to discourse analysis as a whole has been established. How Fairclough has drawn on the work of other discourse analysts has been discussed, and among these is the work of Foucault whose concept of the 'order of the discourse' has been utilised. The concept of 'intertextuality' that originates from Bakhtin is also utilised. Fairclough's relationship to other critical theorists is also discussed, including his use of Gramsci's theory of 'hegemony' that is utilised as a theoretical position to interpret power in the discursive event. The critical theorist perspective of ideology and how this is utilised by Fairclough in his critical discourse analysis is discussed in this chapter. From this perspective, Fairclough's critical discourse analysis is positioned concerning its theoretical influences and relationship to critical theory. The compatibility between Fairclough and Habermas has been established and their appropriateness to the study has been justified. In addition, Fairclough's methodology has been outlined and illustrated with examples that include the three levels of analysis overlaid by intertextual analysis. A brief outline of Habermas' critical theory framework, used to interpret the discourse analysis findings, has also been presented.

Chapter 4

Who contributes to the discourse?

This chapter commences the examination of the research findings as described in chapter 3, and in particular it considers the order of the discourse. The order of the discourse is a component of Fairclough's social practice and reveals the norms, rules and dominant characteristics of power and control that constrain the discourse and it will act as the basis for further analysis of the articles. This chapter establishes the dominant forces concerning those who contribute to the discourse, where the authors are located, some themes in the journal articles and who the major theorists are, as well as the key journals in which the articles were published. Chapter 5 will continue to consider characteristics of the order of the discourse relating to the journal websites and their information to potential authors; it will also examine the layout of the articles, editorial policies, style, readability and the ordering of content which relates to discourse practice. The analysis of language and text relating to the theme of power is undertaken in chapters 6 and 7; and the way in which the discourse relates to society and social practice is discussed in relation to Habermas' framework in chapter 8.

This chapter begins by discussing how the articles for analysis were obtained and the information that was recorded about them. Not all articles that are relevant to the discourse meet the inclusion criteria, but other significant literature is accessed as part of the corpus when necessary. The order of the discourse goes on to establish characteristics of the authors who participate in the discourse. Based on the recorded information, these authors are revealed to be mostly academics who are employed by universities or institutions of higher education. While more senior levels of academics published a high percentage of articles, academics at all levels had a significant level of participation. Five key journals were responsible for publishing 73% of articles, and all but one of these was a Blackwell publication. Issues relating to publishing are discussed in detail in chapter 5 which is concerned with discourse practice. Although the initial aim of the study was to explore the major themes of truth, power and epistemology, the order of the discourse revealed that power was the most frequently discussed theme, and that the most frequently named theorist was Foucault. Because the volume of literature that met the inclusion criteria proved to be more than could be managed and beyond the scope of the study, and since 75% of the articles make reference to power, it was

considered appropriate to focus on this theme. The research reveals that interest in postmodernism in nursing is not dwindling, and a consistent number of articles continue to be published each year.

The Corpus

Literature search

The literature search to obtain the data for the study was carried out using the databases Medline, CINAHL & Blackwell Science. Sixty-four nursing journals were included in the study (Appendix 1). The following terms were keyed in: Postmodernism, Deconstruction, Discourse analysis, and Foucault, without limitations being placed on the dates of publication. Around 480 articles and other pieces of literature, including book reviews and letters to the editor, were listed at this stage.

Items generated from the above process were removed at this stage if they were not in English, or were in publications other than nursing journals, leaving 355 pieces remaining in the study. Abstracts from the articles were read, and the inclusion criteria applied. If a decision about the article could not be made based on the content of the abstract, the whole article was read, and this left 129 articles. Each of these items was read, and information about them was recorded which will be presented later in the chapter. The pro forma for collecting this information appears as Appendix 2, and was supplemented with further information during the analysis. A list of items that meet the inclusion criteria at this stage appears as Appendix 3.

The above process was carried out in early 2002, and a further data collection was conducted in mid 2005 in order to collect articles published in the intervening three years. Once again the search employed Blackwell, CINAHL and Medline databases. On this occasion postmodernism and nursing were used as keywords, and a search was conducted using the nursing theorist Watson as a keyword. Any authors who had been identified in the previous search were followed up in order to maximise the number of articles meeting the criteria. The combined database result of this second search was 145 articles. The process to establish if these articles met the inclusion criteria was conducted as for the previous search. An initial examination of the articles revealed that 84 met the inclusion criteria, and the final reading resulted in 38 additional articles meeting the criteria, making a combined total from both searches of 167 articles (appendix 4).

The order of the discourse

This section of the analysis aims to establish the order of the discourse, and includes the norms of the discourse, the profile and characteristics of the people who contribute, and the rules of participation. The order of the discourse should ideally examine the effects of this ordering on the reader, and whether particular content is privileged over others. These issues are also discussed in chapter 5. The ordering of the discourse is a major constraint, and will reflect homogeneity, repetition, and the dominant features of power and control in the discourse.

As discussed previously, the articles were numbered and the following information was recorded: author, location of the author, author's position or status, journal of publication, and year of publication (see appendix 2). Theorists from whom the authors drew were also recorded, and note was taken of whether the articles presented a position on epistemology, power or truth. Although issues of absences from the texts, taken-for-granted or common-sense ideas, and forwarding and backwarding of content were also recorded, they are part of textual analysis which is to follow in a later chapter. Centripetal forces (forces of restraint) and centrifugal forces (forces for change) were also recorded, as were characteristic types of language and phrases that were used by the authors. These are also analysed in chapter 6 as a component of Text and Language analysis relating to the theme of power. This initial recording was seen as the notation of sites to return to for future analysis.

No time limit for publication was placed on the collection of the articles, with the first recorded article being published in 1991, and the collection continued until July 2005 (See appendix 5, table 1). Each year between 1995 and 2005 the number of articles published has been between 8 and 16, with 2001 and 2003 being exceptional years with 27 (16% of total articles) and 22 (13%) articles published respectively. Although the number of publications has fluctuated, it does not appear that nursing's interest in postmodernism is diminishing.

Since the data collection for 2002 and 2005 was consistent, in most cases any variation will only be mentioned if it is significant. Characteristics of the authorship will be discussed first.

Location of the authors

The authors came from 11 different countries, with perhaps a major limiting factor being that it was necessary for the study that the articles be written in English. Although the articles' leading countries of origin (see table 4.1) were Australia (45), United Kingdom (43), United States of America (39), Canada (17) and New Zealand (10), other articles in the study were from countries such as Germany, China, Iceland, Israel, Norway and Turkey. This indicates that even though the language criterion acted as a bias towards English-speaking cultures, with the result that English-speaking countries contributed a disproportionate number of articles to the study, there is also interest in using postmodern ideas in other cultures. It is interesting to note that, while postmodernist ideas originate in continental Europe, with the exception of modest contributions from Norway and Germany, these countries do not feature in the nursing literature. Holmes and Gastaldo (1999) conducted a study of postmodern nursing and although between them they have language skills in five languages they also comment on the absence of articles from continental Europe.

The information concerning rates of publication and their countries of origin should be considered in relation to the population size of the countries of major contribution. For example, the USA has a total population of 295,734,134, compared to Australia where the population is only 20,090,437 (World Fact Book 2005), around 7% of the USA's population, and yet Australia produced more postmodern articles. New Zealand has a population of 4,035,461 (World Fact Book 2005), only 1.3% of the USA population, and yet it produced 10 articles. The UK's population of 60,441,457 is 3 times that of Australia's but produced fewer articles, and its population is 15 times larger than New Zealand's population. While Canada has a population of 32,805,041 (World Fact Book 2005), which is 8 times that of New Zealand, it did not produce twice as many articles as New Zealand, and produced less than half the number produced by Australia, although it has a population approximately 1½ times larger. This demonstrates that Australia and New Zealand, for their population size, have a much higher output of articles with a postmodern focus in nursing than the other dominant countries in the study. It also identifies the USA as having a very thin spread of postmodern articles for its population size, and this also applies, though to a lesser extent, to the UK.

There is no consistent pattern in the frequency of publications from the English-speaking countries between 1995, when the first major group of articles were published, and 2005. (Only publications for the first half of 2005 were collected.) A notable exception is that between 2002 and 2005 Canadian publications almost equalled all of the articles published from that country prior to 2002, but this should be considered with caution because it comes from a low base of 9 articles prior to 2002 and 8 after. (Interestingly 5 of the 8 Canadian articles published after 2002, plus one in 2002, were published in the Australian journal *Nursing Inquiry*; perhaps this represented a new publishing opportunity for postmodern articles previously not utilised by potential Canadian contributors.)

Examination of institutions (see table 4.1) where authors who published the articles are located reveals that, in general, most institutions contributed only one or two articles, with the English-speaking countries each having one or two major centres whose contributions were larger. For example, in Australia, 23 institutions contributed articles, while the University of South Australia, School of Nursing & Midwifery contributed 10 articles and Griffith University contributed 5. This information also confirms the thin spread of published articles from the USA.

The most obvious factor that identifies these organisations as producing an increased number of articles is that each is associated with an author who has a higher than usual number of publications relating to postmodernism. This would indicate that the author has a high level of expertise and interest in relation to postmodernism from a theoretical and methodological perspective. These key authors are: Cheek Julianne, University of South Australia, Australia; Rolfe Gary, University of Plymouth and University of Wales, United Kingdom; Allen Dave, University of Washington, USA; Crowe Marie, Christchurch School of Medicine, New Zealand; McAllister Margaret, Griffith University, Queensland, Australia; Andrews Gavin, University of Toronto, Canada; Holmes Dave, University of Ottawa, Canada.

These individuals have been identified because within each of the respective English-speaking countries it is possible to identify institutions that have a higher output of publications than others. It should be noted that although the University of Colorado had a higher than usual output of publications for the USA, this cannot be attributed to the presence of well-known postmodernist Jean Watson at the institution.

Table 4.1: Country / institution of origin and number of articles

Country	Article No.	Institution No.	Institution Name	Institution Article No.
Australia	45	23	University of South Australia	10
			Griffith University	5
United Kingdom	43	36	University of Plymouth	4
			University of Wales	3
United States of America	39	28	University of Washington	5
			University of Colorado	4
Canada	17	10	University of Toronto	4
			University of Ottawa	3
New Zealand	10	4	Christchurch School Med	4

Only one of Watson's articles met the inclusion criteria. Although Watson's output has been prolific, many of her articles were unconsciously postmodern and did not include material that discussed postmodernism from a theoretical standpoint. It should also be mentioned that some of the co-authored papers did not adopt a postmodern position of any kind. It can be seen from this example that other authors who self-identify as postmodernist may also not be strongly represented in the sample, as the focus and inclusion criteria refer to the conscious adoption of a postmodern position. It could be expected that a continuous use of a postmodern position over time may result in the published work focusing on issues apart from the justification of a philosophical or theoretical position.

The key authors identified above are typically employed at Associate Professor or Principal Lecturer level, and in some cases it was possible to see a progression in status as coinciding with an increase in publications. However, although these authors have been key contributors in the development of postmodern ideas in their locations, in most cases they are not the only authors contributing to the discourse in their institutions. It can be seen that, over time, co-authorship and collaboration have increased publication in the organisations in some, but not all, cases. It is clear that the employment of personnel with a 'track record' and a particular interest and reputation will generate publications and expertise in many disciplines, including nursing, and it will be the goal of many universities to promote this activity. However, it is difficult to establish if the institution shapes the academic activity, if the academic shapes the organisation, or if they impact on each other to create an environment where ideas and knowledge are created. It would appear that institutional constraints and government policy and funding would have considerable impact, and this is discussed later in the analysis.

It would be reasonable to expect that these key authors have had, and will have, considerable impact on the discourse of postmodernism in nursing. Typically, the articles coming from these authors have a strong theoretical base that utilises an eclectic postmodern approach, frequently including Foucault. The articles may or may not have a clinical application, and the author usually comes from either a mental health or a community health focus or background. None of these authors have written from an acute-care, hospital-based perspective. This is not to say that this is not possible, and it is unclear at this stage why this clinical focus does not appear to have a stronger presence in the discourse.

As mentioned previously, these key authors are associated with universities that have had high levels of participation in the discourse of interest in this study. It is also clear that while a key participant contributes significantly to a high level of publication output, the participation of other authors is necessary to create a centre of high publication output. The list of authors reveals that there are other individuals who have authored or co-authored at least as many articles as some of the key authors, but who are not associated with a centre of high publication output. These are Falk-Rafael from Canada and the USA, Holmes and Rudge from Australia and Stevenson from the UK. These authors have similar characteristics to the key authors in that they are typically employed as Assistant, or Assoc. Professor and above, they utilise eclectic theoretical

positions that often include Foucault, and their clinical perspective is from mental health or community nursing. The difference between this group and the key author group is that there are long gaps between publications in the discourse of interest, which suggests that the authors may be publishing on topics in addition to postmodernism. The research also shows that these authors also changed their locations. These changes result in disruption to the author's connection to an organisation, which may affect a high publication output. While it is difficult to establish the level of influence any of the authors have, both groups will have similar input as individuals into the discourse for the purpose of this study, based on the data in the articles published.

Status of the authors

Despite the fact that there are some authors who have made a substantial contribution to the discourse, the majority of contributions are from people who have published one or two articles; 129 of the 167 items were published by authors other than the key contributors. The following information was recorded concerning all of the authors' organisational position or status to establish who has contributed to the discourse. All authors of articles have been recorded, and where no details of their position titles appear on the articles, this has been recorded as 'not available'. For articles with more than one author, all authors are recorded. There are 221 authors for 167 articles, and 28% of authors have not indicated their position of employment. Since it is not known whether or not the distribution of status for those who have not included this information is similar to those who have, the findings may be unreliable and can only be regarded as a guide. A further problem is that it is unclear that the positions described are similar in each of the participating countries. For example, being a Senior Lecturer may not have a similar standing in all of the countries identified or even between institutions within a single country. Caution is therefore required in interpreting the significance of the findings. There were also over 24 different categories of authors, and all of these could not be included in the categories below, which explains why the following discussion only includes 73% of known authors. At least 60% of the known authors (n=160) are employed at Senior Lecturer Level or above. However, although Senior Lecturer was the largest single category of known authors (18%), this was followed by lecturers (16%), Professors (13%) and Associate Professors (11%). Clinicians and PhD candidates contributed 7.5% each. This indicates that the author is

typically an academic employed at either Senior Lecturer or Lecturer level, while Professors and Associate Professors also contribute significantly to the discourse.

In order to determine the significance of the data in relation to the author's status, it was compared to a randomly selected sample of articles from the general nursing literature and the results can be seen in table 4.2. A search on CINAHL matched the articles for year of publication and the inclusion criteria used for the study. These characteristics included only articles published in journals where the primary audience was expected to be nurses. The author's status was taken from the journal abstract. The search produced information on 151 known authors for the sample of 167 articles; this compares to 160 authors for the study sample.

Table 4.2: Author position and articles published

Author Position	Postmodern Literature %	General Literature %
Senior Lecturer and above	60.0	31.0
Senior Lecturer	18.0	0.7
Lecturer	15.6	15.2
Clinician	7.5	22.5
For PM authors n=160		
For GL authors n=151		

An outstanding contrast between the general literature and the postmodern literature is that in the general literature, nurses in the clinical setting contributed 22.5% of the articles, three times as many as they contributed to the postmodern literature. While the practising nurse contributors to the general literature were the largest group, the roles that they represented were widely varied and included: Registered Nurse; Private-Practice Nurse; Continence Advisor; Clinical Nurse Specialist; Clinical Nurse Consultant; School Health Services Nurse; and Medical Safety Officer. In contrast to this, the number of contributions to the general nursing literature by academics employed at Senior Lecturer or above is only 31%, approximately half of the level of

contributions this group made to the postmodern literature. While the Lecturer level of contribution to the general literature is 15.2%, almost identical to the postmodern contribution (15.6%), the Senior Lecturer level in the general sample is only 0.7% compared to 18% in the postmodern sample. The conclusion that can be drawn from this information is that nursing academics at Senior Lecturer level and above have a strong interest in and attraction to issues concerning postmodernism, particularly when compared to nurses in the practice setting.

It is not surprising, then, that by far the majority of the publications originate from Universities or higher education facilities and are written by academics, but a small number do originate from other sources. In Australia, of the 45 published articles only 3 originate in health facilities outside of a university. However, two of these articles' authors have joint appointments between clinical facilities and universities, while the other, who was previously employed as an academic, is a Practice Development and Research Co-ordinator. Of these three articles, only one has a clinical application. This does not suggest that these authors are significantly different to the majority of authors who have solely academic roles—at least not in the discourse of postmodernism. In Canada, there are no articles that originate outside of Universities or tertiary education institutions. In New Zealand, of the 10 published articles, one originates from a clinical setting where the author describes his position as 'Service Leader', and this paper has a clinical application. In the UK, of the 43 articles published, 13 originated outside of a university or tertiary institution. The authors held the following positions: freelance journalist, Hospital-based Principal Lecturer, Research Fellow, Senior Research Fellow, Nurse Practice Supervisor, Assistant to the Director of Organisational Development, Nurse Tutor, Staff Nurse, Charge Nurse, Service Leader, and PhD student. Some of the articles are co-authored and some authors wrote two or more articles.

Five of the articles had a clinical application, but there were no apparent distinguishing features between the author's stated position and the type of article that was authored, although, of course, this is a very small group. Of the 39 articles published from the USA a similar picture emerges. Only three articles originate outside of universities or institutions of higher education. One article is from a Senior Nurse Manager, one from a Doctoral student and one from a Chief Clinical Officer; of these articles, only one has a clinical application that relates to clinical teaching. Once again,

there was no consistent link between where the author originated and the article's content.

Application to clinical practice

The articles were also examined for a direct application to clinical practice. This was recorded to establish more understanding of the content of the articles and the authors. It was not in any sense an attempt to make judgements concerning the relevance of postmodernism to nursing practice. The inclusion criteria are somewhat biased towards a theoretical discussion, as the discourse analysis seeks to include conscious discussion of postmodernism. Articles reporting research of clinical practice may focus more on the findings than discussion about aspects of the theoretical perspective, and this is likely to result in the adoption of an unconscious approach to postmodernism. Articles were only recorded as having a clinical application if aspects of the discussion related directly to a practice activity that could be acted upon, and 29% of articles were recorded with this characteristic.

Of the authors who contributed papers that had a clinical application, the highest single group again were Senior Lectures (19%). This is a similar percentage to their contribution to the total discourse (18%) and is interesting in comparison to the level of contribution this group made to the general literature. The second highest (14.5%) contribution came from each of the following: Assoc. Professor, Lecturers, and PhD candidates. This is almost double the percentage of contribution to the discourse as a whole from Assoc. Professor and PhD candidates, while the Lecturer contribution is almost the same. It might be assumed that the Assoc. Professors are PhD candidate supervisors, but only two of the seven contributions have joint authorships. The clinician contribution to the overall postmodern discourse is similar to the proportion of the discourse with a clinical application—7.5 and 8% respectively. It is also of interest that clinician contribution is identical to the contribution for Professors concerning clinical application. Compared to the overall discourse where the contribution was 60% for academics employed at Senior Lecturer or above, only 48% of the clinical articles are contributed by this group. This information suggests that, while Senior Lectures and Associate Professors contribute to the discourse and may incorporate a clinical focus, other senior academics contributed to the overall postmodern discourse in other ways. No definite conclusions can be drawn in respect to this data except to say that, overall,

approximately 70% of the articles were not directly related to practice, and that this could be expected considering the focus of the study. Theoretical and practice issues may be discussed as part of the postmodern discourse by both clinicians and academics, although the nature of the discourse strongly favours academics as the dominant contributors.

It can be seen from the discussion at this point that the discourse is dominated by nursing articles from English-speaking countries, with Australia and the United Kingdom being the two most prominent countries. Centres of high publication output are likely to have one major and a cluster of other writers contributing to the discourse. There may be other significant contributors who are not associated with an institution of high output, with similar characteristics to key contributors. These authors would typically be senior academics who utilise Foucault and other postmodern theorists, and who write from either a clinical or theoretical perspective and a mental health or community health orientation. However, the majority of contributors are academics from Lecturer level to Professor who may write from a clinical perspective but will most often write from a theoretical position.

Truth, power and epistemology

Although the discourse analysis aims to examine the theme of power, the themes of truth and epistemology were also assessed concerning their impact and how they are presented from a postmodern perspective in the nursing journals. The journal articles were examined for content relating to these three themes. The study reveals that, of the three themes, most references were made to power, amounting to 75% of all the articles. Prior to 2002, 72% of the articles made this reference, but after 2002 a surprising 87% of articles refer to power. Of these articles 55% included Foucault as a theorist, but another way of looking at this is that while, out of 167 articles, 70 refer to Foucault (42%), all but 6 of these have references to power. Also of interest is that of the 25 articles (15% of the total) that claim to be feminist, 24 (96%) raised issues relating to power. Critical theorists, including Habermas, Giroux, Fairclough, Mezirow, Friere and Gramsci, were utilised by authors, comprising 15% of articles used in relation to power. Articles utilising Derrida also contributed 10% of the articles relating to this theme; however, no other theorist or theoretical perspective appeared to be significant, and it is clear that Foucault is the favoured theorist in relation to power in the discourse.

The second most frequently occurring theme was epistemology, appearing in 61% of all articles. Reference to epistemology was more common after 2002 (occurring in 87% of the articles) than before (54%). Once again, the theorists referred to most frequently were Foucault (40% of the articles), Derrida (16%), and critical theorists (14%) references to feminism occurred in 13%. Foucault was again clearly the most dominant theorist in relation to the theme of epistemology.

The final theme, truth, appeared in 56% of all articles. Prior to 2002, 58% of articles referred to truth, compared with 47% after 2002. References to truth run contrary to the overall trend in the other themes, for which references increased after 2002. The reduced frequency of references to truth in the overall sample is mirrored by fewer references from Foucault—only 26% compared to the themes of power and epistemology. However, this does not reflect diminishing influence from Foucault because since 2002, 78% of references to truth were from authors who also referred to Foucault. Other theorists who were utilised concerning the theme of truth were Derrida (15%), critical theorists (14%), and Rorty (11%); use of feminist theory was down to 9%. Once again it can be clearly seen that references to Foucault dominate the discourse relating to postmodernism concerning power, truth and epistemology.

Theorists

Overall, the authors referred to 66 different theorists, and often an eclectic approach was taken, referring to two or more theorists in each article. The major theorists are as follows:

- Foucault 42%
- Feminism 15%,
- Derrida 13%
- Critical theory 9%

In order to simplify the overall types of theory that were used to contribute to the discourse these can be grouped together as:

- Critical social theory 26% (All other critical social theorists, e.g. Derrida, Lyotard, Rorty etc., but excluding Foucault)
- Critical theory 25%, (Frankfurt School and derivatives)
- Feminist theories 20%,
- Nursing theories 14%.

Clearly, many of the authors of the articles referred to a number of theorists to achieve this outcome, and the work of Foucault continues to dominate the discourse. At this point it can be seen that, in addition to the author usually being an academic and writing from a theoretical perspective, the paper will most frequently refer to the theme of power, and Foucault will be the most frequently referred-to theorist. An examination of the journals that were used will now be undertaken.

Journals

The database searches included 64 nursing journals. Of these, only 32 published articles were in the study. The majority of articles (123 or 73%) were published in five journals. These were:

- *Journal of Advanced Nursing* 23%
- *Nursing Inquiry* 21%
- *Advances in Nursing Science* 14%
- *Nursing Philosophy* 9%
- *Journal of Psychiatric and Mental Health Nursing* 6%.

As mentioned previously, a steady stream of articles have been published between 1995 and 2005, with two years, 2001 and 2003, having a higher level of publication (See Appendix 5 Table 1). Examination of the year 2003 reveals that an increased number of articles originated in the USA (See Appendix 5 Table 2), and that 6 of the 9 American articles were published in the journal *Advances in Nursing Science (ANS)*. Overall, 17 of the 39 articles originating in the USA (44%) were published in *ANS*. The information demonstrates that in the USA there was an increase in the number of articles published in the journal *ANS* in 2003, and examination of the articles reveals that, in the first quarter of that year, a special edition of 'Critical and Postmodern' articles was published. This special edition accounted for the increased number of articles published in the journal for that year. Of interest also is the observation that of the 22 articles published by *Nursing Inquiry* up until 2001, 16 (73%) originated in Australia; whereas in 2002 and after, only two out of 13 articles (15%) originated in Australia. This suggests that for 2002 and after, the journal has taken a more international approach in choosing articles for publication. An alternative possibility is that after 2002, overseas authors became aware of *Nursing Inquiry*, as it found its way into more non-Australian libraries.

The overall increase in the 2001 publications appears to have been related to the *Journal of Advanced Nursing (JAN)* publishing 11 articles in that year, which stands out as being unusual. In accordance with its promotion as being, ‘The premier international journal ...’ (<http://www.journalofadvancednursing.com>), these articles are distributed across the dominant English-speaking countries, and include some smaller non-English-speaking countries such as Iceland and Turkey. The *Journal of Psychiatric and Mental Health Nursing (JPNMHN)* is also reasonably evenly represented among the English-speaking countries. As can be seen, the journal *Nursing Philosophy* did not commence publishing articles for the study until 2001, and since then published 3–4 articles a year that contributed to the discourse. These articles also had an international flavour; though most came from the UK and North America, some were from Israel and Hong Kong. Only one Australian article was published in *Nursing Philosophy*. It is possible that *Nursing Philosophy* has picked up some articles which would previously have appeared in *JAN*, where the number of articles in the area has fallen away since 2001, only 2 articles having been published in 2002, 2004 and the first half of 2005. However, there appears to be a trend among the journals towards an international approach.

The *Journal of Advanced Nursing*, *Nursing Inquiry*, *Nursing Philosophy* and the *Journal of Psychiatric and Mental Health Nursing* are all published by UK-based Blackwell Publishing (<http://blackwellpublishing.com>), while *Advances in Nursing Science* is published by US-based Lippincott, Williams and Wilkins (<http://advancesinnursingscience.com>). Overall, it appears that some changes have occurred since 2001 among the Blackwell-published journals. Since *Nursing Philosophy* commenced publishing, *JAN* has tended to reduce the number of articles that explicitly discuss postmodernism and related issues, and *Nursing Inquiry* has become more internationalist in its acceptance of articles from contributors rather than being predominantly Australian. The reasons for these changes require closer examination, and are discussed in the next chapter. However, *ANS* publishes articles almost exclusively from the USA, and, although there was an increase in 2003, there is overall consistency since 1995.

The internet home pages for the Blackwell publications *Nursing Inquiry*, *Nursing Philosophy* and *Journal of Psychiatric and Mental Health Nursing* are very similar in layout and in the information they provide for contributors. *JAN* avoids this uniformity, but its requirements for prospective authors are specific, detailed and appear to be more

prescriptive. Articles for *JAN* are required to be submitted using a web-based peer review system called Manuscript Central. The manuscript is required to be in one document and all correspondence is by email. Peer review is handled online, and reviewers are given instructions and access to the paper. Review of the article and comments are made on-line, and are made available immediately to the journal and editors (<http://www.journalofadvancednursing.com>). *JAN* is clearly the most established of the Blackwell journals as it is published twice a month, which is more frequently than any other major journal in the discourse; *Nursing Inquiry* and *Nursing Philosophy* are both quarterly and the *Journal of Mental Health Nursing* is bi-monthly. The journal *Advances in Nursing Science* is also quarterly. This means the *Journal of Advanced Nursing* publishes many more articles than the other journals, and could be expected to have published more in the discourse on postmodernism than 23% of the total articles.

The management of the submission of articles required for a journal such as the *Journal of Advanced Nursing* would be enhanced by a system such as Manuscript Central. The other Blackwell publications have facilities for on-line submission but this is optional and they also allow submission by email attachment and/or a disk to be submitted by post to the editor's address. *Advances in Nursing Science* also requires electronic submission online via an Editorial Manager website.

In conclusion, the order of the discourse reveals that a contributor is likely to be an academic with affiliations to a university or institution of higher education. Of those authors who came from clinical settings or other organisations the characteristics of their articles revealed no features to distinguish them from the dominant group. Although 60% of the authors whose status was known were employed at Senior Lecturer or above, all academics contributed to the discourse, with Lecturers being the second highest category. The majority of the contributors came from the dominant English-speaking countries, with each country having one or two important centres where postmodernism was a significant focus. These centres characteristically have a key figure and a cluster of other academics that contribute to the discourse, while there are also other important authors who are not associated with a specific location. Although the author's country of origin has an influence on the language and content of the article, it may be homogenised to some extent by the journal and the publishing process. It should also not be overlooked that there is considerable mobility among

academics that contributes to the discourse between institutions both nationally and internationally, and, while a specific location may be significant in the discourse, the origin of the ideas that are presented may be obscure. Authors in the postmodern discourse will most likely write about non-clinical issues, but this is not exclusively the case. There is also no relationship between whether the author is a clinician, the content of the article and whether it relates to the clinical setting. Foucault is the favoured theorist, but some authors referenced two or more theorists, with a wide range of theorists being utilised. Derrida and Rorty were other theorists referenced, with critical theory (Frankfurt School), critical social theory and feminism also frequently referenced. Of the themes of truth, power and epistemology, power was the most common, and Foucault was the theorist most frequently referred to in relation to this theme. The order of the discourse reveals that 73% of articles were published in five nursing journals: the *Journal of Advanced Nursing*, *Advances in Nursing Sciences*, *Nursing Philosophy*, *Nursing Inquiry* and *Journal of Mental Health Nursing*. *JAN* and *ANS* are the most dominant journals, and the remaining three are similar Blackwell publications, with *Nursing Inquiry* being the most inviting to the postmodern approach. This chapter identifies that the postmodern nursing discourse is dependant on academics and the university as an institution for its continuing survival and development. Contributors are from key institutions in English-speaking countries and tend to be senior academics. These features make the university a key organisation. Foucault was clearly the most frequently utilised theorist and power the most dominant theme. The mobility of academics and the concentration of the articles in five main journals with two main publishing houses are homogenous forces that create uniformity of language and ideas that tend to override local and national characteristics. The dominance of *JAN* and *ANS* in the discourse is an issue that will be discussed further in the next chapter. Both of these journals require electronic submission of articles for publication, and their management through the review process is an indication of the increasing role of technology in publishing. Chapter 5 continues the development of the order of the discourse and to discuss the significance of these issues for the discourse as a whole.

Chapter 5

Publishing in the postmodern discourse

The order of the discourse reveals the norms, rules and dominant characteristics of power and control that constrain the discourse, and it also acts as the basis for further analysis of the articles. The previous chapter established the dominant forces relating to authors who contributed to the discourse; the position that the author held; which organisations that they represented; the themes to which the authors contributed; and it identified the prominent journals. This chapter will discuss issues relating to discourse practice or the circumstances in which the articles were written. It includes the requirements set down by the journal publishers and how this impacts the articles. Some of the issues relating to societal impact on the process of writing and publishing are also discussed. The analysis of language and text relating to the theme of power is presented in chapters 6 and 7, and further discussion of the discourse relates to society and social practice is discussed in relation to Habermas' framework in chapter 8.

The order of the discourse

The order of the discourse reveals that 73% of articles were published in five nursing journals: the *Journal of Advanced Nursing*, *Advances in Nursing Sciences*, *Nursing Philosophy*, *Nursing Inquiry* and *Journal of Mental Health Nursing*. *JAN* and *ANS* are the two prominent journals, with *Nursing Inquiry* being the most inviting to the postmodern approach. The features that make *JAN* and *ANS* the dominant journals in the discourse will be discussed further in this chapter. These features include: both journals requiring electronic submission of articles for publication and their management through the review process as an indication of the increasing role of technology in publishing; the appeal to quality and readability by the journals; and the assumption that approaches to knowledge and research that mirror medical and bio-science are natural to nursing. These claims are based on analysis of the journal home-pages and information for contributors and include consideration of the requirement for a structured abstract and the issue of 'impact factors'. The appearance and layout of the articles were also discussed, as well as assumptions made by the editor of the journal about their readership.

Five key journals were responsible for publishing 73% of articles, and all but one of these was a Blackwell publication. Blackwell Publishing claims to be the world's leading, independent society publisher (<http://www.blackwellpublishing.com/press/>). Although Blackwell started as a UK company, it now has offices in the United States of America, Australia, China, Denmark, Germany and Japan. Blackwell publishes over 750 journals, in partnership with more than 600 academic and professional societies around the world. The study demonstrates that Blackwell has a significant impact on the appearance and style of its journals relating to the technology used by the publishing house, and these are but one component of a matrix of factors that act to shape dominant features in the discourse. Further significant features relate to the use of the 'journal impact' factor as one of the mechanisms for public funding of research by governments in countries such as the United Kingdom, New Zealand and Australia. This has resulted in journals introducing strategies in an attempt to increase the impact factor. In general, this tactic favours the bio-science approach to knowledge development and research, and disfavors conceptual, critical, or unorthodox approaches such as postmodernism. However, despite these limitations, the research reveals that interest in publishing postmodern articles in nursing has not dwindled, which has been demonstrated by the consistent number of articles continuing to be published each year.

Journal impact factors

Since impact factors are an important issue concerning this chapter, what they are and some implications of their use will be discussed at this point. An impact factor is a measure of the frequency with which the 'average article' in a journal has been cited in a particular year or period. The impact factor is calculated by dividing the number of current year citations to the source items in the journal by the citable articles in that journal in the previous two years (Garfield 1994; Garfield 2005). It is described as a 'gross approximation of the prestige of journals' and was originally developed to judge the prestige of scientific journals (Garfield 2005). The JCR (Journal Citation Report) provides quantitative tools for ranking, evaluating, categorising, and comparing journals (Garfield 1994). However, it has now become a tool to measure the calibre of academics in any given field (Garfield 2005) and is a quality indicator attached to government funding for tertiary education institutions. Thus it is proposed that government funding based on a formula derived from a research quality framework will

be employed to fund tertiary institutions related to publication output based on journal impact factors. These can also be used as an indicator of the quality of research and peer esteem (RQF Issues Paper March 2005). This approach to funding is particularly relevant to academics and researchers in the UK and New Zealand and is currently being introduced in Australia. Although research quality exercises are used in European countries and Hong Kong, they are not all associated with funding mechanisms and impact factor rates (*RQF Issues Paper* March 2005, Appendix C). It would appear that this relationship between institutional funding and impact factor also did not apply to researchers and academics in the USA and Canada.

Research quality frameworks

The proposed Australian research quality framework (RQF) is largely based on the UK research quality exercise that was introduced in 1986. Known as the UK-RAE it has been modified on several occasions since its introduction and, owing to severe shortcomings, is to be replaced after the next exercise in 2008 (Shewan & Coats 2006). It is of interest that the new UK model is expected to be replaced by a metrics measure similar to the current Australian model (Shewan & Coats 2006, p. 464). However, since the departure of Minister Brendan Nelson who devised the new research funding mechanism from his portfolio of Education, the new minister, Julie Bishop, announced in March that a new advisory group would be set up to consider the policy (Illing 29 March 2006c). The Australian federal government's second advisory group for the RQF had overturned some of the original decisions made concerning funding, and in late August 2006 no funding model had been identified for introduction in 2008 (Illing 30 August 2006a). On the basis of this uncertainty, it is unclear how the journal impact factor will affect the public funding of research in Australia in the future, but principles of using impact factor as measures continue to have relevance for this project.

Anomalies and impact factor ratings

The applications of impact factors to judge the esteem of academics and to attach the impact factor to institutional funding are both purposes for which the JCR was never intended. It is also of concern that impact factors have more relevance to the disciplines of physical and bio-sciences which are related to the journals that dominate the high impact factor ratings. For example, the highest rated journal is the *Annual Review of*

Immunology, with an impact factor 52.431, compared to the highest ranking nursing journal *Birth Issues and Perinatal Care* at 1.981 (Journal Summary List 2004). The difference between these two figures is obviously enormous; however, McCuen (2001) discusses impact factors in his field of water management as being good when they range from 2.06–0.44 because impact factors 0.5 are not uncommon in many fields.

It is clear that impact factors in different disciplines and specialties vary widely and are open to distortion. For example, the nursing journal *Birth Issues and Perinatal Care* may have this rating of 1.981—which is higher than other nursing journals—because there are multidisciplinary readers that source the articles. This journal is relevant to a nursing speciality; indeed, some midwives would not regard themselves as nurses at all, and in this sense the journal is obscure to nursing as a profession. Also, review articles and journals have higher impact factors because they summarise previous work and are sourced more often, which does not always indicate the journal is of high quality (Garfield 2005). Not all nursing journals that focus on speciality areas will attract multidisciplinary interest, and yet the journal may be vital to a small specialty group of nurses and may have high prestige for this group.

It would appear that the formulae relating to impact factors to assess prestige and quality could have more relevance in some areas of medicine and biosciences. However, it should be noted that although this may be the case, there are issues of concern relating to journal impact factor ratings in the disciplines of medicine and biosciences. For example, research findings of ‘high societal impact’ and ‘significant breakthroughs’ are often reported in small, lesser-known, specialist publications, with long-term value not being recognised until long after the publication (Shewan & Coats 2006). Although the literature critical of the interpretations of the significance of journal impact factors predominantly comes from physical and bioscience disciplines, it appears that impact factors could be even less relevant to identifying publication excellence in other disciplines, including social sciences. At this stage, there appears to be limited critical literature concerning the use of impact factors and citation analysis in social sciences and applied disciplines such as nursing, since a literature search in these areas produced limited findings.

Nursing accesses both bio-science and social sciences as sources of knowledge and methodologies, and these and other sources of knowledge make important contributions to the discipline, but it appears that articles that utilise bio-sciences may

be advantaged in relation to impact factor ratings. The discourse relating to the development of impact factor as a measure is dominated by issues that relate to physical and biological sciences. This observation can also be confirmed by the use of the language used to discuss issues relating to impact factor. For example, Garfield (2005, p. 5) says that the citation studies that are directed to establishing the worth of journals, should take into account variables such as the discipline in which the study is being undertaken, 'citation density' and the 'half life' of the references. Both of these terms originate from physical sciences and statistical analysis and frame the discourse in the terms of those disciplines. Citation density refers to the average number of references cited per article and half life is a calculation of the number of retrospective years required to find 50% of the cited references (Garfield 2005). Critical discussion of the calculation reveals that it produces inequities even between physical sciences disciplines let alone social and applied disciplines such as nursing and education. It can be demonstrated that the article citation rate in mathematics is much lower than for molecular biology journals and that the journal half life for a physiology journal is lower than a physics journal (Garfield 2005).

It is clear that these factors will affect a journals' impact factor rating, but Garfield (2005) also claims adjustment for these features will not affect the order of how journals are rated in a particular field. While this may be the case, if government funding is made to organisations partially based on the impact factor of articles published in journals that emanate from that organisation, it is clear that disciplines that have journals with high impact factors will receive more funding. It could also be argued that a tertiary education institution that includes a wide range of disciplines can distribute the funding in the way its senior managers see fit. However, it is obvious that those disciplines and sub-disciplines that are able to attract large amounts of government funding will have a powerful argument to receive higher institutional support and influence institutional policies and strategies at the expense of other disciplines. This is likely to be the case even though there is recognition in the Australian context that, for the purposes of the RQF assessment and impact of research, there are considerable inter-disciplinary differences and the process would appear to be more favourable to bioscience and physical science disciplines.

According to Garfield (2005) the order of the impact factor ranking of the journals within a discipline does not change after corrections to distortions in the calculations are

adjusted. Nursing journals may thus have a low rating but are ranked according to their prestige or quality. However, nursing is extremely diverse, as discussed above, with a wide range of areas from which it draws knowledge, such as life sciences, social science and cultural studies. It may reasonably be asked how citation studies conducted in such diverse fields could produce data that is meaningful to all nursing interests? It is also unclear if citation studies, other than those used to calculate the impact factor on the official Journal Citation Report, have been conducted in nursing literature, as a search for this literature produced only one finding published in 1984 (Anon 1984, pp. 336–345). Regardless of this anomaly, it would appear likely that nursing articles that focus on areas based on medical and clinical sciences would be advantaged, and it is likely that this does not include those with postmodern sympathies.

In relation to the discipline of engineering, McCuen (2001) notes that specialists within this discipline experience different impact factors owing to the range of journal impact factors associated with appropriate journals. Although journal impact factor has not been used as a mechanism for the public funding of institutions in the USA, it has been used to establish the quality of articles academics publish, and therefore their status and prestige, in a given field. Publications in higher impact journals are also viewed more favourably by promotion committees (McCuen 2001). Impact factors introduce bias into the process of promotion, privileging academics with interests in particular areas. It is therefore clear that publishing in a higher impact journal will be considered before a smaller niche journal with a lower impact factor. A specialist journal may be more sympathetic to an aspect of the article content that is outside the conventions of a more mainstream higher impact journal. According to Garfield (2005), impact factors also influence the purchasing decisions of libraries, which will result in increasing exposure to high impact journals. The effect of these influences would appear to increase the dominance of mainstream ideas by reinforcing them and to reduce the potential for new and innovative ideas to challenge existing control due to lack of opportunities for exposure.

Journal impact factor and nursing literature

A further issue of concern is that nursing journals that serve high population areas such as the USA, with a population of approximately 300,000,000 (*World Fact Book* 2005), have the potential to have higher impact factors than those that represent smaller

populations such as Australia with a population of approximately 20,000,000 or New Zealand with 4,000,000 (*World Fact Book* 2005). This is reflected in the Journal Summary List (<http://jcr01.isiknowledge.com>) of the top twenty impact factor journals, which is heavily biased towards US journals (*Council of Deans Nursing & Midwifery CDNM, Research Working Group Briefing Paper*). It is obvious that journals that serve high population densities will have a greater number of citations than those that serve small markets. The effect of this is likely to be that the journals serving small markets will attempt to internationalise, using electronic technologies, in order to capture a larger market and achieve a higher impact factor. Once again, it would appear likely that the journals will become less distinctive, homogenised and with limited diversity. It is also evident that the use of impact factors to establish the prestige of a journal would favour English language users.

In relation to the nursing literature, while it is clear that *JAN* has a strategy to increase its impact factor there is no mention of this in relation to the *ANS* website. *ANS* guides potential contributors to choose keywords that describe the contents of the article from those that appear in the Cumulative Index to Nursing and Allied Health Literature (*CINAHL*) or the National Library of Medicine's Medical Subject Headings (MeSH). It is then stated by *ANS* that 'the key words are used in indexing your manuscript when it is published' (<http://advancesinnursingscience.com>). The advantage of this strategy is that it assists the reader to find the article online and is stressed as important, but 'impact factor' does not apparently necessitate discussion. The reason for this, as discussed above, relates to the purpose of the 'journal impact' factor in the USA. Although it may be used as a quality indicator for the journal and the prestige of the author who has their work accepted for publication, significantly it is not used as a mechanism for distributing public funding to institutions.

A list of nursing journals and impact factors rates *ANS* as the highest rating journal in the study at 6th, with an impact factor (of 1.021) higher than the *Journal of Advanced Nursing*, rated at 9th (0.917) (<http://isiknowledge.com.ezlibproxy.levels.unisa.edu.au/JCR/JCR>). *Nursing Inquiry*, *Nursing Philosophy* and the *Journal of Psychiatric and Mental Health Nursing* are not listed as having an impact factor in the top twenty journals. Details of publications that include journal impact factors are one of the indicators that determine ratings of research quality. The reason *ANS* does not address the issue of impact factor is because

it has different implications for publishing in the USA and the journal already rates 6th for nursing journals on the *Journal Citation Report*. *ANS* has access to the large USA nursing population, draws many of its postmodern articles from its domestic population, and the majority of its readers are also from this source. Garfield (2005) argues that it is not usual for a journal to change its position in the impact factor ratings. It is interesting to note that in the Nursing Impact Factor 2005 ratings, *ANS* has dropped back 9th position while *JAN* moved into 8th. However, while it is necessary for *JAN* and the other journals to internationalise and increase the potential citation rate, this is not necessary for those journals already established in the US market.

Government policy and impact factors could have serious effects on the diversity of journals and the type of content that is published in the future, as well as posing a threat to the development of discourses such as postmodernism. This is demonstrated because it is clear that the two most dominant journals that are also represented in the top twenty impact factors for nursing promote more mainstream aspects of the nursing discourse than articles that adopt a postmodern attitude. It is clear that academics and institutions in countries that allocate funding based on 'impact factor' are likely to favour higher rated journals. In addition to this, in the USA it appears that promotion, tenure and the esteem of peers is associated with publishing in the high impact journals.

The formulae for calculating the impact factor includes the number of times articles in a journal are cited, and so in order to increase citations, strategies are adopted such as: assisting authors to select particular keywords to facilitate potential electronic searches and therefore citations; increasing readability of articles; and internationalisation of the readership, authorship and content. These will all potentially increase the citation rate of the journal. There has also been the suggestion that editors can manipulate the journal impact factor by increasing citable items such as book reviews, letters to the editor and editorials, and if these increase at a greater rate than items that are calculated in the denominator there is a potential to increase the 'impact factor' rating (Cheek, Garnham & Quan 2006). Decreasing the number of articles published in the journal could conversely decrease the denominator component of the calculation and increase impact factor. Cheek, Garnham and Quan (2006) also claim that self-citation by authors and the potential for editors to encourage authors to cite other contributors also have the potential to increase the impact factor. A further

strategy to increase citation rates that has been adopted by *JAN* is the inclusion of structured abstract which will be discussed later in this chapter.

Obviously, mainstream and frequently accessed content will also increase citations with the effect of further marginalising ‘peripheral’ discourses such as postmodernism. The journals may therefore lose distinctive qualities associated with regional and national characteristics and issues that contribute significantly to mainstream ideas and offer new worldviews, innovations and ways to address issues. One approach that will benefit from the introduction of the system related to the impact factor may be ‘evidence based practice’, since review articles and review journals receive a higher level of citations—up to twice as many as those reporting original research (Garfield 2005). The systematic review of evidence-based practice would fall into this category. The review article references a large amount of previous research and, in turn, is frequently referenced by future researchers and reviewers of the literature as it draws together all past work. The clinical outcomes of the systematic reviews are a privileged form of literature, in many clinical venues, which may be highly appropriate but should not be positioned to dominate other types of publications. The levels of evidence accepted by evidence-based practice are predominantly clinical, experimental and empirical which also privileged by impact factors and the use of the structured abstract. Conducting this type of research and publishing in a high impact journal will privilege academics working in these areas, who will be rewarded with increased government funding, at the expense of alternatives, including postmodern and other approaches. In addition, the publication by the Expert Advisory Group ([2005, p. 17]; RQF: Assessing the quality and impact of research in Australia), the preferred model, states that claims of research quality and impact need to be evidence based. This would appear to be further confirmation of the privileging of this approach.

The comparable United Kingdom Research Assessment Exercise (UK-RAE), which began in 1986, is the longest running comprehensive research quality assessment exercise and commenced before the earliest UK articles in this study were published. It is therefore not possible to establish if the introduction of the RAE had an impact on the publication of postmodern articles in the UK (Expert Advisory Group March 2005, p. 48).

The first results of the New Zealand Performance Based Research Fund (NZ-PBRF) appeared in 2004, and it is not possible to determine if this affected the

publication of postmodern materials from New Zealand in this study because of the small sample size. However, a criticism of the process was that assessment panels did not give 'equal consideration to different types of research, particularly non traditional work in design, the creative and performing arts, or Maori and Pacific research, as well as more applied research' (Expert Advisory Group March 2005, p. 51). It appears that nursing would fall into the latter category.

In summary, it appears that although the journal impact factor was initially developed to judge the quality of medical and bio-science journals, it has become a mechanism to judge the esteem of academics and their research and a mechanism attached to public funding for tertiary education and research institutions. Cheek, Garnham and Quan (2006) describe their experience of applying for a research grant that requires the applicant to include journal impact factors to demonstrate research quality relating to publication 'track record'. A significant difficulty is that nursing and social sciences journals that specialise in qualitative research do not usually have an impact factor, indicating researchers who publish in these journals will be significantly disadvantaged. In the Australian context, the impact factor of journal articles will comprise only a portion of a research group quality assessment and consequent research funding. However, it is a potentially powerful mechanism to motivate organisations 'hungry' for funding as well as individual academics who wish to acquire research status among their peers and within their organisation. The allure of higher impact publication will promote these journals over those with less status, reducing diversity and requiring authors to comply with mainstream requirements of the dominant journals. This outcome has the potential to make the high impact journal an overbearing force in knowledge development and in shaping professional and political issues concerning nursing and health.

The structured abstract

The discussion relating to impact factors has resulted in the structured abstract being raised on more than one occasion, and it would appear that it could compliment the system of research assessment exercises. Since it has been adopted by one of the dominant journals in the study, it is seen as appropriate to explore issues associated with its development at this point prior to closer analysis of the journal home-pages and layout.

The initial idea of the structured abstract as a form, according to Harbourt, Knecht and Humphries (1995), was reported in the literature in 1969 when Ertl proposed the 'Table System' for abstracts as a standardised way to present information for clinical medical articles. The approach was to organise the abstract, in a compact, systematised manner, reducing the time required to assess the article's worth. This initial proposal had little effect on the structure of publishing in bio-medical journals until 1987 when an *ad hoc* working group was formed for critical appraisal of medical literature and published a proposal for the structured clinical abstract in the *Annals of Internal Medicine* (Bayley 2001). Following this proposal, an eight-heading format for the structured abstract was devised in 1990 that included: objective, design, setting, patients, intervention, main outcome measures, results, and conclusions for original articles (Nakayama, Hirai & Naito 2005). In 1993, the International Committee of Medical Journal Editors recommended in the 'Uniform Requirements for Articles Submitted to Biomedical Journals' the use of structured abstracts (Nakayama, Hirai & Naito 2005). Following these proposals, medical journals in Europe and the United States have tried to provide more informative abstracts for articles of clinical interest (Nakayama, Hirai & Naito 2005).

The stated purpose of the structured abstract is to assist health professionals in selecting clinically relevant and methodologically valid journal articles (Harbourt, Knecht & Humphries 1995; Bayley 2001; Nakayama, Hirai & Naito 2005). From its original development the structured abstract has been modified and the headings altered to accommodate different pieces of work such as the conference presentation, the poster presentation and the non-research article. Despite this expansion of its use, there is no reporting of how widespread the utilisation of the structured abstract is outside the reporting of clinical medical research journal articles. The structured abstract was also intended to guide authors in summarising the content of their manuscripts precisely, to facilitate the peer-review process of submitted articles and to enhance computerised literature searching (Harbourt, Knecht & Humphries 1995, p. 191; Bayley 2001, p. 6). In fact, Bayley and Eldredge (2003, p. 10) suggest that the use of the structured abstract 'can also help you from the very outset of contemplating your research, progressing through the research itself and culminating in its final reporting to your colleagues'. Bayley and Eldredge's article is then devoted to demonstrating how the headings of the structured abstract could be used to organise the researcher's thoughts and direct the

research process. The process directs the reader and ‘would be’ researcher to consult a table of ‘Evidence-Based Librarianship (EBL) Levels of Evidence for ideas’. This statement is indicative of two significant factors concerning the literature and the development of the structured abstract. Not only is its use favoured by authors reporting on clinical studies in the discipline of medicine but also it is strongly associated with the evidence-based practice movement and heavily promoted by medical librarians. The literature concerning the structured abstract is found primarily in the *Journal of the Medical Library Association* and *Hypothesis: The Journal of the Research Section of the MLA* (Medical Library Association). The enthusiasm for the structured abstract is also confirmed by a report from the Medical Library Association’s Evidence-Based Librarian Implementation Committee’s Research Results Dissemination task force. This recommended that structured abstracts be required for all articles submitted to health library journals (Bayley, Maragno & Wyndam 2003, p. 4). The structured abstract was strongly promoted and consequently increased in use in the 1990s (Nakayama, Hirai & Naito 2005; Harbourt, Knecht & Humphries 1995; Bayley 2001; Bayley, Maragno & Wyndam 2003) by both librarians and editors of some medical journals, and this trend is expected to continue. An example of the exuberance with which it was adopted appears in *The Medical Journal of Australia* from the Editor promoting the structured abstract, headed, ‘Structured abstracts are good for you’ (Anonymous 1990, p. 249). The following comments that are made to promote the use of the structured abstract appear ‘tongue in cheek’ and are similar to an advertising spruiker (Anonymous 1990, p. 249):

Readers love them: reviewers say they make the refereeing process more efficient; Medline applauds their neat-and-tidiness; researchers agree they make literature searches more precise; and authors find they make thinking easier. Abstracting services (naturally) are ecstatic about them. Editors believe that authors should write them before the article is written, and that almost everyone should have one; indeed, many editors have begun to insist on them.

Needless to say, the promotion from the editor is treated seriously and insists that the structured abstract will become a standard requirement for *The Medical Journal of Australia*. A further example of this promotional enthusiasm demonstrated from medical librarians is in the report mentioned above by (Bayley, Maragno & Wyndam 2003) headed ‘Structured Abstracts – They Really Work!’ The literature strongly

reflects these attempts to achieve uniformity of style in presentation of the articles, to influence the thinking of the author and the researcher, and even the choice of methodology, from the table of levels of evidence (Eldredge 2002; Bayley 2001; Bailey, Wallace & Brice 2002; Bayley & Eldredge 2003). The literature concerning the structured abstract appeals to the ideal of improving the quality of the articles submitted to the journals and relates its attraction to readers as improving clarity.

The recent literature related to the structured abstract is concerned with compliance to a set of uniform headings. This reflects the needs of readers rather than authors, according to Nakayama, Hirai and Naito (2005) who claim a structured abstract is easier for a librarian or an informationist to read and assess. This relates the discourse to a further theme concerning the structured abstract which involves the librarian as technician. As the burgeoning quantity of materials are published and accessed electronically, the skills that are required to manage the technology grow in proportion. The structured abstract makes it easier to facilitate a quick assessment of relevant clinical articles expected by clinicians, compared to a traditional abstract. However, the management of this technology may result in simplifying complex research methodology and findings.

Although the structured abstract has been strongly promoted as a uniform approach, it has not been taken up in this way. And although the eight-heading abstract was recommended, an alternative set of headings—introduction, methods, results, and discussion (IMRAD)—is also used. In addition, the *Cochrane Handbook* uses a set of seven headings, while the journal *Evidence Based Medicine* uses six (Hartley 2000). A study by Nakayama, Hirai and Naito (2005) that examined the features of the structured abstract in medical journals found that in the top 30 impact factor medical journals those that used structured abstracts had 31 different headings. In Nakayama, Hirai and Naito's study only articles reporting original research were included, and headings in the structured abstract varied within the same journal on some occasions. Of these articles, only 61.8% had structured abstracts, despite such strong promotion and recommendation for uniformity. One of the reasons given for this lack of uniformity was that the standardised format is not appropriate for all of the methodologies in the table of evidence for evidence-based practice. This resulted in the articles being published, although they did conform to the journal's instructions to authors. This data also indicates that for the top 30 impact factor medical journals 38.2% of them do not

require a structured abstract, and the editors therefore do not see the need to include this criterion in their instruction to authors to maintain the quality of their journal.

The relationship between quality and the structured abstract is controversial, with Nakayama, Hirai and Naito (2005) recommending increased use, a plea echoed by Kulkarni (1996). While Taddio et al. (1994) found higher quality scores in the structured abstract compared to those of the unstructured abstract, Scherer and Crawley (1998) found that the structured abstract produced no difference in the quality of reporting of randomised clinical trials. The main argument for conformity appears to be that consistent headings enhance the process of constructing a systematic review for evidence-based practice.

A problem with the structured abstract identified by Hartley (2000) is that authors sometimes omit important information in the abstract and sometimes include information that is not referred to in the article. This would indicate that information based on a structured abstract alone used in a systematic review would produce inaccurate findings. An additional reason given for the lack of popularity of the structured abstract is that it takes up more space in a journal than a traditional abstract (Nakayama, Hirai & Naito 2005; Hartley 2002).

In summary, it appears that the structured abstract is closely associated with the evidence-based practice movement and the systematic review. It is expected to be used primarily in bio-sciences and particularly clinical trials where a methodology consistent with the table of levels of evidence has been used. Despite being strongly promoted as a standardised approach to be utilised to support the systematic review, it has not been universally accepted even by the top 30 impact factor medical journals. One of the reasons for this is that a standardised form of the structured abstract is not suitable for all research that utilises an approach from the table of evidence-based methodology. It would appear that *JAN* has adopted the structured abstract to conform to the requirement of the evidence-based practice movement, despite its weaknesses, but this will be discussed further in relation to the journal. It also appears that the use of impact factors and the structured abstract compliment each other and the use of evidence-based practice. The systematic review and journal can achieve a higher impact factor because it references and is referenced more often, and the structured abstract acts to facilitate this increased referencing further. The researchers and authors are to be rewarded for utilising methodologies from the table of evidence-based approaches, as it would appear

that this system is privileged over others. This project will now examine how these issues relate to the nursing journals that are prominent in the study.

Nursing journals

The previous chapter identified that the data base searches resulted in 73% of the articles being published in the following five journals:

- *Journal of Advanced Nursing* 23%
- *Nursing Inquiry* 21%
- *Advances in Nursing Science* 14%
- *Nursing Philosophy* 9%
- *Journal of Psychiatric and Mental Health Nursing* 6%.

The research also identified changes in the Blackwell journals, as well as *ANS* which changed its publisher between 2000 and 2002. The *Journal of Advanced Nursing*, *Nursing Inquiry*, *Nursing Philosophy* and the *Journal of Psychiatric and Mental Health Nursing* are all published by Blackwell Publishing (<http://blackwellpublishing.com>), while *Advances in Nursing Science* is published by Lippincott, Williams and Wilkins (<http://advancesinnursingscience.com>). Since 2001, among the Blackwell published journals, *Nursing Philosophy* commenced publishing, *JAN* has tended to reduce the number of articles that explicitly discuss postmodernism and related issues, and *Nursing Inquiry* has become more internationalist in its acceptance of articles from contributors rather than being predominantly Australian. The reasons for these changes require closer examination. The Blackwell publishing website reveals (<http://www.blackwellpublishing.com/press/history>) that for 75 years Blackwell consisted of two companies: one focussing on humanities and social science and the other devoted to medicine, and scientific and professional publishing. Each company had offices on both sides of the Atlantic, although both started at Oxford in the UK, and in 2001 both of them legally merged. The merger of the companies coincides with the changes occurring in the nursing journals that were published. The merger could explain some of the changes to the Blackwell journals, but other pressures on the nursing journals also need to be considered. For example, *JAN* adopted the structured abstract and published an increased number of research articles around this time, which is a characteristic similar to a science journal as discussed above. However, random perusal of Blackwell medical journals prior to the merger does indicate a strong tendency to

adopt the structured abstract and does not appear to be a likely reason for this change. It would appear that the journals could be responding to academics' attempts to publish in higher impact journals.

In order to study the instructions to potential authors, the journal website home pages were examined. The Blackwell publications *Nursing Inquiry*, *Nursing Philosophy* and *Journal of Psychiatric and Mental Health Nursing* are very similar in the layout and the information to contributors. *JAN* is slightly different but its requirements for prospective authors are specific, detailed and appear to be more prescriptive. Furthermore, as discussed in the previous chapter, manuscripts are required to be submitted using a web-based peer review system called Manuscript Central. *JAN* is clearly the most established of the Blackwell journals: it is published twice a month, publishes more articles than the other journals in the study, and could be expected to publish more than 23% of the total postmodern articles. This issue is discussed further later in this section.

JAN issues 'Guidelines on Readability' and hints on wording, preferable phrases to increase clarity and avoidance of jargon (<http://www.journalofadvancednursing.com>). The use of 'first person' is encouraged. In this way, *JAN* and *ANS* are similar, as the latter also publishes guidelines under the heading 'Style' and claims that they encourage a wide readership and that the tone of the article should be 'scholarly but not stiff'. Use of the first person is also accepted by *ANS* and 'a few tips to help you improve your language related to ethnicity, disabilities and handicaps' are included on the website.

JAN requires a structured abstract that accurately summarises the papers content, includes the headings Aim, Background, Method, Findings and Conclusion, and it must not exceed 300 words. While it is standard for all the journals to request an abstract, of the key journals in the study only *JAN* requires a structured abstract which is a style typical of articles that report experimental research in behavioural, biological and medical sciences (Bayley & Eldredge 2003; Hartley 2004). The structured abstract is a favoured form of abstract found in major medical clinical journals although not uniformly adopted as discussed previously. It appears to be one of the strategies employed by *JAN* to mimic a bio-science journal in order to increase its impact factor.

Appearance layout and structure of the articles

Discussion will now cover appearance, layout and structure of the articles, ordering of the content, and how these factors may have an impact on the reader and readability of the articles in the key journals identified. These factors concern discourse practice in relations to Fairclough's methodology. *JAN* also asks for a summary statement with two headings in bold that address 'What is already known about this topic' and 'What this paper adds'. These are addressed with two to three statements in the form of bullet points. While this may assist some readers to save time by accessing only articles that are relevant to their needs, it detracts from the academic merit of the article by 'dumbing down' the content. It is questionable whether any other professional journal adopts a strategy such as requiring authors to include statements such as these in their journal articles. Specific guidelines are also available on the website relating to different types of publications such as Qualitative Guidelines; Concept Analysis Papers; Guidelines for Shorter Papers (1500–2500 words); Statistical Guidelines; Review papers (not exceeding 5000 words); Guidelines on International Relevance; Guidelines for Reporting Clinical Trials; and Guidelines on Commentary on previously published articles (<http://www.journalofadvancednursing.com>). These guidelines are quite specific. For example, the 'Qualitative Guidelines' include bullet points for essential inclusion of criteria for the use of 'Grounded Theory', 'Phenomenology', 'Biography', 'Ethnography' and 'Case studies' (<http://www.journalofadvancednursing.com>). Bullet points are also included listing methods of data collection or analysis that are not compatible with both Grounded Theory and Phenomenology. Although the information is comprehensive and informative, it is also restrictive, and the editors are clear about their aim to increase the impact factor for the journal. The promotion of the journal lists as its first point 'high impact factor (0.998)'. In the Guideline for Commentaries, the journal points out that the purpose of this type of contribution in bullet points is to "add value for readers by helping and encouraging them to read in a more critical and reflective way" and 'To contribute to our mission of increasing the "quality, relevance and impact" of *JAN*' (<http://www.journalofadvancednursing.com>). The section 'Choosing keywords for *JAN* papers' allows up to seven keywords, and, to assist authors, examples are given in six columns for authors to choose one from each in order to maximise the opportunity for readers to find articles via an electronic search. Although it is not stated under this heading, it is also a strategy to increase the impact

factor for the journal. It is assumed that the inclusion of the structured abstract contributes to this aim, as it is associated with bio-medical journals which have a much higher impact factor than nursing journals (<http://isiknowledge.com.ezlibproxy.levels.unisa.edu.au/JCR/JCR>). This is evidence of the journal responding to government policy, as funding for tertiary education institutions and status for academics is attached to the impact factor of the journal where the author has published. An attempt to maximise the impact factor has the potential to have a profound impact on the journals and, in turn, the type of article that will be submitted, as each journal has preference for style and content that considers the market being targeted. While it is understandable that the editors/publishers want to make their journal economically viable by attracting quality articles, increasing the impact factor and maximising the readership has the potential to have significant effect on the diversity of articles published. Each of the Blackwell Publications include on their website a section headed 'Aims and Scope', while *Advances in Nursing Science* has a section 'Purpose of the Journal'.

ANS states that its primary purposes are 'to contribute to the development of nursing science and to promote the application of emerging theory and research to practice' (<http://ans-info.net/ANSathgd>). Any articles dealing with the process of science—including research, theory development, concept analysis, practical application of research and theory, and investigation of values and ethics—that influence the practice and research of nursing sciences are stated as being suitable. A description is given of two different types of articles which are research, and theory and philosophy articles. Research articles are a description of empirical research concluding with a statement about historical research, while theory and philosophy are said to be foundational for the development of nursing knowledge. Theory analysis and development is described as an in-depth analysis of theory as well as an extension or alternative theory based on the existing theory, or comparative analysis of different related theories. A summary of implications for practice or research should also be included. It would appear on the basis of this that postmodern work relating to theory or philosophy could be accepted by the journal, but, simultaneously, research based on a postmodern methodology would not comply with expected content for research articles.

The *JAN* accepts papers that have a 'sound scientific, theoretical or philosophical base', and papers which reflect 'the diversity, quality and internationalism of nursing

will be considered for publication' (<http://www.journalofadvancednursing.com>). Once again, in order to attract contributors and readers, the journal appeals to 'science' to provide credibility. In this way, *ANS* and *JAN* have similarities in that they both relate to traditional sciences to provide credibility. *JAN* seeks to recognise the eclectic and global nature of nursing and claims that it is advanced nursing when nurses question their practice within cultural, political, economic, social and technological context. However, when the journal favours the bio-medical sciences approach over the postmodern it appears that its claim of commitment to cultural, political, economic and social issues is ambiguous, as bio-sciences and evidence-based practice have their own political agendas. These values are not made explicit in the journal but carry the covert messages of the dominance of bio-sciences. *JAN* also appears to promote diversity of content and an international readership as strategies to maximise its potential impact factor. Although the majority of articles for this research were published in this journal, it does not invite postmodern participation with the use of language or the content that it publishes in its promotional information on the website. Considering the number of articles published on line is around 22 a month (approximately 260 a year) 39 articles in 15 years is a very small number of articles (estimated 1%).

The Aims and Scope section of the website for *Nursing Inquiry* welcomes contributions on historical, methodological, ethical, policy and substantive issues related to everyday nursing practice (<http://blackwellpublishing.com>). Each of these is discussed briefly, and contributors are invited to 'critically investigate assumptions'; critically examine nursing's position in the rapidly changing health care sector in the light of global trends such as the casualisation of labour; and extend their understanding of the gendered nature of nursing and of its class and racial divisions. Wording such as this is in contrast to the aims, scope and purpose of both *JAN* and *ANS*. While *JAN* is striving for widespread approval and *ANS* appears to be complacent, *Nursing Inquiry* is encouraging authors to 'engage in a Socratic quest in regard to nursing' and 'think constantly about opposing ideologies and reject conformity'. This wording is a radical departure from the previously discussed well-established journals. In contrast to *JAN*, *Nursing Inquiry* is published quarterly and includes only 8–9 articles in each journal (estimated 36 a year) and yet it published 35 articles in 15 years (est. 6.5%) with postmodern content.

In the description of Aims and Scope in *Nursing Philosophy*, potential authors are asked to question ‘what are the ends of nursing?’ (<http://blackwellpublishing.com>). ‘Are they to promote health, prevent disease, promote well being, enhance autonomy, relieve suffering or a combination of these?’ We are asked to consider ‘what kind of knowledge is required, is it practical, theoretical, aesthetic, moral, political, intuitive or some other?’ (in order to nurse). ‘Critical discussion of the work of nurse theorists such as Benner, Benner and Wrubel, Carper, Schrok, Watson and Parse’ are suggested for submission. Critical discussion of the works of Heidegger, Husserl, Kuhn, Polanyi, Taylor and Macintyre are also suggested. In some ways, the wording of the Aims and Scope for this journal is awkward and not readily understandable. It is not clear why, for example, the ‘ends of nursing’ are considered central to a philosophical debate in nursing. The nursing theorists listed represent a strong North American cultural dominance that has limited relevance elsewhere and the philosophers mentioned have had minimal impact on nursing or postmodern discourse in this research. In this way, it would appear that the journal would not attract postmodern work, but 15 such articles are in the study from a journal that has only been publishing since mid 2000. This would appear to be a considerable number of publications in such a short time: Appendix 7 reveals that a consistent number of postmodern articles have been published in *Nursing Philosophy* since 2000. The journal is a quarterly, and recent issues have had only 3–4 articles, although previously some included as many as 7 and so an estimate of total articles published would be unreliable.

The *Journal of Psychiatric and Mental Health Nursing* is the only journal in the study among the prominent journals that also focuses on a particular clinical specialty. It publishes papers that reflect developments in knowledge, attitudes and skills and integration of these into practice (<http://blackwellpublishing.com>). The journal provides a forum for critical debate in practice education and policy in mental health and is also committed to the expanded awareness of user and carer involvement. It contributes to the understanding of care and caring, of good practice that crosses geographical boundaries, and of the importance of interdisciplinary collaboration. Although the journal also claims to provide leadership in a diversity of scholarship, it does not explicitly invite postmodern contributions; yet, of all the journals with a clinical focus, this is the only one that has published more than one or two articles. *The Journal of Psychiatric and Mental Health Nursing* is a bi-monthly and publishes 11–12 articles in

each journal. This would make an annual output of about 72 articles, which is a considerable number and could contribute to the higher level of contribution made by this journal compared to other clinical journals. If the journal has been consistently publishing 72 articles per year for 10 years, an estimate would be that 1.4% of publications are postmodern, which is quite a small percentage of overall articles published in the journal. This indicates that although *The Journal of Psychiatric and Mental Health Nursing* contribution to the postmodern discourse is higher than other clinical journals, it is because it publishes more articles; however, the percentage overall of those that are postmodern is low.

Examination of the prominent journals that published articles with a conscious postmodern stance reveals that *JAN* and *ANS* are the dominant publications (although *ANS* published 3rd most frequently). This appears to be an anomaly because it reflects both the journals' size and the fact that they are the most established. It also reflects their diversity across all nursing topics rather than dependence on a specific niche market. It is also incongruous that these two journals are the dominant postmodern publications, since they have the most traditional approach to knowledge, appeal to science for credibility, and are the only journals in the discourse with an impact factor rating. Although both *JAN* and *ANS* use electronic management systems for the acceptance and management of manuscripts, they do not offer an alternative method of submission. While *Nursing Philosophy* has consistently published postmodern articles, its publicity related to Aims and Scope does not promote a postmodernist approach. It is also unclear why the *Journal of Psychiatric and Mental Health Nursing* has published a higher number than usual of postmodern articles for a journal that is primarily related to a clinical specialty, apart from the point that it is a bi-monthly and publishes a high volume of articles overall. However, an additional reason for mental health nurses' interest in postmodernism may be the contestable nature of psychiatry. The journal *Nursing Inquiry*, while not specifically mentioning postmodernism, promotes content that would be covered by postmodernists. Furthermore, while it does not use postmodern language, it shares some values concerning nonconformity. Discussion will now cover appearance, layout and structure of the articles, ordering of the content, how these factors may have an impact on the reader, and readability of the articles in the key journals identified.

Advances in Nursing Science

The appearance of the articles published in *ANS*, including layout and length, has varied over time since the first article was published in 1992. All items in the study published in *ANS* are full length, refereed articles rather than commentary, editorial or letters to the editor. The articles published until June 2001 were published by Aspen publishers and thereafter by Lippincott, Williams & Wilkins. Some copies of early articles in the sample are photocopies of the journal in hard copy, while others have been downloaded from the web after a search using Ovid. The method of obtaining the copy has an impact on layout in the articles prior to 2001, as subsequently all articles were downloaded from the web. The photocopied journal articles look very different from the downloaded version even though they may have been published in the journal at about the same time. The photocopies have an abstract in a very small font (size 8) and the last line includes the keywords. Of the photocopies only the 1992 article has no keywords. Overall, the articles are between 7 and 18 pages long, with most being between 11 and 12 (the number of pages is estimated from the journal reference information rather than the copies generated online, as this varies, suggesting the use of a different size font or layout). Unlike the online version, the photocopies do not include an Outline. Absence of the Outline requires the reader to skim the article for relevance if more information is required after having read the abstract and keywords, which takes longer and acts as a deterrent from further reading. The photocopied article also looks less inviting for readers, as it is a block of unbroken printed material that appears more challenging than when print is broken up into sections with more headings. The articles obtained through accessing Ovid begin with the journal article titles, as do the photocopied versions; however, the Ovid version also includes the theme of the edition of the journal, which was presumably on the cover or inside the journal but not on the article of the photocopied hard copies. A list of the authors and their positions is also given prominently on Ovid, and although it also appears on the photocopy it is not as obvious. The Ovid articles then follow with a detailed outline of major headings and subheadings. The article then begins, with the Abstract being the first major heading and its content being in a size 10 font, followed by the article contents in size 12. The Ovid article appearance is less challenging and more inviting.

The order and structure of the content in articles is similar to that stated in the information for potential authors that is published on the *ANS* journal home page and

previously mentioned. It appeared that postmodern research articles would not meet the journal's editors' expectations of a research article, as the description given applied to empirical or historical research. However, six (25%) of the postmodern articles are reporting research. Four broadly comply with the structure expected of a research article in compliance with the journal's information for authors, with adaptations for a postmodern approach. The remaining two articles, published in 2004, have a structure more sympathetic to a discourse analysis, and this suggests that the journal is becoming receptive to this methodology. This alternative structure is suggested by the following headings in one of the articles: 'Genealogical Analysis', 'Analysis of Philosophical Assumptions of the Discourse', 'Political Interests served by the Discourse of Clinical Pathways', 'Deconstructing the Landscape of Managed Health Care', and 'An Alternative Landscape'. These headings are obviously a significant departure from a traditional article reporting empirical research findings. The earlier articles in the journal also have a tendency to consider nursing theories, the nursing paradigm, consisting of nurse, health and environment, and phenomenology, which have less compatibility with a postmodern approach. However, although these two later articles are more structurally similar to what would be expected of a postmodern article, the language used is characterised by some confusion concerning the methodology that has been utilised. Phrases are used such as 'grounded in a critical feminist methodology, this article undertakes a deconstructive discourse analysis' (Georges & McGuire 2004, Abstract) and 'deconstructive/reconstructive secondary analysis of a postmodern feminist ethnography' (Glass & Davis 2004). The first example suggests that deconstruction, discourse analysis and a critical feminist approach can be used together, but exactly how is not apparent. Similarly, in the second example it is unclear exactly what deconstructive/reconstructive analysis is and how it relates to a postmodern feminist ethnography, and a number of approaches and methodologies are blended that are not obviously compatible.

The 'Theory and Philosophy' articles comply broadly with the *ANS* Home Page's suggested structure. However, those published in 2001 and before, when the journal was published by Aspen, have a different structure, probably reflecting a different editorial policy. Most articles published since the current publishers started in 2001 begin with a discussion about how the theoretical focus of the paper emerged or evolved. The dominant theme is about a substantial change in the theoretical stance or a radical shift

from a previous mind set. Although the articles suggest this shift, there remains a powerful connection to previous theoretical positions, and perhaps the journal promotes this by stating in its information to contributors that theory analysis is ‘an extension or alternative theory based on the existing theory’ (<http://advancesinnursingscience.com>). Some of the articles, including the research articles, are attempting to insert postmodernism into established nursing theories (Bent 1999; Litchfield 1999; Drevdahl 1999; Duffy & Hoskins 2003; Falk-Raphael 2005) such as those of Watson, Roy, Newman, and Paterson and Zderad. As with the research articles, the logical juncture between these theorists and postmodernism is not apparent, since a key characteristic of postmodernism is the rejection of totalising theories, scientific domination and humanism. The nursing theorists draw strongly from a modernist approach and, with the exception of Watson, have not substantially claimed a postmodern position.

As discussed previously, the journal has a strong North American authorship and, of the 23 articles, only four originate from outside of the USA: one being from an author who previously contributed articles from within the USA, one from New Zealand and two articles from authors in Australia. The articles refer to feminism, critical theory, critical social theory, Foucault and Derrida. There is a high level of confusion in the articles about postmodernism, and examples of strong theoretical arguments or justifications underpinning the use of theory or eclectic positions are not evident. Many use the terms ‘critical theory’ and ‘critical social theories’ interchangeably, for example, and there is no recognition that Habermas is not a postmodernist! The term ‘empowerment’ is also confused. In one case it is applied to nurses and used as a strategy for professional development (Falk 1996), while another discusses discrepancies concerning the meaning and misuse of concepts of empowerment (Powers 2003).

ANS comments on its home page that it insists on ‘readability’ addressed to a wide audience and, as mentioned previously, expects articles to be scholarly but not ‘stiff’ (<http://advancesinnursingscience.com>). Despite this statement, the articles use complex terms to describe methodological and theoretical positions, some of which have been mentioned. Apart from the terms ‘critical’, and ‘empowerment’ discussed above, ‘praxis’ is also used in a variety of confusing ways disconnected from the theoretical source that it was originally introduced to describe. Some language is used in complex ways that that does not improve readability; for example, ‘the metanarrative of human

developmental potential, transformational and self-transcendent capacity for health and healing, and recognition of the developmental histories of persons and their contexts is offered here as an external and corrective choice' (Reed 1995, p. 77). Although this statement is taken out of context, it conveys how some of the concepts in the discourse are described and how obscure meaning can be. Although readers can be challenged by new and complex ideas, difficult terminology can have the effect of discouraging readers, as can the use of terms with multiple meanings that are not clearly explained. Terms such as 'critical', 'empowerment' and 'praxis' that were originally introduced with specific and challenging meanings from critical theory have been co-opted and misused, resulting in the meaning being changed, incorporated into everyday discussion and their impact eroded. It is interesting to note that a piece written 'From the Editor' (Chinn 2004) concerning writing style, comments that the *ANS* Advisory Board 'remain committed to doing what we can to overcome the barriers that prevent scholarship from being accessible, even vitally important'. Although it may be the case that '*ANS* is often held up as the "gold standard" of theory and methodological debate and is seen as daunting for students and practicing nurses. Having a paper published in *ANS* is the highlight of a career!', this discourse analysis reveals that while the use of language may be complex, some of the theoretical concepts are misleadingly oversimplified as illustrated in the examples given above.

The postmodern research articles reflect the structure and organisation of traditional research. Unfortunately, the effect of this on readers is to reduce the contrast and impact the postmodern approach has to offer. Like the other major journals, *ANS* uses a 'one size fits all' approach. In the case of the theoretical and philosophical articles, the focus in the information for contributors is to encourage authors to use a current theoretical position to act as a 'springboard' to discuss postmodern ideas. This has the effect of connecting postmodernism to modernism and can be inappropriate when there is no logical connection resulting in a theoretical disjuncture in the articles. It can be seen that there is evidence of pressure to conform to dominant forces of modernism in both research and theoretical positions in the *ANS* articles. Regardless of this, although there is evidence of change, the articles reveal confusion, contradiction and instability in the concepts of postmodernism being presented. Although postmodernism does not aim to convey certainty, may be troubling and disrupt previously held views, this is to be expected in a postmodern discourse; nevertheless

unpredictability may produce scepticism concerning the credibility of some arguments among readers.

The journal that published the most articles (39) in the study was *JAN*. There are some obvious similarities with *ANS*, in particular the fact that the first article published was in 1991, a very early article, comparable to *ANS* that published in 1992. In addition, copies of the articles in the sample have a different appearance depending on how it was obtained, but in *JAN* only the 1991 article is a photocopy of the hardcopy of the journal. Those articles downloaded using Ovid are similar in appearance to *ANS* because of the 'Outline' that appears on the front page. Unlike *ANS*, *JAN* is a Blackwell publication and can also be downloaded from Blackwell Synergy, which does not include the outline but prints keywords in a column on the right hand side. All articles in the second search between 2002 and 2005 have been downloaded from Blackwell Synergy, while articles prior to this are from Ovid. After the first page, the appearance of subsequent pages is not remarkably different except that Blackwell uses a smaller font. All the items published in *JAN* were full-length articles and did not include letters to the editor, Commentaries or Editorials. The articles published in *JAN* tended to be shorter than those in *ANS*, some being only three pages in length but most being around eight: this conforms broadly with the journal's General Author Guidelines that calls for papers up to 5000 words (<http://www.journalofadvancednursing.com>). As for *ANS*, the number of pages is estimated from the journal reference information rather than the copies generated online, as this varies, suggesting the use of a different size font or layout.

Journal of Advanced Nursing

JAN differentiated its appearance from other journal articles in the study with the introduction of the structured abstract in 2001. The structured abstract initially varied its headings, depending on the type of article it was describing, until the end of 2001, when it appears that those headings on the current home page were observed more consistently. When considered in the context of the preceding discussion concerning the structured abstract, compliance with a standard set of headings could not be adhered to even with research that complied with the methodologies associated with the table of evidence for evidence-based practice. Attempting conformity with the headings of the structured abstract in qualitative and postmodern methodologies would be even more difficult.

The headings in *JAN* are Aim, Background, Method, Findings and Conclusion. The structured abstract appears to invite only research articles for submission, which is supported by comment on the journal home page in the section Aims and Scope with the comment ‘...publishes research papers, news and book reviews’ (<http://www.journalofadvancednursing.com>). The Aims and Scope section also claims the journal covers a ‘broad range of all aspects of nursing care, nursing education, nursing management, and research’ (<http://www.journalofadvancednursing.com>). Perusal of the postmodern articles that are not based on research (since the introduction of the structured abstract) reveals that some modification of the headings is required; for example, ‘Findings’ might be swapped for ‘Discussion’. Nevertheless, there is no modification of the structured abstract on the website for articles that do not report research or for different types of research.

On the basis of the reported research conducted by Nakayama, Hirai and Naito (2005), on the top 30 high impact medical journals reporting poor compliance to the structured abstract, it would be reasonable to assume that this would also apply to non-research nursing articles. It would also suggest that the structured abstract was inappropriate for articles reporting qualitative and postmodern research and perhaps some quantitative research. In this study, 12 of the 39 (31%) articles published in *JAN* report research findings, although since 2002 there is a trend towards a higher percentage. Since the beginning of 2002, research and theory papers from postmodern contributors were 50% each, which suggests that the journal has a strategy in place to increase its research content. As mentioned previously, the structured abstract is more common in bio-medical clinical journals. *JAN* appears to mimic the scientific approach, perhaps in an attempt to establish an image reminiscent of bio-medical sciences to increase the journal’s credibility and status. Although the rationale for the structured abstract is to inform readers quickly about the article’s content, the effect of the structured abstract, for articles that are outside the genre of traditional empirical research represented on the table of evidence for evidence-based practices, will be to mislead readers. This is because of the tendency of the structured abstract to require authors to conform to inappropriate headings, resulting in distortion of the meaning of the article that it is supposed to represent.

Although the problem of the ill-fitting headings of the structured abstract suggests the greatest impact will be on the postmodern theory articles, the absence of guidelines

for postmodern research articles also presents a problem. Presumably, postmodern research articles are to meet the criteria outlined for qualitative research. However, the guidelines for contributors of qualitative research include no specific criteria for discourse analysis or deconstruction and so may deter the submission of postmodern research articles. In addition, in the General Author Guidelines, under the heading Manuscript Style, there is a list of headings that empirical researchers should use but there are no headings for qualitative research. This means that authors who do not use an empirical approach must adapt the headings of their methodology to those of empirical research, which implies that the empirical approach is the norm, and natural for nursing research. It also suggests that the reason for adopting the structured abstract is because it is congruent with the journal's values that the scientific approach to knowledge and research are natural to nursing. Of the five postmodern research articles published since the beginning of 2002, three used discourse analysis as a methodology and only one article did not conform to the headings specified by the journal. This reveals that empirical or scientific knowledge is regarded as the norm by the journal, and that the postmodern must make concessions and modifications in order to comply with the requirements of the dominant discourse.

Also specific to *JAN*, following the structured abstract are two summary statements addressing what is known about the topic and what the current paper adds. The intention is that it should serve as a quick guide for readers to establish whether they have interest in reading the article. The summary statements may be useful, as they do not assume a tradition associated with a specific mode of inquiry and an implicit value/epistemological position in the way that a structured abstract does. The remainder of each research article is ordered according to the method described on the journal home page, which is a structure similar to a traditional research article, with headings such as Introduction, Background, The study, Aim and Design/methodology. This structure is further confirmation that, according to *JAN*, nursing research shares the norms of empirical research, and studies that do not conform are deviations from this expectation. Theory articles begin with an introduction and discussion of literature, definition of terms, theoretical framework outline of the problem or issue, discussion and conclusion, which is similar to the general structure of a professional journal article.

As mentioned previously, *JAN* publishes articles from the major contributing English-speaking countries (Australia, UK, USA, Canada and New Zealand) reasonably

evenly, with one or two articles from each country each year. Although the articles are diverse and do not demonstrate any distinct trends in either research or theory articles, they represent a range of postmodern positions. There are no distinct trends of 'language use' in the *JAN* articles in the study but there is a range of styles. Unlike the postmodern *ANS* articles, there are only two that focus on nursing theories: those of Roper and Watson. In the *JAN* postmodern articles, Foucault was referenced frequently, with 22 of 39 (56%) articles making reference to his work, which is above the overall articles in the discourse of 42%. While 11 (28%) of *JAN* articles refer to critical theory or critical theorists, only 9% of articles in the overall study refer to this approach.

While the structured abstract does provide an opportunity for readers to establish if they should continue reading, it also has the effect of confirming the norms of empirical research as the dominant approach, as does the adherence to the traditional structure of a research article for all approaches to research, including the postmodern. The structured abstract also relates the journal to the evidence-based practice movement and could have the potential to increase the journal's impact factor. While there is no problem in requiring all contributors to provide an abstract that conveys a succinct précis of the key points of the article, it is not an appropriate starting point for a non-research article or articles using methodology that does not conform to the headings. Similarly, the headings and structure of the body of the research paper reinforce this norm. In the Aims and Scope section of the journal home page, *JAN* states that the journal is 'orientated towards intermediate and advanced nursing staff' and 'is essential reading for senior nurses, midwives, health visitors, and advanced nursing students'. The covert message of the scientific norm being reinforced on nurses at this level ensures continuing dominance by science as the natural discourse for emerging nursing knowledge.

JAN and *ANS* are seen as the dominant journals in the study and both subscribe to the value of regarding the empirical and scientific model of research and reporting of research as the norm and that postmodern articles are to conform to its structure and requirements. Postmodern articles are incorporated into a structure and presentation that reduces their difference and their potential for innovation in both the theory and practice of nursing. The effect of this on readers is to confirm the expectation and belief that science embodies the most reliable knowledge, but it also has a profound effect on the development of nursing knowledge. The fact that reporting research is favoured over

discussing theory is also important because theory influences how research is conducted and interpreted. Issues relating to theory also have an impact on how practice is conducted and how the client/patient is regarded. Reduced dialogue in the discipline concerning theoretical issues will homogenise research methodologies and reduce critique, limiting future innovations. The impact of science as the dominant and natural discourse in nursing also has the effect of depoliticising and maintaining the status quo concerning power relations in nursing and among health care professionals. Since power was identified as the major theme in the postmodern articles, it is of importance that issues concerning this theme are given prominence in the research. The dominance of science over the discourse excludes critique of political, organisational and professional issues. Failure to address issues such as these will have profound effects on the discipline as a whole. Issues relating to power will be discussed extensively in the chapters to follow and the discussion now turns to the journal *Nursing Inquiry*.

Nursing Inquiry

Nursing Inquiry is the journal with the second highest number of published postmodern articles after *JAN* with a total of 35 articles, which may seem surprising for a quarterly journal based in the Antipodes. A steady stream of articles has been published each year since 1994, ranging from one to four, although six were published in 1997. Once again, how the article is obtained influences its layout and appearance. All copies of the articles in the study prior to 2000 are photocopies of the journal, while thereafter they are downloaded from Blackwell Synergy. Articles range in length from two pages to seventeen but most are around ten to twelve pages. (Once again, page length is determined by the referencing information on the article rather than the page length downloaded from Blackwell Synergy). The 'guidelines for authors' make no comments about who the editor presumes reads the journal, as do those for *ANS* and *JAN*, and *Nursing Inquiry* does not require authors to state their employment status and affiliations. These two characteristics contribute to the sense of egalitarianism the journal conveys.

The structure of the articles is consistent across the eleven years of publication, starting with an abstract, introduction and headings that are determined by the article content, and, finally, the conclusion. Because the article headings are determined by the content, the author guidelines are much less prescriptive than the previous two journals

and there is no presumption that the empirical or scientific article is the norm. Eleven of the thirty-five (31%) selected articles report research findings, while the remainder are theory based which is similar to *JAN*. There is neither indication that the percentage of research articles has increased in recent years, as is the case with *JAN*, nor evidence to suggest that research is in any way privileged over papers with other content. All *Nursing Inquiry* articles are feature articles, including one invited commentary. In *JAN* and *ANS* the tendency has been for the structure of the article to be determined by whether research findings are being published or the article has a theoretical focus, but this is not the case in *Nursing Inquiry*. Overall, 16 of the 35 articles in *Nursing Inquiry* refer to Foucault (45%), which is not significantly above the overall references in the study of 42%. While nine of the eleven (82%) research articles refer to Foucault, only seven of the twenty-four (29%) theory articles refer to Foucault, which may indicate that strong reference to Foucault is related to research methodology and the use of discourse analysis. There is a weaker trend to support this in *JAN* with 75% of research and 50% of non-research articles referencing Foucault. However, the trend is not reflected in *ANS* articles, with only 33% of research and 39% of non-research articles referencing Foucault. *ANS* also differs from the other two journals owing to the stronger reference to the nursing theorists. This suggests that in addition to Foucault being referenced in relation to issues concerning power in the articles his approach to discourse analysis may also be a reason why his work is heavily referenced. It is also significant to note that *ANS* and the nursing theorists (with exception of Roper) originate in the USA, while Foucault is from continental Europe. This could explain why the research articles in *Nursing Inquiry* and *JAN* have a stronger tendency to reference Foucault, while the *ANS* articles are more closely attached to nursing theories and reveal a weaker trend to utilise Foucault.

In *Nursing Inquiry*, the use of language and the themes of content of articles relating to theory and research also reveal some differences to the other journals. An observable trend is that the theory articles until the end of 2001 are about theory positions, and predominantly critical theory, Foucault and postmodernism, and include lively critiques of each position. Issues such as the contradictions in emancipatory, humanist, feminist and postmodernist positions are discussed, including the problems of combining these approaches. The discussions focus on important issues of the discourse to improve postmodern methodologies in nursing and resolve issues of philosophical

incongruence that are not the focus of the other major journals publishing in the discourse. However, after the beginning of 2002 there is a distinct change in the topics of the postmodern articles that are published. This change also coincides with the origin of the articles which was primarily Australian and New Zealand, and then shifted to North America in 2002. Ironically, the first article in 2002 discusses the ‘Twin Towers’ terrorist disaster that has subsequently dominated the popular media, and the main focus of the article is about the importance of poststructural analysis to nursing curricula to prevent imperialism and racism. While this is an important issue and has relevance to us all, it does represent a disruption to the previously established discourse in the journal. Subsequent postmodern articles focused on postcolonial feminism (an important theme in the *ANS* articles), geography in nursing, and one article that utilises Watson’s US nursing theory and is a mix of phenomenology and critical theory also similar to the *ANS* articles. While the shift of focus is not uniform, it appears that the discourse for these articles is reflecting issues more familiar in North America. This change of focus also reinforces the proposition that internationalisation of a journal has a homogenising effect on its content.

It is interesting to note that this disruption is not observable in the research articles, where issues relating to ‘the body’ are a more obvious and consistent theme. Early articles refer to Foucault and Lawler, and the theme continues with more recent articles which utilise Deleuze and Guattari. These articles also incorporate the themes of power and control exercised by nurses over patients and other nurses. Overall, this seems to indicate that the theory articles are more sensitive to changes in the discourse.

Nursing Philosophy

The journal *Nursing Philosophy* has published fifteen postmodern articles between 2000 and mid 2005, which is a considerable number for a new journal, despite the comment in the journal’s Aims and Scope not particularly inviting postmodern contributions.

Nursing Philosophy is also a Blackwell publication and the earlier discussion concerning appearance and how articles are obtained also apply. While one article is two pages long and another is seventeen, most articles are 10–11 pages. Their structure is similar to *Nursing Inquiry* articles, with an Abstract followed by an Introduction and subheadings determined by the article content. There are no specific requirements in the information for authors concerning subheadings. None of the articles are reporting

research and this is a distinctive characteristic of this journal. Once again, Foucault is the dominant theorist with seven articles (46%) referring to his work but only one article drawing solely on his theory. While this is somewhat higher than the non-research articles in the other journals it is not as high as the research articles and does not discredit the proposal that the strong representation of Foucault is in part related to use of his methodology for discourse analysis. Four articles use Derrida as a theorist, three Rorty and three do not refer to any major theorist.

Nursing Philosophy has two editors, one in the US and one in the UK, which results in an interesting mix of articles and responses. For example, an article by a freelance journalist was published in *Nursing Philosophy* in 2000 (Glazer2000a) which was a copy of an article previously published by the same author in the *Journal of the American Medical Association*. In terms of Fairclough's methodology this is an example of an intertextual chain. Glazer has also published similar articles in other journals and books: 'Therapeutic Touch and Postmodernism in Nursing' (2000b), was published in the series *Knowledge and Society* (cited by Thompson 2002) and an article 'Postmodern nursing', published in *The Public Interest* (2000c), an un-refereed electronic publication. The article in *Nursing Philosophy* is particularly disparaging of nurses using therapeutic touch but makes wider claims concerning nursing research methodology and the credibility of nursing as a profession. According to Thompson (2002), the previous publications are not likely to be read by nurses and the article in *Nursing Philosophy* created a forum for nurses to respond to the criticisms raised in the article, which has generated substantial discussion among nurses. The Glazer article produced a flood of responses not all of which meet the criteria for this study, as they are not presenting a postmodern approach. A theme of the Glazer article was that it introduced the so-called 'culture wars' into the nursing discourse that had previously not been discussed in these terms, which are usually associated with the disciplines of social sciences, history, politics and literature. The responses from Thompson (2002) evoked a reply from Glazer (2002), and there were further responses by Peters (2002), O'Mathuna et al. (2002), Allmark (2003), Hussey (2004) and Cox (2004). A number of disputes arose concerning issues raised in Glazer's original article that has resulted in contributions from both sides of the Atlantic with different perspectives and styles. Glazer's writing style has some interesting characteristics and her use of language reflects her role as a journalist, is similar to that found in a tabloid newspaper, and is in

contrast to the academics who respond to her work. She also attacks so-called ‘nursing elites’ for subscribing to feminism, Foucault and postmodernism. From the USA, Glazer and O’Mathuna et al. argue against the efficacy of therapeutic touch, while Thompson defends nursing’s professionalism and Cox critiques the statistics in the original article published in *JAMA* on which Glazer bases her critique. Both Thompson and Cox are based in the USA and support the use of nursing theorists, while Peters, Hussey and Allmark present arguments from the UK perspective. The styles and content of the articles present a contrast between the British and American contributions. A common feature of the American content is that it focuses on the work of nursing theorists, in particular Rogers and Watson, while the UK contributions place the discussion in a wider philosophical context. Peters discusses the Glazer article in terms of Derrida and postmodernism; and while Allmark gives support to nursing theorists, he and Hussey place the practice and philosophy of therapeutic touch in the context of the discipline of philosophy. It is interesting to note that within the group above, Thompson, Cox and Allmark contribute to the debate from a nursing perspective, while the others represent other disciplines and professions. For example, Glazer herself is a freelance journalist with a degree in history and attempts to introduce contemporary issues of this discipline to nursing. Contributors from other disciplines can raise important and relevant issues and can sometimes respond to issues without the restraint required by those within a discipline, but it is intriguing as to why people outside of nursing would have such a level of interest in the issues presented. Although the Glazer article is offensive to nurses, the responses are restrained and academic and do not buy into the debate or use the language of the culture wars that are so divisive in the disciplines of history and other social sciences.

A similar set of articles that form an intertextual chain as described in Fairclough’s methodology can be found in *Nursing Philosophy* in relation to Gadow (2003) and Hess (2003). Two other articles were published in the same issue of the journal that are part of the set McIntyre (2003) and Romyn (2003). However, these did not meet the inclusion criteria, as the former more distinctly draws from a humanistic approach and the latter is only unconsciously postmodernist. An additional article in the set was authored by Paley (2004), but it is also not a part of this study as it does not represent a postmodern perspective. In this sequence, Gadow’s original article is as Paley describes, postmodernism that is humanist and ‘echoes romanticism’. The article

is subjective and relativist to the point that it claims there can be no rehabilitation of clients in correctional services because these always privilege the nurse. The subsequent article by Hess is uncritical of Gadow and expresses high levels of affinity with her position. McIntyre's article claims to be interpretive and draws from Gadamer, while Romyn presents an unconscious postmodern position. These are followed by Paley, who critiques Gadow's earlier work, also published in *Nursing Philosophy*. The Gadow, Hess, McIntyre and Romyn articles originate from the USA and Paley's from the UK, and once again the contrast between the articles is stark. The Gadow and Hess articles do not draw on a major theorist, while Paley's article is rigorous and at times scathing of the relativist and postmodern position adopted by Gadow's and places the work in a wider more scholarly context.

It appears that the articles from the US are distinct from those originating from the UK, and it can be seen that there are some similarities with the articles published in *ANS*. However, while not all of the *ANS* articles originate from the US, the style and content are uniform. The same uniformity can be seen in the *JAN* articles that do not originate in the UK but comply with the style and content of the journal. The *Nursing Philosophy* articles are not uniform, and some of the *Nursing Inquiry* articles that originate from outside Australia have variable content and style. This may be because the two most dominant journals in the discourse can demand uniformity because of their impact factor, while other journals cannot. It is also possible that the editors of the minor journals decide, for some reason, not to adopt the same uniformity and prefer to serve a niche market that requires more flexibility.

The Journal of Psychiatric and Mental Health Nursing

The *Journal of Psychiatric and Mental Health Nursing* published ten items in the study, between 1996 and 2004. The journal is also published by Blackwell and has the same appearance when downloaded as *Nursing Inquiry* and *Nursing Philosophy*. For the *Journal of Psychiatric and Mental Health Nursing*, only items published in 1996–1997 are photocopies of the journal and three of the items published in these years are not full-length articles. One of these items is a Commentary, another an item on the Clinical Notice Board and one a guest editorial. All of these are referenced, but it is unclear whether they were peer reviewed. These items may account for the journal having a higher than normal number of items in the study for a clinical journal. It also indicates

that during this time there was a high level of interest in postmodernism among the readers and editors, as these items were generated from comments about articles that were published. The remaining seven articles range in length between five and eight pages, four of them being eight pages. The full-length articles originate from the following countries with reasonably even distribution: Canada two, UK two, Australia two and New Zealand one, while all the Commentaries and Editorial are from the UK. It is interesting to note that only two authors reference Foucault, two reference Rorty, two reference critical theorists and three reference nursing theorists. Only one of the published pieces is reporting research and this article references Foucault, confirming the possibility that his theories have achieved dominance in the discourse partially because of the use of discourse analysis as a favoured methodology by postmodern researchers. However, although the research uses discourse analysis, it is not stated which type, and Fairclough's critical discourse analysis may have been used as he is also referenced. Nursing theorists have also been referenced by authors from Australia, Canada and the UK in ways that accept them as a commonsense or natural component of the discourse, which does not support previous suggestions that articles from the USA are most likely to reference these theorists. These three articles represent examples where contradictory theoretical positions are adopted which claim to be postmodern but also accept a humanist theoretical position from a nursing theorist. In one case, Holmes D (2001) draws predominantly from Foucault. The author is critical of humanism but also utilises the nursing theorist Watson, whose work arguably nonetheless retains notions of the 'thinking feeling person' dominant in humanistic psychology (Holmes C 1998). These features of humanism, according to Holmes C (1998, p. 8), originate in the 'concept of the abstract individual, which is a foundational ideology of American liberal-democracy and is largely anathema to postmodernists'. Taking these arguments into account it is difficult to establish clearly how these positions could be reconciled or utilised in a complimentary fashion. However, these examples of the utilisation of nursing theories are not sufficient evidence to refute the suggestion that nursing theorists are most likely to be utilised by authors in North America. Since the three papers that reference a nursing theorist have a clinical application, it is also possible that clinical papers are more likely to utilise nursing theorists than other postmodern articles.

The four items published in 1996 and 1997 discuss issues relating to postmodernism, such as the rejection of foundationalism and the adoption of relativism.

The language used in the early articles is characteristic of the academic style and has no outstanding features. However, the writing style changes from 2001, after which time articles are characterised by increased literary creativity, with the use of metaphor and poetry from WB Yeats and TS Eliot. From 2000, the themes in the journal also change. There appears to be an identity crisis for mental health nurses concerning their relationship to psychiatry. This is identified in two articles with comments on the significance of whether the nurse identifies as a 'psychiatric' or 'mental health nurse' or 'psychiatric-mental health nurse'. The necessary compliance with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) is identified as a technology of psychiatry which strengthens its control over nurses and clients. This also relates to the other strong theme in the articles, concerning surveillance and control. A warning is issued concerning the consequences of continuing a strong alliance with psychiatry and the prediction of a post-psychiatry era when medicine will lose its power in mental health and those who continue to be attached to it will share in its demise. To prevent this outcome, nurses are encouraged to become more autonomous and to promote their own clinical skills.

Features of the two dominant journals

The 'order of the discourse' and analysis of discourse practice reveals that the more established journals, *JAN* and *ANS*, have features in common as well as differences. The two dominant journals are well established and serve a wide range of nursing interests apart from the postmodern issues discussed in this research. Both journals are able to insist that items that are submitted for publication are streamlined into an online process where standardisation and consistency prevails. Both journals treat the scientific or empirical approaches to inquiry as the natural approach for nursing research and the generation of knowledge. Both are in the top twenty impact factor ratings for nursing journals and *JAN*, in particular, privileges the reporting of research over theory. *ANS* and *JAN* have these characteristics in common, although they have different publishers. Although *JAN* is a Blackwell publication it appears to have more in common with *ANS* than the three minor journals that share the same publishing house: *Nursing Inquiry*, *Nursing Philosophy* and the *Journal of Psychiatric and Mental Health Nursing*. These three journals do not comment on their anticipated readership on their Home Pages as do *JAN* and *ANS*. Submission of items for publication is more flexible, and the style of

writing and content is more variable. These three journals are not listed in the top twenty impact factor ratings, and this would appear to have the potential to affect the preference for authors to submit articles for publication and to reduce the number of articles made available. However, the relevance of the impact factor is questionable, as the journals may have a highly significant impact on smaller audiences in their area of specialty. It is interesting to observe that although it was possible to discern some cases of variation in the writing style and content of articles in the minor journals depending on their country of origin, this was not the case in the two dominant journals.

A further issue relating to dominance in the discourse concerns the publishing houses and the use of technology. The issue of impact factors has already been identified, calculated by the number of times an item is referenced and depending on the original article and subsequent articles being published in journals that are available online. Although citation studies in journals date back to a time before the use of computers for database searches, computerisation has facilitated widespread use of citations studies and calculation of the impact factor. Without the necessary technology, calculation of the impact factor for a wide range of academic journals would not be feasible. This approach to assessing the 'quality' of a journal will have an obvious impact on the journals selected by authors, and the readership. Technology will also influence the availability of the journal in libraries of higher education and health care facilities. While this has improved access to information enormously and has the potential to increase this even further, the effect of this impact is not fully realised. There is also the potential to limit the distribution of information by privileging some knowledge and information over others and for particular interests to be served by gate-keeping in the process between author and consumer. Australian Government policy is to reward authors and institutions of higher education for publishing articles in journals relating to their impact factor and, as demonstrated, the journals in this discourse with higher impact factors privilege some content over others and present content in ways that convey covert messages about the content. These issues will be discussed further in chapter 8.

One discourse to benefit from the technological advancement of the computerised data base search is the evidence-based practice (EBP) movement. (This research itself also benefits from the technology that enables data base searching). The methodology of the systematic review on which evidence-based practice is based depends on the

researcher accessing previous research that has been conducted in the area of review. The systematic review also benefits from the authors of research articles using a standardised structured abstract to facilitate the review process. Journals that publish these reviews are able to achieve higher impact factors, and therefore authors of systematic reviews can achieve status by publishing EBP papers in a high impact journal. It is likely that articles which conform to the evidence-based methodology will have improved access to readers, based on the lure of 'quality' to be applied to practice by students and practitioners in tertiary education and health care facilities. In addition, researchers and authors who contribute to this discourse will more likely be rewarded with government funding. On this basis, the evidence-based practice movement should be seen as a dominant or significant discourse in relation to postmodernism.

The appearance and layout of the articles in the study were also controlled by the way the article was published and were also related to technological change. Older articles and articles in more obscure journals in the 2001 data search were photocopied from the hard copies of journals, but in the second search all articles were downloaded from the internet. The appearance of a downloaded article depended on whether it was downloaded from Blackwell Synergy or found on Ovid and was uniform regardless of the journal in which it was published.

The analysis of discourse practice also reveals changes that occurred in the years 2000 to 2002. At this time, *ANS* changed its publisher and changes occurred in the Blackwell journals that affected all of the major journals in the discourse. In late 2000 *Nursing Philosophy* commenced publication, and the *Journal of Advanced Nursing* has since shown a tendency to reduce its acceptance of articles that consciously discuss postmodernism and related issues. *JAN* also introduced the structured Abstract and increased its percentage of research articles. *Nursing Inquiry* became more internationalist in its acceptance of articles from contributors, rather than being predominantly Australian. The content of the articles changed from debate about postmodernism-related issues to theoretical and methodological issues to reflect those of concern in North America. Similarly, the content of the *Journal of Psychiatric and Mental Health Nursing* changed from discussions about postmodern issues and articles with a traditional academic writing style to themes reflecting an identity crisis for mental health nurses and writing with increased creativity and the use of metaphor and poetry. Some of these changes could merely be coincidental, but they appear to create a

disruption in the discourse. These changes appear to be related to pressures on the journals concerning the need to increase their impact factor; in the case of *JAN*, this is related to academics' response to the United Kingdom Research Assessment Exercise (UK-RAE). *Nursing Inquiry* was perhaps under similar pressure to increase its readership and authorship by internationalising, and the introduction of *Nursing Philosophy* into the market may have increased competition for articles and readers in the UK and North America. While the *Journal of Psychiatric and Mental Health Nursing* also changed its style, *ANS* appears relatively unchanged. It appears that a complex series of pressures from governments concerning impact factors, and changes in publishing perhaps relating to the merger of the two Blackwell companies, produced these important changes.

In conclusion, the previous chapter reveals significant features of the order of the discourse. Although 60% of the authors whose status was known were academics employed at Senior Lecturer or above, academics at all levels contributed to the discourse. The majority of the contributors came from the dominant English-speaking countries, with each country having one or two important centres where postmodernism was a significant focus. Authors in the postmodern discourse will most likely write about non-clinical issues, but this is not exclusively the case. Foucault is the favoured theorist, but many authors referenced two or more theorists with a wide range of theorists being utilised. Of the themes of truth, power and epistemology, power was the most common and Foucault was the theorist most frequently referred to in relation to this theme. The research suggests that it is dependence on Foucault's theory relating to power and the use of his approach to discourse analysis that resulted in his dominance as a theorist. The order of the discourse reveals that 73% of articles were published in five nursing journals: the *Journal of Advanced Nursing*, *Advances in Nursing Sciences*, *Nursing Philosophy*, *Nursing Inquiry* and the *Journal of Mental Health Nursing*. *JAN* and *ANS* are identified as the most dominant journals, and the remaining three are similar Blackwell publications, with *Nursing Inquiry* being the most inviting to the postmodern author. This chapter identifies that discourse practice relating to the two dominant journals as assuming and promoting the view that the empirical approach to knowledge development and research is the natural method of inquiry and way of understanding the world of nursing and health care. *JAN* in particular privileges the reporting of research over other forms of postmodern publications. Analysis of

discourse practice also reveals that technology has a powerful influence over the discourse at each phase of creation by the author, production, publication and distribution of the article and access and appearance to the reader. This is demonstrated by the way authors access resources that are, in part, available from online sources: the author must have access to word processors and the internet to submit the article to *JAN* and *ANS* in particular, the reviewer responds using guidelines from the journal online, the review process can be tracked online and the response to the author is online. The journal is most likely to be published online and will be subscribed to by a library as a package of online journals from the publisher, where it will be accessed online by the reader who has access rights as an employee or student. In addition, subsequent responses to the article will most likely be online where references to previous authors will be recorded to increase the journal citation rate, status and ultimately impact factor. Although not all articles will be published this way, this is now the dominant process. A beneficiary of this technological development is the evidence-based practice movement, which should be seen as a dominant discourse in relation to postmodernism. The impact of these factors on the discourse at this stage is unknown, but the research will further explore these issues in subsequent chapters.

Chapter 6

Analysis of articles that utilise Foucault

Chapters 4 and 5 of this thesis discussed the ‘order of the discourse’ and discourse practices relating to postmodern articles and identified the dominant characteristics of the contributors and the key journals. Chapter 4 identified power as the dominant theme, and it became apparent that this would become the primary focus of the discourse analysis given the additional themes of truth and power were beyond the scope of the study. Similarly, the work of Foucault and the postmodern critical theorists were revealed to be of key importance to the discourse and these two theoretical positions are the focus of further analysis in the project. This chapter and chapter 7 discuss microanalysis of Foucault and critical theory concerning the discourse and include language and textual analysis of the articles concerning power. While the use of language in a text confirms homogeneity, forces of restraint and dominance, textuality is sensitive to both homogeneity and heterogeneity and therefore includes both dominance and forces of creativity and change. While the analysis of language in the articles is limited because of the high levels of conformity and constraint relating to the genre of the academic article and the volume of text in the articles to be analysed, textual analysis is a major strategy used in the project. In the following two chapters, textual analysis that considers the forwarding and backwarding of content, absences from the text, commonsense and ‘taken for granted’ assumptions form the basis of the discourse analysis.

Although the order of the discourse previously identified that 70 articles relating to power also made reference to Foucault, closer examination revealed that 26 of these articles used another theorist or theoretical position that was more predominant and are therefore not the focus of the discourse analysis. Of the remaining 44 articles (see appendix 8 for complete list of articles) 18 used Foucault in combination with another theorist or theoretical position. Only 26 articles used Foucault as a sole theorist, and these articles had some distinctive characteristic compared to the 18 that adopted a more eclectic approach (see appendix 9). In the analysis to follow, the 26 articles are referred to as ‘the dominant Foucauldian discourse’, while the remaining 18 articles are described as ‘eclectic’. In the dominant discourse, 20 articles articulated a theory of power from a Foucauldian position, 13 (50%) reported research findings, and only two

did not report either research findings or articulate a specific position on power. This is comparable to the eclectic articles, where research findings were reported in 8 (44%) of the 18 articles. This would support the previous suggestion, in chapter 5, that Foucault was principally used to articulate a position on power and/or used in articulating a research methodology. The countries of origin of the authors in the dominant Foucault discourse roughly mirrored the order of discourse as a whole, with 12 (43%) authors originating from institutions in Australia, 7 (25%) from the UK, 4 (14%) from USA, 3 (11%) from Canada and 2 (7%) from New Zealand. Of these articles there were two co-authored from Australia and the UK that makes a total of 28 authors. Compared to eclectic articles, this reveals that 43% of authors of the articles originate in Australia, indicating considerable interest from this country. This is supported by a literature review conducted by Gastaldo and Holmes (1999), who found a predominance of Australian authors, although they also include book publications. They attribute the Australian contribution to a relatively high reference to curricular content and classroom time devoted to social sciences in undergraduate programs. It is, however, unclear if the impact of social sciences in undergraduate courses would have the impact that Gastaldo and Holmes (1999) suggest, as the courses usually focus on basic sociology and psychology and do not focus on social theorists such as Foucault. They also speculate that nursing theories and models have limited influence in Australia, leaving more scope for interdisciplinary theoretical perspectives, such as that of Foucault, to be introduced. It would appear that the latter rationale would be supported from the findings of the order of the discourse in this study. This is evident because nursing theorists do not feature prominently in the contributions from Australia, compared to North American contributions where attempts to combine postmodernism and nursing theorists are more prevalent.

In the dominant discourse articles that articulated a clear explanation of Foucault's position on power, most discussed his conception of the relationship between knowledge and power, and of 'disciplinary power' with its associated technologies and concept of governmentality. Roberts (2005) adds to these 'pastoral power' and 'bio-power', while Irving (2002) claims that her study relies on the cornerstones of Foucauldian theory that include the process of problematisation and discourse. Foucault's theory of power/knowledge adds weight to the problematisation of ideas. In the majority of studies, Foucault's positions on power/knowledge, governmentality,

disciplinary power and associated technologies were discussed or utilised either predominantly as a single concept or in combination. This suggests that the authors pragmatically apply an aspect of his approach to power rather than his theories in total. Foucault's approach to power was often used as a basis for challenging the authority of experts in disciplines such as science and medicine, and sometimes in nursing, in relation to clients (Irving 2002; Gibson 2001; Cheek & Porter 1997; Cheek & Rudge 1994). Although Foucault's approach was applied to a wide range of nursing issues, there was a high level of congruence between the articles concerning Foucault's position relating to power. This included a high level of consistency concerning the articulation of what power is and how it works. Because Foucault's conception of power is closely connected to knowledge and truth, it is inevitable and necessary to include issues relating to these in the discourse analysis.

While some articles that do not conform to the dominant Foucauldian discourse articulate a congruent approach to power and incorporate other theories concerning power in a logical manner, in this group the articles were generally much less concise; some were confused, and the theoretical discussion was sometimes superficial or may be incidental to the research or topic discussed. The 18 articles that formed this group are also diverse, in terms of the topics discussed and the range of theoretical perspectives adopted. A noticeable issue in the articles that constituted the dominant Foucauldian discourse is the strong, and in some cases scathing, critique of critical theorists, their emancipatory project, and its accompanying strategies of empowerment, reflection and liberation. The critique generally labels the emancipatory project as a 'child' of the Enlightenment that has become a dominant discourse and, in turn, an instrument of oppression. It would appear that this view of critical theory could be established and justified given the tendencies of reflection and empowerment to be mainstreamed and used inappropriately. The appropriated strategies of empowerment and reflection have been neutralised and used by bureaucratic and mainstream forces to create a veneer of the values and utilisation of critical theory strategies that have also contributed to Foucauldian critique.

In contrast to the dominant Foucauldian approach, the other 18 articles have adopted a range of theoretical positions that include an attempt to combine critical theory in some form with Foucault; an intention to create a bridge between Foucault and other modernist theoretical positions apart from critical theory; and an attempt to utilise

Foucault's approach from an alternative perspective to that discussed in the dominant Foucauldian discourse. Moreover, some authors have used Foucault in a superficial way without a clear explanation of how power works. Of these articles that are outside the dominant Foucauldian approach, 6 of the 18 refer to a critical theorist and 3 articulate a theoretical approach from Foucault that differs from those described in the dominant Foucault discourse. In many of the articles that include elements of critical theory, this is not acknowledged and some demonstrate a confused amalgamation with Foucault's approach. In the 18 articles with an eclectic Foucauldian approach, it is more likely that language would be considered as a tool of power relations. The language of critical theory is more evident in these articles, and widespread use of the term 'critical' is evident from Huntington and Gilmour (2001) and others.

Dominant forces in the Foucault articles are identified in table. 6.1. It can be seen that Medicine has identified as a major force in both groups of articles, although it is strongest in the dominant group. Of these, psychiatrists are identified twice, which is unusual as no other medical specialists are named. Science and positivism are identified as the most dominant force in the eclectic articles, which is more than double the dominant Foucault articles. Nurses exercising dominance over other nurses or patients are identified more strongly in the dominant Foucault articles. The concept of empowerment is identified a few times as the dominant force in a situation, whereas critical discussion of empowerment was an important theme in the dominant Foucault articles. Surprisingly, evidence based practice (EBP) has only been identified twice as a dominant force, as in the previous chapter it was identified as being a powerful force acting against postmodern articles being published in the nursing literature. Similarly, the quality improvement movement was only identified once, as it also acted as a force in the publishing of research articles. As discussed previously, both EBP and quality improvement are powerful forces in health care and, superficially, have logical and aesthetic appeal because it appears difficult to mount an argument against practice based on evidence or striving to improve quality. However, the discourse indicates that it is how these are conceived and implemented that gives rise to concern among nursing authors.

The economy was also only identified once as a dominant force in the articles, indicating an absence of discussion of political issues in the articles despite postmodernism claiming to include these issues in the discourse. This appears to be

because the articles focus on power at a micro-level or personal level and do not engage in political discussion relating to the underlying issues. This will be discussed at length towards the end of the chapter in relation to the discourse of power as a whole.

Table 6.1: Dominant forces identified in the Foucault articles

Dominant Force	Dominant %	Eclectic %
Medicine	46.0	22.0
Nursing, Hospital & Gov. Bureaucracy	38.0	5.0
Nurses dominating nurses	23.0	6.0
Science, Positivism & Technical rationality	15.0	33.0
Empowerment	7.0	0
Evidence based practice	7.0	0
Political & economic issues	4.0	4.5
Gender Issues	4.0	22.0

Dominant articles n=26

Eclectic articles n = 18

Compared to the eclectic articles, the dominant articles identify maleness, patriarchy or gender only a few times. The explanation for this is that identifying patriarchy or maleness as a dominant force may be related to the argument that disadvantaged groups should not be privileged and this would require women to be identified as a disadvantaged group. It may also be the case that researchers or other authors wishing to discuss issues that specifically apply to feminism would choose a methodology or theoretical position that specifically relates to feminism. For this reason, the issue of gender is not forwarded as content in the dominant articles. Gender issues, however, may be the underlying factor presented in the guise of other issues that more comfortably fit the Foucauldian perspective. It could be considered, for example, that gender issues are associated with the dominant forces of medicine or science.

Gender issues are identified by authors who chose an eclectic approach and claim that Foucault had little to say about gender issues. Consideration of these issues leads one to speculation about how effective a Foucauldian approach could be when utilised by feminists.

The explanation for why bureaucracy is significant as a force in the dominant Foucault articles may relate to his concept of governmentality being prominent in the dominant articles. The dominant Foucauldian discourse identified nurses as exercising dominance over other nurses or clients in 6 articles, while in the eclectic approaches this was identified once. The eclectic discourse also identified class, wealth or capitalism as dominant forces in two articles, as were culture and race, but none of these were identified in the dominant Foucauldian articles. It is postulated that the reasons for this are, in part, similar to those concerning gender, namely because the Foucauldian approach does not privilege particular groups. A strong element in the discourse of the dominant articles was, as mentioned previously, related to a critique of critical theory. Therefore, if authors desired to forward issues of class, gender or race, it would be likely that Foucault's theory would be used in conjunction with other theoretical positions.

This discussion will now consider how power was conceived, first, in the dominant Foucauldian discourse and, second, by the eclectic discourse. The strategies that authors suggested to manage the difficulties identified will then be considered.

According to the dominant Foucault discourse, his approach to power is used to expose the dominance of particular discourses and to explain why these arise and are maintained. In the case of Heartfield (1996, p. 99), the stated aim of the use of Foucault's approach was to 'make visible the strands of underlying power based on the authority of a certain kind of knowledge'. Heartfield's (1996) study was a discourse analysis of nursing documentation in an acute care setting. In this example, there was an 'illumination of such discourses aimed to promote the establishment of alternative discourse based on nurse's knowledge: where nursing is visible as more than just an instrument of other disciplines' (Heartfield 1996, p. 99). For her, the dominant discourses of nursing were made a problem of knowledge and power. The focus was not the truth of writings, according to Heartfield (1996), but the mechanisms of control or of resistance to control. 'Truth' was examined as synonymous hegemonic power. Heartfield (1996, p. 99, quotes Hays (1989), who makes a direct quote from Foucault

(1992), claiming that he challenges us to conceive of nursing documentation as ‘a violence that we do to things, or, at all events, as a practice we impose’. Heartfield (1996, p. 99) also quotes Doering, the earliest contributor to the overall discourse in this study, as claiming that ‘power limits what is acceptable to be known, and knowledge develops in response to, and sometimes in resistance to the limits set by power’. Heslop (1998) supports this notion by saying the power of the discourse can prescribe socially accepted behaviour, or what can be thought, or said, or discussed.

A further example of the use of Foucault’s approach in the nursing literature is in Gibson’s (2001) article. Her stated aims are to expose, for example, the implicit and hidden assumptions about nursing’s power and knowledge that shape the disciplinary regimes; what discourses are dominant in the literature and how they shape the nurse’s role in medication errors; and how nurses are positioned in the literature, by what mechanisms these positions are constituted, who writes and speaks, and what voices are represented and who is absent. Once again, this analysis aims to reveal dominance in the discourse, the processes by which it is achieved and what is acceptable to be known or not known.

Knowledge

In the Foucault nursing discourse, knowledge is seen in relation to its historical and social contexts that establish and maintain power and knowledge relationships (Cheek & Rudge 1994). Powers (2003) and Roberts (2005) argue that, prior to Foucault, liberal social theory of the Enlightenment and modernist era views power and knowledge as separate entities. In this perception of knowledge, truth is objective but can be corrupted by power. However, according to Foucault, while social sciences in Western industrial societies can be corrupted, scientific and medical discourses dominate because of their perceived qualities of objectivity, rationality and measurability. While most postmodern commentators would argue that science and the values of scientific knowledge dominate what is regarded as reliable knowledge, Foucault is seen as taking this further by relating knowledge to power and subsequently truth (Cheek & Rudge 1994; Heartfield 1996; Davis & Cushing 1999; Irving 2002). Heslop (1998, p. 870) also contributes to the discourse by quoting Foucault as asserting that it is ‘the interconnection of knowledge and power which troubles the boundaries between science, rhetoric and narrative’. This is supported by Gilbert (1995), who claims that Foucault’s work is

heavily influenced by Nietzsche and notes that it is concerned with the form of rationality in modern society and the relationship between knowledge, truth and power. It is argued that power 'produces' truth (Gilbert 1995, Mohr 1999). This is also supported by Irving's (2002, p. 406) statement that 'power does not censor or conceal: it produces reality and it produces rituals of truth and resistances to the latter'.

Gibson (2001) argues that science functions as a regime of truth for nurses and that this is part their heritage. Gibson (2001, p. 110) goes on to quote Foucault as saying that scientific forms of knowledge are seductive because they traverse and produce things, they induce pleasure, form knowledge, and exercise power. Knowledge conveyed by science creates an impression of certainty and relieves anxiety when nurses are confronted with issues that relate to the fragility of life, and this is discussed in Gibson's study relating to medication errors.

Rather than discussing power as a repressive force, Foucault identifies the productive aspect of power by which it operates to create new ways of seeing and speaking and to produce what is considered as 'truth' in a particular society; that is, it's 'regime of truth'. The language used to describe truth in this way associates it with power, dominance and authority.

In contrast to the traditional view that power is associated with a particular position or role, for example the master-servant relationship, Foucault argues that all people have the capacity to exercise power. While, from the traditional perspective, power is performed as part of a relationship and the relationship must exist for power to be exercised, the Foucauldian position is that power pre-exists, or is nascent, in all individuals (Leyshon 2002). In contrast to the traditional understanding, power is perceived as the cause of a relationship rather than the result of one. Power is not dispersed hierarchically (Heartfield 2005; Irving 2002; Leyshon 2002), rather it 'exists in the spaces between individuals and runs like water over stones, through mundane activities of everyday routines' (Allen 2004, p. 21). Leyshon (2002) argues that power does not exist outside human relationships, and, in Foucauldian analysis, individuals are enmeshed in a capillary structure of power relations (Hazelton 1999; Gilbert 1995; Cheek & Porter 1997). Power as an apparatus is not restricted to institutions but is located in social practices and 'dispersed through a network of open circuits that are rhizomatic and not hierarchical' (Heartfield 2004, quoted from Rose 1999a). Foucault (Roberts 2005, p. 38) claims that at no time are we free from all power relations and that

there is a continual possibility of resistance—if there is no resistance, there are no power relations.

In the Foucauldian conception, power is a ‘structure of actions’ bearing on the actions of free agents. Gilbert (1995, 2001) claims that Foucault stressed the instability and productive nature of power relations. Power is understood to operate—in capillary-like-fashion—as a kind of network; government is directed towards the conduct of conduct; (Gilbert 2001, p. 202) and power is approached in relational terms as seeking to affect the actions of individuals by working on the ways in which behaviour is largely self-regulated. This is supported by Heartfield (1996), who states that power for Foucault is an effect of the operation of social relations between groups and individuals. Power is therefore something that is exercised rather than possessed, and produces pleasure, forms of knowledge and discourse. According to van de Riet (1998), Foucault says that pleasure and power overlap and reinforce each other. They are linked by complex mechanisms of excitation and incitement. Mohr (1999) states that Foucault saw power not as a property, but as continuously emergent, and both constituted and constituting, and produced and consumed. Knowledge, according to Foucault, does not reflect power relations: it is not a distorted expression of them, it is inherent in them (Heartfield 1996; Lines 2001). There is no power relation without the correlative constitution of a field of knowledge, nor is there knowledge that does not presuppose and constitute at the same time power relations (Heartfield 1996). From the Foucauldian perspective, power is seen as exercised through instruments, procedures and techniques which, in their use, can create knowledge.

Gilbert (1995) describes disciplinary power, as distinct from sovereign power, as emerging in the seventeenth century onwards and concerned with the politics of population. Gilbert (2001) later claims that modern modes of government operate through forms of moral regulation, rather than coercion that had been the case previously. Experts such as health professionals play a role in the management of populations that are associated with the disciplinary processes and moral regulation. According to Hazelton (1999), Foucault’s notion of governmentality was an attempt to avoid over-emphasising the involvement of the state in political subjectification. Instead, political subjectification is constituted in various practices located in numerous sites, both within and beyond the state, through the work of experts and professionals. Disciplinary power was described as being developed to render the body as productive

by maintaining health through disciplines such as medicine, teaching, psychology, and social work. This is supported by concern about issues such as mortality, morbidity and fertility that require methods of surveillance, such as registration of births, deaths, statistics and, more recently, programs such as compulsory immunisation. Gilbert (1995) claims that these forms of surveillance focus particularly on the family, and the ‘modern mother’, as guardian of the family’s health. The surveillance described here relates to the mechanism of the Panopticon, where surveillance is so effective, with its monitoring of indiscretions and corrective training, that individuals become self-regulating. It is argued that the family is a crucial link between the concerns for health in society and the individual. Issues of health in this context have extended to ideas of morality, and increase the control of the state through surveillance.

Hazelton (1999) gives examples of this political subjectification in mental health as being exercised by the practices of the psychiatric professions, hospitals and other agencies, boarding houses, self-help groups, the families of mentally ill people, and charitable organisations. He argues that political action and personal conduct are inextricably linked in Foucault’s work. Scholars influenced by Foucault have discerned a ‘certain continuity between the government of ones self, the government of a household, and the government of a state or community’ (Hazelton 1999, p. 225). The successful government of others thus depends largely on the capacity to govern ones self and involves moral obligation (Hazelton 1999; Irving 2002). Crucially, Foucault considered liberal-democratic practices to operate at a distance; that is, through the capacity of the governed for self-regulation.

Disciplinary technologies

In the example that Gibson (2001) describes, concerning medication errors, a range of disciplinary technologies and techniques is introduced to create a zero-medication-error environment. Gibson (2001), Gilbert (1995) and Mohr (1999) also discussed disciplinary power in terms of specific knowledge and methods of surveillance and the processes of hierarchical observation, normalising judgements and the examination. According to Mohr (1999), Foucault regarded these disciplinary technologies as marking the beginnings of social sciences, and specifically of psychiatry. It is interesting that psychiatry, as a medical specialty, should be regarded as a ‘human’ science, and Mohr’s comments indicate Foucault’s rejection of all experts, not just those

of disciplines of medicine and physical sciences. Roberts (2005) states that, from a Foucauldian perspective, the emergence of social sciences was used to enhance and intensify the forces of disciplinary power. This relates particularly to the reinforcement of the disciplinary power of medicine and psychiatry. To achieve this, the disciplines and professions act to reinforce each other's authority and power/knowledge in society.

Hierarchical observation

Disciplinary technologies are also discussed in the nursing discourse. Mohr (1999, p. 1054) describes hierarchical observation as the 'disciplinary gaze' which operates through a series of supports that take the form of hierarchical or consistent and utilitarian surveillance. This gaze renders people visible and makes it possible to know and to change them. In Gibson's (2001) study, examples of hierarchical observation of nursing practice concerning medication administration include audits and checking medications as well as identifying prescribing errors. While the nurse takes responsibility for ensuring that incorrectly prescribed drugs are not administered and getting the error corrected by the medical officer, nursing is not involved in making the correction: this reinforces medical dominance.

Normalising judgement

Normalising judgement is also a disciplinary technology and, according to Gilbert (1995), compares the person to a particular norm, measuring the extent to which individuals deviate and classifies them accordingly. Those who are subject to the process are ranked and graded (Mohr 1999, p. 1054). Mohr (1999) and Henneman (1995) describe this as punishment and correction of non-conformity, through a system of rewards and privileges, with a goal to normalise. In Gibson's study, this involved identifying and punishing, or giving remedial training to, those nurses who had not met accepted standards.

The examination

Gilbert (1995) and Henneman (1995) describe the disciplinary technology of the examination as a social practice in which judgement is achieved, interventions are prescribed and evaluations are recorded. However, Gibson (2001) and Mohr (1999) describe the examination as a combination of hierarchical observation and normalising

judgement. The mechanism of surveillance of nurses by nurses is described by Gibson (2001), and is revealed through the discourse of evidence, in the quality improvement movement, and in hospital policies and procedure manuals. Gilbert (1995) also describes the examination as a 'technology of self' that involves seeking self-knowledge or an inner truth and to confess this to a professional expert. Gilbert uses the reflective process practiced in clinical nursing and education as an example of the 'examination', expanding this notion of reflective practice in a further article in 2001 in which he combines it with clinical supervision. He describes these two practices together as amounting to modes of surveillance, disciplining professionals and acting as the 'confessional'. Roberts (2005) describes encounters with the psychotherapist as monitoring thoughts and feelings and therapeutic encounters as encouraging the client to engage in the 'confession'. What is confessed is incomplete and blind to itself and only reaches completion in the one who records, assimilates and interprets what has been disclosed. The client may also be asked to monitor and record their own feelings, thoughts and behaviours and internalise the therapist's theoretical framework. These processes, says Roberts, describe how subjectification and disciplinary processes act together to produce power/knowledge, as suggested by Foucault.

It is in the expression and interpretation of Foucault's explanations of subjectivity and the formation of self that some of the greatest differences between the articles in the dominant and the eclectic Foucault discourse are evident. The following is an explanation concerning subjectification that is evident in the dominant Foucauldian approach, and this will be followed by those who express an alternative perspective.

Doering (1992) says that subjectivity refers to the idea that individual thoughts and actions are shaped by and reflect social power relations. Roberts (2005, p. 33) also discusses the subject, power and knowledge, and contributes further to the discourse with a quote from Foucault suggesting that a primary purpose of his work was to describe different ways of how 'human beings are made subjects' in Western cultures. Roberts (2005) describes two different but interconnected ways in which Foucault ascribes meaning to the term 'subject'. First, human beings are made 'subjects to' others by 'control and dependence'; and, second, their subjective identity is produced by being tied to a particular identity through a 'conscience or self knowledge' (Foucault, in Roberts 2005, p. 34). Although these two concepts are different, they should not be seen as separate or distinct, in Foucauldian terms, as they act together in a single dynamic

process to tie an individual to a single personal identity. Heslop (1998) and Roberts (2005) also claim that power is a central feature in the process of subjectivity and identity construction. However, Doering (1992, p. 25) says that, for Foucault, 'there is no immutable individuality': subjectivity is a process of self-formation in which individuals internalise social power relations. Based on this sense of 'self', with power relations as a central feature, there is no essence of 'self', it is not fixed and is capable of change. Both Crowe (2000b) and Bruni (1997) are critical of a humanistic essentialist view of self and subscribe to the Foucauldian alternative described here even though they contribute to the eclectic Foucauldian discourse.

This notion of subjectification is used in the discourse to explore how power functions at an interpersonal level, and this can be seen in the following examples. Roberts (2005) uses Foucault's concept of disciplinary power to explore how human beings are made subjects and to show how psychiatric identities are produced. Heslop (1998) claims that few studies illuminate power relations concerning nursing at the level of micro-practices of the emergency setting and has employed Foucauldian concepts of power and subjectivity to explore the forms of knowledge that constitute the work of nurses in such settings. In addition to the role of power in identity construction, it is seen as an important force, on an interpersonal level, in a number of other nursing studies. Irving (2002) states that power works on a minute level through the interplay of power/knowledge, and that power/knowledge mutually condition each other so that ideas become accepted as knowledge or truth that can delimit the discussion of other possibilities. Mohr (1999) similarly refers to the 'microphysics of power' that control, duplicate and maintain specific discursive practices, and these activities have the effect of constituting knowledge. Roberts (2005) describes the process of subjectification or tying of individuals to a specific identity and how this identity is maintained through surveillance, drawing on Foucault's conception of the Panopticon and the generation of disciplinary knowledge.

Subjectification and self-formation

It is based on this theoretical perspective of subjectification that those who subscribe to the dominant Foucauldian view are in conflict with what they would describe as 'technologies of self', such as reflection and empowerment. Foucauldian analysis also allows scrutiny of power and exposes what has previously been seen as seemingly

benign disciplinary practices in nursing. Empowerment, health education and the reflective process, for example, can be viewed as combining surveillance and other mechanisms in order to exercise control and generate disciplinary knowledge/power. Articles that adopt a Foucauldian approach and are critical of these processes of 'technologies of self', and characterise them as processes of modernism and critical theory, include Gilbert (1995, 2001), Leyshon (2002), Powers (2003) and Traynor (1997).

Traynor (1997) claims that critical theory privileges the oppressed and that groups that have been marginalised by mainstream rationality are championed as having a more desirable view of reality. He argues that these marginalised groups, defended by critical theorists, have then repeated the same error as their oppressors by offering universal explanations for their oppression. From Traynor's perspective, this results in privileging the marginalised group. It might be remarked that this appears to be a simplistic explanation that also generalises the response of minority groups to their disadvantaged situation. Traynor (1997, p. 100) states that in 'place of the "oppressed" has come an endlessly plural and unstable subjectivity'. This interpretation is evident in three articles in the research sample that identify former oppressed or empowered groups as having become dominant forces in the discourse or society.

A further claim made in the dominant discourse is that oppressed groups participate in their own oppression by maintaining the oppressive relationship with their oppressors. It is claimed that this also continues, somewhat paradoxically, to provide privileged status for the oppressed group. A benefit of Foucault's theory is to reveal to the oppressed group how they participate in maintaining the relationship, and thereby to provide a rationale for changing their behaviour in order to produce new dynamics and a changed relationship. However, if the oppressed group or individual cannot or does not change their relationship with the oppressor, they are viewed as being complicit in their own oppression. This explanation would appear to ignore the complexity of dynamics that have an impact on disadvantage and is a very different interpretation than the critical theorist position. From a critical theory perspective, the individual or group would be seen as maintaining a relationship with the oppressor because of 'false consciousness' and distorted communication. The critical theory approach would be to enhance the insight or awareness of the person's role in the relationship and, ultimately, to facilitate or empower the individual or group members to change the relationship to a

more equitable one. This approach does not blame the victim and has a more positive view concerning the outcome.

Gilbert's criticism of 'reflection' as a 'technology of self', which acts as the confessional and as a disciplinary technology, also applies to the concept of 'empowerment'. Both reflective practice and empowerment are strategies of critical theory that are anathema to authors who subscribe to the dominant Foucault position in the discourse. Leyshon (2002) is critical of critical theory, describing it as naïve because the concept of empowerment from Freire's perspective is associated with strengthening and transforming the person or group being empowered, which implies that power can be passed between individuals. Leyshon's view of power is consistent with Foucault's perspective that power cannot be treated as a commodity to be transferred between people. He says in relation to empowerment that 'It gives rise to a vision of power as a benign property and students as empty vessels waiting to be filled with it' (Leyshon 2002, p. 467). He goes even further, saying in relation to educators who promote empowerment in students that 'they seem naïve and may promote alternative forms of authoritarianism' (Leyshon 2002, p. 467). Leyshon is particularly critical of Freire, because his form of empowerment is based on 'social class' and promotes the idea that, in relation to nurse education, students must go on to transform society. Leyshon is concerned about what happens to dissenters and claims that empowerment, viewed from the perspective of Kantian deontology and JS Mill's utilitarianism, does not respect autonomy of the individual and is therefore, arguably, immoral. His paper is written from the perspective of neo-liberalism and presents the view that empowerment is far from liberating. However, this interpretation would appear to be based on an individualistic application and on a misunderstanding. According to Powers (2003), who does not support empowerment, empowerment was not intended to be used as a tool for individual transformation but for societal change.

Powers (2003) engages in the empowerment debate, arguing that the concept has been co-opted from Freire as a strategy to reinforce dominance by the health care professional, and that the patient is only empowered if she or he chooses the 'correct' option offered by the health care provider. Not all possible choices are offered to the client for them to exercise freedom of choice for their own reasons. According to Powers (2003, p. 227), 'empowerment is a coercive strategy that is justified by its outcomes and creates dependent populations'. She presents an argument, consistent

with Foucault's approach to disciplinary power, that in capitalist countries the language of science has been used to foster good behaviour and to control individuals. The prevention of disease is cheaper than treatment and avoids loss of productivity, and the management of populations is more effective when accomplished with the participation of those managed because it creates joint responsibility. However, contrary to Leyshon (2002), Powers (2003) argues that the term 'empowerment' has been misinterpreted by North Americans (and perhaps many English-speaking Westerners) and used to mean an individual transformation rather than the liberation of a society. According to Powers (2003), empowerment has been interpreted as something that is 'done to' another person to produce outcomes that are of benefit for those performing the 'empowerment'. Concerning empowerment, she says that the notion of individualism is used as a strategy to manage individuals by creating illusions of market choice in a context of individual rights. Contrary to these arguments in the dominant Foucault discourse, reflection and empowerment was often promoted in the eclectic group as a strategy to overcome issues relating to power.

An alternative perspective of subjectification

There are variable perspectives concerning self-formation and the process of subjectification in the eclectic articles. An example of how the dynamic of 'self' and power operates is provided by Bruni (1997), in her study of nurse academics. She describes them as positioning themselves as 'victims' because of their commitment to an individualistic, humanistic discourse of self, as a rational, autonomous, and private decision-maker. Bruni's participants saw themselves as victims of their work environment, overworked, impotent, without opportunities to make decisions, powerless and seeking strategies to cope and survive. However, contrary to the dominant Foucauldian discourse, Bruni (1997) suggests that change in the higher education sector requires commitment to critical self-reflection. It is clear that those articles that have taken a more eclectic approach have utilised Foucault's notions of self and power in different ways than those appearing in the dominant Foucauldian discourse. Crowe's (1998, 2000a, 2000b) articles, which are considered to be eclectic, also present an alternative view of self and subjectification and are discussed at length later in this chapter.

Included in the articles that use the eclectic approach are three examples of subjectification which utilise aspects of Foucault's work in a somewhat different way (Curtis & Harrison 2001; Dzurec 2003; Falk 1996). In addition to Foucault's work, Curtis and Harrison (2001) use a critical theory framework and refer to Habermas. The article refers to empowerment and collaboration between practitioners but uses grounded theory methodology and Foucault's three modes of objectification as methods of analysis. Furthermore, it uses 'non-probability sampling', which hints at a positivist approach. Schön's approach to reflection (in Curtis & Harrison 2001) is also suggested as a strategy to overcome difficulties between practitioners in the setting. The use of so many theoretical positions calls into question the integrity of the article, and issues of incompatibility are ignored. The following discussion outlines the differences these articles present in relation to the dominant interpretation of Foucault in the discourse.

Curtis and Harrison (2001), Dzurec (2003) and Falk (1996), who have utilised Foucault from an eclectic position, describe the process of subjectification in a different way. They argue that Foucault maintained that power is always exercised at a cost, and they describe a process that involves members of the non-dominant group distancing themselves from their own group and becoming marginalised. In this process of subjectification, three stages are identified which Foucault calls 'scientific classification', 'dividing practices' and 'subjectification'. Both Dzurec and Falk reference Foucault (1982), 'The subject and power', in relation to the process of subjectification.

Scientific classification

Curtis and Harrison (2001) state that scientific classification refers to the 'modes of inquiry that give themselves the status of science'. Foucault, they say, suggests that scientific evidence is generated to support and legitimise dividing practice. He sees a person as occupying a position of truth by virtue of being attached to an 'apparatus of truth' such as a university or a hospital. Scientific classification may refer to the generation and institutionalisation of knowledge that exaggerates or mythologises the difference between groups. Thereby, it provides evidence of the supremacy of the dominant group and allows one group to become more powerful than another and thus to maintain supremacy. Those who are seen to have power support each other and others reinforce this superiority.

Dividing practices

Dividing Practices are practices that differentiate one group of people from another. The most effective dividing practice is the confinement or exclusion of a group based on their differences. This is most often seen in a form of dichotomous labelling of people as mad or sane, sick or healthy, bad or good, competent or non-competent, to name a few. Dividing practices have been instituted in the oppression of races, classes and other groups where people or groups of people are characterised according to their differences rather than their similarities. Dividing practices may be seen as entrenched values and beliefs, which are evident in attitudes towards others. When attitudes are reinforced by the group, they are substantiated and, as a result, may become more entrenched. Curtis and Harrison (2001) note that nurses in their study were able to identify dividing practices in other people but rarely to identify their own dividing practices, or to see that their attitudes may contribute to the process. It would appear that issues such as self-awareness would benefit from a strategy such as reflection to help change this behaviour. However, this approach is not promoted by a Foucauldian perspective, although changes in personal behaviour are seen as possible.

Foucault combined with other theories

Subjectification is described by these authors (Curtis & Harrison 2001; Dzurec 2003; Falk 1996) as a process of self-formation, in which individuals internalise social power relations. It builds an individual's sense of self and understanding of the world, and involves the active participation of an individual in his or her own process of self-formation (Falk1996). This process has been identified as a characteristic of oppressed groups who assimilate the characteristics, practices and values of the groups that dominate them, including the perceived normalcy and inherent superiority of the dominant group. These ingrained prejudices and the way people are viewed and categorised (dividing practices) are reinforced by the professionals and institutions (scientific classification) that may have an impact on the feeling of self-worth felt by the consumers of the service, and these feelings may be internalised (subjectification). This is a very different explanation of subjectification to that in the dominant Foucault articles.

According to Curtis and Harrison (2001), if health professionals themselves feel disempowered, it is difficult to work in a way that empowers others. The authors explain that this is one explanation for the implementation of petty rules by nursing staff with which the consumer is expected to comply. Subjectification is also demonstrated, according to Curtis and Harrison's (2001) study, by the use of dividing practices which categorise people according to their use of either legal or illegal drugs and attaches a moral code to them. It also demonstrates how insidious and wide-reaching the process of subjectification is—when a group becomes marginalised they take on the characteristics of the dominant group and begin the process of marginalisation of another group. This argument also supports Traynor's (1997) position that oppressed groups repeat the behaviours of their oppressors once they become part of the mainstream and thereby create other marginalised groups. However, unlike Traynor, Curtis and Harrison (2001) focus on empowerment, reflection and Schön's reflexive practice as ways of overcoming subjectification.

Dzurec (2003), Curtis and Harrison (2001) and Falk (1996) have substantially used the same technique as just described to explain subjectification. Dzurec (2003) has used the headings 'dividing practices', 'scientific classification' and 'subjectification' to describe the poststructuralist position on the mind/ body question, claiming that they are mechanisms used to control knowledge. In Dzurec's (2003) article, they are also related to the disciplinary practices of normalising judgement and hierarchical observation and the examination. However, Falk (1996, p. 4) claims that Foucault denied that his work was a theory of power and characterised himself as having created a history of three ways in which human beings are objectified or made into subjects, namely dividing practices; scientific classification and subjectification.

Falk (1996) and Curtis and Harrison (2001) use aspects of critical theory in their work that makes for an awkward marriage of ideas when compared to the dominant Foucault articles. Intertextual relationships can be identified between the articles, with Curtis and Harrison's paper primarily referencing Falk (1996) concerning subjectification. Both Falk (1996) and Dzurec (2003) reference Rabinow (1984) *Foucault Reader*, and Foucault, 'The Subject and Power' (in Dreyfus & Rabinow 1982, pp. 208–226). In all of the articles that use Foucault as a major reference, many have referenced Foucault, 'The Subject and Power' and have not highlighted the process of subjectification in this way, but few authors referenced the first text and these were only

brief references. At this stage, it could be speculated that the distinctly different interpretation of subjectification and its implications are related to Rabinow's *Foucault Reader*, or that the articles focus on source material that is more typical of earlier work by Foucault.

The articles that contribute to the eclectic Foucault approach are much more divergent in their content and theoretical interpretation than the dominant Foucauldian articles, and often display inconsistencies and questionable interpretations. The article by Georges and McGuire (2004, p. 2), for example, reflects confusion concerning Foucault. This is suggested in the claim made in the abstract of their article that they have used a 'Foucauldian approach to deconstructive discourse analysis, the power relations inherent in the "clinical pathways" discourses are identified and the underlying philosophical assumptions informing the discourses are explored'. In the introduction they say that 'power relations inherent in social relationships are often identified with the work of Michel Foucault, who examined the concept of power ...' However, how Foucault's work applies to their study in more than a superficial way is not clear. Georges and McGuire (2004, p. 3) also claim that their article 'undertakes a genealogical analysis from a feminist orientation that emphasizes the context in which the discourse of clinical pathways arose', but it has been mentioned previously that Foucault did not contribute a discourse concerning gender issues. The authors further claim that 'Genealogical analysis is a term used to describe the process of how a discourse emerged historically with a particular focus of power relations inherent in the discourse' (Georges and McGuire 2004, p. 2). They claim that genealogy takes into account 'subjectivity in a self aware fashion' and then discuss their personal history of encounters with 'clinical pathways'. The article goes on to identify clinical pathways and 'total quality management' as dominant discourses in health care, and to critique the effect they have had on nursing practice and client care, but not by using a substantially Foucauldian approach. The article does not suggest an understanding of how power operates from a Foucauldian perspective, although it does discuss power in the dominant discourses of quality management and clinical pathways, which are dominant discourses in management and medicine.

An earlier article, with Georges (2003) as the sole author, also reflects the theoretical weaknesses in the article discussed above. This calls for an amalgamation of the discourses of positivism and poststructuralism in nursing, claiming that the conflict

between the two approaches is too damaging for nursing as a profession. To support the argument that a conflict between positivism and poststructuralism is damaging to nurses Georges erroneously cites Traynor's (1997) article and uses his argument concerning the privileging of oppressed groups and their transformation to dominance that, in turn, oppresses others. Georges (2003, p. 51) compares poststructuralists to an oppressed group and urges those who subscribe to a Foucauldian approach not to challenge the dominant discourses of nursing theorists. She uses Traynor's argument as a warning about the dangers of exchanging one discursive identity for another; that is, that such a change can create new oppressions. Whereas Traynor's comments are made from a Foucauldian position, directed at critical theorists, and warn against the dangers of privileging oppressed groups, George's comments relate to traditional nursing theorists and the use of positivist methodologies and nursing theories and their conflict with poststructuralists. The use of Traynor's comments therefore lacks credibility in this context. Both of the articles, Georges (2003) and Georges and McGuire (2004) while discussing some significant issues, are theoretically superficial, exhibit confusion concerning Foucault, and display a strong attachment to nursing theories that appear to have more relevance in North America than other geographical locations in the discourse.

Bjornsdittir (2001) also contributes to the eclectic discourse and draws on Foucault's concepts of power relations concerning how knowledge and power are intertwined. Bjornsdittir (2001, p. 5) says that, from a Foucauldian perspective, knowledge is not discovered but produced according to regular and identifiable procedures that determine, in a given historical situation, what can be said, who is authorised to speak, what can become an objective scientific enquiry, and how knowledge is to be tested, accumulated and dispersed. Bjornsdittir says that nurses are not a heterogeneous group in regard to power, as they align themselves in various ways that reflect different interests within the healthcare system. However, she also includes, in her critique of the role of science in health care, other aspects of poststructuralists and feminist ideas concerning the role of language in maintaining power relations. She gives an example of how power is maintained by enforcing socially expected behaviours onto clients that are associated with health care treatments that serve to promote conformity and, in the long run, reinforce privilege and subordination. She says that by individualising the source of health care problems and solutions, attention is diverted

from the social context in which it is developed and maintained. This last statement, which is critical of individualising approaches to power, runs contrary to characteristics inherent in the dominant Foucauldian articles that tend to prefer individualism over a collectivist approach. While Bjornsdittir's (2001) article has features that are typical of the content of the dominant Foucauldian discourse, her critical comments relating to individualising the problems concerning health care are an important difference.

Foucault and language

Crowe (1998, 2000a, 2000b) also uses a Foucauldian approach that varies from the dominant discourse, focusing on the use of language and including an undeclared critical theory dimension. Her 1998 paper claims that the language of authority is reproduced by a process in which individuals in society participate by adopting the same language to exhibit an alignment with the values of authority. In the process of competing for authority, discourses compete with each other to produce the most persuasive meaning that ensures the maintenance of particular power interests. This approach is consistent with the dominant Foucauldian approach to subjectification. Crowe (1998, p. 340) says that language does not reflect a fixed or essentialist meaning: a view which is also broadly consistent with the dominant Foucauldian articles. However, she goes on to quote Gergen as saying, 'individuals are not intentional agents of their own words, creatively and privately converting thoughts to sounds or inscriptions. Rather they gain their status as selves by taking a position within a pre-existing form of language' (Gergen, in Crowe 1998, p. 340). She goes on to say:

Words do not operate as external signs of internal meaning for the individual but rather, as a pre-determined system for the allocation of meaning; they are not reflections of an external reality but expressions of group convention. Various social groups possess preferred vocabularies and these vocabularies reflect or defend their values, politics and ways of life—they function to reproduce this social order (Gergen, in Crowe 1998, p. 340).

A theme in the dominant Foucauldian discourse is that a problem with critical theory is that those who promote such an approach act as though they know more than the members of the disadvantaged group, concerning their situation, and how best to provide services. The professional is portrayed in the guise of an agent promoting

empowerment, or health education is portrayed as acting on behalf of mainstream society, with both promoting their own interests to produce compliance in the client. The quote above from Gergen (in Crowe 1998) would appear to reflect this critical theory approach when viewed from a Foucauldian perspective. Crowe's approach can be contrasted with Heartfield (1996, p. 101) who presents a characteristic Foucauldian approach in the nursing discourse when she says 'Knowledge according to Foucault, does not reflect power relations, it is not a distorted expression of them it is inherent in them'. Although knowledge and language are not identical, knowledge can be interpreted as truth and power from the Foucauldian position.

It is evident that both Foucault and critical theorists have similar theories concerning the development of personal identity. The suggestion that groups adopt the values of a dominant group and articulate them as their own is similar to Gramsci's theory of hegemony and critical theories' theory of manipulation or identity theory. However, it also shares similarity with Foucault's subjectification. These similarities have been identified by McCarthy (1990, p. 438) who recognises that both Foucault and the Frankfurt School critical theorists subscribe to the belief that the development of personal identity and power are related to forces in culture and society. However, as discussed previously, the difference between the two theoretic positions is most evident in how they seek to manage disadvantage.

It appears that a trend in articles from the dominant Foucauldian discourse is that they are not likely to discuss language in depth, and, in general, the power of language is backgrounded to other issues in relation to power. This assertion is supported by the observation that analysis of language in the articles is either not undertaken or an alternative methodology is used to analyse language. Heslop (1998), whose article conforms to the dominant Foucauldian approach, predominantly uses Foucault's discourse analysis but, in addition, an alternative methodology to analyse interviews that are the data in her study. These were Opie (1992) and 'The selected texts of events and relationships were coded into components of discourse suggested by McHoul and Grace (1993)' (Heslop 1998, p. 88). This is not to suggest that these methods are not compatible with Foucault but that his work does not focus on spoken and written language texts (Fairclough 1992, p. 38) and requires supplementation from additional methodologies to analyse interviews and written language texts. Other alternative approaches utilise the work of Fairclough (Crowe 1998, 2000a, 2000b; Rudge 1998;

Quested & Rudge 2003; Wilson 2001), who is often employed in those articles that have a stronger focus on the use of language, and are frequently articles that have adopted a more eclectic position. Although these articles reference Fairclough, this is not to suggest that all of the approaches to language are based entirely on his theoretical perspective. The adoption of Fairclough's approach would appear to be because, although Foucault recognises that language is a powerful medium, his approach to discourse analysis does not incorporate analysis of language in texts or speech. This can be demonstrated in Rudge's (1998) work, which has a strong focus on language, and describes how working-class men as patients in a burns unit use metaphor and simile as a strategy to resist subjectification in the discourse with health professionals. Rudge also claims that Foucault realised that his work focused on discursive domains of power and the 'self' and how the 'self' had been defined since the Enlightenment. He recognised that other domains are constituted in the modern self, including symbols and language, and that these could be transformed and manipulated through language. Rudge (1998, p. 229) says that Foucault recognised that his focus on the micro-workings of power and techniques of the self-evident concerning the practices of governmentality required socio-linguistic analysis such as offered by Fairclough. A further example is the paper by Wilson (2001), who claims that the methodology for her study draws heavily on Foucault, supporting his view of 'self' as variable and inconsistent. Wilson (2001, p. 297) goes on to say that 'because there is no discussion by Foucault of how to apply his concept of discourse to the analysis of text, his is, as Fairclough (1992, p. 37) argues an abstract method'. Because Wilson's discourse analysis is contingent on the analysis of texts generated from interviews, the author has drawn primarily from the writings of Fairclough for the analysis of data. Fairclough does include linguistics in his methodology, as well as a number of features of Foucault's discourse analysis, but, of course, he is also a critical theorist. It appears that Fairclough's methodology has been used to enhance the Foucauldian approach by these authors, and this, inevitably, introduces elements of critical theory into the projects described. This is one explanation as to why some articles appear to have inadvertently included elements of critical theory in their content.

For Crowe (2000a), discourse analysis is primarily concerned with analysis of the use of language and how dominant belief systems are reproduced in discourse. The 'truths of science and the power of experts' are also discussed in Crowe's work.

According to Crowe (2000b), the discourse of objectivity veils the role of power in social relations, and her article illustrates how the DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders*) diagnostic classification system can be viewed as an instrument that claims to be objective but functions in ways that have inherent class, culture and gender bias. The diagnostic instrument reflects dominant cultural values and expectations that act to label behaviour outside of these norms. Power in relation to gender bias in mental health care is discussed as a rejection of essentialist gender positions. Crowe (2000b) claims that difference is based on a mechanism by which bodies are recognised as different based on social construction, where they are seen as possessing or lacking some socially privileged qualities. Although not a Foucauldian position, she argues that gender difference does not privilege biological difference and should not be seen in terms of binary opposites (male/female). Crowe's (2000b) position on cultural bias is that the DSM-IV is predicated on an individualistic understanding of subjectivity that reflects a Western discourse. Individuality and a concept of self as a universal phenomenon with well-defined, stable and impermeable boundaries that delineate an interior from an exterior are consistent with a Western, modernist, and humanist view of the self. The DSM-IV privileges this view of the self over others, and Crowe's criticism of this view of the "self" is compatible with Foucault's critique of the modern Western self as discussed in relation to subjectification. In relation to class bias, Crowe refers to Foucault in relation to disciplinary procedures when the body becomes more docile, obedient and useful through the demonstration of self-control, predictability and behaviour as congruent with one's place in the social hierarchy. According to Crowe (2000a), how mental distress is classified shapes how the individual experiences her/his self in relation to others. The authority to name what is happening carries with it considerable power. Although Crowe (2000b) does not subscribe to a Foucauldian approach in the sense of adopting headings that are more consistent with his approach, the mechanisms that are used to discuss the disadvantage that may be experienced by those who have attributes that are outside the mainstream Western expectation appear to be strongly influenced by Foucault. However, in the articles that are dominant in the Foucauldian discourse, discussion of issues relating to social class are absent and this makes Crowe's work unusual.

Crowe (2000b) appears to use a critical theory perspective, although this is never actually stated. Terms such as 'marginalising' and 'oppressive power relations' appear in her work, yet these terms are not usually utilised in the dominant Foucauldian discourse. Although Crowe (2000b, p. 586) refers to 'gender, class and cultural oppression and bias', which are not used in conjunction with a Foucauldian approach, she also uses the terms 'resistance', 'subjectivity from a western frame' and 'disciplinary procedures' that echo Foucault. This demonstrates a successful blending of the two theoretical positions in a way that seeks to reconcile differences.

In an earlier paper, Crowe (1998) also discusses the assumptions underpinning modernist qualitative approaches to subjectivity and linguistic representation that make them problematic from a post-structural position in which knowledge is viewed as an effect of power and constituted in language. These subjective positions privilege the individual and represent the 'lived experience' as natural and taken for granted. Crowe argues that the subject does not represent what is natural but is a cultural construction. It is not subjects who have experiences but subjects who are constituted by experience. By privileging the individual, nursing's use of qualitative research is maintaining existing power relations. According to Crowe, particular interests are served by any construction of meaning, and those meanings which are privileged, in any culture, will reflect the dominant interests of power. She compares the data collection interview in qualitative research to the 'confessional' associated with the examination and the characteristics of 'technologies of self', discussed previously. This involves objectifying oneself through self-examination, a disciplinary process that encourages realignment with a sense of self more like that of the researcher. Although Crowe (1998) refers frequently to the poststructuralist position, this element of her paper is strongly influenced by Foucault's position.

Crowe (1998) continues in her paper to argue that nursing as a discipline is both a body of knowledge and a strategy of power. The discourses which constitute expert groups are self-referential, in order to ensure the reproduction of their power.

Poststructuralism provides an opportunity for challenging dominant discursive practices in nursing by fragmenting its disciplinary boundaries and opening up the possibility for other ways of knowing and understanding nursing within its socio-historical context. This article also recognises the power of the 'word to construct privileged meanings which serve particular ideological interests'. Crowe (1998, p. 342) quotes Fairclough

concerning wider issues relating to power in the discourse, characterising it as an ‘ideological practice (that) constitutes, naturalises, sustains and changes significations of the worlds from diverse positions in power relations’. Discourse then enables recognition of the wider socio-political and historical context in which signification takes place and displaces normative constructions of subjectivity. It provides a means for challenging what is self-evident or taken for granted in relation to health, illness and nursing, so that the ideologies and discursive practices which constitute such experiences can be foregrounded as a site for possible change. The article critiques modernist humanism from perspectives that include language, elements of critical theory, and Foucault’s work.

The theoretical underpinnings of poststructuralism, critical theory and Foucauldian concepts are cogently blended together in Crowe’s work. There is also a strong element that considers the power of language in the work that is more evident among the authors that have taken an eclectic approach to power. Crowe’s articles are distinctly different from the others in the discourse, and perhaps one reason for this is that her work covers a wide range of sources. Also, she incorporates issues of gender, culture and class that are not widely discussed elsewhere and are absent from the dominant Foucauldian discourse. It is interesting to note that Crowe’s work has an element of critical theory threaded throughout which is unstated and backgrounded, even though Fairclough is referenced at times.

Foucault and feminism

An article in the eclectic discourse, by Huntington and Gilmour (2001), reflects the differential use of language, and exemplifies the use of the term ‘critical’ in the discourse. Like in so many papers, exactly what the authors mean by ‘critical’ is unclear, as they draw from critical theorists, feminists, Foucault and others who could be regarded as postmodern. Huntington and Gilmour (2001) list a number of authors that could be classed as critical theorists (for example, Hiraki 1992 and Walker 1997), or postmodernists (for example, Cheek & Rudge 1994; Cheek & Porter 1997; Crowe 1998; and Rolfe 2000), and describe them as using a ‘critical approach’ and as foregrounding the marginal voice in dominant discourses. However, as discussed previously, these theoretical perspectives have distinct differences, and view marginalisation in diverse ways. Huntington and Gilmour (2001) draw on work by

Hiraki (1992)—whose article was not accepted for this study as it was regarded as a modernist version of critical theory and therefore not meeting the inclusion criteria—and make statements like ‘Critical perspectives such as feminism and postmodernism’, and use terms such as ‘marginalisation’ and ‘hegemonic assumptions’. The language in the paper thus creates a sense of vagueness and theoretical ambiguity. The authors seem to be using a ‘magpie approach’, picking up pieces of theory from anywhere that support their position, and postmodernism and critical theory are used interchangeably and unconvincingly. Use of Foucauldian language is also evident; for example, they refer to ‘identifying the body as a locus for the enactment of power relations’ and to the ‘sexually neutral body’. However, the authors state that:

From both the postmodern Feminist and the Foucauldian view points, language is considered constitutive, that is it shapes knowledge, in contrast to the notion that language is merely reflective of some pre-existing material entity (Huntington & Gilmour 2001, p. 903).

This view of language when applied to their own paper would appear to support the notion that the ambiguity in the article reflects the theoretical position the authors hold. This issue is significant, since power is regarded differently in the theoretical positions discussed in the article.

Later in the paper, however, the authors repudiate the critical theory perspective in favour of a feminist and Foucauldian approach. This becomes evident in the claim that ‘feminism has highlighted the notion of power as discursively constructed rather than an oppressive force that requires a victim’ (Huntington & Gilmour 2001, p. 904). This statement reflects the claims made previously in the critique of critical theory from a Foucauldian perspective. An approach to power is recognised as being ‘what becomes possible is to speak of as power, not perhaps in the sense of monolithic structures, but as a field of forces held together in shifting but temporally analysable contestable configurations’ (Huntington & Gilmour 2001, p. 904).

Huntington and Gilmour (2001, p. 903) state that Foucault and postmodern feminists include ‘the focus of the productive role of discourse in creating and maintaining dominant forms of power and identifies the body as a locus for the enactment of power relations’. This focus leads to a shared interest in local, personal operations of power as well as the rather more impersonal power of the state. According to Huntington and Gilmour, this theoretical positioning demands an active critique of

disciplinary constructions of knowledge and the power relations that surfaced in the discourse. Issues of knowledge and the power relations that surfaced in these representations concern whose knowledge dominates and whose knowledge is suppressed or marginalised. Although the authors continue to argue that there are strong similarities between Foucault's work and feminism, they concede that there is a lack of acknowledgment of gender dimensions of power in Foucault's work. There is a considerable body of work that is critical of Foucault concerning this point: Huntington and Gilmore cite Diamond and Quinby 1988, Morris 1988, and Hartsock 1990. Foucault's assumption, mirrored by (Huntington & Gilmour 2001), of the sexually neutral body, and therefore sexually neutral bodies of knowledge, is problematic for feminists. Huntington and Gilmour (2001, p. 904) continue to argue that the 'conspicuous lack of connection between gender, power and knowledge may be interpreted as a passionless approach which focuses on the way discourses and practices create certain effects rather than on the effect themselves'. They argue that while postmodern feminism and Foucault share ideas, there is considerable difference in their political positioning. This is an important point to consider because it relates to whose voice will be marginalised, or forwarded and positioned to be heard, and therefore assume dominance. To champion the feminist voice would amount to privileging, however, and would not be acceptable from a Foucauldian perspective. A similar concern can be shared in respect of all disadvantaged groups based on race, class, culture, age or disability, as they relate to Foucault's work.

Foucault and race

Phillips and Drevahl (2003) describe Foucault's knowledge/power in a conventional way; however, they argue that the theory has considerable weakness when considering issues of race. They claim that every description in turn produces and regulates what it describes. This is achieved by the use of language, and in the form of definitions is powerful, they say, as it categorises, explains, describes, and feels true, and commonsensical, in a way that knowledge is power. They continue to describe this power as not being repressive but as productive, in the sense that it creates the only possibilities from which we can understand ourselves and the phenomena around us. In this sense, people are the subjects of knowledge and are created as a particular type of person through this knowledge. According to Phillips and Drevahl (2003), this is

problematic because knowledge does not create all possibilities as equally valued, considering the binary and hierarchical nature of knowledge concerning race, gender, behaviour and appearance. An aspect of power/knowledge, they note, is that we are always inside it and cannot see it objectively, and they use this to explain subjectification in relation to race. This is a similar argument to that presented by Porter (Cheek & Porter 1997, p. 112) when he argues that all knowledge that is valuable cannot be revealed in Foucauldian terms because, from the Foucauldian perspective, knowledge cannot be separated from power and power produces reality. It can be seen by these examples concerning gender and race that the theory has weaknesses and that this would apply to other disadvantaged groups relating to class and other characteristics, such as age and disability.

In summary, the nursing discourse that utilised Foucault as a major theorist falls into two major groups that have distinct characteristics but also have significant overlap. The dominant Foucault articles have a high degree of theoretical congruence, use similar language, and interpret Foucault's concepts in a similar way. The authors of these articles also characteristically attempt to distinguish their work from critical theorists, and some of them engage in scathing critique of critical theory concepts. It would appear that because Foucault's approach to power is concerned with how power works, it is attractive to those who wish to analyse these issues. Furthermore, it would appear that this occurs in combination with a variety of other theoretical positions such as critical theory, modernist humanism, feminism and neo-liberalism. Use of a range of critical theorists, feminists and modernists is evident in the eclectic articles, while neo-liberalism is evident in the dominant Foucault articles. Articles that use language as evidence of dominance are also more likely to be in the eclectic group. This group is widely divergent in its content and theoretical perspective, as might be expected when other theorists are combined with Foucault. These articles are also often concerned with disadvantaged groups—they include discussion of issues relating to gender, class and culture—but reveal difficulties in combining these concerns with Foucault.

A further issue of concern that was raised in both the dominant and eclectic Foucault discourses relates to caring, and this may be of particular importance to nurses. Polaschek (2003) says that 'caring' is a product of liberal humanism and that it is a 'technology of gender' that subjugates nurses and women to the dominant social order in health care. Polaschek continues by saying that nurses participate in power

imbalances characterising health services provision that are often disguised under a professional ideology of service and quality. Based on their expert knowledge and the dependency created by illness and therapy, nurses are in a powerful position in relation to clients; yet this is obscured by an ideology of care. He discusses his negotiated care model and differentiates it from a humanist modernist approach. Polaschek looks at how the care of people living on renal dialysis is shaped by the dominant discourse and that their perspective is ignored. There is asymmetry in the relationship, he argues, caused by the differences in power between the nurse and client, which are constantly reinforced. If the therapeutic regime and the client's perspective become unbalanced, the nurse can become an uncaring technician or unprofessional sympathiser. The client lives with the tension between autonomy and dependence. Polaschek's model of care rejects the focus on procedures, in favour of communication with the client. He discusses the use of negotiation as an alternative to compliance, and rejects the idea of partnership as enabling autonomy because some compliance is necessary.

Unfortunately, while the negotiated care model promotes a level of power-sharing between the nurse and the client, the concept of negotiated care appears to be neither novel nor postmodern. However, Gibson's (2001) comments support the argument that the dominant discourses in health care settings are hostile to the concept of 'caring'. This is demonstrated when she states that the nursing discourse of caring is absent from the literature on medication administration, which focuses instead on nursing errors, legal issues, science and management discourses. Because caring is frequently characterised as a humanist concept, it is backgrounded in the Foucauldian discourse, and this could be regarded as a potential problem for nurses.

It would appear from the perspective of Fairclough that the centrifugal forces in the discourse are within the eclectic articles, as he says that inconsistencies at the margins of a discourse are where creativity is evident and change occurs. Although clearly not all eclectic articles include viable theoretical options, there are attempts to work through difficulties. Further analysis is now presented, considering the strategies suggested in the articles to overcome problems created by issues of power.

Resistance

It is interesting that although the articles insist that power does not oppress but creates new possibilities, these do not seem to be manifest in the papers.

Resistance is a term frequently used in the discourse. As discussed above, most articles utilising Foucault include dialogue concerning analysis of power that links it with knowledge and truth. This link is usually discussed in terms of governmentality or disciplinary technologies that produce the modern individual as both object and subject in the process of subjectification. Power is described as being 'capillary like', as though it is the life blood flowing through social relationships, a metaphor for keeping them alive and in a state of constant renewal. 'Rhizomatic' (Rose, quoted in Heartfield 2005), is also a metaphor used to describe how power is conceived and how it permeates in the social setting. This metaphor creates an image of power as similar to the plant growth that divides and creates new shoots and extends horizontally above and below the ground. This can be contrasted to plants with an upright habit with a single stem that is reminiscent of hierarchical growth, characterised as growing from the ground and branching outward. The term 'rhizomatic' creates an image of horizontal distribution of power, with numerous shoots emanating from the parent plant. Fairclough (1992, pp. 194–195) describes metaphor as a way that reality is constructed, concerning how we think, act and believe. Metaphor represents the struggle within and over discourse practice. In the cases of describing power as 'capillary like', representing life blood and nourishment, and as a 'rhizome', with horizontal growth, both place power as a positive concept. Both metaphors describe power as energising, benign, and not threatening and reinforce the view that power is available for us all. Although it conveys a sense that power can be exercised without repercussion, it does not convey the sense that it is exercised at a cost. These are both powerful metaphors for the Foucauldian representation of power. However, while these are powerful metaphors, they are not perfect representations and can convey unintended messages. A rhizome produces plants that are genetically identical to the original—for example, leading to the production of clones of the parent plant—yet it is evident from the discourse that an advantage of Foucault's approach to power is that it can produce endlessly different outcomes that reflect the context of the setting. However, overall, these metaphors represent how Foucault's position of power is presented in the discourse in order that it be viewed positively.

A minimalist approach to change

The optimistic and positive nature of Foucauldian power is also frequently reinforced, given its potential for altering power relations through resistance. All individuals are seen as having power, and therefore the potential for resistance, which may then generate new knowledge. For example, Cheek & Porter (1997) suggest that, far from being a pessimistic, nihilistic analysis, Foucauldian perspectives are actually optimistic in that exposure of the discursive nature of health care creates new possibilities and new ways of viewing health and healthcare practice. Thus, they offer 'a project of possibility' with the potential to change and resist otherwise unchallenged assumptions. In this regard, Foucault argues that individuals are not powerless. Power is also held by those who are governed either directly or through resistance to power. Gastaldo and Holmes (1999) cite Meyer and, like Cheek and Porter, point to the potential use of Foucault's notion of power for promotion of social change through what she calls 'possible transformations', and what Cheek calls 'projects of possibility'. According to the perspective of these authors, 'possible transformations' or 'projects of possibility' should not be seen as a search for dramatic ruptures, rather they should emerge from our understanding of power relations as constantly shifting. The authors suggest that a first step could be an analysis of nursing practice in a distinct clinical setting. However, this argument suggests that the status quo is acceptable and that only adjustments to the current situations are necessary.

Doering (1992) argues similarly that power relations are not fixed and that therefore the development of ways of knowing that are more meaningful to the discipline of nursing may alter the balance of the nursing-medicine power relations. The poststructuralist framework 'assures women that they need not take for granted the established knowledge and power ... they are humanly produced and therefore bear the potential to be humanly altered' (Doering(1992, p. 33). Gastaldo and Holmes (1999) continue by saying that power, as a repressive force, is itself an incomplete way of understanding nursing and its power relations. Foucault sees power as a positive force for generating knowledge, and he is quoted by Gastaldo and Holmes (1999, p. 238) as saying, 'I believe that it is precisely these positive mechanisms that need to be investigated and here one must free oneself of the juridical schematism of all previous characterisations of the nature of power'. Thus, Foucault rejects autocratic forms of power as being characteristic of an era prior to the Enlightenment and believes that

power should not be conceived in terms of a judicial or legalistic approach. However, whether all power relationships in modern life can be characterised in non-legalistic terms is questionable. While it is the case that hope and the idea of 'possible transformations' is optimistic and provides a positive starting point, it is sufficient to alter the issues with minor adjustment to introduce sufficient change to power relations.

Foucault argued that there are no relations of power without resistance that can include the rejection of identity imposed by subjectification. Resistance is inherent in power relations and is tactically deployed in a form of ongoing warfare, in order to achieve a more favourable truth (Davis & Cushing 1999; Hegney 1998). Hegney (1998) states that Foucault holds that in order to operate, power actually requires resistance, as it is through the articulation of points of resistance that power spreads through the social field. It is also through resistance that power is disrupted, however, and resistance is therefore both an element of the functioning of power and a source of its perpetual disorder. According to Roberts (2005), Foucault claims that there is no point at which human beings are free from all power-knowledge relations and that there is always the possibility of resistance. Hazelton (1999) contributes to the discourse by claiming that, for Foucault, the exercise of power is at all times accompanied by possibilities for resistance, contestation and evasion. This claim indicates that resistance can include evasion of power, although some articles in the discourse imply that the oppressed are obliged to resist or become complicit in their own oppression.

A crucial understanding (Davis & Cushing 1999) about the idea of resistance is that it is the historic conditions or rules of formation which create knowledge, and resistance can only change the nature of power relations by the creation of another knowledge. Hence, for resistance to be effective it must address the prevailing techniques and conditions rather than address power itself. Davis and Cushing claim that it also needs to be noted that resistance is not external to power relations but is tactically deployed in a form of ongoing warfare, in order to produce a more favourable truth.

For Heartfield (1996), Foucauldian analysis aims to unmask power, and this is supported by Cheek and Porter (1997) who state that Foucault offers 'instruments of analysis' which can be used to explore, interrogate and even transform hitherto unchallenged aspects of contemporary health care. Cheek and Porter continue their argument by claiming that once rationale and authority for action by experts is based on

particular discursive understandings then the techniques used by these experts can be called into question. Gilbert (1995) supports this by suggesting that resistance requires the separation of the power of truth from the prevailing form of social hegemony. Based on these comments it appears that from a Foucauldian perspective, analysis seeks to unmask power in the discourse. Resistance can be achieved by analysing disciplinary power, and when the relationship between truth and power is revealed and these two concepts can be separated, there is a potential for resistance. An example from the nursing discourse that supports how this strategy could work is given by Doering (1992) and Henneman (1995), who claim that nursing and medicine are connected by science and that whichever discipline controls the discourse of patient care has the power to destabilise the other. Whichever discourse is dominant represents the truth and is able to control patient care and the health care setting, and destabilising is required by the alternative discipline as an act of resistance in order to achieve dominance.

Hegney (1998, p. 148) describes this in another way, saying that, according to Foucault, when considering power one should not ask who has power and what they have in mind but what is the effect of power on the discipline under study. This is a similar argument to that of Cheek and Porter when they discuss instruments for analysis of power. Hegney says that Foucault thought resistance should be directed at the technique of power rather than power in general, as it is the techniques of power that allows for the exercise of power and the production of knowledge. Resistance against these techniques takes the form of refusing to accept them. In order to be effective, resistance requires the active interrogation of the tactics employed in a struggle and the acknowledgement that tactics are being used. In other words, the ethical relationship of the protagonists to the 'power' being opposed and the historical position of this relationship must be made explicit. Hegney, whose study concerns the power relationships between registered nurses and medical officers in rural health care and the administration of medications to clients, makes these comments in relation to the development of disciplinary knowledge. She is supported by Roberts (2005), who claims that the innovative methodological manoeuvre that Foucault employs throughout his work is to 'historicise' and 'politicise'. Roberts gives the example of theories of psychotherapy that have evolved within historical contexts and are products of these; mental illness is, likewise, a product of the society in which it is observed. This politicising is in connection to the issues of the society and the context in which the

'illness' occurs. Similarly, Cheek and Rudge (1994) engage in the discourse with a quote from Foucault (in Gordon 1981, pp. 3–14): 'the problem is not to change the consciousness of people, or what they have in their heads, but to change the political, economic, and institutional regime for the production of truth'. Many of the studies or theoretical articles focus on interpersonal or micro-politics but do not make suggestions that have wider political implications, although they may have a powerful impact on the discourse.

Heslop (1998) demonstrates the powerlessness of nurses in relation to a decision made by the medical officer in an emergency department. Triage was seen as an objective way of setting priorities, and decision making based on hospital rules, protocols and procedures was relied upon and followed even with misgivings concerning the outcome. The participants seemed reasonably at ease with the decisions made, even though there was a sense of powerlessness when certain social or ethical difficulties arose. The hierarchy of decisions made to direct and guide emergency nursing tended to marginalise patients and nurses. However, Heslop did not suggest any strategies by way of response.

Examples of strategies of resistance

The following section discusses examples of strategies of resistance that are given in the dominant Foucauldian nursing discourse. There are few examples of the positive 'projects of possibilities' discussed by Cheek and Porter (1997) and Gastaldo and Holmes (1999), and the articles do not provide positive examples of assertive responses to dominant discourses. Absences appear in the articles concerning the economic and political issues that affect client care and the role of the nurse, despite several articles raising this breadth of scope as an advantage of the use of a Foucauldian approach to power.

Davis and Cushing (1999) give the example of academics introducing nursing courses at undergraduate and graduate level as an act of resistance against hospital administration and restrictions on nursing practice. Gradually, an increasing number of postgraduate and undergraduate nurses received university education. The author describes the development of college-based courses in the USA by nurse academics as a form of resistance that challenged the hospital bureaucracy and gave rise to a constituent discourse. It was believed that hospitals restricted nursing, and Davis and

Cushing (1999, p. 15) comment, concerning nursing practice, that ‘nothing is less congruent with the idea of autonomous professional practice ... than a job description designed to program out autonomy and independence ... Authority which restricts autonomy in practice inhibits practice’. However, while education is identified as a method of teaching leadership qualities and acts as a form of resistance, it did not transfer into strategies that potential nurse leaders could use in a practice setting. The authors offer no explanation or discussion concerning the inability of graduates to implement leadership skills. They do not consider whether it is because the bureaucracy selects nurses because they are passive, and do not have personal qualities that would challenge the bureaucracy, or because there are barriers to nurses being able to challenge other dominant forces.

In Hegney’s (1998) study, resistance by the nurses is a struggle which takes the form of opposition to the power of the medical profession, to the norms of metropolitan nursing practice, and of Statute Law. Rural nurses in the struggle are described as having no hope in finding solutions to their situation; rather, they look at the immediate effects of the play of forces in their situation. For example, it is apparent that while emphasising certain disadvantages of their relatively autonomous practice, it is the absence of the medical and allied health professions that lead to their greater autonomy. In most instances it was apparent that while the medical practitioners and the metropolitan nurses exercised unequal power over the rural nurse, the rural nurses in the study used strategies of resistance to ensure that they held power within their own health service.

The rural nurses in Hegney’s (1998) study used tactics to ensure that they held power, and included compliance with the off-site orders from the medical practitioners, which the author claims ensured they have relative autonomy of practice. The rural nurses complained about the number of telephone medication orders and the need to consult off-site medical practitioners; nevertheless most valued the lack of onsite medical practitioners as a source of autonomy.

Although the rural nurses were breaching the requirements of Statute Laws such as the *Poisons Act*, Hegney’s (1998, pp. 44–49) study reveals that the majority of nurses could also be seen to have accepted that telephone orders for medications was normal practice in rural health services. In relation to the nurses’ practice, Hegney goes on to say that normalisation associated with disciplinary power does not produce the

conformity, or monotonous regularity, of identities often claimed in radical critiques but, instead, produces useful and docile subjects through a re-fashioning of minds and bodies. These distinctions between the descriptions of the outcomes of disciplinary power seem to be irrelevant, however, since they both appear to be undesirable characteristics in a health professional. Hegney (1998, p. 150) explains that 'rules determining discourse enforce norms of what is rational, sane or true and to speak from outside these rules is to risk marginalisation and exclusion' (and presumably loss of power). This is a truly extraordinary statement which appears to discount the possibility of a professional response to the situation. It appears that assertiveness would jeopardise the personal benefit gained from positive regard as a nurse trusted by the medical officer. This response also results in maintenance of the status quo, since there is no suggestion by the nurses that the *Poisons Act* itself should be changed to allow them to practice autonomously within the law. Hegney (1998) goes on to suggest changes, but they are ones which do not result from nurses' actions, notably a plea for nursing bodies to have the *Poisons Act* and other regulations changed. This situation may have changed since Hegney's paper, through the introduction of limited prescribing rights for some Registered Nurses. However, her suggestion is an example of a strategy that does not promote collective empowerment of practitioners for the benefit of their practice but, instead, promotes a passive approach in which the commentator suggests reform of the law.

In Hegney's study, the autonomy that the Registered Nurses demonstrate is controlled by the Medical Officers. The Registered Nurses in the example speak only from inside the rules; however, for change to occur, or to achieve a breakthrough, it would be necessary to speak from outside the rules, as reflected in Fairclough's concept of centrifugal forces. Although Hegney claims that, in spite of valuing their autonomy, the rural nurses require that their practice be legitimised, it is not easy to see why this would be necessary if they had genuine autonomy and power. Her study supports the rural nurses' response to a situation that limits professional practice and autonomy and does not demonstrate mutual respect between nurses, or between nurses and medical officers. It also supports an individualist response rather than a collective approach.

The study reported by Hazelton (1999) shares some similarities with that of Hegney (1998), although it refers specifically to mental health settings and concerns conflict between the psychiatrists and the nurses, and the nurses and management, as

well as adversarial relationships between nurses and patients. The nurses, he suggests, are fearful of being attacked by patients, as well as by gangs outside the institution, and there is also a high level of inter-occupational conflict. Although the study describes these fears, however, it does not address them and claims that the problem lies with contradictory policy directions. These contradictions, which Hazelton says are overlooked by policy makers, relate to increased surveillance, on one hand, and increasing rights for clients, on the other. Hazelton (1999, p. 225), quoting Rose, states that:

If studies linking social control to psychiatry have often failed to look beyond ‘a crushing of wills or subjugation of desires’ we should nevertheless note that the power relations underpinning psychiatric care also operate positively ‘through the promotion of subjectivity, through investments in individual lives, and the forging of alignments between the personal projects of citizens and images of social order’.

Although Hazelton’s (1999) study describes a clinical environment with numerous pathological inter-professional and interpersonal dynamics that require immediate change, the study does not address the issues noted above, which are at the centre of the difficulties experienced by the nurses. Fear of being attacked will not produce a clinical environment that facilitates the client to exercise personal autonomy. Strategies for change are required at the micro-level immediately, yet in this study the dynamics of the working environment are overlooked and the focus is on an overarching policy. This suggests that Foucauldian theory, at least in Hazelton’s hands, has weaknesses when used in this type of situation. Foucault’s conception of power implies that all parties have power to exercise, which means that individuals have equal potential to resolve conflict. However, it would appear that from observation outside of this theoretical framework that some parties have greater power to exert than others. Some articles in the discourse state that when ‘absolute power’ exists there is no room for power relations, which suggests that Foucault’s approach to power would not apply in situations involving threats of physical violence. It would also appear that it could not apply in cases where groups have an exceedingly unequal distribution of power; however, this is not acknowledged in the articles that use a Foucauldian approach. Hazelton’s article also demonstrates that strategies of resistance are required on a

micro-environment, interpersonal level and at a macro-policy and political level to be effective.

Hazelton (1999) describes a dysfunctional environment at the clinical level, without suggestions for change, and in this respect is similar to Hegney who accepts, uncritically, that the rural nurses in her study display behaviour that results from disciplinary power which produces useful and docile subjects. Hegney's rural nurses do not display assertive behaviour that will promote their role to that of respected autonomous colleagues of the medical practitioner. The pattern of behaviour maintains a situation where individual nurses are given approval by a medical officer for their acquiescence to the norms of the clinical setting and compliance in exhibiting personal qualities that the Medical Officer desires of a Registered Nurse.

Heartfield's (1996) article concerns nurses' documentation in patient records. She describes nurses as having control over what is documented and describes power as generating knowledge, as served by knowledge, and knowledge as reinforcing and supporting existing power relations. However, she describes nursing documentation as using limited language that is constructed in a manner that maintains the existing social status of nurses within the hospital and health care structure. Heartfield refers to this as resistance and explains that recognition of nurses' oral tradition is also an act of resistance. This makes the nurse and nursing work invisible, and while she recognises that there is some kind of 'pay off' for this invisibility there is also a cost. The oral tradition contributes to invisibility and recognition in the health care setting and maintains it in the category of 'fragmented bodywork' with lack of recognition and power/knowledge. Heartfield also recognises that nursing documentation is used by institutions and other disciplines for economic value and to maintain their economic status. In relation to this, she says that Foucault's concepts of power concerning economic and political dimensions are pivotal to his analysis of power. Heartfield says that Foucault aims to merely reveal what is in the discourse and not to go beyond this, and this is how power is represented in her article. There is no discussion of how the issues revealed in the article could be resolved, and Heartfield, like Hazelton and Hegney, in this respect, therefore forgoes the opportunity to stimulate a centrifugal force for change.

Heartfield's (2004) second article concerns the focus of care and its shift from the patient to issues of time and space, notably relating to the length of stay in a healthcare

facility. This change gives the appearance of the nurse and the patient as powerless entities struggling against the technologies of the DRG (diagnostic related group), clinical pathways and institutional throughput. The hospital is described as a therapeutic space for the development and enactment of the art and science of medicine. The article's description of the shift in focus from the patient to 'time' is appealing, as it conveys the nature of technical care that accompanies such a shift. Unfortunately, it does not answer the 'so what' question in relation to the effect this shift has on clients and the care they receive. The documentation associated with length of stay is related to the exercise of power. Time and space are sources of social power, and length of stay represents a way to readily measure outcomes. One mechanism by which decreased length of stay is accomplished is by the materialising of time and space that occurs through various forms of inscription, such as documentation involving 'beds' and 'white boards'. This process appears to be an act of resistance, as it is a way the institution can maximise advantage in a framework of case-mix funding. Although this documentation is primarily performed by nurses and strategies are used to maximise organisational funding, the major beneficiaries are likely to be those professionals who have the most power in the organisation and will receive increased funding. This is most likely to be senior medical officers and least likely to be nurses at the client interface. The process employs the nurses to increase institutional funding that ultimately increases the power of medicine.

However, case mix funding is not named or directly discussed by Heartfield (2004), although the process of marginalising the nurse and the client is a result of the implementation of this funding mechanism and is the focus of the analysis reported in the article. Although economic forces are acknowledged, the article is remarkably apolitical considering the issues that it covers and since it focuses once again on the process of how power is exercised. There is no strategy for the nurses as individuals or as a collective to move on and manage the situation, except perhaps to adopt an approach that will result in compliance to technically driven care. These unsatisfactory outcomes are a result of focusing exclusively on the process of power rather than naming the technical bureaucratic system's approach of case mix in which power originates and suggesting possible strategies for responses by nurses as a group.

Gibson's (2001) study is concerned with the literature relating to medication administration by nurses. She states that the clinician's voice is not heard in the

literature. A tactic of resistance to the disciplinary technologies identified includes reinterpreting the rules to suit the clinical setting. Gibson suggests that the power of science should be demystified and asks why nurses find science so seductive. She believes it is because sciences traverses and produces things, induces pleasure from knowledge, and exercises power. Gibson includes, in this understanding of science, the technologies of quality improvement as strategies that utilise empiricism as a basis of measurement. Concerning her approach to the study, Gibson (2001, p. 109) says that 'Modernist approaches to literature analysis privilege research articles and emphasise critique of methodology as a form of assessing the worth or value of what is reported using structures for analysis that reflect and privilege the discourse of science'. Although this would appear to be an argument against EBP (evidence based practice) and the systematic review of literature, it is not explicitly stated. Nurses see science, she suggests, as a strategy to create a 'zero errors' environment; however, it is this discourse that is the dominant force in their practice rather than their own discourse. This suggests that some kind of distorted understanding of reality exists and therefore of power relations. Once again the strategy adopted in the article is to unmask power in the discourse.

An example of a tactic of resistance by a nurse to the surveillance and rule-bound setting is given. On the one hand, it is an example of submissive and powerless rule bending that in no way addresses the managerial and medical dominance in the setting. On the other hand, it portrays a 'common sense' way of managing a workload. However, from either viewpoint, it is an unsatisfying response to the power used to create a docile body. The literature (Cheek 1997; Runciman, Webb & Holland 1993) concerning medication errors and other adverse events in the hospital environment indicates that these can be attributed to a complex range of issues, including systems errors, compounded by human resource issues. The 'quality improvement' literature (CCEB 1997; Berwick 1989, p. 34) steers away from blaming individuals, although this may be how it is acted upon in the clinical setting. The example given in the article demonstrates such a scenario. The Registered Nurse had insufficient beds to allocate the patients to areas where the staff have the appropriate specialist skills to manage client care. Her strategy for managing client care safely is to omit her meal break because the other Registered Nurses who will be left with the clients do not have the skills to manage the client care. The literature concerning medication errors identifies meal

breaks and inadequate staffing as times when errors occur, and these are likely to be repeated in the setting unless staffing arrangements are improved. It might be argued, however, that resistance should include strategies to prevent errors in the long term, such as ensuring sufficient numbers of sufficiently experienced or qualified staff or increased availability of beds for clients to be accommodated in specialty areas. Once again, the example of resistance is more characteristic of unassertive behaviour that is individualistic without long-term effects.

A further issue of concern that was raised in the dominant and eclectic Foucault discourse relates to caring. Polaschek (2003) says that 'Caring' is a product of liberal humanism and is a 'technology of gender' that subjugates nurses and women to the dominant social order in health care. Nurses participate in power imbalances characterising health services provision that are often disguised under a professional ideology of service and quality. Based on their expert knowledge and the dependency created by illness and therapy nurses are in a powerful position in relation to clients, that is obscured by an ideology of care. According to Polaschek, care shaped by the dominant discourse, in which the perspective of people living on renal dialysis is neglected, displays asymmetry in the relationship caused by the differences in power between the nurse and client that are reinforced. On these grounds Polaschek rejects the modernist notion of caring. However Gibson's comments that the dominant discourse in the health care setting is also hostile to the concept of 'caring'. In support of this claim, she notes that the nursing discourse of caring is absent from the literature on medication administration that focuses instead on nursing errors, legal issues, science and management discourses. Because caring is frequently characterised as a humanist concept it is also backgrounded in the Foucauldian discourse which could be perceived as a problem for nurses who desire to address this issue.

'Specific intellectuals'

Gilbert (1995, p. 869) and Holmes D (2001, p. 12) both refer to the specific intellectual as part of a strategy to overcome the disadvantage of individuals by making the connection between forms of knowledge and resistance. Specific intellectuals hold positions of influence and control that are particular to a specific situation, and may be formal or informal. According to Holmes D (2001, p. 12), a specific intellectual implies a series of moral obligations, they operate at a local level and one of their goals is to

induce reflection on the effects of power. Holmes gives as an example the denouncing abusive relations of power. Holmes encourages nurses to become specific intellectuals who can act to empower clients. This can be done by supporting clients with certain knowledge/ truth against the prevailing hegemony. This appears to contradict the previous claims made by Gilbert (1995) concerning reflection and empowerment as technologies of self that act as self-disciplining activities.

The article by Holmes D (2001) addresses action in response to the mental health nurses and surveillance by identifying the specific intellectual. The individual is described as one who self-identifies to speak on behalf of the group, or to raise consciousness among them, but without controlling their position. The specific intellectual (Holmes D 2001) is utilised for his knowledge, competence and truth in relation to the world of political struggles. They operate at a local level and may be compared to a collective consciousness, as they induce reflection, and, in relation to existing regimes of truth, they deconstruct the dominant discourse. As a result of taking on the role of specific intellectual, the nurse may become a political threat and be exposed to forms of punishment, threats, pressure to leave the workplace and dismissal (Holmes D 2001). The specific intellectuals are able to differentiate their thoughts from the organisations for which they work. They seek to change the spirit of others without imposing a view by truth-telling: a form of frank speech, the final goal of which is *the care of self of the others* (Holmes D 2001, p. 12). This approach appears to be very similar to Habermas' *ideal speech situation*, except that it is an individualistic approach. Although collectivism is mentioned, group action is not really considered as a strategy, and the action to be taken depends on a single individual's response to a situation. The specific intellectual could also be regarded as an expert, which also appears to be a contradiction of how the Foucauldian position is presented in the articles.

Articles that are critical of critical theory

Powers' (2003) article is one of the few that discusses issues concerning economics and politics on a macro level. She considers how the modern health consumer is produced by subjectification or resistance and suggests that empowerment could help individuals to resist or accept aspects of consumerism. However, her article rejects the concept of empowerment from a critical theory perspective. Powers explains that the creation and performance of a discursively produced individualised 'consumer-self' is a major

economic driver in the modern capitalist state, in which individuals are encouraged to take the production of their body seriously, including physical appearance, health habits and abilities. Consumers demand the right to purchase a lifestyle that creates the kind of self he/she wishes to achieve. This requires products and services produced by the power/knowledge of dominant and resistant discourses. Powers' article is also critical of the use of the technologies of self. She suggests that an alternative approach could be that individuals seeking empowerment are most appropriate to interpret what this means for themselves, as middle class health care workers have much to gain by influencing people's decisions by using the 'so called' process of empowerment. Powers discusses, at length, how Freire's concept of empowerment has been misunderstood and co-opted by North American health care workers to persuade clients to make market-based choices that benefit the professional; clearly not the purpose for which the concept of empowerment was intended. It is also arguable that, even if Powers' assessment is correct, the client should not be left unsupported to make decisions concerning health care without impartial information, as this will also leave disadvantaged groups with inferior options related to market forces.

It might be asked whether the discourse of resistance is little more than a flea in the ear of the dominant discourse. It is evident that the dominance/resistance dynamic may have nothing to do with the social good, and it would appear that more substantial change is necessary. From the critical theory and Fairclough perspective, the centre, or core, must be changed somehow in order to increase the general social good. Since dominant discourses always create a resistant discourse, this could mean that the same discourses continue to resist each other without really changing the centre (Powers 2003). However, it may mean that discourse undergoes real change outside the dynamic of dominance/resistance and is more likely to be caused by changes in technology, capitalism or resource availability at a macro level.

Traynor's (1997) article claims that Foucault offers a critique which makes it possible for individuals or groups to investigate the ways in which they may be complicit in their own domination. He continues by saying that this awareness need not be paralysing but can temper and give sophistication to transformative work. While on the surface this appears to be beneficial, it could have implications for the way disadvantaged groups are considered. The implication that the oppressed are responsible for their own disadvantage could reinforce negative stereotypes and be interpreted as

justification for society 'washing its hands' of the collective responsibility for disadvantage.

Leyshon (2002) is also critical of technologies of self, and extends his argument to reflexivity by saying that theoretical frameworks privilege truth and oversimplify the exercise of power by one group over another. However, stripping the strategies of reflection, reflexivity and empowerment of a theoretical framework renders them impotent; but, according to Leyshon (2002), a theoretical framework creates a situation of privileging one group over another. Whether the strategies are removed from their theoretical framework or not renders the strategies impotent from a critical theory perspective.

Strategies are suggested to rehabilitate empowerment when it is used as part of a teaching methodology (Leyshon 2002). These strategies are taken from the discipline of psychology and are focused on the individual rather than the collective group of students. The author says this skill of self-empowerment, once acquired, is held forever by the successfully empowered individual. The academic is also advised by the approach to consciously engage in cognitive processes as a way of creating behavioural change. Leyshon's suggestion that the lecturer should ask uncomfortable questions of the student is readily accepted; however, teaching strategies are strongly influenced by the teaching environment, which may not lend itself to the preferred strategy. Although the points that Leyshon makes are individualistic, they are not necessarily inimitable to a critical theory pedagogy.

Gilbert's (1995, 2001) articles focus on the limitations of critical theory. In the first article he suggests that, from a Foucauldian perspective, in order for nurses to be empowered they need to be able to identify the discursive practices through which they are formed as nurses and which they carry with them into their everyday roles. Because this is similar to reflection, it seems to contradict the criticism the author has made when comparing reflection to the confessional. Gilbert's (1995) article also focuses on the multidisciplinary team and claims that, through the awareness of power as a productive force, the nurse needs to establish how the team fits into the wider organisation of health and welfare services, and wider political and social discourse. Gilbert questions the multidisciplinary team basis for client referral or exclusion from its services. Subsequent to referral, the multidisciplinary team begins the process of assessing the client using the objectifying and subjectifying practices of hierarchical

observation, normalising judgements and examination, and the disciplinary knowledge of the members of the team. Gilbert suggests that, as a strategy to overcome the subjectification process, the nurse can work with the client towards the expression of some disqualifying or subjugated knowledges by directing them towards a pressure group that provides resistance. Alternatively, the nurse may support the client in challenging the 'definition' imposed on them by the team, by techniques such as assertion, or support in challenging those who produced the definition. Gilbert claims that the recording and dissemination of practical experiences in supporting people as they resist dependency, creating new definitions, leads to the possibility that new knowledge and techniques become part of the discursive practices of the profession. Once again, this is a strategy not inconsistent with a critical theory approach.

Gilbert's (2001) article focuses on the limitations of critical theory, the author arguing that flattened organisational hierarchies indicate that the organisation is reflexive and that critical theory does not recognise this. However, in Australia, flattened organisational structure was also frequently introduced, simultaneously, with funding cuts to health services. Although middle-level managers were removed from the system, responsibility for management devolved down in a flatter organisational structure, with reduced resources to managers who now required new skills. This did not necessarily lead to increased democratisation and reflexivity in the workplace, and, therefore, it should not simply be accepted that these new organisational structures will bring positive outcomes. Gilbert's interpretation of reflection is also one that sees it as a form of 'navel gazing', rather than critical reflection that includes the incorporation of influences from outside of the 'self' to create self-awareness and new knowledge. Thus, it can be seen that many of the criticisms of critical theory arise because the strategies are misconstrued, and when they are replaced by an approach perceived to be more acceptable, from a Foucauldian perspective, they lack significant definition that separates them from critical theory.

Effectiveness of strategies

The following examples of strategies of resistance described in the nursing discourse are included with a view to considering claims as to their effectiveness. Mohr (1999) also discussed nursing documentation and can be compared to Heartfield (1996), who describes nursing documentation as an act of resistance despite rendering nursing work

invisible. Mohr's (1999) recommended strategies are not related specifically to a Foucauldian approach and she suggests a revision of how assessments are conducted. Nurse educators, Mohr suggests, must impart to their students the idea that documentation in a patient's record is more than a ritual and more than a value-based observational judgement devoid of context. Documentation must include adequate evidence to sustain the observation. Furthermore, educators of the next generation of professionals are obliged to instil a healthy respect for the possibility that techniques of communication, which are used by professionals who are in positions of power, can have long-term cumulative effects on people. Techniques of communication can influence habits of thought and decision making, in addition to making an impact on specific policies that are meant to control others. However, these strategies are neither unique nor innovative, and, it is arguable, that they reflect current and long-standing teaching practice of student nurses. It would appear that practices influencing Registered Nurse documentation are a response to pressures in the work place. Heartfield (1996, p. 100) identifies that they are a product of 'ethical, legal, medical and institutional guidelines' that produce sanitised nursing notes and are powerful discourses, in which case the strategies suggested would not be effective.

Irving's (2002) article concerns the use of restraints on the older dementia client in an acute care facility. The study is framed using a Foucauldian approach, and the article uses one case study as an example to illustrate the findings of a wider study. The study includes observation of the patient and interviews with members of the multidisciplinary team. Once again, the focus is on the micro-power relations and describes how power works. It is not surprising that the dementia client was given the lowest priority, given his lack of capacity to 'self govern', which disqualified him from the usual human rights. Irving claims that safety rather than freedom became the most powerful issue in a hierarchy of needs; indeed, all patient care became subordinate to safety. Irving provides an example by describing the power issues in a client's rapid deterioration, from an ambulant elderly man, walking with a stick, and no history of falls, to a chair-fast person, due to the overriding concern of the patient falling. The most powerless people will be those without access to resources, including cognitive functioning. Irving's description of the process details a common occurrence relating to deterioration of the elderly in the acute care setting that can often be prevented. Unfortunately, once again because the article focuses on the process of power, it does

not include strategies for how such poor practices could be prevented. There is also no reference to a system that rations care, and no reference to the political and economic issues.

Heslop's (1998) article, concerning the Emergency Department (ED), also discusses the dynamic of power relations but offers no strategies for change. One of the interviewees in the study suggested, in relation to client care, that 'Personalised service' and 'empowering the person' by encouraging participation could give patients better knowledge of their conditions and so, in turn, advantage their health. However, Heslop (1998, p. 93) says that:

Whether I have isolated the events appropriate to emergency nursing is a matter for the reader to interpret and decide. This study may raise questions about the dominant constitution of ED care and reveal beginnings of emergency nursing discourses that have relevance for patient care. It may have appeal to nurses who may wish to challenge accepted ways of practice.

However, this is as far as it goes, and there are no discussions about strategies for change. Although Heslop's article reveals issues raised by the participants that clearly have an economic basis, this is also not discussed. The nature and severity of the client's illnesses, the increasing pressure on the ED, and how the clients are managed, have a socio-political dimension that relates to health policy and underpins the role of the nurse. Once again, even though the author discusses power relationships at an interpersonal level and also raises many questions, she does not go beyond this. It would appear that while the use of Foucault is effective in revealing what the issues are concerning power relations, the absence of strategies to manage these issues is unhelpful for clinical nurses and educators. It does not help to prevent or manage the problems effectively once they have developed and is a weakness of the approach.

Articles that are predominantly Foucault but use a more eclectic approach

Strategies to overcome the issues of power imbalance in the eclectic articles

Curtis and Harrison (2001), who utilise some elements of critical theory in their study, also claim that by gaining an understanding of how subjectification occurs it is possible for health professionals to resist power relations and thereby to practice in a way that truly demonstrates collaboration and empowerment. One mechanism that the article

suggests health professionals have to assist them is 'reflexive practice' (Schön 1983, 1987, 1993). By reflecting on practice, the health professional is able to gain insight into their own behaviour and attitudes and consequently to alter them. Curtis and Harrison's (2001) article is interesting because it focuses on empowerment using Foucault's three modes of objectification; nevertheless it would appear to be much more substantially a critical theory approach. In their abstract, the authors claim to use Foucauldian discourse analysis when they actually use grounded theory methodology and then discuss the findings in terms of the three modes of objectification. One obvious problem in their study concerns the way the nurses categorise clients and other staff members and yet are unable to identify similar features in their own attitudes and actions. Reflection is suggested as a strategy for nurses to resolve their personal inconsistencies and increase their level of self-awareness. However, reflection is regarded by other authors using Foucault as imposing disciplinary and regulatory external behaviours on the self, and in this way their paper is contrary to those articles in the dominant discourse that argue against the strategies of critical theory.

Falk (1996) is another author who incorporates elements of critical theory into what is claimed to be a Foucauldian approach, although the article has some very confusing elements and actually presents a humanist modernist perspective. Falk argues for 'empowered caring' and claims that empowerment goes beyond 'power over' to a concept of shared power. However, Falk insists that 'power over' should not be rejected as a means to an end, and although this is not usually considered acceptable by critical theorists, it does give credibility to the arguments against critics who claim that empowerment is a concept that benefits health professionals. Concerning empowered care, Falk also suggests that credentials are a source of power and can give nurses confidence, an idea which is inconsistent with the concept of empowerment as understood in relation to critical theory. Associating with powerful people, conducting research, and personal expertise are also discussed in relation to empowerment. Falk (1996, p. 15) compares her understanding of empowerment to Watson's conceptualisation of caring as an 'energy field of its own which ... can potentiate healing and release one's own inner power and resources by creating the expanded energy field'. These ideas are neither congruent with critical theory nor with Foucault's approach. Watson and other nursing theorists were discussed in chapter 5 as subscribing to modernist, humanist approaches, and this perspective is also evident in Falk's article.

Dzurec's (2003) article also depends on concepts that are modernist in orientation despite utilising Foucault's knowledge/ power argument. The article discusses issues of the mind/body argument in relation to nursing and argues that 'being with' the patient requires a way of knowing that cannot be accommodated with scientific method. The author claims that 'being with' is the place where empiricism and phenomenology meet, and describes the boundaries between these becoming more fluid. 'Being with' is depicted as an outcome of the 'marriage of phenomenology and empiricism'! The space created by 'being with' as involving the non-linear, non-juridical, non-hierarchical, non-observable interplay between mind and body becomes clearly visible. This visibility destroys the boundaries imposed by an empiricist hierarchy designed to show the significance of itself relative to non-empiricist ways of knowing.

Foucault's theory of subjectification is used as a strategy to resolve the mind/body problem and to support the argument that the marriage of phenomenology and empiricism will create visibility and destroy the boundaries created by empiricism. However, Dzurec does not recognise that in practice the empirical approach is likely to dominate the phenomenological in the argument relating to 'being with' the patient, which is supposed to be in the poststructuralist space. The dominance of empiricism in the health care setting will almost certainly result in a traditional view of the patient and nursing care. In summary, the article is a confused mix of modernist and Foucauldian ideas and makes an unconvincing argument that contributes to the instability of the eclectic Foucauldian discourse.

Neo-liberalism

Mitchell's (1996) article claims that free market competition and deregulation in the neo-liberal critique of 'welfarism' can be seen in changes in consumption patterns relating to health care. Changes in consumption patterns, together with the commercialisation of intellectual life and medicine, challenge the power/knowledge of traditional institutions. The article expresses the view that this commercial challenge made by alternative medicine has eroded the authority of the medical profession through the invasion of corporations in the health market. The implications of this market driven challenge to quality of care would appear to carry more ambiguity than the author suggests. Mitchell uses the concept of 'intertextuality' to explain why experts cannot achieve total hegemony. Intertextual practice describes how the social world is

fabricated from discontinuous and interrelated texts to construct a new reality, and such strategies can be used by patients to challenge and resist the discourse of biomedicine.

Mitchell (1996, p. 6) cites the following from Fox (1993) as themes of resistance in health:

Desire is the positive enabling force which de-territorialises the inscribed body allowing it to become 'other'.

Repetition is a co-opted structure of repetition in interaction which mediates the power relations of dependency and control. Challenging these repetitions or refusal to model relationships as repetitions creates the possibility for a positive desire of carer towards cared for.

The gift involves developing 'gift relationships' as opposed to relationships based upon control and dependency. Gift relationships are seen as open-ended and trusting and involve the investment of 'desire'. This offers the cared for person the possibility to resist the discourse of health and to become the 'other'.

Intertextuality: The play of one text on another can have the affect of de-territorialising the body, enabling transformation and 'becoming other'. Intertextuality provides the space to resist the discourses of 'health' and 'illness'.

However, these themes would appear difficult for the lay person to apply to their situation and initiate; they appear to be passive, and lack assertiveness and dignity. This is because they are all strategies that depend on interpersonal relationships with a focus on the use of the term 'other', and on the 'carer' deciding to give up control in relation to the client. They also appear to be unrelated to a Foucauldian approach.

Mitchell goes on to claim that postmodern theories gain legitimacy through their usefulness and favour approaches with an explicit practical or moral intent. However, Mitchell is uncritical and naïve and does not ask who benefits or whose moral intent is adopted by taking up the suggested themes of resistance. She claims that postmodernist approaches promise to move power from elite professionals to lay people, yet she does not consider whose interests are protected in the current situation.

Although capitalism is not identified in Mitchell's (1996, p. 204) article, it is considered a positive force because principles of free-market competition and

deregulation contained in the neo-liberal critique can be seen to produce change through market forces. Indeed, it is seen as a strategy to subvert medical dominance by lay people and practitioners of alternative medicine. Mitchell can be considered naïve to believe that this will be more than an irritant to medical dominance. Rather than being unpredictable, pervasive forces that may produce social harm as well as good, market forces are expected to undermine medical elites, which are assumed to have no power to respond to such challenges. The article lacks clarity and its structure is disjointed, fragmented and is not well put together. On initial consideration of the article it would appear that incorporating neo-liberalism with Foucault's approach would place it a mainstream position of dominance in the discourse in societies with Western democracies. However once again the article contributes to the overall discourse in terms heterogeneity as its argument is incomplete and unstable and as such does not present a viable alternative to the dominant discourse.

Examples of eclectic resistance

Crowe's (2000a) article is a discourse analysis of the DSM-IV that reveals the structures of dominance and authority of the clinical institutions and the politico-economic system. Her analysis explores the power relation inherent in the discourse and provides an image of what individuals are and what they could become. The strategy devised from this analysis then helps to realign the client with what they are and what they want to be. Crowe's (2000b) subsequent article claims that mental health nursing can never develop truly liberating approaches to care, unless it widens its focus from purely interpersonal relationships to include historical, structural and ideological influences on mental health services and the causation of mental distress. For Crowe, discourse as a political practice establishes, sustains and changes power relations and the collective entities (classes, blocks, communities, groups) between which power relations are obtained. This echoes Fairclough's observation that discourse as an ideological practice constitutes, naturalises, sustains and changes significations of the world from diverse positions in power relations (Fairclough 1992, p. 67). Nursing's focus, says Crowe (2000b), should be on the patient's experiences rather than the psychiatric diagnosis to which the experience is attributed. The mental health nurse is required to give the appropriate level of communication, be an equal person, who is there and gives feedback that is honest, non-judgemental and uncontaminated by interpretation.

According to Crowe, cultural dominance is exercised by adopting the Western view that the self is a universal phenomenon with well-defined, stable, impermeable boundaries that delineate an 'exterior' from an 'interior', a critique which has been discussed previously and is consistent with Foucault's view of self. Crowe's (2000b) article looks at psychiatric diagnosis and the use of the DSM and how it biases against individuals on the grounds of gender, culture and class. Consideration of these issues is an uncommon feature in the Foucault articles in the study, and although Crowe appears to approach her work in this study from a critical theory perspective, this is never discussed. It appears to have silent elements of critical theory but uses Foucault at certain strategic points. The articles offer strategies for nurses and clients to overcome issues of bias relating to mental health. The significance of Crowe's articles for the discourse may be issues of class, race and gender can be discussed effectively using Foucault's approach as well strategies for nurses and clients to overcome disadvantage.

Bruni's (1997) study concerns nurse academics in the tertiary sector and their perceptions of their role. Many of the participants reported high levels of dissatisfaction, and some engaged in practices of resistance such as refusal to take on additional work or passive withdrawal from ongoing activities; however, these strategies were not consistently employed. Most academics sought to maintain a coherent sense of self by adopting practices that did not negate the possibility of positioning themselves as academics, which for most meant 'being an educator'. Bruni (1997, p. 37) quotes Davies and Harre (1990), who note that 'there is a press towards the production of non-contradictory, coherent, predictable and knowable selves but what one can be and what one ought to be are themselves a contradiction'. This is once again an argument against the modern view of the integrated and essential self. Most academics in the study saw themselves as victims of their work environment, a view that Bruni believes is derived from a humanistic discourse of self. She describes the objectification of their work environment, of their work, themselves and their students as effectively denying the social and historical embeddedness of these realities, and how this process excludes the possibility of questioning their truth status and the patterns of activity they generate. The author believes such questioning is necessary in order to open options and potentials in the field of nursing education.

Bruni (1997) also questions the transformative potential of educational techniques or tools, such as teaching strategies or curricula, and asks if it can be assumed that

innovations will necessarily be transformative and fundamentally alter the system for the better. She suggests that some innovations may maintain, rather than alter, prevailing relations between objects of concern, such as lecturer and student. If practices are to establish a context that is equitable and in which reflective learning can occur, there needs to be dramatic change in nursing education. It must explore empowering discourses that address the conditions and means through which knowledge is produced. Such a stance, suggests Bruni, is more helpful than attempts to prove the existence or non-existence of certain personal qualities or abilities conducive to learning or, indeed, teaching. Bruni (1997, p. 39) quotes Davies as saying that, 'The development and practice of new forms of discourse ... is not a simple matter of choice, but involves grappling with both subjective constraints and the constraints of accepted or habitual discursive practices'. This demands commitment to critical self-reflection, and the article thus appears to support some elements of critical theory. However, like the dominant Foucauldian discourse, it focuses strongly on the process of power and how it works in the scenario, as well as the outcome of power. The article offers strategies to change the situation, and yet there is a sense that the participants are generating and maintaining their situation as victims. It is accepted that it is necessary that if the academics are to change their situation, they are responsible for initiating change collectively or individually. However, the solution to the problems may not rest only in the participants' understanding of their 'self' and their role. Bruni does not acknowledge that some of the problems in the tertiary sector with which she is concerned are directly related to workload, the context and a number of factors beyond individual control.

The contribution of Bruni's article to the discourse is not positive as there is the tendency to 'blame the victims' for viewing themselves in this way without consideration of context issues which is unhelpful.

Rudge's (1998) article concerns power relationships in a burns unit and how the mainly working-class male clients use language as a tool of resistance. Her description of the use of the metonym seems a tragic form of personal resistance, as is the force of the transgression from the intact body produced by the burn or wound. The nurses in the study appear powerless and attempt to overcome their negative image and the patient's abject appearance by working hard to make things right both for their own image, and the client's pain and appearance. Rudge states that the 'attempt by the male clients to

resist the exercise of professional power/knowledge makes the symmetrical exercise of medical power possible which in turn recognises that the men can *bank* on themselves'. It is difficult to see how this dynamic occurs in a way that produces symmetry in the interaction in more than a transient way, however, as there is such obvious disparity in the distribution of power. Rudge goes on to say: 'The use of the simile affords the patient the opportunity for emotional release' (1998, p. 235). However, it is difficult to determine if this is exercising power in the relationship or a method of dealing with disadvantage that has consequences of its own. The content of the simile signals how chaos and the powerful emotions of abjection are beyond the control of the boundary effects of discourses.

Rudge found that the patients' status as working-class men relates to the high prevalence of the use of simile, and the discourses of burns care are deployed to silence 'the wounded embodiment and affective realm of the patients' (1998, p. 235). Such strategies exclude patients from power/knowledge, which is the basis of the medical and nursing staff's expertise. Although class is identified, it is not mentioned with regard to why the men cannot participate in the discourse directly. An attempt is made, however, to suggest that it is possible for the patient to resist power/knowledge by using simile to create symmetry in the power relationship between health care professionals and the patient. But how this is possible is not clear as it appears to place the patient in a position of lower status concerning power/knowledge when compared to the medical and nursing staff . .

Strategies for managing power are somewhat similar to those described in the dominant Foucauldian discourse, as there is a strong focus on how power relations operate rather than a strategy to positively interact with the client. Rudge's article also focuses strongly on the language used by the patients to achieve some status in the relationships with health professionals even though the client comes from a very disadvantaged position. Rudge also describes the nurses' experience of powerlessness given their close connection with the patient, and their attempt to compensate for this by trying to correct the client's disfigurement. The notion that client's can 'bank' on themselves does act as a mechanism to create self reliance and prevent dependency and thus may be a lost opportunity for nurses to positively influence the client's self esteem. It also appears to promote isolationist behaviours in the client, rather than ones that promote positive interactions with others.

In summary, the articles that utilise Foucault in the study can be divided into two groups: those that draw exclusively on Foucault's approach, and those that draw predominantly from Foucault but also utilise other theorists. The former group were described as the 'dominant Foucault discourse' and the latter the 'eclectic' group. Although each group had some distinct characteristics, these were not exclusive and there were numerous points of crossover. The dominant group were characterised by a high level of congruence in the way that power was described; whereas the eclectic group was fragmented, with high levels of contradiction, and some articles displayed confusion in their conception of power. Articles in both the dominant and eclectic discourses focused on micro-dynamics of power, and the analysis of power at this level frequently overshadowed other aspects of the article, such as strategies to manage the issues at the centre of the problem. A reader would find it difficult to resolve a problem, similar to one described, using suggestions in the articles because of the vagueness and abstract nature of the strategies. The Foucauldian approach aims to lay bare dominance in social relationships; nevertheless it would appear that more than this is required to make a difference in the scenarios discussed in the articles. The focus on the micro-dynamics of power in the articles also resulted, in most cases, in an absence, or backgrounding, of the socio-political and economic issues that underpin the conflicts being highlighted. This occurred despite the Foucauldian approach claiming to bring a political focus to social setting. The Foucauldian approach also claims to create 'projects of possibilities', yet the outcomes described in the articles do not reflect this optimism. Resistance may include a range of behaviours that are actually not assertive and nor do they reflect acts of autonomous groups or individuals responding in ways that display or enhance mutual respect.

The integrated, essentialist self was seen as an inappropriate notion, underpinning the problem of individuals having expectations of themselves and others that were too high and resulting in a sense of failure and low self-esteem. The problems were then described as predominantly relating to how the participants perceived the situation, rather than an effect of the context in which it occurred. It is accepted that individuals and groups have responsibility in situations of conflict, but also requiring consideration are government, institutional policies, management and dominant group behaviours. Because the articles did not focus on who has power and its purpose but instead focused on discussions of how it works and its outcomes, contextual and causative issues were

absent or backgrounded in the discourse. Consideration of the self has further implications in the discourse. While it should be recognised that the sense of self as having impermeable boundaries is a Western concept and should not be applied as a norm to people with cultural difference, the integrated self does have relevance to individuals who accept it as the norm. It is perhaps this absence of the unified self or subject that creates the problem for nurses using Foucault when considering issues such as caring which are derived from, and depend upon, a modernist or humanist sensibility. Altruistic behaviours are absent from the discourse, as it appears these are difficult to describe in Foucauldian terms; that is, relationships are apparently not possible to be conceived without some form of coercion or power relationship. Although it is recognised in one of the dominant discourse articles that caring is absent in the quality improvement discourse, which is based on an empirical approach, the Foucault articles do not offer substantial alternatives. Caring is discussed in a few articles but is not represented in any substantially different way from a humanist modern approach. The nursing theorist Jean Watson is often cited in association with caring but, as discussed previously in this study, is regarded as adopting a predominantly modernist humanist approach rather than postmodern.

A significant feature in the dominant discourse is that the authors attempt to distinguish themselves from critical theorists, while some engage in critique of the critical theory approach. The strategies of empowerment and reflection are frequently the targets for critique as examples of the disciplinary technologies of surveillance and the confessional. Empowerment is said to be used for the benefit of the professional and mainstream society as a tool to ensure conformity. These strategies can be used in this way when removed from the theoretical framework in which they were intended to function. The postmodern approach is used to describe critical theory as a totalising approach that privileges disadvantaged groups who can, in turn, become oppressors. However, some articles in the eclectic group recommend empowerment and reflective strategies to assist groups and individuals to resolve issues concerning power in their situation.

It appears that Foucault's approach to analysing power relations can be used with a range of other political and philosophical theories and approaches. For example, in the articles in the study it has been variously combined with neo-liberalism, utilitarianism, modernist humanism, feminism, and critical theory. The outcomes of the analysis and

strategies that are adopted are then interpreted within the framework of the author or, ultimately, the reader.

A final issue concerning the articles is that individual and individualist approaches to issues dominate and that collectivism, in relation to morality, explanation or social action, is absent from the discourse. There is no sense that individuals can collectively manage issues that affect them, or that, where groups of people work together, a collectivist approach can produce a successful outcome. Individual approaches to power issues produce high levels of stress with a single person managing a dominant force. The Foucauldian approach emphasises that all individuals have power, but it does not adequately accommodate the asymmetrical distribution of power. Individual approaches to power issues maintain the power of the dominant force in the situation, and ultimately appears to sustain the status quo.

Chapter 7

Analysis of articles that use postmodern critical theory

In earlier chapters in this thesis discussion has occurred relating to whether critical theorists have accepted postmodern ideas in their theoretical positions. Adorno and Fairclough are generally considered to present postmodernist views, while Habermas declares himself to be a modernist. Articles that were accepted as postmodern in this study were those that included a statement from the author(s) that they were presenting a postmodern position or drawing from a postmodern theorist or framework.

In this study a total of 21 articles used a postmodern critical theory perspective (see Appendix 10) and, of these, 10 (48%) authors were situated in universities in the USA, 8 (38%) in Australia and 1 each in the UK, Canada, Germany and Norway. When compared to the findings relating to Foucault's work this reveals that nurses in the USA tend to favour critical theory, as only 4 (11% of total Foucault articles) articles originating in that country utilise Foucault. While 12 (43% of total Foucault articles) articles originate from Australia, 8 (38%) of critical theory articles originate from this country indicating this theoretical position is less popular among postmodernist nursing authors. However, interest in postmodern critical theory in the UK (3.6) is much lower than in Foucault (25%). Only 7 (30%) of the 21 critical theory articles reported research, whereas nearly 50% of the articles that utilised Foucault reported research. This further supports the view that Foucault's approaches to discourse analysis and genealogy are a major reason for nurses utilising his work.

Six articles identify medicine as a major force of domination; 9 identify technical rationality, scientific method and quantitative methodologies (only one of these specifically identifies evidence-based practice); and 4 identify cultural phenomena such as modernist leadership styles, stereotyping cultural groups outside of the mainstream, hetero-normative masculinity and issues that contribute to economic marginalisation. An additional article identifies phenomenology, and one other article which is critical of critical theory identifies it as a dominant influence on how power has been conceptualised (Manias & Street 2001).

The most obvious difference between critical theory and Foucault contributions is that nurses who write from a critical theory perspective are concerned about dominance from science and technical rationality. It is of interest that issues relating to culture, race

and class are 19% for critical theory compared to only 4.5% for those who used Foucault; although 9% for political and economic issues for critical theorist and 4.5% for Foucault is very small in each, and any differences may relate to sample size.

Table 7.1: Dominant forces identified in critical theory and Foucault articles

Dominant Force	Crit. Theory	Foucault
	%	%
Medicine	28.5	36.0
Science, Positivism & Technical rationality	43.0	20.0
Cultural Phenomena	19.0	4.5
Political & economic issues	9.0	4.5
Gender Issues	5.0	11.0

This similarly applies to gender issues, with 5% for critical theory and 11% for Foucault, suggesting that authors who are interested in social inequities relating to culture, race and class are more likely to use a critical theory approach. However, it indicates also that nurses who use critical theory or write from Foucault's perspective in the postmodern discourse overall, are not interested in political and economic issues.

The articles have been published regularly between 1995 and 2004, and 13 were published between 2000 and 2004 (the last data collection for the study occurred in July 2005). The authors treat critical theory as an umbrella term, covering a wide range of theoretical positions: five do not name a specific critical theorist or theoretical position that their work is based on, 3 name Habermas, 6 identify Giroux, while others refer to Fairclough, Offe, Mezirow, Freire and liberation philosophy. Seven articles use Foucault in combination with critical theory, while one is critical of his position. Only six use critical theory alone, and two of these do not identify a major theorist. Discussion of critical theory is in the background of the articles and is regarded as commonsense or naturalised with numerous adaptations. Two articles include discussion of nursing theorists that include humanist concepts not normally accepted in postmodernist approaches. Once again, as was seen in the eclectic Foucault articles, there is evidence of the creation of a bridge between modernism and postmodernism

and attempts to combine elements of each in a new perspective. In some of the articles, there is also evidence of high levels of confusion concerning the theoretical positions.

The term 'critical' is used inconsistently in the articles, and critical theory is identified as an unstable concept. This is demonstrated by the failure of 9 (43%) of the 21 authors to explicitly state that they are using critical theory in their articles, despite using arguments fundamental to critical theory or critical theory in combination with other theories. In these articles, well known critical theorists are also referenced, such as those identified above. This is not to suggest that the authors are not aware that the cited theorists are critical theorist but that, for some reason, it is not acknowledged or discussed. In other cases, acknowledgment of critical theory is backgrounded or 'taken for granted': for example, in Allen and Hardin (2001) critical theory is not identified until the very end of the article. David (2000) says that she is using 'critical postmodernism', Hardin (2003) 'critical poststructural analysis', Manias & Street (2001) 'critical ethnography', while Duffy (2001) and McAllister et al. (2004) say that they are using a 'critical education philosophy', a 'critical approach' and a 'critical lens'. Heslop (1997) and Falk (1997) both refer to Habermas as a critical social theorist, while Hall (1999) uses the terms 'critical social theorist and 'critical theorist' interchangeably in reference to Habermas. While these terms are also used indistinguishably in disciplines other than nursing, differences between critical social and critical were discussed in chapter 1. The term 'critical theory' is normally restricted to theories having their origins in the work of the Frankfurt School. In addition to the above, Reed (1995) makes a plea for using a critical approach and claims that 'nursing is by nature a "post critical" discipline', but it is unclear exactly what she means by this. It might reasonably be asked what significance is attached to the different uses of the term 'critical' in relation to critical theory. The attempts to combine critical theory with postmodernism, and the use of critical theory in combination with Foucault, in addition to various uses of the term 'critical', suggest that critiques of critical theory have resulted in instability, modification and change. These critiques are particularly evident from the Foucauldian position and can be seen in the article authored by Manias and Street (2001, p. 235) who claim to have 'a much more modest goal than human emancipation' in the aims of their study. They state that they 'decided to address the limitations of a critical ethnographic approach by adopting a design that incorporated some poststructural strategies into the analytical process' (Street & Manias 2001, p.

235). These strategies relate to the relationship between the researcher and participants and 'the movement from empowerment to reflexivity and the construction of one form of ethnographic truth' (Street & Manias 2001, p. 235). Manias and Street (2001) argue that the participatory process of critical ethnography attempts to create an absolute truth that favours the researcher's perspective, while their methodological modification favours multiple truths from different voices. These arguments resonate with Foucauldian critiques of critical theory. However, they are not adopted in all the articles that draw from and critique critical theory, and Walker (1997, p. 6) argues at one point against attempts to negate the researcher's voice from the theoretical position that he calls 'ludic postmodernism'. These examples illustrate that the critical theory articles assume a range of diverse theoretical positions.

How power is presented?

The research will now turn to examine how the critical theory articles present power and whether an unstable conception of these dynamics is confirmed. In contrast to the Foucault articles, where 43% of all Foucault articles and 77% of dominant Foucault articles express a clear theory of how power is exercised, only 5 (24%) of the 21 critical theory articles articulate a specific theory of power. The description of power in the postmodern critical theory articles is that critical theory's traditional requirement of an oppressor and an oppressed or 'oppressor versus victim' (Hall 1999, p. 93) is at best simplistic. This view is reflected in the previous quote from Manias and Street (2001) concerning the goal of critical theory and human emancipation as being, in their view, grandiose. These authors also consider that the aim of early critical theorists to create an environment in which individuals could become empowered in their struggle for self-emancipation was overly ambitious. However, in an earlier article (Manias & Street 2000), they use theories of power taken from both critical theory and postmodernism. They state that:

A critical theory is concerned with how power is exercised in the research act as well as in the situation under study. Collaborative reflection on institutional language and practices, on work relationships, policies, procedures and structures, enable individuals to challenge practices that perpetuate unequal power relations (Manias & Street 2000, p. 1469).

In contrast, they describe a postmodern theory of power as focusing on ‘the micro-politics of everyday life, shifting importance away from larger patterns of domination’ (Manias & Street 2000, p. 1469). This shows that although the authors are critical of the critical theory approach as being overly ambitious, they are also critical of the postmodern approach for reasons that were identified in this study in relation to the use of Foucault’s approach to power.

Hall’s (1999) article considers nursing theory for the twenty-first century and is an attempt to critique and adapt the concept of ‘marginalisation’ in relation to nursing’s knowledge base, values and social responsibilities. The properties of marginalisation are listed and reviewed from the three theoretical positions of critical theory, postmodernism, and liberation philosophy. Marginalisation is defined as ‘the peripheralisation of individuals and groups from a dominant, central majority’ and ‘was seen as a socio-political process, producing both vulnerabilities (risks) and strengths (resilience)’ (Hall 1999, p. 89). The article adopts an obvious US perspective in its references to nursing theory, although no traditional nursing theories are discussed in the article. Habermas is described (Hall 1999, p. 90) as ‘a second generation critical theorist, (who) wrote in the 1970s about societal emancipation predicated on communicative action’ and claimed that technological development as well as hermeneutic understanding could be utilised to overcome oppression. According to Hall, Habermas’ work gave critical social theory renewed expectations of social change and nurses have extended Habermas’ and other critical social views to nursing contexts. But this is a naïve explanation of Habermas’ work concerning his ‘theory of communicative action’ and the implication of liberation through technological progress because Habermas did not consider technology as a liberating force; rather, he saw it as a dominating force utilising and promoting instrumental reasoning and power. In this respect, Habermas took a different view to earlier critical theorists such as Adorno and Horkheimer.

Hall (1999, p. 90) goes on to say that critical theories depend on notions of domination and oppression and she asks questions of critical theory such as ‘Can one be marginalised, yet not oppressed? And does assimilation to the dominant centre (group) represent resilience or self negation?’ Hall (1999, p. 90) claims that among members of the dominant group there is evidence of a belief that persons choose or control stressful social locations and therefore can be blamed for their own distress and illness. It is

interesting that there was evidence of this belief in some of the articles that used a Foucauldian approach in this study. From a critical theory perspective this would be perceived as dominant group behaviour that maintains the oppressed/oppressor relationship and blames the victim for their situation. Oppression and marginalisation are intertwined, and, according to Hall, an assumption of critical theory is that no one would want to be marginalised or oppressed.

Critical social theory, according to Heslop (1997), is an applied social-scientific perspective in nursing research, which stresses the significance of power as a concept in the analysis of social relations, such as those that exist between nurses, nurses and patients, and nurses and other health care professionals. Heslop (1997) goes on to describe power, in critical theory terms, as a subordinate/dominant relationship where systems of power have the potential to distort consciousness. These systems of power include societal forces from sources such as advertising, media and other cultural mediums that emanate from dominant economic and political systems and influence the development of personal identity. Echoes of early critical theorists such as Gramsci, Marcuse and Habermas are evident in these suggestions. According to Heslop (1997), critical social theory methodologies, such as action research, claim to deal with the issues of empowerment and emancipation and offer a self-reflective movement towards personal autonomy.

The ‘self’

As in Foucault’s approach to power, a theory of the ‘self’, or how the self is conceived, is embedded in critical theory explanation/ theories of power. A congruent explanation of ‘self’ and how the theory conceives power functioning is significant to how the theory of power plays out. The theme of ‘self’ and communicative action was predominant, with 9 (43%) articles including material relating directly to these issues. Because of its prominence and because sense of ‘self’ is significant to how power functions concerning social issues, this theme will be addressed first.

Hall (1999, p. 90) declares that ‘being marginalised without being oppressed is, from a critical theory view, a time-limited lack of awareness of one’s oppression and exclusion’. She also states that assimilation to the dominant group can mean that difference related to race or gender is forced inside, resulting in the individual experiencing social connections with others as superficial. Hall (1999, p. 90) says that

owing to the process of internalising these feelings of difference and inferiority, the person may be oppressed without direct external threat. It can be seen from these comments that issues relating to how power is conceived are bound up in conceptions of the 'self' and to theories of how personal identity is established. Elements of Hall's explanation of the 'self' echo a humanist modernist perception of the integrated self as the ideal, which underlies the Western psychologised sense of self. Critical theorists would argue that the ideal self is conceived from a social understanding.

However, Phillips (2001), who uses both critical theory and poststructuralism, argues that cultural discourse (such as critical theory) functions to unify experience, suppress contradictions and multiplicity, and encourage participants to strive for consistency, uniformity and coherence of the group in order to achieve outcomes based on collectivism. She then argues, contrary to the critical theory position, that anti-essentialism, or deconstruction of essences, is an emancipatory strategy that aims to reveal how these positions have historically evolved, and how they affect people's lives. This anti-essentialist argument can be seen as incompatible with the critical theory perspective and to emerge directly from deconstructionist theory.

Heslop (1997, p. 49) acknowledges that Habermas and his theories are the most prominent and influential of the Frankfurt School to appear in nursing scholarship. According to Heslop, the ontological basis of critical social theory requires an activist conception of human beings who are capable of self-reflection and, by implication, also requires a level of commitment to social and emancipatory change. Human beings are regarded as creative, through the process of reflection, which includes negotiation and dialogue with others, and the creation of meaning of self and others. An example of critical social theory strategies that demonstrate this ontological approach is evident in the ethical relationship the researcher establishes and maintains with the participants involved in a project. According to Heslop, the researcher may take a facilitative role, allowing the participants to define the research problem or, alternatively, develop a research design that acknowledges an intimate relationship between the researcher and the participants. A further expectation is that the research outcome should benefit the group that participates in the research project. It is evident from this that critical theory, as depicted in these articles, provides strategies for personal change through reflection which function in conjunction with social or group methodologies that have participatory and emancipatory intent.

Hardin's (2003) article concerns anorexia nervosa and argues that since the condition is embedded within the social and cultural processes by which people are constructed as individualised selves, the concept of 'self' is significant to understanding the condition and notions of how recovery occurs. Hardin's study shifts the discourse of the condition away from individuals and families who are the focus of a modernist interpretation to a social and historical analysis of the social and political realm. In this 'contemporary self', the notion of recovery is located in social and cultural practices. Similarly, Phillips (2001) also uses the strategy of shifting the focus from the individual to society in her study of the development of masculinity in boys. Subject positioning is discussed by Hardin, concerning how people dialectically move between the many positions they hold and the stories they tell. Hardin's (2003) article adopts a poststructuralist view of 'self' in the following ways: the position participants adopt focuses on the way in which the discursive practices constitute the speakers and the hearers and how they might reposition themselves; a subject position is depicted as a possibility in known forms of talk; and position is described as what is created in and through talk as the speakers and hearers take themselves up as persons. Individuals construct their sense of self by taking up one subject position over another. By theorising outside the individual, using accounts of recovering anorexics in the study, Hardin was able to address issues such as individualism, health, self-surveillance, women and the body. In her analysis, Hardin employs a poststructuralist sense of self that attempts to combine individual agency with societal influences which is demonstrated in the following statement. 'Individuals are not without agency as positioned subjects but neither do they have free reign over the positions they occupy as positions depend upon available social and historical discourse' Hardin (2003, p. 9). This indicates that she recognises that although individuals have choice, their options are limited. Although this understanding of how the individual responds to societal forces is a position that is widely accepted, it does recognise that choice is limited. It is a position that is different to the dominant Foucault articles that suggest that choices that are made are a result of individual desire rather than limitations that have at least been partially externally imposed.

Hardin goes on to say that recovery programs that focus on health and fitness bring the participant into the same discourse that produces anorexia, centring on the modernist concepts of individualism—self discipline and surveillance. The levels of

analysis employed in any study, she says, are determined by the research questions being asked. In her study, the focus is on young women and how they both position themselves and are positioned within the broader social and cultural discourses concerning the idea of 'recovery'. Self-surveillance is a prominent feature of the condition and its treatment, and Hardin (2003, p. 10) describes a 'labour of individualism'. As mentioned above, according to Hardin, the management of recovery that focuses on individualism, health and fitness brings the participant into the same discourse that produces anorexia. This approach reveals a contradiction in traditional modernist understandings of what contributes to the anorexia and the treatment regime. In Hardin's research, the 'self' is interpreted through the social lens of how the participants position themselves, the choices they make and the broader social and cultural discourses that are available to them. The individual is able to exercise free will within a range of available options. Hardin (2003, p. 15) claims that the discourses of individualism, self-hood and the body are intertwined and that it is impossible to step outside of them, as the discourses construct the very notion of how self-hood is preformed in Western-influenced cultures. This suggests that the range of options available to an individual are limited and pre-selected as a result of the influence of cultural and social factors, even though the individual may be capable of exercising free will.

In an earlier article, Allen and Hardin (2001) were critical of phenomenology for privileging the individual. They suggest that:

The experiences are 'in' the subject and 'expressed' through language. This privileges the experiencing subject as the interpreter of his or her own words, since only the subject can compare the words to what really occurred (Allen & Hardin 2001, p. 166).

From the phenomenological perspective, they argued, language is often regarded as originating within the subject. Since the individual is the unit of analysis, the focus is on the 'meaning' or ideas expressed by the individual. They go further, to claim that 'treatment of language in phenomenology is overly individualised, psychologised and grounded in a realist philosophy in which words have their meaning through reference (what they point to or reveal)' (Allen and Hardin 2001, p. 166). This critique of phenomenology is a typical expression of the critical theory critique of humanism. Furthermore, both authors claim that they are attracted to the semiotic perspective of

language rather than the position adopted by phenomenologists, because the semiotic approach supports the authors' interests in social justice. This is evidence of an activist approach to research, comparable to the emancipatory project of traditional critical theorists.

Allen and Hardin (2001, p. 166) continue by stating that:

examination of the relationship of language use to history and social structure is facilitated by regarding language as the social deployment of difference, and individual experience as constituted by language that precedes the individual. By looking at the actual employment of language—its tactical practice dimensions—one can avoid the usual binary of seeing the person as either the autonomous origin of his or her experiences or the ideological pawn of social determination.

In this way, the theoretical approach in both articles (Allen and Hardin 2001; Hardin 2003) attempts to resolve the balance between the competing forces of agency and structure.

Manias and Street (2001) consider the concept of 'self' in a way that is similar to Hardin. They quote Weedon (1992) concerning the individual's adoption of a particular subject position within a range of discourses available to them, and illustrate how this occurs in relation to nurses by describing the diversity of their roles, such as rapidly moving from comfort carer with one patient to technical expert with another. These various subjectivities are taken up and established as part of a hierarchical network of power relations. Manias and Street acknowledge that for poststructuralists power is not a commodity but is viewed rather as a dynamic relation that is exercised within the discourse. This explanation is similar to the sentiment reported in the articles that utilised Foucault's positions and is often part of a critique of critical theory. An aspect of this critique is that the critical theory approach to power implies that power can be transmitted from one person to another during the process of empowerment. As has been explained previously, this is an over-simplification of the critical theory approach, but it is as far as Manias and Street go. They describe the interactions between individuals within their research group concerning discourse, subjectivity and power as 'visible', as members act to maintain respect and reciprocal understanding among themselves. In this case, the individual is regarded as exercising free will without

structural constraints. This is also evident when Manias and Street (2001, p. 236) claim that:

previous research has focussed on particular categories to develop understanding of professional interactions. For example constructions of nurse–nurse and nurse–doctor interactions, involving categories such as ‘oppression’, ‘self-limiting behaviour’, ‘medical dominance’, ‘patriarchy’ and the ‘care–curer’ debate.

They claim that uncritical use of these categories influences and simplifies research findings, and serves the interests of groups that benefit from maintaining these interpretations. They also claim that by avoiding the use of these categories, they ceased to privilege practices identified in the nursing literature that serve the interests of certain groups and maintain their positions of dominance. However, their description of power relations focuses more on individual autonomy than facilitating the development of a structure that fostered collaborative relationships.

In addition to the above relationships, two articles that focus on ‘self’ (David 2000; Anderson 2004) describe the oppressed person in terms that present unattractive images and could result in the rejection of those people, how they are described, and the critical theory position that has been utilised. Many readers and researchers in health care professions desire to support people with positive attributes and more readily ‘back winners’.

David’s (2000) article reveals images of nurses that are of concern: they are described as lacking autonomy, and as appearing weak, powerless victims, difficult to identify with or to be empathetic toward. The paper does not appear to come from a position of confidence, however, and has a quavering and emotional quality; it is clichéd and hyperbolic. For example, the author asks (David 2000, p. 83):

Do we remain ticket holders, waiting to board an agenda that will take us from this well-documented problem to a place where there is true reformulation of the gender-class politics that emerge from gender-class identity?

And she continues: ‘Perhaps transitional change seldom occurs within nursing because nurses themselves promote and require engendered behaviours that reinforce the accustomed and accepted lines of behaviour created by their secondary gender-class identity’.

David (2000, p. 86) also cites Wolf (1997) and says:

As a nurse, I am the physician's administrative assistant and mother to the patients. I am defined by words originally intended as descriptors but have been transformed and now locate me in roles that are centred on profound life crises (birth, death, and illness). Being born female is not a unilateral mandate for admittance into secondary roles that are historically associated with women's work.

Although sections of the article include serious discussion of some very important issues, other parts read more like the drama of a novel rather than a piece of academic writing. The naïvety of the wording is illustrated in the following quote (David 2000, p. 85):

... a common infighting phenomenon exists among nurses, referred to as horizontal violence. Horizontal violence is a behaviour that is expressed by oppressed groups. Many nurses laterally express marginal behaviours of aggression and complicity to one and other, and also they express vertically across status boundaries, attempting to impede co-workers, advance their individual agendas, and hopefully relieve the tensions that arise out of situated subservience.

It would be expected that the target audience of the journal concerned, *Advances in Nursing Science*, would be familiar with the term 'horizontal violence', as it is widely used in nursing.

David (2000) refers to intra-professional acts of complicity (connivance) cutting across and through collegial relationships, keeping nurses fractious and discontented in political and practice contexts and undermining those who attempt to perform activities that do not conform to convention. She explains that many nurses delude themselves that they have control of their practice and that it is free from the influence of class and gender politics. David claims that nurses will never be able to expunge gender politics without first developing an understanding of how many use self-deception and how that action perpetuates nursing's professional mediocrity, limits freedom of thought and action, and preserves nurses' borderline status.

The paper has a strong feminist focus, and David (2000, p. 85) says:

Most of my secondary roles remain contingent on my alleged natural aptitude to care for and nurture others. I remain enslaved in secondary

labour markets, both public and private, as expressions of my feminine characteristics. As woman and nurse I am frustratingly entangled within the dialectic of gender. The dialectic of gender ordains the primacy of gender difference and keeps the border of the marginalised intact. Within a man woman dialect, I am still posited as a non-A to a male A in the universally exclusive dichotomy of life. I am not only the 'other' the negative I am the unequal 'other'. Ironically, despite this well documented reality, nurses continue to embrace and perform many of the asserted unequal proficiencies of woman in the public sphere. Such a performance is enhanced when nurses deceive themselves to the effect gender disparity could have on consciousness in nursing. As such the dialectic of gender remains as foundational to nursing's gender politics as it was prior to the woman's revolution of the 1960s.

She explains that the sense of 'self' as nurse is firmly attached to these received behaviours, as described above, and becomes extremely fragile when any threat to the boundary of 'self' is perceived. In the images described in the article, nurses do not appear to be in control or have the capacity to exercise autonomy. Such descriptions do not provide a positive or attractive image for nursing, of course, and portray the nurse as victim. This may be the reason that some nursing academics do not wish to identify with such powerless individuals and reject the critical theory perspective in nursing. However, despite the unattractive appearance and colourful language that is used at times, the article describes some important images concerning nursing as a profession. It highlights the multiple entry points and levels of nurse in the US, the low entry scores for admission into a nursing course, and the low levels of educational preparation required to become a Registered Nurse as reasons for nursing's lack of power in the clinical setting and in the health system in the US. This issue is of considerable importance and may have relevance in other countries, including Australia.

It is interesting to note that Manias and Street (2001, p. 238) claim that the dominance and patterns of behaviour that are observable in their interview groups parallel those that operate in the clinical setting. As researchers, they were not able to neutralise this during the participatory group sessions. The full-time senior nurses, who were the more dominant and articulate in the group, over-powered the part-time and more inexperienced nurses' contributions to the discussion. However, Manias and Street

rejected the role of seeking to empower the nurses in favour of a poststructuralist approach in which they were 'allowing spaces' for participants to speak for themselves. This is a very different and more positive image of the participants compared to David's (2000) descriptions. However, it remains a moot point whether this approach from Manias and Street produces an outcome that is more beneficial to the participants. It might also be asked whether this strategy creates change or reinforces the dominant nurses' behaviour, and whether it is any more than superficial reflection of the desired self-image of the nurses or the profession.

An article by Anderson (2004) also describes oppressed people, on this occasion war veterans who have cardiac pacemakers, and the struggle for power that created barriers for them when they interacted with medical officers. One particular patient communicated with passive resistance in his interactions with the institution of medicine, through his self-assessment as a 'no nuisance patient' and 'just a patient'. No personal identity or sense of self was evident in his words, according to Anderson (2004, p. 257), who says 'In essence Tim (the patient) reproduced the bio-political and social relations that robbed him of identity and power in the medical encounter'. The patient lacked the medical knowledge that he associated with power, and thus relinquished his power as a consumer and allowed himself to be controlled by the dominant medical ideology, which encourages the docile body. The researcher says (Anderson 2004, p. 261) that all participants in the study suffered powerlessness and muteness at varying points during the process of the cardiac experience and at varying levels of intensity. The patients' experience in relation to medical technology and discipline is described sensitively and in ways that maintain their dignity, although they are clearly powerless and at times lose their sense of self. In contrast to David's (2000) description of nurses, Anderson's (2004) research participants are patients exposed to medical power at a vulnerable time in their lives.

The articles describe power, from the perspective of postmodern critical theory, as being more than a relationship between the oppressed and the oppressor, and acknowledge that there are complex issues in the relationships involving a power differential. As a result of internalising cultural experiences, how the individual sees him or her 'self' may result in marginalisation and oppression. Relationships such as those between the researcher and research participants are described in ways that are more complex than the researcher simply being in control and deciding whether or not to

share power with the participants or, in the case of Walker (1997), to share power and speak for members of the research team. Habermas' theory of communicative action was also identified as a significant approach in some of the articles, as a way of achieving consensus and enhanced understanding between members of groups. The relationship between researchers and participants appears to be an important one in the articles, suggesting that they are written in relation to research. Although they are not as often reporting research findings as the articles that used Foucault, Habermas' theory in the articles is more likely to be related to reflection that leads to empowerment through collective action. The 'self' is also discussed in different ways. Some articles paint a picture of a powerless individual at the mercy of forces outside their control, or declining to take a measure of control but being urged to do so by the author. Other articles decry the loss of the integrated modernist 'self', and yet others present an individual as having 'multiple selves' similar to the Foucault articles. The adoption of the perspective of the multiple 'self' can be seen as creating a barrier to collectivism, as it is argued by some poststructuralists that collectivism requires uniformity, homogeneity and coercion to conform to group norms if group cohesion and solidarity is to be achieved. This demonstrates that how the 'self' is described in relation to postmodern critical theory is also fragmented and can include theoretical positions that are contradictory and counter-productive in respect of emancipatory possibilities, especially when eclectic positions are adopted. This provides further evidence of fragmentation and instability in nursing's postmodern critical theory articles.

How is linguistics used as a methodological tool to explain how power functions?

Heslop (1997) says that for critical social theory Habermas' language embodies the notion of communicative rationality. This is articulated in Habermas' theory of communicative action and has a potentially emancipatory role, enabled through capacity for speech in ideal social settings in which all participants can contribute to the achievement of consensus. From Habermas' perspective, we are humanised through speech. Heslop contrasts this with poststructural theory, where linguistics is viewed as the articulation of various discourses that pre-exist and transcend the individual exposed to them. She claims that, in the Foucauldian sense, language is central to power and shapes social or discursive practice. Heslop questions the capacity of Habermas' theory of communicative action to produce the ideal speech situation to result in emancipation

and truth. However, it is accepted by Habermas' that this is a goal to work towards and is rarely achieved.

Murray (1996) uses Fairclough's discourse analysis in his study of an online discussion list ('NURSENET') and sees language as playing a crucial role in the social construction of reality and the 'self'. He claims that there seems to be a high level of politeness and repair mechanisms in NURSENET messages, perhaps as an attempt to defuse the potential for misunderstandings that the authors recognise exists as a feature of this medium. It would appear that the discussions list includes a high level of modality, which is described by Fairclough as the degree of affinity with, or commitment one expresses to, a proposition. Associated with modality are auxiliary verbs such as 'may' and 'should', adverbs such as 'possibly' and 'obviously' and with hedging assertions such as 'sort of'. Fairclough sees extensive use of modality (indicating low affinity with statements) being associated with lack of power. Murray claims that the individuals who participate on the discussion list are often marginalised in the workplace and feel their opinions are not taken seriously. High levels of modality may indicate low self-esteem and low status in the workplace. The use of Fairclough's methodology demonstrates how low status language is used in the postmodern critical theory discourse to examine the way 'self' is expressed and power relations of actors.

It can be seen from the above, and examples to follow, that issues relating to 'self' are also reflected in how language is used to determine power relations in social settings. As discussed previously, Allen and Hardin (2001, p. 166) and Hardin's (2003) articles have a strong methodological focus on language. According to them, language and social structures are produced by repetition, and personal identity is formed through repeated use of language. Allen and Hardin (2001) note that how individuals use language 'marks off' the difference between them and other people. They claim that through examination of how language is actually used, and particularly its tactical dimensions, it is possible to avoid the binary of adopting a position of either the individual as being autonomous and the originator of his/her experience or the individual as a pawn of social determinism. Here, the dichotomy of structure versus agency is claimed to be resolved through the analysis of language.

Allen and Hardin (2001, p. 166) summarise the methodological benefits of their semiotic perspective on language, namely the linking of language with practice and indicating how the individual is 'marking themselves "off" from others' or

differentiating themselves from others with his/her speech. Questions can then be asked about this form of 'marking off', where does it originate, who else marks themselves 'off' like this, and what are the historical and social circumstances of this differentiation and what are its consequences? Allen and Hardin (2001) claim that the semiotic analysis of language allows the researcher to avoid the 'psychologistic' or transcendental assumptions that are necessary when using a humanistic, or phenomenological, approach that results in the privileging of individuals. Allen and Hardin's (2001) use of semiotics in language is central and complimentary to their methodological approach, which avoids this privileging and supports their commitment to social justice issues.

In David's (2000) article, language is used as a strategy for nurses to overcome issues relating to oppression and disadvantage. A new language is required for nurses to conceive their position in the health system and to enable them to respond in alternative ways. Once again, the 'self' responds to circumstances by seeing a situation differently. The construction of new language is required, and David (2000, p. 91) claims that the type of dialogue to achieve this 'is long extant in the Afro-centric call-and-response tradition'. In this tradition, power dynamics are fluid: everyone has a voice but everyone must listen to the other voices in order to remain in the collective. When nurses truthfully critique the internal and external forces that oppress them, dialogue emerges which encourages transcendences of differences, cooperatively creating possibilities for new paradigms of self-representations and practice. Language thus becomes a means to reconcile, rewrite and renew individual struggles and foster power through creative, collective acts of resistance. Although David attributes this strategy to Afro-feminism in the US, it has similarities with Habermas' communicative action and ideal speech situation in which consensus is achieved through dialogue.

In addition to the concept of 'self' and Habermas' theory of communicative action, the themes that dominate the content of the critical theory articles are: social issues concerning politics, culture, race and class; and the creation of a bridge between modernism and postmodernism using critical theory.

The theme of social issues, involving politics, culture, race and class, will now be considered. Only four articles were identified as relating to class, culture and race, and it is disappointing that although critical theorists claim to present issues concerning oppression and emancipation, so few of the articles focus on class. Although class, culture and race are discussed in other articles classified as postmodern critical theory,

they are referred to only superficially. Phillips (2001) discusses research she has conducted concerning masculinity within relations of power, and calls upon theoretical perspectives that utilise feminism, Derrida and Foucault. Elements of critical theory also influence her interpretation of the media on culture and, in this case, masculinity, quoting Giroux on the influence of media discourses on cultural reproduction. Giroux is also quoted as follows (Phillips 2001, p. 51): ‘under the rubric of fun, entertainment, and escape, massive public spheres are being produced through representations and social practices that appear too innocent to be worthy of political analysis and human science research’. This quote represents a typical critical theory perspective on how insidious but powerful the media influence is on the development of personal identity and everyday life. However, the boys in Phillips’s (2001) study develop gender identity influenced by a complex web of factors that originate from media, interpersonal power relations and individual characteristics, and it is not clear how this development is related to specific theoretical frameworks in her study because multiple theoretical perspectives are utilised. Once again, the eclectic approach illustrates how fragmented the representation of critical theory perspectives is in the articles identified in this project.

A further example of the consideration of class is provided in Walker (1997, p. 6). He claims that research is regarded as an issue of class, since it has been ‘defined in narrow ways by privileged white men of education and means’. He goes on to say that women have been excluded from the history of research, and that knowledge has been manipulated by powerful masculinist discursive practices such as science and philosophy. Walker (1997, p. 6) stresses that ‘as a nurse and a border creature he cannot ignore our history as nurses of multiple oppressions and colonisations’. Walker divides postmodernism into what he calls ‘ludic’ and ‘resistance’ forms. He describes ludic postmodernisms as playful, cultural, literary and apolitical and resistance postmodernisms as those which ‘buy into’ the emancipatory project. Resistance postmodernism extends ludic postmodernism and brings to its critique a concern that it is no longer enough to merely indulge in clever analysis and critiques that do not seriously affect the status quo. Thus, Walker (1997, p. 6) declares that:

It is no longer enough, simply to, champion and privilege the local and specific instances of our lives, the special and micro-political activities that circumscribe our experiences. Resistance postmodernism argues that

the world of the local and specific, of the 'micro', must be confronted and theorised over and against the global and totalising logic of the social order. Resistance postmodernism is impelled to recognise, that 'social totalities like patriarchy and racism do continue to structure our lives and for this reason critical analyses cannot afford to turn away from them'. We must engage our materialist 'reading' of our culture and the economies of power and privilege that work to secure benefits for some, at the expense of others (particularly those legitimated in the name of research).

From this standpoint, Walker argues against the multivocality of the researcher, whereby they are obliged to prevent their voice from dominating the text for fear of controlling it and undermining the participatory nature of the research. He claims that ludic multivocality is a farce and does not really represent plurality of authorship, and then goes on to discuss strategies to achieve more equitable representation. He is critical of non-radical postmodernists, but it is uncertain how effective his suggestions would be to resolve this problem. Based on the strength of his argument, it might be expected that a stance would be adopted to resist the ludic position, but his response is disappointing. This is because he argues a convoluted case that is ambiguous and which changes at various points in his paper. At times it appears to adopt the very characteristics of ludic postmodernism of which he is critical at the beginning of his paper. In his argument concerning multivocality, he quotes from Giroux and McLaren (Walker 1997, p. 9), who argue that 'Those who claim that we should speak only for ourselves forget that "when I speak for myself" I am participating in the creation and reproduction of discourses through which my own and other selves are constituted'. Drawing from the same sources, Walker (1997, p. 9) continues that, for him, arguing as a nurse and as a researcher is to argue for 'a "speaking to" the other that does not essentialise the oppressed as non-ideologically constructed subjects'. Further, it is important that the 'border' ethnographer:

neither abnegates (give up or renounce) her or his discursive role nor presumes an authenticity of the oppressed, but still allows for the possibility that the oppressed will still produce a 'counter-sentence' that can then suggest a new historical narrative (Walker 1997, p. 9).

This position appears to be a contradiction, considering the case presented at the beginning of the paper opposing multivocality.

Ultimately, Walker recommends allowing spaces for the 'other' to speak for themselves rather than speaking on their behalf in the research text. As a solution to the problem of multivocality, and principally to prevent the dominance of particular voices, this appears an unsatisfactory outcome because it suggests stepping away from a collective outcome that Walker argues for in his article, in favour of multiple individualist responses. However, it is a solution that has also been suggested by Manias and Street (2001) as an approach to overcome the single voice and 'absolute truth' that they claim is required for collectivist and participatory action from the critical theory perspective. Manias and Street argue that critical theorists favour a single truth, since without this there is a loss of the collectivist position and a reduction in the power of the emancipatory voice. The ambiguous and contradictory characteristics of Walker's argument are further evidence of the instability of postmodern critical theory articles.

Hall's (1999) article discusses the issue of the collective and the individual, and takes the view that critical theory is based on cultural change. Hall (1999, p. 90) asks the question, 'Can resilience be individual or must marginalised people act collectively for social transformation?' and goes on to discuss collective activism as a means of increasing social support and visibility, and providing positive images for marginalised people. Human relationships are likely to be most authentic if others know crucial aspects of identity. As discussed previously in this section, Hall's article suggests a humanistic integrated modernist self, and this is evident again in relation to the individual and collectivism. The visibility of activism usually entails 'coming out' as a member of a non-majority group. The term 'coming out' has more frequently been used in relation to gender orientation and can be seen to have relevance from this perspective, but it is unclear if such a strategy could benefit all minority groups. It would provide support from group members but may increase visibility and victimisation. However, Hall says that although people with stigmatised psychiatric diagnosis are marginalised, collective organising increases both their visibility and resilience. However, the grounds on which this assertion is based are unclear.

In contrast to the previous articles, David's (2000, p. 86) paper claims that 'Nurses appear at times to have lost interest in the issues and concerns that their gender and class create for them', and as an example she notes the low education level accepted

for entry to diploma or associate degree level nursing courses in the US. She cites arguments presented by senior nurses that patients 'are not concerned about the level of education the nurse has (and urges) all professional nurses to let go of this tired old debate'. David argues that the low level of educational preparation of nurses in the US is fundamental to their subordinate status in the health care system, and calls for an increased level of interest in political activism. She argues for collectivism and for all voices in the collective to be heard so as to increase the cohesion of the group and the volume of its voice. She also argues against deconstruction, depicting it as a fragmenting force.

In this section, discussion occurred concerning how minority groups are viewed and there has been further conformation of how issues concerning 'self' are conceived. The articles also reveal tension between the individual and the collective. According to the articles, the consistent and integrated modernist humanist self is required by members of a group in order for a collective response to be achieved. This contrasts with the postmodern position of multiple selves where a collective voice could not be heard and even individuals would not be expected to respond consistently in different situations. A natural extension of this line of reasoning would be that collectivism should be discounted from all postmodern positions. It would also imply that Habermas' ideal speech situation must achieve total conformity in the group to be effective. While Habermas accepts there are problems attempting to achieve an ideal speech situation, it is an ideal to work towards and should not rule out multivocality within the group. Importantly, it is not clear how the practical outcome of 'allowing spaces' for multiple individualist voices is significantly different from the individualism of the modernist approach. A collective voice on individual issues, rather than inflexible uniformity across a range of issues, might be the best outcome.

The creation of a bridge between modernism and postmodernism

Consistent with some of the eclectic Foucauldian articles, there were some references to maintaining or creating a bridge between modernism and postmodernism. This was most obvious in Reed's (1995) article, which was devoted almost entirely to this issue. She focuses strongly on the suggestion that postmodernism breaks down universals and metanarratives that are believed to be tangled with values and beliefs which oppress people and fabricate reality. Her article is fundamentally a plea to retain the caring

elements of modernism, associated with humanism and the humanist self, in conjunction with the adoption of a postmodern position. The article also has a very strong US flavour, making a number of references to US nursing theorists.

Some practical difficulties are also identified by Walker (1996), in relation to the fact that the clinical facility in which his joint appointment is located is organised, like most such settings, around modernist principles. These influence clinical practice and workplace values and are in conflict with postmodern approaches. Walker (1996, Abstract p. 3) describes his position as a joint appointee between the university and clinical practice setting as 'suspended between authoritative modernity and as yet partially legitimate postmodernity'. Yet his paper is written from a postmodern perspective, and this cultural disparity is most certain to be the cause of his conflict-ridden experience in the clinical setting as, in his own words, a 'border creature'. This disparity has implications for the implementation of research findings from postmodern studies, and for the potential for findings being utilised in clinical practice.

As all postmodern perspectives draw from modernism, mixing the theoretical perspectives of modernism and postmodernism should not be ruled out completely; however, care to blend the two approaches in ways that are compatible is necessary. If this is overlooked, the approach adopted will have contradictory characteristics and internal contradictions that will cause the theoretical approach to produce inappropriate outcomes that will be ineffective, a consequence which has been evident in some of the postmodern critical theory articles. The blending of theories becomes complex if the originator of the postmodern theory holds the view that postmodernism creates a clear break with modernism, as a bridge between the two will not exist.

Strategies

It would appear that the problem of postmodern critical theory fragmentation is related to it being a theoretical position which is based on a partially modernist and postmodernist theory that has attempted to adapt wholly to a postmodern position, resulting in it losing its distinctiveness and perhaps its emancipatory qualities.

Of the 21 postmodern critical theory articles, only 4 do not offer strategies to overcome the difficulties identified in the article. Of the 17 articles that suggest strategies, 13 (80%) are considered to be operational. Of all 21 articles, 11 (52%) favour a collectivist approach to changing power relations, while, of the 16 that present

strategies, 69% suggest a collectivist approach. This is a low number, considering collectivism is a feature of critical theory. This rejection appears to be based on the poststructural claim that critical theory entails an approach that overrides individual choice for the benefit of the collective, and that collectivism entails a humanist, modernist view of self.

According to Hall (1999), critical theories are consistent with the conceptualisation of marginalisation but the potential of empowerment through socio-political activism is not clearly emphasised. On the one hand, she notes that social transformation is a common goal in critical theory, but adds that critique alone does not ensure social change. On the other hand, an important feature of a critical theory approach is that strategies are in place to produce change. Carr and Kemmis (1994), among others, emphasise the point that the prime feature of critical theory is that it produce change that is emancipatory for participants. Hall sees the lack of in-depth economic analysis as a significant barrier to action, and it is interesting to note that the postmodern critical theory articles in this study have lacked such analysis. Certainly, economics is an area for critique from a critical theory perspective. While critical theory does not focus primarily on economic analysis as a basis for all oppression, in the same way that traditional Marxism does, there are no reasons why economic issues cannot become part of the critique if they are identified as a causative factor.

In support of collectivist strategies, Hall (1999) suggests that it seems likely that individual resilience strategies will lead to fatigue and potentially serious health problems if they are utilised without group support. Group strength and genuine social support are essential for survival and health.

The critical theory strategies of reflection and empowerment are backgrounded in the strategies reported in the articles in the study. Duffy (2001) mentions critical reflection as a strategy for nursing students in cultural education, and Falk (1997) discusses empowerment. Falk notes that the research process was empowering for some of the participants whom she interviewed, and suggests that some readers of her research report and articles may identify with them and find it an empowering experience. In Manias and Street's (2001) research article, professional journaling was described as the basis for one of the researcher's interactions with nurses. Although they state that critical ethnographers view their research practices as social and political activities rather than an objective fact-finding activity, the reflective journal was used

primarily as a device for collecting data rather than as an emancipatory strategy. These are the only references to strategies for overcoming problems relating to power, and this is surprising since reflection and empowerment are closely associated with critical theory strategies for disadvantaged groups. It would appear that the Foucauldian and poststructural critique of critical theory has had a significant effect on the discourse of postmodern critical theory. This critique is mainly concerned with privileging the oppressed and the consequent fear of them, in turn, becoming oppressors: notions such as these are evident in a number of the articles. A concern that the researcher's voice will dominate the research outcome is a prominent issue in the paper by Manias and Street, and is a significant issue in the paper by Walker, discussed earlier in this section. It is clear that researchers must make decisions about issues to be discussed and highlighted in their work, but Manias and Street appear apologetic about their role as researchers in relation to some issues concerning the participants in their study. The rejection of the whole notion of producing strategies to address the issues identified in their article seems to be disabling rather than productive as far as improving the dynamics between nurses, and between nurses and medical staff.

Manias and Street's (2000) earlier article reports how nurses and medical staff in a hospital critical care environment interact and respond to unit policies and protocols. Differences were evident between nurses and medical staff and among medical staff and nurses of different status and experience. Some nurses were able to utilise the unit policies to establish and maintain power through surveillance of medical staff and other nurses. There are examples of nurses going 'over the head' of medical registrars and directly to the consultant, who then supported the nurses' reasoning and assessment based on the unit protocol. The consultant would then negotiate some form of agreement between the medical staff and re-establish an expected standard of patient care. According to the authors, this normalised the practices enshrined in the policies and protocols and reclaimed the exercise of nursing power, and was thus a strategy of resistance. The effect of this resistance was to situate the junior medical officers' decision-making process under the gaze of the consultant. In this way, the medical gaze was turned upon medical decision making.

Manias and Street (2000) report that this exercise of resistance was not isolated to residents and registrars and that recourse to safe practice guidelines and policies and protocols also enabled nurses to resist orders made by consultants. Only the medical

officer or the registered nurse who drew up medications and labelled them were permitted to administer the medication. This practice is a standard one (in Australian health services) aimed at preventing medication errors and would be expected. Manias and Street (2000) cite Cheek and Gibson (1996) as confirming that this form of surveillance is also exercised by nurses over other nurses, as it concerns adherence to the policy and procedures when preparing and administering medications. It also results in self-surveillance, as identified in the Foucault articles.

By such means, the nursing gaze results in conformity, and protocols and policies are more likely to be followed by nurses than medical staff. Adherence to policies allows the nursing voice to dominate, while, in the case discussed by Manias and Street, the anaesthetist / registrar was silenced, thereby allowing the nurse to exercise power in facilitating a desired outcome. Nurses also used this strategy with each other, and an example is given in which the full-time registered nurse was privileged over the part-time nurse. The 'handover' also acted as a surveillance strategy, by which nurses examined each other's activities to ensure that guidelines were followed and new procedures routinised.

Manias and Street's (2000) research findings revealed that nurses used protocols and policies to support their decision making and to serve as a base from which to assert power. The nurses' pattern of behaviour is in contrast with the medical officers such as registrars and residents, who relied on their experiences and education to exercise professional authority. However, consultants were also familiar with the perceived value of unit protocols and policies and frequently supported the nurses and facilitated the normal process of care practices.

Manias and Street (2000) claim that full-time senior nurses were able to use the same strategies with other nurses as they did with the junior medical staff. Senior nurses were permanent staff members and were informed about subtle changes to the unit's written guidelines. Thus they acted as gate keepers in relation to nurses who had less status and were not as informed about changes in protocols. The guidelines were enabling in that nurses could generate questions, give answers, and recognise expected standards of practice, and the unit protocols provided a way to demonstrate safe practice and effectively legitimised nursing activities.

Manias and Street (2000) recognise that there are benefits to the smooth running of the unit and the maintenance of patients' safety through the surveillance exercised by

senior nurses. However, there are no comments about the negative aspects of this behaviour. It is clear that the senior registered nurses work with the consultant to maintain consistency of practice and conformity in the unit, and together they exercise surveillance over nursing and medical staff. Considered from this perspective, the senior nurses do not have power in their own right, and their behaviour is not an act of resistance since they are acting on behalf of the dominant forces in the unit (that is, the consultant). Their actions are not assertive, since the medical staff are not approached directly, and the nurse establishes power by enlisting an external authority based on the unit protocol and supported by the consultant. The senior nurses prefer to use the protocol, rather than their professional knowledge based on education and clinical experience.

In the clinical setting, the senior nurses and the consultant are the dominant force, while the junior medical officers and registered nurses are marginalised. The medical registrar and the intern are transient medical staff because their rotation will last for months and then they move on; the part-time and less-experienced nurses also have a limited presence. These circumstances allow the senior nurses to maintain their positions of power in the unit, but this power would be significantly diminished without the support of the consultant.

Manias and Street (2001) report, in an additional article where the research methodology was discussed, that they were unable to prevent the nurses bringing the patterns of behaviour that were used in the clinical setting into the participant interview groups. This behaviour was characterised by the senior nurses, who dominated the discussion at the expense of junior and part-time participants. They (2001, p. 238) say that despite the researchers' attempt to set up the group sessions as democratic spaces, relationships within the group mirrored the institutional hierarchy of the critical care unit. Relations of power were reproduced according to the nursing hierarchy of the unit, and nurses who held senior positions in the unit were the most vocal. The groups were a site of constant struggle for the researchers, as they valiantly attempted to equalise power relations.

Manias and Street (2000) used modified critical ethnography, but, as discussed previously, this was stripped of its usual emancipatory aspirations. The aims of traditional critical theory were considered to be grandiose and required an 'absolute truth' to be established between participants in order for collective strategies to be

developed. The study also preferred Foucault's approach to understanding power. However, the outcome of this has been that the researchers' response to the senior nurses' control and exercise of power, both in the setting and in the participatory research group, is merely to describe the behaviour as an act of resistance. This casts the senior nurses' dominating behaviour as acceptable, even positive, and may facilitate its reinforcement and repetition without consideration of its impact or consequences.

A further issue associated with this approach is that if senior nurses are developing clinical knowledge, it is not being articulated by them in dialogue with medical or nursing staff if they are resorting to the authority of the protocol or policy. It is likely that the practice protocols are based on medical knowledge and approval by the consultant, even though in accordance with contemporary approaches to protocol development they should reflect a multidisciplinary approach. In this sense, the nursing voice is not heard. With respect to the disparity between the clinical protocol and the realities of practice, Manias and Street (2000, p. 1473) do say:

Policies and protocols are invariably constructed in isolation from the context of the work environment and fail to identify the potential difficulties confronting clinical nurses. Furthermore, the policy makers rarely take account of the messiness of clinical activities.

This is a recognition of the differences between policies, protocols and practice, but not of the absence of the clinical nurse's voice.

The Manias and Street's (2000) article also demonstrates the dominance of technical rationality, in the form of the clinical protocol, and the power of systems such as evidence-based practice, quality improvement in health care, and the journal impact factor in education. There is no evidence the above scenario in Manias and Street's article of attempts to achieve the qualities required for an 'ideal speech situation' necessary for Habermas' communicative action. There is no attempt on the part of the clinical nurses to achieve consensus, although it must be accepted that would be difficult in a group that has transient members and lacks stability. As noted above, although the researchers attempted to create a democratic approach to participation in the research group, this was rejected by the senior nurses. It must be assumed that they had no interest in attempting to achieve equality or in hearing contributions from different voices. This must have resulted in missed opportunities and contributed to negative interpersonal outcomes in the clinical setting.

Manias and Streets (2000, 2001) articles are in contrast to Anderson (2004), who interviews patients who have had cardiac surgery and uses elements from both Foucault and critical theory. The patients (Anderson 2004, p. 261) were asked about their experience with the health facility, and all report experiencing a loss of power during their treatment. Anderson (2004, p. 261) cites Sandelowski (1996) concerning nursing's use of technology in ways that inhibit its dominance of nursing practice. As a strategy to improve the patient's experience, Anderson (2004, p. 261) suggests that nurses reclaim the space between the bio-technology and the patient, and if they fail to do this, Anderson warns, they risk becoming merely an extension of the bio-technology. With regard to hospitals that were involved in caring for clients with invasive cardiac pacemaker surgery, the author suggests that a strategy to improve patients' experiences needs to include preadmission consultation and individual counselling to allow for informed decision making, and these consultations need to involve the family. In Anderson's study, biomedical technologies and power are resisted and nursing strategies are suggested, whereas in Manias and Street's study, medical power and knowledge is utilised by the dominant nurses to enhance their position in the clinical setting.

Most strategies to produce change are related, in the articles, to language and changes to social images reflected in language. Since there is a tendency for 'self' to emerge as a product of the social, changing the culture is seen as a strategy to influence change in individuals. If individuals can change their perception of themselves, then language changes, and this produces cultural change and altered perceptions in other people. This can be seen in David's article (1997, p. 90), when she quotes McLaren and Giroux (1997): 'Constructing a new language is a political activity that changes the meaning of the language and amounts to intervening differently in one's own self formation and the self of others'.

David claims that an emphasis on language and text to challenge over-determining social practices and power relations is characteristic of critical postmodernism, poststructuralism, and deconstructive social theory. She (1997, p. 90) then expresses concern over poststructuralism that 'dismisses the viability of political work by enacting a discourse of profound scepticism'. In support of her argument, David (1997, p. 90) again quotes McLaren and Giroux (1997):

... lack of a public philosophy, its lack of organic connections to a wider public sphere, its suffocating emphasis on a narrow notion of textuality, its domination by intellectuals from elite schools and at times its suffocating pedanticism make it less than a threat to the established configurations of power than an unwilling ally. There is a domesticating element in its practice, an elitism that threatens to suffocate its most important theoretical insights by cutting it off from those who are really oppressed, and a smugness that substitutes academic convention for real substance and action.

It can be seen here that critical postmodernists also engage in scathing attacks on poststructuralists who could be similar to what Walker described earlier in this section as ludic postmodernists. However, this distinction is sometimes difficult to clearly differentiate, as these differences are not clear-cut and authors may move between them. David's (2000, p. 90) position is clearly different from that of Manias and Street, and she goes on to say that:

Agency is a key concept to challenge prevailing power relations. Nurses must not only choose to be; they must reframe the socio-political reality and give it back. Nursing has long existed as the negative of medicine, in large part arising out of what physicians did not want to do. In nurses' socially constructed roles of professional tasks implementer and nurturer, they are shackled in servitude, denied freedom to acknowledge the full benefit of their health and healing practices.

To change the position of nurses, David suggests strategies involving a fundamental paradigmatic shift in their consciousness, which she claims is critical to reformulating the dilemma of their existence. She repeats the frequently made statement that until nurses change their own consciousness they cannot facilitate change in others. 'What is needed', she says (David 1997, p. 90), is:

... a shift from silent, divisive sufferers to collective, proactive risk takers engaged in what Hooks refers to as 'talking back'. Talking back is a courageous defiant act 'that is the expression of our movement from object to subject –the liberated voice'. Moving from silence to speech has potential to transform nurses as they attempt to name and understand

the representations and practices that define and marginalise the social identity of nurse.

David suggests using the strategy described previously as the Afro-centric call-and-response tradition, in which everyone has a voice but must listen to the other to remain in the collective. In this tradition, language thus becomes a means to reconcile, rewrite, and renew individual struggles and foster power through creative, collective acts of resistance.

David identifies race, class and gender as the axes of oppression that characterise black women's experiences within the over-determining matrix of domination. In Afro-centric feminist thought, the individual is responsible for bringing about personal change; however, collective action is regarded as the method to produce lasting social change relating to economic and political institutions. Although the call is optimistic concerning change for black women, it is questionable how effect it has been, and, unfortunately, David does not engage in critical analysis concerning its lack of success to this point.

Although David claims that she writes from a critical postmodern position, her arguments are critical of poststructuralist positions, her suggestions are consistent with conventional critical theory, and it is questionable if her work is really 'postmodern'. Although her article describes the oppressed in ways that makes them appear pathetic and powerless, the strategies it offers are optimistic and provide hope.

Other postmodern critical theorists who have used language as a strategy for overcoming power inequities are Allen and Hardin (2001) and Hardin (2003). The arguments presented by these authors, however, are more sophisticated than those presented by David. Allen and Hardin (2001) argue for a view of discourse grounded in a postmodern understanding of language which they claim creates particular advantages for researchers committed to social justice. They point out (Allen & Hardin 2001, p. 176) that critical theorists have always argued that social structures matter because of their causal influence on the production and reproduction of injustice of unearned privileges. They claim the discursive perspective they present facilitates the linkage of individual experience and performance to social history in a way that cannot be achieved by phenomenological or interview-based research, regardless of the researcher's political commitment.

Critical discourse analysis conceptualises interview texts as a basis from which to explore how individuals influence and are influenced by the social, cultural, historical and political contexts that created them. This methodology calls into question how narratives and stories are imbricated within relational plays of power and how subjects re-authorise their own positions. The words of individuals continue to be central, and analysis moves between individual and socio-cultural or historical levels without denying or discounting the words they speak. It also accepts, however, that individuals can only choose subject positions that are available to them. Individuals are embraced as having their own agency, while the researchers avoid reducing them to individualistic agents of their actions, and Allen and Hardin attempt to establish a bridge between what are usually seen as the dichotomies of individual agency and social structure, and individualism and collectivism. This is achieved by basing their perspective of discourse analysis on the semiotic approach to language, in which emphasis is given to social performance and individuals 'marking off their difference'.

Hardin's (2003) article adopts a similar position, critical of conventional research and recovery programs that focus on the individual issues, and revealing how anorexia nervosa is affected by social and cultural issues. The article also illustrates how the methodology described in the Allen and Hardin (2001) paper could be used in a research project.

Overall analysis of the postmodern critical theory articles reveals that there is wide variation between them, particularly relating to how they have adapted and incorporated postmodern elements into traditional critical theory and to what degree these changes have been utilised. This relates in particular to the significance the authors place on individual autonomy in relation to collectivism. When collectivism is eroded in favour of individual agency, postmodern critical theory loses its emancipatory agenda, is stripped of its *raison d'être* and is rendered by the authors as just another postmodern theory. The articles in this sample are unstable, and the theoretical position is clearly undergoing change. It is important how the concept of 'self' is described in the articles, as individuals may be depicted in terms of the stable, constant, modernist self or the postmodern, pluralistic self, depending on the situation. The image of the multiple self is described as inconsistent with the possibility of collectivism, which is described by authors who favour individualism as a kind of tyranny imposing conformity to the values of the group.

Only three of the articles in the sample utilise the traditional critical theory strategies of reflection and empowerment to overcome inequities concerning power. The reason for this relates to the view that if used effectively, reflection is meant to draw together the threads of the multiple self to create self-awareness between multiple realities. The reflective process results in integration that would not be regarded as important by proponents of the concept of multiple self. In addition, of course, those subscribing to Foucault's position would regard reflection as self-surveillance, a technology of self, and therefore undesirable. Empowerment is also unacceptable from a Foucauldian or poststructural perspective, as it represents a view of power whereby it can be transmitted from one person to another.

When the postmodern critical theory articles are compared with the Foucault articles, it is interesting to note how minimal the differences between the two groups of articles appear. Despite scathing criticism by some Foucauldian authors and some criticisms from critical theorists of poststructuralists the similarities between the articles are striking.

In conclusion, the articles that utilise Foucault in the study are characterised by those that exclusively draw on Foucault's approach and those that draw predominantly from Foucault but in addition utilise other theorists. The former group were described as the dominant Foucault discourse and the latter the eclectic group. Although each group had some distinct characteristics, these were not exclusive and there were numerous points of crossover. The dominant group was characterised by a high level of congruence in the way that power was described, but the eclectic group was fragmented and displayed high levels of contradiction, and some articles were confused as to how power was conceived. Articles in both the dominant and eclectic discourses focused on micro-dynamics of power, and the analysis of power frequently overshadowed other aspects of the article, such as strategies to manage the problem. A reader would find it difficult to use suggestions in the articles to resolve a problem similar to one described because of their vague and abstract nature. The Foucauldian approach aims to lay bare dominance in social relationships; however, it would appear that more than this is required in order to make a difference in the scenarios discussed in the articles. Despite the Foucauldian approach claiming to bring a political focus to social setting, the focus on the micro-dynamics of power in the articles also resulted in the backgrounding, or in most cases complete absence, of the socio-political and economic factors that underpin

the highlighted conflicts. The Foucauldian approach also claims to create 'projects of possibilities', but the outcomes described in the articles do not reflect this optimism. 'Resistance' may include a range of behaviours that are actually not assertive and do not reflect the behaviour of autonomous groups or individual responses that demonstrate mutual respect.

The integrated, essentialist self was seen as inappropriate and underpinned responses to individuals as having expectations of themselves and others that were too high, resulting in a sense of failure and low self-esteem. The problems were then described as predominantly arising from how participants perceived the problem rather than the context in which it occurred. It is generally accepted that individuals and groups have responsibility in situations of conflict, but that government, institutional policies, management and dominant group behaviours also require consideration. It appears that because the articles did not focus on who exercises power and on its purpose but, instead, on how it works and its effects, contextual and causative issues were absent or backgrounded in the discourse.

While it should be recognised that the sense of self as having impermeable boundaries is a Western concept and should not be applied as a norm to people with cultural difference, the integrated self does have relevance to individuals who accept it as the norm. It is perhaps this absence of the unified self or subject that creates the problem for nurses using Foucault when they consider issues of care and caring, as these are predicated on modernist humanist assumptions. Altruistic behaviours, for example, are absent from the discourse, as they are difficult to describe in Foucauldian terms and relationships cannot be conceived without reference to some form of coercive or power relationship. Although it is recognised in one of the dominant discourse articles that caring is absent in the quality improvement discourse, which is based on an empirical approach, the Foucault articles do not offer substantial alternatives. Caring is discussed in a few articles but is not depicted significantly differently from a humanist modernist approach. The nursing theorist, Jean Watson, is often cited in association with caring and, as discussed previously in this study, is regarded as predominantly adopting such an approach.

Another significant feature in the dominant discourse is that the authors attempt to clearly differentiate themselves from critical theorists, and some engage in a critique of the critical theory approach. The strategies of empowerment and reflection are

frequently the targets for critique as disciplinary technologies of surveillance and the confessional. Empowerment was described in this discourse as producing an outcome that was used for the benefit of the professional and mainstream society as a tool to ensure conformity, rather than to emancipate disadvantaged groups. These strategies can be used in this way when removed from the theoretical framework in which they were intended to function. The postmodern approach is used to describe critical theory as a totalising approach that privileges disadvantaged groups who can, in turn, become oppressors. However, some articles in the eclectic group have suggested empowerment and reflective strategies to assist groups and individuals to address power issues in their workplaces.

Nonetheless, it appears that Foucault's approach to analysing power relations can be used with a range of other political and philosophical theories and approaches. For example, in the articles in the study it has been combined with neo-liberalism, utilitarianism, modernist humanism, feminism, and critical theory. The outcomes of the analysis and strategies that are adopted are then interpreted within the framework of the author or ultimately the reader.

A final issue concerning the articles is that individual and individualistic approaches to issues are dominant, and collectivism is absent from the discourse. There is no sense that individuals can collectively manage issues that affect them, or that where groups of people work together a collectivist approach can produce a successful outcome. The Foucauldian approach emphasises that all individuals have the capacity to exercise power but does not recognise the asymmetrical distribution of power. Individual strategies for dealing with power issues produce high levels of stress, particularly when a single person is attempting to manage a dominant force. Individual approaches can also be said to maintain domination.

Chapter 8

Conclusions about postmodern discourses of power in nursing literature

This thesis discusses postmodernism as an unstable discourse that offers a wide range of approaches and possibilities, and Habermas' critical theory was used as a framework to critique the postmodern nursing discourse. Fairclough's critical discourse analysis was used to analyse the literature, and revealed that Foucault was the dominant theorist used in the discourse, and power the dominant theme. The discourse as a whole was shown to be threatened by the approaches adopted for the publication of articles by major nursing journals. Principle issues in the discourse practice that comprised a threat were found to be the strategies adopted in order to increase journals' impact factor and the introduction of a bias to serve large domestic markets, especially those in the USA. Social practice was influenced by governments that were instrumental in marginalising postmodern approaches through the adoption of educational and research management measures that judge the quality of research by the use of impact factor ratings of the journal in which articles are published. This mechanism has been used as a means of funding universities and research facilities in the UK, through its Research Assessment Exercise (RAE), and is being introduced in Australia, as part of its Research Quality Framework (RQF). A similar framework is used in New Zealand. Although other countries use similar research frameworks, they are not used as a basis for funding tertiary education institutions. The conclusion briefly discusses Habermas's framework, compares the analysis from the postmodern critical theory and Foucault articles. It also examines the implications of Foucault's domination of the discourse and the risk of adhering to this approach and briefly suggests an alternative focus. The threat to the discourse from the dominant nursing journals and the future Research Quality Framework (RQF) is also discussed.

Habermas' framework

Previous chapters in this project explain that Habermas sees the two most potent sources of power in post-capitalist society as domination of social sciences exerted through instrumental reasoning, and as distorted communication expressed through ideology and false consciousness. In order to examine the themes of power, his two most important

theories are the theories of 'Knowledge and Human Interests', or cognitive interests, and 'communicative action'. It was also noted that Habermas' instrumental reasoning and cognitive interests include technical, practical and emancipatory interests, and that nursing discourse utilises these three domains. Habermas' technical interest is concerned with mastery of skill and technology, accompanied by attributes of objectivity, and when applied to social sciences it involves technical rationality or instrumentalism. While Habermas has no objection to the use of positivism in natural sciences, he is critical of its dominance in social sciences, and argues that technical skills should not dominate over practical, interpersonal or emancipatory interests. Technical interests would include economically driven imperatives and their associated technologies, such as the proposed RQF and the 'impact factors' designed to judge the quality of journal articles. Other examples of technical rationality identified in the study are the use of 'quality improvement', assessed solely on the basis of quantitative data, and 'evidence based practice' that recognises only data from the quantitative table of evidence, although it is accepted that 'evidence based practice' is not a single discourse and there are attempts to include qualitative data in some approaches. Issues relating to personal autonomy, emancipation, power and reflection will be discussed in relation to Habermas' perspective and the articles in the search data. Technocratic consciousness, according to Habermas, is ideological and at its core is instrumental reasoning (Held 1980, p. 264). Habermas claims that while technocratic consciousness is all pervasive, influencing all aspects of life, it operates as an invisible hand, insidiously eroding the realm of praxis. Habermas' 'practical interests' also place strong emphasis on the importance of language. This includes Habermas' theory of communicative competence, in which he claims that in an ideal speech situation 'all human speech is orientated to consensus'. Habermas' theory of communicative competence is strongly related to his positions on 'truth' and 'freedom' and therefore relates to his understanding of power. In an ideal form of discourse, 'truth' is established through consensus, and freedom is achieved through mastery of technical skill and communicative competence. The end result of this argument is that the very structure of speech involves the anticipation of a form of life in which truth, freedom and justice are possible. Important issues concerning the significance of speech emerged from the postmodern critical theory articles that formed the data for the study.

Habermas identifies the third interest as the reflective appropriation of human life, an interest in reason to be self-reflective and self-determining and commonly referred to as 'emancipatory interests'. It usually includes the reflective process and the concept of empowerment, both of which are frequently referred to in the articles in the discourse analysis. Reflection is a process that can be used to facilitate the ideal speech situation, in which individuals reflect on issues of concern to them and relate them to the external world.

The postmodern discourse

The articles in the discourse analysis included those that primarily utilised Foucault and those utilising what I have called a postmodern critical theory approach. The Foucault articles are characterised by those that exclusively draw on his work and those that draw predominantly from Foucault but also utilise other theorists. The former group formed what has here been described as the 'dominant Foucault discourse' and the latter the 'eclectic' group. Although they were distinct, each group was found to have numerous points of crossover. The dominant group was characterised by a high level of congruence in the way power was described. In contrast, the eclectic group was fragmented and exhibited high levels of contradiction, and displayed some confusion over conceptions of power.

For convenience, the postmodern critical theory articles in the study were referred to simply as 'the critical theory articles'. When these were compared with the Foucault articles, especially the eclectic Foucault articles, the differences between the two groups were found to be minimal. It is clear that Foucault's critique of critical theory has also had a profound impact on the critical theory articles, with many of them displaying changes based on that critique. Despite scathing criticism by some Foucauldian authors, and some criticisms from critical theorists of poststructuralists, the similarities between the eclectic articles and the critical theory articles are striking. This has an homogenising effect, producing convergence of knowledge and method and an outcome with minimal variation despite the different intentions of the theoretical approaches.

This is not surprising in light of McCarthy's (1990, p. 437) paper, which claims that the similarities between Frankfurt School critical theorists and early Foucault are inconsiderable. However, it should be noted that a critical theory stripped of its political and emancipatory intents, as presented in many of the articles in the study, would be as

unacceptable to Habermas as a critical theory approach would be to Foucault. Although McCarthy notes the similarities between Foucault and Habermas, he also considers the dissimilarities to be significant. The similarities described by McCarthy are evident in the eclectic Foucault articles and the critical theory articles. However, the dissimilarities are evident in the dominant Foucault group. This may also explain why authors of the dominant Foucault group in the discourse are eager to clearly distinguish themselves from critical theorists and for some to engage in explicit critique of the critical theory approach. According to McCarthy (1990, p. 438), both Foucault and Frankfurt School critical theorists subscribe to the belief that knowledge and power are embedded in culture and society. Both approaches reject the concept of the autonomous rational subject, characterised by humanist individualism and Western dominance of nature and cultural difference. Both believe that the practical should hold primacy over the theoretical and that conventional social sciences are complicit with the ills of contemporary society; and both include ways of self-understanding that have implications for practice (McCarthy 1990, pp. 430–440). With the two approaches pronouncing on similar issues, it is not surprising that the critique is sometimes acrimonious. However, although the grounds of critique of contemporary society are the same in many cases, this is where the similarities end. The differences between the two approaches highlighted by McCarthy are most evident in the dominant Foucault articles and, in particular, in the critique of critical theory. McCarthy (1990, p. 441) attributes the reasons for the differences between the two positions, in part, to their respective theoretical origins, namely Foucault's Nietzschean and the Frankfurt School's Hegelian-Marxist heritage. Thus, while Foucault attacks rationalism at its roots, critical theorists including Habermas attempt to create a more acceptable conception of reason. For example, critical theorists accept rationalist or scientific arguments in social sciences but they would not be permitted to dominate understanding of personal experience. Both reject the 'subject centred' modern Western man. However, whereas Foucault sees this as the 'end of man', a situation in which the person is reduced to an effect of power, critical theory attempts to refashion subjectivity and autonomy in ways that are consistent with the construction of individual identity, and with the explanation of 'false consciousness' described above and the situated character of the individual's or group's potential for social action. According to McCarthy (1990, p. 441), while both assert the primacy of practical reasoning, Foucault takes this to be incompatible with the

context transcendence of truth claims in social theories (in other words rejection of social sciences), whereas Frankfurt School theorists seek to combine contextualism with universalism in order to construct theories and tendencies of existing social orders. McCarthy (1990, p. 441) claims that while both theoretical positions do not accept their participants as having the last word, critical theorists take them as the first word and then attempt to gain distance from them. However, genealogists displace their participants, then bracket them and do not engage with their validity claims. Foucault, according to McCarthy, regards all forms of social science as dominating, whereas critical theorists including Habermas seek to selectively develop those that are not extensions of instrumental rationality. Furthermore, both theoretical positions see the critique of rational practices as breaking their hold over us, although Foucault does not see genealogy as serving reason, truth, freedom and justice. This would appear to be the reason why, in the Foucault articles, there is an absence of strategies to facilitate change and when strategies are suggested they are presented in an abstract form that would be difficult to operationalise. From the Foucauldian perspective there is no escaping the relations and the effect of power, as they are coextensive and constitutive of social life. Frankfurt School critical theorists including Habermas regard the critique of ideology as working to reduce power relations and replace them with social relations that are rational rather than instrumental. It can be seen from this explanation, based on McCarthy's argument, that the eclectic Foucault articles and the postmodern critical theory articles that present a limited emancipatory position have a high level of similarity, while the dominant Foucault articles emphasise difference.

It is also evident that the Foucauldian critique of postmodern critical theory articles in the study has had a destabilising effect on their emancipatory intent. It is important that this trend be resisted if research and theoretical perspectives presented by nurses are to address issues of disadvantage and oppression in health care. As described above, both Foucault and Habermas reject the concept of individualism reflected in the subject-centred modern Western man, but Foucault sees this as the 'end of man'. Foucault describes the individual as an effect of power (McCarthy 1990, p. 449). Critical theorists including Habermas, in contrast, attempt to refashion subjectivity and autonomy in ways that are consistent with the construction of individual identity and the situated character of social action. Some of the articles in the study that draw from a postmodern critical theory position describe the 'person' as emerging as an

influence of individualism and the effects of the society in which they are interacting. The articles in the study that reflect this position are unstable, and the theoretical position is clearly undergoing change. How the concept of 'self' is described in the articles is important. Individuals may be described in terms of the stable, constant, modernist self or the postmodern as multiple selves that change depending on the situation. The image of the multiple self in the articles using Foucault was inconsistent with achieving collectivism, which was regarded by authors who favour individualism as a kind of tyranny imposing conformity to the values of the group. From a Habermasian perspective, it is of vital importance that the tendency for individualism to dominate and to undermine collectivism is rejected if groups are to be empowered. Habermas sees the process of reflection as a bridge between the individual and the group, so that the individual is acknowledged but no single individual may dominate the group. The 'ideal speech situation' also serves to maintain this position.

Only three of the articles in the study sample utilise the traditional Habermasian strategies of reflection and empowerment to overcome inequities concerning power. Concerning reflection, this relates to the view that it is incompatible with the concept of the multiple self. If used effectively, it will draw together the threads of the multiple self to create self-awareness between multiple realities, and proposes integration would not be regarded as important by proponents of the concept of the multiple self. While the critical theorists accept the postmodern concept of the multiple self, they also accept a level of individual integration. If the individual is viewed from the Foucauldian perspective as nothing more than the effect of power, reflection would not be possible. Those subscribing to Foucault's position regard reflection as 'self surveillance' by the subject, under pressure of social judgement, control and discipline (McCarthy 1990, p. 450). Empowerment is also unacceptable from a Foucauldian or poststructural perspective, as it represents a view of power as a commodity that can be transmitted from one person to another. The Foucauldian position is that we all exercise power, that power can not be transmitted between individuals, and that each person must activate their own power. From a Foucauldian perspective, reflection and empowerment are strategies that induce individuals to act in ways that serve external forces rather than strategies of emancipation. Concerning Habermas' theory of communicative action, Foucault's conception of the individual is in direct opposition to attempts to achieve an ideal speech situation. From Habermas' perspective, it is essential that Foucault's

approach be rejected if 'ideal speech' is to be realised and issues of dominance are to be managed in a manner that will promote equity.

In the Foucault articles, the integrated essentialist self was seen as inappropriate, and this view underpinned responses by authors to individuals having expectations of themselves and others that were too high, and thereby generating a sense of failure and low self-esteem. The subjects' problems were then described by the authors as predominantly relating to how the participants perceived the issues, rather than to the context in which it occurred. Although critical theorists including Habermas would not necessarily accept the concept of the integrated self in its entirety but as an ideal to work towards, issues relating to the subject's role in the situation could be explored through reflection and contextual factors would be considered as contributing to the issues.

Some of the Foucault articles also claimed that oppressed groups and individuals participated in their own oppression, and that continuing to maintain these relationships provided them with the status of an 'oppressed group'. This is a very different interpretation to Habermas' explanations of group or individual behaviour. It is accepted that individuals and groups have responsibility in situations of conflict, but institutional policies, management, dominant group behaviours and government policies also require consideration. It is clear that if power is to be addressed effectively contextual and causative issues must also be taken into account, and yet because the Foucauldian articles did not focus on 'who has power and its purpose' but instead provided discussion of how power works and its effects, contextual and causative issues were absent or backgrounded in the discourse. Many of the articles focused on issues of micro-power and interpersonal relationships, rather than the organisational, cultural and political context in which these and other power issues arise. As explained above by McCarthy (1990), while Frankfurt School theorists including Habermas share the critique of social theories with Foucault, critical theorists seek to combine contextualism with universalism to construct theories concerning the tendencies of existing social orders. However, according to McCarthy, Foucault rejects social theories completely, on the grounds that they are a form of domination.

McCarthy says that neither theoretical position accepts their participants as having the last word, but while critical theorists consider the participants' version, genealogists displace their participants and do not engage with their validity claims. This is

demonstrated in the Foucault nursing articles through the authors' rejection of the subjects' interpretation of their situation. Bruni (1997), for example, describes the participants in her study as positioning themselves as victims and having expectations of themselves that were too high, concerning their teaching practices. The researcher rejects the participants' interpretation of events relating to their workload in the university, and believes that their difficulties relate to their understanding of 'self' because it is based on a modernist humanist integrated self. However, it is difficult to see this understanding by the researcher of the participants' behaviour as any more than victim blaming. A Habermasian approach, on the other hand, would attempt to examine the participants' claims in the context of their employment environment. This approach would lead to the development of strategies to manage the situation to the level of the participants' satisfaction.

Rejection of the unified self or subject also creates a problem for nurses using Foucault when they consider issues such as caring, as it is usually presented as a modernist humanist quality of the subject. Altruistic behaviours are absent from the discourse, since they are difficult to describe in Foucauldian terms, and relationships are apparently not possible to be conceived without being motivated by a strategic power relationship. Although it is recognised in one of the Foucault dominant discourse articles that caring is absent in the quality improvement discourse, based on a positivist approach, the Foucault articles do not offer substantial alternatives. Caring is discussed in a small number of articles but is not substantially conceived differently from a humanist modernist approaches. The nursing theorist Jean Watson is often cited in association with caring and, as discussed previously in this study, is also regarded as adopting a predominantly modernist-humanist approach. However, from a Foucauldian perspective there is minimal scope to develop a contemporary approach to caring that could be utilised by nurses.

Habermas' strategies of empowerment and reflection are frequently the targets of critique as disciplinary technologies of surveillance and the confessional. Empowerment is said to serve the interests of the practitioner and the profession and used by mainstream society as a tool to ensure conformity. Certainly, these strategies can be used in this way when removed from the theoretical framework in which they were intended to function, and the Foucauldian authors often describe critical theory as a totalising approach that privileges disadvantaged groups who can, in turn, become

oppressors. Nonetheless, some articles in the Foucault eclectic group have suggested empowerment and reflective strategies to assist groups and individuals to resolve issues concerning power in their situation.

Articles in both the Foucault dominant and eclectic discourses focused on the micro-dynamics of power, and frequently the analysis of power over-shadowed other aspects of the article, such as the strategies for managing issues at the centre of the problem. A reader would find it difficult to resolve a problem, similar to one described, using suggestions in the articles because of the abstract nature of the strategies. The Foucauldian approach aims to lay bare dominance in social relationships, but it would appear that more than this is required to make a difference or create changes in the scenarios discussed in the articles. The focus on the micro-dynamics of power in the articles also resulted in an absence in most cases, or backgrounding, of the socio-political and economic issues that underpin the conflicts that are highlighted. This occurred despite the Foucauldian approach claiming to bring a political focus to social setting. The Foucauldian approach also claims to create 'projects of possibilities', but the outcomes described in the articles do not reflect this optimism.

A problem with drawing on Foucault's work is that it matured over time, and some of the authors, including Cheek and Porter, (1997) and McCarthy (1990), discuss three phases in his work; however, each phase has different and even contradictory characteristics. In his earlier works, subjectification occurred as a result of contextual pressures that the individual could not resist, but in the later phase he writes of 'aesthetic individualism' characterised by 'making one's life into a work of art' (McCarthy 1990, pp. 457–462). This results in work based on Foucault representing a range of different possibilities. The 'projects of possibilities' come from the later phase of Foucault's work and are not represented in the nursing discourse.

An issue of major concern is that individual and individualist approaches are dominant in the articles and collectivism is literally absent from the discourse. There is no sense expressed in the Foucault articles, and an inadequate emphasis in the postmodern critical theory articles, of individuals and groups being collectively able to manage issues that affect them and produce a successful outcome. This is problematic because it fails to recognise or utilise the power of collective action, and because high levels of stress and other negative consequences are generated when a single person attempts to manage a dominant force. While the Foucauldian approach emphasises that

all individuals have the capacity to exercise power, in adopting this view the nursing discourse does not give due weight to the asymmetrical distribution of power, even though this asymmetry tends to be especially marked in the situations in which nurses work. For these reasons, it may be surmised that such individual approaches to power will tend to maintain the power of the dominant force and will do little to redress power inequities in relation to nursing.

Resistance, as described in the articles, frequently includes a range of behaviours that is not assertive and does not support autonomous groups or individuals responding in ways that exhibit mutual respect. Recommended responses are often consistent with those of powerless individuals and are inadequate to produce change. It also appears that Foucault's approach to analysing power relations can be used in conjunction with a range of other political and philosophical theories and approaches: it has been variously combined in the nursing discourse, for example, with neo-liberalism, utilitarianism, modernist humanism, feminism, and critical theory. The outcomes of the analyses, and the strategies that are adopted, are then interpreted within the personal framework of the author or, ultimately, left to the reader.

Foucault's work has made a significant contribution to nursing discourse and has dominated the articles that have directly utilised his work as a major theorist and those which have here been called the 'postmodern critical theory articles'. Because of this dominance in the discourse, how his approach is used and its effects on the emerging nursing discourse are particularly significant. As mentioned above, apart from the high levels of creativity it generates, there are deficits and weaknesses in the approach. Although the Foucauldian discourse appears to be a radical position when compared to critical theory, this discourse analysis has shown that it actually offers little to alter the status quo. A similar view is taken by Fairclough (1992, p. 57), who claims that it is not that Foucault does not focus on 'resistance' but that resistance is described in terms that do not threaten the dominant group. The Foucault articles thus offer a fundamentally conservative approach, dominated by individualism and maintenance of the status quo.

It might appear that the best outcome could be achieved by capturing the creativity of the Foucauldian approach and carefully using it in combination with critical theory, as many of the authors in the discourse have attempted to do. The rationale for this is that on a personal level, the micro-power approach offers a strategy for analysis but neglects contextual issues outside the immediate environment, whereas

critical theory offers a strategy to balance individual agency with context in a two-way dynamic that is not evident in Foucault's approach. Critical theory also offers, as Fairclough's discourse analysis allows, a method of utilising language to analyse issues relating to power. Fairclough (1992, p. 56) claims that Foucault exaggerates the extent to which individuals are manipulated by power, and under-rates what can be achieved through struggle, whereas critical theory offers effective strategies and group supports for resisting dominant forces. The dominance of Foucauldian theory in nursing's discourse of power will result in a continuation of the status quo and if nurses wish to continue a tradition of interest in social change and equity in health care it is imperative that the dominant approach in postmodernism is changed to a critical theory perspective.

However, the fact that power was the dominant theme in the postmodern nursing discourse and that its prevalence increased, between 2002 and 2005, from 72% to 87% indicates that issues concerning power and power relations have increasingly been considered important issues. It also suggests that a theoretical perspective that utilises Foucault is inadequate to resolve them. In table 7.1 in chapter 7, the discipline of medicine is identified as the dominant force in 64.5% of articles in the discourse, and science, positivism and technical rationality are identified in 63% of articles. This identifies that medicine is a powerful force that dominates the practice of nursing in the clinical setting, and this also influences the nursing discourse in terms of knowledge. Technical rationality similarly continues to be a dominant force, indicating dominance through bureaucracy. The articles reflect nursing's powerlessness and a discourse dominated by external forces. Neither the Foucauldian approach nor the postmodern critical theory approach stripped of its emancipatory agenda can create strategies that will allow nursing to overcome domination by these two forces and help it develop its own contribution to health care. However, while superficially attractive, the intention to combine the two approaches requires careful consideration because they have contradictory aims that might act to negate the effects of each other.

The dominance of the Foucauldian approach, and its critique of critical theory including Habermas, over postmodern nursing literature that has been demonstrated in the articles has had an homogenising effect, with strong levels of convergence and repetition of ideas across all the categories of articles in the study, and has muted or negated the emancipatory strategies of Habermas' approach. From Fairclough's

perspective, new and creative discourses are produced from heterogeneous aspects of the analysis. These are described as unstable and less cohesive and not all the creative and less developed ideas will be viable. A heterogeneous component of the postmodern critical theory approaches that suggests a way forward with an emancipatory project may be the use of linguistics. Allen and Harden (2001 p.166) say that language use precedes the individual and by examining markers concerning how language is used it is possible to 'avoid the usual binary of seeing the person as either the autonomous origin of his or her experiences or the ideological pawn of social determination'. The theoretical approach used (Allen and Hardin 2001; Hardin 2003) attempts to resolve the the competing forces of agency and structure. In this way, emphasis is taken off the individual and placed on their context or environment. While the use of linguistics is new in nursing studies, the effect of focussing more sharply on the context or environment is not. However, this approach could have benefits considering the issues of power and the focus on individualism in the articles and in contemporary society. Benefits could flow from shifting the essentialist or fragmented self from the centre and focussing on the context, which would have the effect of facilitating a more collectivist approach. If there are issues in the environment that are dysfunctional it would be appropriate for individuals to participate in collective action to bring about contextual change. Researchers can also collaborate with groups to resolve these issues. Habermas' idealspeech situation could be utilised to create effective group precesses. It may be that collectivism could be more effective when confined to single issues as this would remove the tendency to claim that it resulted in groups dominating the individual. Reflection could remain a viable process, creating a bridge between the individual and the group.

In addition to the threat to the postmodern discourse posed by its domination by features of Foucault's approach that have re-rendered it conservative, there are also external threats to its survival. It is of interest that one reason for two apparently divergent theoretical positions, those of Foucault and critical theory, producing literature of such similarity is the pressures being exerted by the political environment in which the articles are created and published. The analysis of discourse practice in this project strongly suggested this to be the case. The study revealed that postmodern nursing discourse was further marginalised by processes related to publishing, the inflence of technology, and the competitive nature of publishing professional journals.

Socio-cultural practice was also influenced by government policy concerning university funding and the issue of journal impact factor.

The 'order of the discourse' analysis revealed that 73% of articles were published in five nursing journals: the *Journal of Advanced Nursing*, *Advances in Nursing Sciences*, *Nursing Philosophy*, *Nursing Inquiry* and the *Journal of Mental Health Nursing*. The *Journal of Advanced Nursing (JAN)* and *Advances in Nursing Science (ANS)* are identified as the most dominant journals, and the remaining three are similar Blackwell publications, with *Nursing Inquiry* being the most inviting to the postmodern author. The two dominant journals were found to promote the view that the positivist approach to knowledge development and research is the natural method of inquiry and the way of understanding the world for nursing and health care. The authors of postmodern articles are disadvantaged by the requirement that they conform to structures that are awkward and ill-fitting for the postmodern approach. Conforming to these reduces the distinctiveness of the postmodern discourse from other approaches and restricts their creative potential. *JAN* also privileges the reporting of research over other forms of postmodern publications, and this reduces the opportunities for discussion and critique of theoretical positions in the discourse.

The analysis of discourse practice also reveals that technology has a powerful influence over the discourse at each phase of creation by the author, as well as the production, publication and distribution of the article and the access and appearance to the reader. This is demonstrated by the way that the authors access resources that are, in part, available from online sources; the baseline is that the author must have sustained access to word processors and the internet in order to submit the article to *JAN* and *ANS* in particular; the reviewer responds using guidelines from the journal online, the review process is tracked online and the response to the author is online. The journal is most likely to be published online and will be subscribed to by a library as a package of online journals from the publisher, where it will be accessed online by the reader who has access rights as an employee or student. In addition, subsequent responses to the article will most likely be online where references to previous authors will be recorded to increase the journal citation rate, status and, ultimately, impact factor. Not all articles will be published this way, and journals that are not part of a major distribution network may not be available on-line and are therefore less likely to be accessed. This process of

distribution is at present the dominant approach and promises to remain so for the foreseeable future.

The study described how technology has further influenced the publication of articles through the calculation of journal 'impact factors' and their relationship with the proposed research quality framework in Australia and similar frameworks in the UK, New Zealand and other countries. Although citation studies of journals predate computerisation of journal citation, the ease with which citation studies can be achieved is enormously enhanced with computerisation. It is only with this technology that widespread impact factor calculations of journals can be conducted. This has enabled the mechanism to be used as a method of calculating quality in research through the journal in which publications appear.

Major beneficiaries of this technological development are the systematic review and EBP (evidence based practice) which assess the evidence based on data collected using a meta-analysis, and report findings in systematic reviews. This study has identified EBP that depends solely on evidence based on the 'hierarchy of evidence' tables as a dominant discourse in relation to postmodernism. The systematic review is recognised as the form of publication that is cited more frequently than others (Cheek, Garnham & Quan 2006, p. 428), and journals that publish review articles have the highest impact factors. These articles do not publish original research or ground breaking revelations but instead review work already published. It is likely that the introduction of the structured abstract in *JAN* was designed to increase citation rates. The structured abstract and structured approach to choosing key words by *JAN* facilitates an increased potential to find articles in the journal that can be referenced by authors. On its website, *JAN* is open about its strategy to promote increased impact factor ratings. It is through technological advances that impact factor ratings can be collected and through accessing data bases that systematic reviews can more easily be conducted. These technologies have also acted as instruments of technical rationality, marginalising postmodern discourse.

Impact factor calculations also favour journals based in the USA (Freshwater 2005, p. 473) because of the access to a vast, affluent national market with a population fifteen times that of Australia. There are no Australian or New Zealand nursing journals in the impact factor ratings (Freshwater 2005, p. 473), and *ANS* is the only nursing journal in the US that is in the five highest journals publishing postmodern nursing

articles. It is significant that of the postmodern articles published in *ANS*, only two originate from Australia, even though Australian nursing authors published more postmodern material than any other authors in the study. The postmodern *ANS* articles have characteristics that are culturally peculiar to the USA, in relation to the theoretical positions adopted, the language used and the topics discussed and researched. For example, Foucault was disfavoured by the authors in the USA, there was more use made of postmodern critical theory and nursing theories, and issues concerning race were more likely to be discussed. For these reasons, the journal articles were quite different to those published in *Nursing Inquiry* which was more favoured by the Australian contributors. This is not to say that the *ANS* articles do not make an important contribution to the discourse or that Australian authors could not publish elsewhere, as *Nursing Inquiry* did not appear in the impact factor ratings. However, the privileging of articles to increase the impact factors of *JAN* and articles from the USA by *ANS* acts to further marginalise the postmodern discourse in nursing as a whole and to present a further problem for postmodern authors outside the USA.

The order of the discourse also identifies the major contributors to the postmodern discourse as being senior nursing academics employed at senior lecturer level and above, although it also identifies lecturers as the second highest single category of contributors. It also identifies key authors in specific locations surrounded by a constellation of other authors in universities where higher than usual output of postmodern nursing publications emerge. This indicates that the university is a key institution for the publication of postmodern nursing literature and its place in society is significant for the future of the discourse. It is not only the place of the university but also the place of postmodernism and nursing within the university that is of key importance to the survival of the discourse.

Furedi (2004), among others, writes of the demise of the intellectual, and the declining status of the university in contemporary British society, associated with reduced funding and increased scrutiny of how funding is utilised. Cheek, Garnham and Quan (2006) observe that the need to demonstrate measurable outcomes of quality and impact are increasing globally. Shewan and Coats (2006, p. 463) write:

Australian universities, despite operating in an environment of impoverished infrastructure, with a declining proportion of government

support despite a sizeable and growing federal budget surplus, are fully aware that further taxpayer funding will demand greater accountability.

It is against this background that the Australian Research Quality Framework is being introduced, and there are concerns that it will be used to determine the distribution of research funding through the National Health and Medical Research Council (NHMRC) and Australian Research Council (ARC) (Shewan & Coats 2006, p. 465). This would mean that these previously independent bodies would be subjected to government interference. Given declining operating grants from government sources as well as increased student numbers, universities are required to increase their funding by bidding to provide educational services in the international education market and to recruit full fee paying students from the domestic market (Armitage 2006, p. 23). In this environment it is also necessary for universities to compete for research funding grants to enhance organisational funding and status. One mechanism that is used to judge the quality of a grant application is the researcher track record, based on journal impact factor. It is reported that the number of ARC Discovery Grants for 2006 were the lowest since the scheme began in 2001 (Macnamara 2006, p. 21). The reason was reported as being that, even though the number of applications had increased, the standard of the grant applications was poor and applicants needed to be counselled by the universities against applying. Unfortunately, the report does not provide further information about why the applications were substandard, and it is not possible to determine if this was related to the publication track record of the applicants. However, there was an increase in the amount of funding concerning terrorism and security, and energy was another focus, which implies that perceived national priorities were significant factors in determining how the funding was distributed.

Assessment of quality based on impact factor ratings has been demonstrated to disadvantage the author of qualitative or postmodern literature (Cheek, Garnham & Quan 2006; Morse 2006). The Council for Deans of Nursing & Midwifery (CDNM) for Australia and New Zealand has also expressed concern about the introduction of the RQF, in particular because one of the main indicators would be journal ranking and citations. This is considered problematic because ISI ranking for nursing and midwifery journals is low and, as described above, does not correlate with the best journals for Australian nursing and midwifery. It is also problematic that nursing and midwifery is likely to be judged by a multidisciplinary panel for the purposes of the RQF rather than

a discipline-specific panel. The CDNМ deemed that it is necessary to establish a list that ranks journals for relative quality, since without this it would be difficult for a panel without specific disciplinary expertise to make reasonable judgements. Subsequently, the CDNМ put out for tender a contract to undertake a study which would produce a ranking of refereed journals for nurses and midwives in Australia and New Zealand. This indicates the level of concern the CDNМ has for how nursing may be rated in terms of the RQF; and anxiety about how nursing will rate in Australia using the RQF would appear to be well founded when similar frameworks, such as the UK Research Assessment Exercise (RAE), are assessed. In the case of the RAE in 1992, 1996 and 2001, nursing was assessed as scoring at the bottom of the scale (Anthony 2005). The reason given for this was that nursing did not have an established 'track record' and the UK-RAE rewards those who have already performed well; this has the effect of reinforcing the status quo. Although some nursing schools in Australia have been established for longer than some in the UK, nursing is still a relative newcomer to the university sector. These examples illustrate the marginalised position that nursing and midwifery holds within the tertiary sector in the UK and Australia. There are many factors that contribute to this, including nursing's gender composition, societal attitudes, the attitudes of non-nursing senior academics and bureaucrats, nursing's history of subordinations and nursing's relationship with medicine, which combine to maintain nursing's position in the tertiary sector.

Criticisms of the postmodern approach itself were also made by the previous Australian Federal Minister for Education, Dr Brendan Nelson in comments concerning university courses that were not considered to be legitimate programs of study. Minister Nelson (Norrie 2005, p. 10) is reported as saying that it was hard to find undergraduates studying Milton, 'but you can study *Buffy the Vampire Slayer* and those sort of things'. The NSW HSC English syllabus was criticised as being dominated by postmodernism—'which holds that no language has objective meaning—and lacks rigorous focus on "classic" literature' (2005, p. 10). The criticisms take a very narrow interpretation of a postmodernist approach in disciplines other than nursing and health care but they also appear to be an indication of a conservative approach in secondary and tertiary institutions concerning education and research that utilise a postmodern perspective.

Although there are many different types of postmodernism, Foucault is the dominant theorist in the nursing literature included in the study. It has been argued above that although postmodernism promises an innovative and creative approach that critiques social issues, as presented in nursing discourse it does not offer a means for change. The discourse dominated by Foucault's approach may lay bare power relations, but it does not produce strategies to act on the power relationships in order to improve circumstances for either nurses or clients. The Foucauldian approach does not adequately recognise, or respond to, the asymmetrical distribution of power; it is understood that all participants have power, each person must activate their own, and it cannot be transmitted between individuals. This individualistic stance ignores contextual issues and rejects emancipatory strategies for changes. From a Foucauldian perspective, reflection and empowerment are strategies which induce individuals to act in ways that serve external forces rather than strategies of emancipation. However, this ignores the fact that reflection and empowerment require a theoretical framework as a guide in order to be effective. The Foucault discourse in nursing fails to critique contextual issues, and this renders it inadequate to counter forces that threaten it as a discourse; instead, it adopts a fundamentally conservative position, attractive to nursing and consistent with neo-liberalism.

The postmodern discourse is threatened by the policies and strategies of the major professional nursing journals for increasing the journal impact factor and general prestige. These include, most notably, prescriptive guidelines for contributors and reviewers concerning content and structure that have the effect of mainstreaming and homogenising articles. Instead of creating diversity of content and ideas, these forces create convergence and repetition.

The postmodern discourse has also been shown to be dependent on the university as a context for its continuing survival. It is further marginalised in universities that are 'cash strapped' and threatened by government strategies which would further limit funding for projects based on a postmodern approach. This was exemplified by the Australian government RQF and similar frameworks in the UK and New Zealand that allocate funding partially based on the impact factor of the journals in which articles are published. The project has identified that nursing journals do not have high impact factors and that those journals included in the impact factor ratings are not responsive to a postmodern approach. In the Australian context, ministers in the federal government

have made disparaging remarks about postmodern approaches, suggesting there would be little support for creating conditions more favourable to postmodern scholarship.

In conclusion, it is clear that the postmodern approach is a source of heterogeneity and creative ideas, but, in order to be effective, there must be less dependence on the theoretical position of Foucault and a willingness to explore and express a wider range of postmodern ideas and insights. This is important for the survival of the discourse and in order to create change of ideas and services. It is of vital importance if nursing is to be a discipline that is concerned for the health care of disadvantaged groups that it maintains a discourse concerning of issues relating to these clients. This study has shown that issues of power figure increasingly in nursing discourse, and that is essential for the discourse to adopt a theoretical position which can create change and offer a more serious challenge to the dominant forces that it identifies.

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Appendix 1

List of Journals

Advances in Nursing Science
Annual Review of Nursing Research
Australian & New Zealand Journal of Mental Health Nursing
Archives of Psychiatric Nursing
British Journal of Nursing
Canadian Journal of Nursing Research
Canadian Nurse
Clinical Nurse Specialist
Clinical Nursing Research
Collegian
Communicating Nursing Research
Computer Nurse
Contemporary Nurse
Critical Care Nurse
Evidence Based Nursing
Geriatric Nursing
Holistic Nursing Practice
Image Journal of Nursing Scholarship
International History of Nursing Journal
International Journal of Nursing Practice
International Journal of Nursing Scholarship
International Journal of Nursing Studies
Issues in Mental Health Nursing
Journal of Advanced Nursing
Journal of Australian College of Midwives
Journal of Child and Adolescent Psychiatric Nursing
Journal of Clinical Nursing
Journal of Holistic Nursing
Journal of Mental Health Nursing
Journal of Multi-cultural Nursing and Health
Journal of Nurse Education

Journal of Nursing Administration
Journal of Nursing Management
Journal of Nursing Scholarship
Journal of Obstetrics, Gynaecology and Neonatal Nursing
Journal of Paediatric Nursing
Journal of Perinatal and Neonatal Nursing
Journal of Professional Nursing
Journal of Psychiatric and Mental Health Nursing
Journal of Psychosocial Mental Health Service
Midwifery
Nurse Education Today
Nurse Educator
Nurse Ethics
Nurse Forum
Nurse Researcher
Nurse Researcher Networking
Nursing Administration Quarterly
Nursing and Health Sciences
Nursing Inquiry
Nursing Management
Nursing Outlook
Nursing Philosophy
Nursing Praxis New Zealand
Nursing Research.
Nursing Science and Research in Nordic countries
Nursing Science Quarterly
Nursing Standard
Nursing Times
Oncology Nurse Forum
Paediatric Nurse
Public Health Nurse
Scholarly Inquiry in Nursing Practice
Western Journal of Nursing Research

Appendix 2

Proforma for data collection

No. Critique	Major Theorist	Major foci
Y/N		Truth, Power, Epistemology

Author:

Where published:

Location of the author:

Author's position:

Does the paper have a clinical application?

Year:

Use of language

Absences from the article

What is 'in'

Implicit

Common sense

Ideological position

Explicit Relative

background

foreground

Centripetal

Centrifugal

Comment

Appendix 3

Alphabetical listing of research data articles from 02 search

- 1** Allen, D 2002, 'September 11th and the eminent practicality of poststructuralism', *Nursing Inquiry*, vol. 9, no. 1, pp. 1-2.
- 1a** Allen, David & Hardin, PK 2001, 'Discourse analysis and the epidemiology of meaning', *Nursing Philosophy*, vol. 2, pp. 163–76 **C**
- 1b** Anderson, C, McAllister, M & Moyle, W 2002, 'The Postmodern Heart a DA of a booklet on pacemaker implantation', *Collegian*, vol. 9, no. 1, pp. 19–23.
- 2** Archibald, G 2000, 'A postmodern nursing model', *Nursing Standard*, vol. 14, no. 34, pp. 40–2**C**
- 5** Bent, PK 1999, 'Seeking the both/and of a nursing research proposal', *Advances in Nursing Science*, March, vol. 2, no. 3, pp. 76–89. PMID: 10416858 [PubMed - indexed for MEDLINE] **C**
- 8** Bjornsdittir, K 2001, 'Language research and nursing practice', *Journal of Advanced Nursing*, vol. 33, no. 2, pp. 159–66. Blackwell Science full text data base postmodernism **C**
- 9*** Bowers, R & Moore, KN 1997, 'Bakhtin, nursing narratives, and dialogical consciousness', *ANS Adv Nurs Sci*. vol. 19, no. 3, pp. 70–7. Review. PMID: 9055031 [PubMed - indexed for MEDLINE] **C**
- 10a** Bruni, N 1997, 'The nurse educator as teacher: exploring the construction of the "reluctant instructor"', *Nursing Inquiry*, vol. 4, pp. 34–40. Blackwell Science **C**
- 10** Burnard, P 1999, 'Carl Rogers and Postmodernism: challenges in nursing and health sciences', *Nursing & Health Sciences*, vol. 1, no. 4, pp. 241–7. CINAHL postmodernism **C**
- 11** Cameron, P, Willis, K & Crack, G 1995, 'Education for change in a post-modern world: redefining revolution', *Nurse Educ Today*, vol. 15, no. 5, pp. 336–40. PMID: 7494527 [PubMed - indexed for MEDLINE] **C**
- 11b** Chater, K 1999, 'Risk & Representation: older people and non compliance', *Nursing Inquiry*, vol. 6, pp. 132–8. **C**
- 12** Cheek, J & Porter, S 1997, 'Reviewing Foucault: possibilities and problems for nursing and Health Care', *Nurse Inquiry*, vol. 4, no. 2, pp. 108–19. Pub Med Cheek **C**

- 14** Cheek, J 1995, 'Nurses nursing and representation: an exploration of the effect of viewing positions on the textual portrayal of nursing', *Nursing Inquiry*, vol. 2, no. 4, pp. 235-40. PubMed Cheek C
- 15** Cheek, J & Rudge, T 1994, 'Nursing as textually mediated reality', *Nursing Inquiry*, vol. 1, no. 1, pp. 15-22. PMID: 7850620 [PubMed - indexed for MEDLINE] C
- 16*** Chesney, M 2000, 'Interaction and understanding: "me" in the research', *Nurse Researcher Networking*, vol. 7, no. 3, pp. 58-69. Blackwell Science full text data base Deconstruction C
- 17** Clarke, M & Standard, P 1997, 'The caregiving story: how the narrative approach informs caregiving burden', *Issues in Mental Health Nursing*, vol. 18, no. 2, pp. 87-97. Pub Med postmodernism C
- 18** Cody, WK 1995, 'Intersubjectivity: nursing's contribution to the explication of the postmodern', *Nursing Science Quarterly*, vol. 8, no. 2, p. 52. C
- 19** Coverston, C & Rogers, S 2000, 'Winding roads and fading signs: ethical decision making in a postmodern world', *Journal of perinatal and neonatal nursing*, vol. 14, no. 2, pp. 1-11. Blackwell Science full text data base postmodernism C
- 20** Crowe, M 2000c, 'The Nurse-Patient relationship: a consideration of its discursive context' *Journal of Advanced Nursing*, vol. 31, no. 4, pp. 962-7. Blackwell Science Fulltext DB Foucault C
- 21** Crowe, M 2000b, 'Psychiatric diagnosis: some implications for mental health nursing care', *Journal of Advanced Nursing*, vol. 31, no. 3, pp. 583-9. Blackwell Science Fulltext DB Foucault C
- 22*** Crowe, M 2000a, 'Constructing normality: a discourse analysis of the DSM-IV', *Journal Psychiatric Mental Health Nursing*, vol. 7, no. 1, pp. 69-77. Review. PMID: 11022513 [PubMed - indexed for MEDLINE] C
- 23** Crowe, M 1998, 'The power of the word: some post structural considerations of qualitative approaches in nursing research', *Journal of Advanced Nursing*, vol. 28, no. 2, pp. 339-44. Blackwell Science Fulltext DB Foucault C
- 24*** Crowe, M & Alavi, C 1999, 'Mad talk: attending to the language of distress', (Journal article) *Nursing Inquiry*, vol. 6, no. 1, pp. 26-33. (19ref) CINAHL C
- 25** Curtis, J & Harrison, L 2001, 'Beneath the surface: collaboration in alcohol and other drug Treatment. An analysis of Foucault's three modes of objectification', *Journal of Advanced Nursing*, vol. 34, no. 6, pp. 737-44. C

- 26 Darbyshire, P 1996, 'Connecting conversations: Nursing scholarship and practice facing 21 century', *International Journal of Nursing Practice*, vol. 2, no. 2, pp. 71-6. Blackwell Science full text data base Foucault C
- 28 David, B 2000, 'Nursing's gender politics: reformulating the footnotes', *Advances in Nursing Science*, vol. 23, no. 1, pp. 83-9. Blackwell Science full text data base postmodernism C
- 29 David, B 1997, 'Beverly David's reaction to Dr Zbilut Image', *The Journal of Nursing Scholarship*, vol. 29, no. 1, p. 6. Blackwell Science Fulltext DB deconstruction C
- 30* Davis, J & Cushing, A 1999, 'Nursing leadership in the US 1950s-1970s: a discourse analysis', *International History of Nursing Journal*, vol. 4, no. 4, pp. 12-18. PMID: 11624211 [PubMed - in process] C
- 31 Davis, K & Glass, N 1999, 'Contemporary theories and contemporary nursing – advancing nursing care for those who are marginalised', *Contemporary Nurse*, vol. 8, no. 2, pp. 32-8. CINAHL postmodernism C
- 32 Diekelman, N 2001, 'Narrative pedagogy: Heideggerian hermeneutical analysis of lived experiences of students, teachers and clinicians', *Advances in nursing science*, vol. 23, no. 3, pp.53-71. Blackwell Science full text data base Deconstruction C
- 33 Doering, L 1992, 'Power and knowledge in nursing: A feminist poststructuralist view', *Advances in Nursing Science*, vol. 14, no. 4, pp. 24-33. My old file C
- 35 Drevdahl, D 1999, 'Sailing beyond: Nursing theory and the person', *Advances in Nursing Science*, vol. 21, no. 4, pp. 1-13. Blackwell Science full text data base postmodernism C
- 36 Ebersole, P 2001, 'Mind over Matter: Does it matter?', *Geriatric Nursing*, vol. 22, no. 4, pp. 172-3. Blackwell Science Fulltext DB postmodernism C
- 37 Eddins, B & Riley-Eddins, E 1997, 'Watson's theory of human caring: the 20C and beyond', *Journal of Multi-cultural Nursing & Health*, vol. 3, no. 3, pp. 30-5. CINAHL postmodernism C
- 38 Emden, C & Sandelowski, M 1999, 'The good the bad and the relative, part 2 Goodness and the criterion problem in qualitative research', *International Journal of Nursing Practice*, vol. 5, no. 1, pp. 2-7. Blackwell Science full text data base postmodernism C **this is a very useful critical paper**

- 39 Emden, C 1995, 'A magnificent chaos: feminist (nursing) comments on Western philosophy', *Nurs Inq.*, vol. 2, no. 1, pp. 29-35. PMID: 7728592 [PubMed - indexed for MEDLINE] **C a useful critical paper**
- 40 Fahy, K 1997, 'Postmodern feminist emancipatory research: is it an oxymoran?', *Nursing Inquiry*, vol. 4, no. 1, pp. 27-33. My old file **C**
- 41 Falk-Rafael, 1997, 'Advocacy Oral history: A research methodology for social activism in nursing', *Advances in Nursing Science*, vol. 20, no. 2, pp. 32-44
Blackwell Science Fulltext DB Foucault **C**
- 42 Falk-Rafael A 1996, 'Power and caring: a dialectic in nursing', *Advances in Nursing Science*, vol. 19, no. 1, pp. 3-17. Blackwell Science full text data base Foucault **C**
- 44 Gastaldo, D & Holmes, D 1999, 'Foucault and Nursing, a history of the present', *Nursing Inquiry*, vol. 6, no. 4, pp. 231-40. Review.PMID: 10696209 [PubMed - indexed for MEDLINE] **C**
- 45 Giarratano, G 1997, 'Giarratano responds to Zbilut Image', *The Journal of Nursing Scholarship*, vol. 29, no. 4, pp. 312. Blackwell fulltext DB deconstruction **C**
- 47 Gilbert, T 2001, 'Reflective practice and clinical supervision: meticulous rituals of the confessional', *Journal of Advanced Nursing*, vol. 36, no. 2, pp. 199-205. PMID: 11580794 [PubMed - in process] **C**
- 49 Gilbert, T 1995, 'Nursing: empowerment and the problem of power', *Journal of Advanced Nursing*, vol. 21, no. 5, pp. 865-71. Blackwell Science Fulltext DB Foucault **C**
- 50 Glass, N & Davis, K 2004, 'Reconceptualizing Vulnerability: Deconstruction and Reconstruction as a Postmodern Feminist Analytical Research Method', *Advances in Nursing Science*, vol. 27, no. 2, pp. 82-92. Blackwell Science Fulltext DB deconstruction **C**
- 52 Greenwood, D, Loewenthal, D & Rose, T 2001, 'A relational approach to providing care for a person suffering from dementia', *Journal of Advanced Nursing*, vol. 36, no. 4, pp. 583-90. Blackwell Science Fulltext DB postmodernism **C**
- 53 Hall, J 1999, 'Marginalisation revisited: critical, postmodern, & liberation perspectives', *Advances in Nursing Science*, vol. 22, no. 2, pp. 88-102. Blackwell Science Fulltext DB Foucault **C**

- 55***Harden, J 2000, 'Language, discourse and the chronotope: applying literary theory to the narratives in health care', *J Adv Nurs*, vol. 31, no. 3, pp. 506-12. Review. PMID: 10718868 [PubMed - indexed for MEDLINE]C
- 56** Hartman, S 1995, 'Preparing modern nurses for post modern families', *Holistic Nursing Practice*, vol. 9, no. 4, pp. 1-10. C
- 57** Hazelton, M 1999, 'Psychiatric personnel risk management and the new institutionalism', *Nursing Inquiry*, vol. 6, no. 4, pp. 224–30. (23 ref) CINAHL C
- 58** Heartfield, M 1996, 'Nursing documentation and nursing practice: A discourse analysis', *Journal of Advanced Nursing*, vol. 24, pp. 98–103. PMID: 8807383 [PubMed - indexed for MEDLINE] C
- 59** Hegney, D 1998, 'Disciplinary power and its influence on the administration and supply of medications by nurses in rural areas of Australia', *International Journal of Nursing Practice*, vol. 4, no. 3, pp. 144–50. 14(ref) CINAHL C
- 61** Henneman, E 1995, 'Nurse-physician collaboration: a poststructuralist view', *Journal of Advanced Nursing*, vol. 22, no. 2, pp. 359–63. Blackwell Science Fulltext DB Foucault C
- 62** Heslop, LA 1998, 'A Discursive exploration of nursing work in the hospital emergency setting', *Nursing Inquiry*, vol. 5, no. 2, pp. 87–95. PMID: 9923302 [PubMed - indexed for MEDLINE] C
- 63** Heslop, L 1997, 'The (im)possibilities of poststructuralist and critical social nursing inquiry', *Nursing Inquiry*, vol. 4, no. 1, pp. 48–56. Review.PMID: 9146279 [PubMed - indexed for MEDLINE] C
- 64** Hickson, P & Holmes, C 1994, 'Nursing the postmodern body: a touching case', *Nursing Inquiry*, vol. 1, no. 1, pp. 3-14. PubMed Holmes C
- 65** Holmes, C & Warelow, P 2000, 'Some implications of postmodernism for nursing theory, research and practice', *Canadian Journal of Nursing Research*, vol. 32, no. 2, pp. 89-101. PubMed holmes C
- 67** Holter, I 1998, 'Transformational leadership and Quality Improvement', *Nursing Science and Research in Nordic countries*, vol. 18, no. 3, pp. 177-88. CINAHL postmodernism C
- 68** Huntington, AD & Gilmour, JA 2001, 'Re-thinking representations, re-writing nursing texts: possibilities through feminist and Foucauldian thought', *Journal*

- of Advanced Nursing*, vol. 35, no. 6, pp. 902–08. PMID: 11555038 [PubMed - in process]C
- 69** Huntington, A, Gilmour, J & O’Connell, A 1996, ‘Reforming the practice of nurses: decolonization or getting out from down under’, *Journal of Advanced nursing*, vol. 24, no. 2, pp. 364-7. Blackwell Science full text data base postmodernsim C
- 70** Ironside, P 2001, ‘Creating a research for nursing education: An interpretive review of Conventional, Critical, Feminist Postmodern and Phenomenological Pedagogies’, *Advances in Nursing Science*, vol. 23, no. 3, pp. 72-87. March 2001 Blackwell fulltext DB Foucault C
- 71*** Keddy, B 1996, ‘A feminist critique of psychiatric nursing discourse’, *Issues Ment Health Nurs*, vol. 17, no. 4, pp. 381-91. Review.PMID: 8920338 [PubMed - indexed for MEDLINE] C
- 72** Lauder, W 1996, ‘Constructing meaning in the learning experience: the role of alternative theoretical frameworks’, *Journal of Advanced Nursing*, vol. 24, no. 1, pp. 91-97. Blackwell Science full text data base Foucault C
- 74*** Lines, K 2001, ‘A philosophical analysis of evidence-based practice in mental health nursing’, *Australian New Zealand Journal Mental Health Nursing*, vol. 10, no. 3, pp. 167–75. PMID: 11493288 [PubMed - in process] C
- 75** Lister, P 1997, ‘The art of nursing in a postmodern context’, *Journal of Advanced Nursing*, vol. 25, no. 1, pp. 38-44. Blackwell Science full text data base Foucault C
- 76** Lister, P 1991, ‘Approaching models of nursing from a postmodern perspective’, *Journal of Advanced Nursing*, vol. 16, pp. 206-12. my old file C
- 77** Litchfield, M 1999, ‘Practice wisdom’, *Advances In Nursing Science*, vol. 22, no. 2, pp. 62–73. Blackwell Science full text data base postmodernsim C **may be ct**
- 78*** Manias, E & Street, A 2001, ‘Rethinking ethnography: reconstructing nursing relationships’, *Journal of Advanced Nursing*, vol. 33, no. 2, pp. 234–42. PMID: 11168707 [PubMed - indexed for MEDLINE] C
- 79** Manias, E & Street, A 2000, ‘Legitimation of nurses knowledge through policies and protocols in clinical practice’, *Journal of Advanced Nursing*, vol. 32, no. 6, pp. 1467–1475 Blackwell Science Full text data base Foucault C

- 82** Milligan, F 1999, 'Male sexuality and urethral catheterisation: a review of the literature', *Nursing Standard*, vol. 3, no. 38, pp. 43-7. Blackwell Science Full text data base Foucault **C**
- 84** Mitchell, D 1996, 'Postmodernism health and illness', *Journal of Advanced Nursing*, vol. 23, no. 1, pp. 201-05. Blackwell Science Fulltext DB Foucault **C**
- 85** Mohr, WK 1999, 'Deconstructing the language of psychiatric hospitalization', *Journal of Advanced Nursing*, vol. 29, no. 5, pp. 1052-9. PMID: 10320487 [PubMed - indexed for MEDLINE] Blackwell Science full text data base Deconstruction **C**
- 86** Montgomery, P 2001, 'Shifting meaning of asylum', *Journal of Advanced Nursing*, vol. 33, no. 4, pp. 425-31. Blackwell Science Fulltext DB postmodernism **C**
- 87*** Murray, PJ 1996, 'Nurses' computer-mediated communications on NURSENET. A case study', *Computer Nurse*, vol. 14, no. 4, pp. 227-34. PMID: 8718843 [PubMed - indexed for MEDLINE] for interest because it uses Fairclough **C**
- 88** Nelson, S 1997, 'Reading nursing history', *Nurs Inq*, vol. 4, no. 4, pp. 229-36. PMID: 9437959 [PubMed - indexed for MEDLINE] **C**
- 91** Parsons, C 1995, 'The impact of postmodernism on research methodology: implications for nursing', *Nursing Inquiry*, vol. 2, pp. 22-8. **C**
- 91a** Peters, M 2002, 'Derrida and the task of the new humanities: postmodern nursing and the culture wars', *Nursing Philosophy*, vol. 3, pp. 47-57. Blackwell Science
- 92** Phillips, D 2001, 'Methodology for social accountability: multiple methods and feminist, poststructural, psychoanalytic discourse analysis', *Advances in Nursing Science*, vol. 23, no. 4, pp. 49-66. PMID: 11393249 [PubMed - indexed for MEDLINE] **C**
- 95** Price, K & Cheek J 1996, 'Exploring the nursing role in pain management from a post structuralist perspective', *Journal of Advanced Nursing*, vol. 24, no. 5, pp. 899-904. Blackwell Science full text data base Foucault **C**
- 98** Reed, P 1996, 'Transforming practice knowledge into nursing knowledge – a revisionist analysis of Peplau Image', *The Journal of Nursing Scholarship*, vol. 28, no. 1, pp. 29-33. Blackwell Science full text data base postmodernsim **C**
- 99** Reed, J 1995, 'A treatise on nursing knowledge development for the 21st century: beyond postmodernism', *Advances In Nursing Science*, vol. 17, no. 3, pp. 70-84. Blackwell Science full text data base postmodernsim **C**

- 100** Rolfe, G 2001, 'Postmodernism for healthcare workers in 13 easy steps', *Nurse Educ Today*, vol. 21, no. 1, pp. 38-47. PMID: 11162256 [PubMed - as supplied by publisher] **C**
- 101** Rolfe, G 2000, 'On not being clear: a response to Burnard (Journal article commentary)', *Nurse Education Today*, vol. 20, no. 6, pp. 449-52. (13ref) **CINAHL C**
- 102** Rolfe, G 1999, 'The pleasure of the bottomless: postmodernism, chaos and paradigm shift... Reconstructing Nursing: evidence artistry and the curriculum', *Nurse Education Today*, vol. 19, no. 8, pp. 668-72. **C**
- 103** Rolfe, G 1999, 'Rewriting myself "Rewriting ourselves: Creating knowledge in a postmodern world"' (Journal article response), *Nurse Education Today*, vol. 19, no. 4, pp. 295-8. (6ref) **CINAHL C**
- 104** Rolfe, G 1997, 'Writing ourselves: creating knowledge in a postmodern world' (Journal article), *Nurse Education Today*, vol. 17, no. 6, pp. 442-8. (ref20) **CINAHL C**
- 105** Rubotzky, A 2000, 'Nursing participation in health care reform efforts of 1993-1994 Advocating for the national community', *Advances in Nursing Science*, vol. 23, no. 2, pp. 12-33. Blackwell Science full text data base postmodernism **C**
- 106** Rudge, T 1998, 'Skin as a cover: the discursive effect of "covering" metaphors on wound care practices', *Nursing Inquiry*, vol. 5, no. 4, pp. 228-37. (54 ref) **CINAHL C**
- 107** Sakalys, J 2000, 'The political role of illness narratives', *Journal of Advanced nursing*, vol. 31, no. 6, pp. 1469-75. Blackwell Science Full text data base Foucault **C**
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Appendix 4

Final list of articles

Alphabetical listing of research data articles merged from 02 and 05 searches

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[Review] [54 refs] [Journal Article. Review. Review, Tutorial] *Nursing Inquiry*,
vol. 12, no. 2, pp. 98-105. UI: 15892725**Cinahl C** PM
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and the Progress of geographical thought', *Nursing Philosophy*, vol. 4, no. 3, pp.
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- 119** Manias, E & Street, A 2001, 'Rethinking ethnography: reconstructing nursing relationships', *Journal of Advanced Nursing*, vol. 33, no. 2, pp. 234-42. PMID: 11168707 [PubMed - indexed for MEDLINE] **C**
- 120** Manias, E & Street, A 2000, 'Legitimation of nurses knowledge through policies and protocols in clinical practice', *Journal of Advanced Nursing*, vol. 32, no. 6, pp. 1467-1475. Blackwell Science Full text data base Foucault **C**
- 121** Mantzoukas, Stefanos MSc, PhD, RGN, Melanie A Jasper MSc, PhD, RGN, RM 2004, 'Reflective practice and daily ward reality: a covert power game', *Journal of Clinical Nursing*, vol. 13, no. 8, pp. 925-33. **C Blackwell**: pm

- 122** McAllister, Margaret BA MEd EdD RN RPN 2003, 'Doing practice differently: solution-focused nursing', *Journal of Advanced Nursing*, vol. 41, no. 6, pp. 528-35. Highlight **C Blackwell**: pm
- 123** McAllister, MM RN RPN DipAppsci(Nurs) MB MEd D 2001, 'In harm's way: a postmodern narrative inquiry', *Journal of Psychiatric and Mental Health Nursing*, vol. 8, no. 5, pp. 391-7. Highlight **C Blackwell**: pm
- 124** McAllister, M. rn rpn med edd, B. MATARASSO rn bn mmhn(candidate), B. Dixon rn bn mmhn (candidate), C. Sheppard rn bn mmhn 2004, 'Conversation starters: re-examining and reconstructing first encounters within the therapeutic relationship', *Journal of Psychiatric and Mental Health Nursing*, vol. 11, no. 5, pp. 575–82. Highlight **Blackwell C**: pm
- 130** Milligan, F 1999, 'Male sexuality and urethral catheterisation: a review of the literature', *Nursing Standard*, vol. 3, no. 38, pp. 43-7. Blackwell Science Full text data base Foucault **C**
- 131** Mitchell, D 1996, 'Postmodernism health and illness', *Journal of Advanced Nursing*, vol. 23, no. 1, pp. 201–05. Blackwell Science Fulltext DB Foucault **C**
- 132** Mohr, WK 1999, 'Deconstructing the language of psychiatric hospitalization', *Journal of Advanced Nursing*, vol. 29, no. 5, pp. 1052–9. PMID: 10320487 [PubMed - indexed for MEDLINE] Blackwell Science full text data base Deconstruction **C**
- 133** Montgomery, P 2001, 'Shifting meaning of asylum', *Journal of Advanced Nursing*, vol. 33, no. 4, pp. 425-31. Blackwell Science Fulltext DB postmodernism **C**
- 134** Murray, PJ 1996, 'Nurses' computer-mediated communications on NURSENET. A case study', *Computer Nurse*, vol. 14, no. 4, pp. 227–34. PMID: 8718843 [PubMed - indexed for MEDLINE] for interest because it uses Fairclough **C**
- 135** Nelson, S 1997, 'Reading nursing history', *Nurs Inq*, vol. 4, no. 4, pp. 229-36. PMID: 9437959 [PubMed - indexed for MEDLINE] **C**
- 138** Parsons, C 1995, 'The impact of postmodernism on research methodology: implications for nursing', *Nursing Inquiry*, vol. 2, pp. 22–8. My old file **C**
- 139** Peters, M 2002, 'Derrida and the task of the new humanities: postmodern nursing and the culture wars', *Nursing Philosophy*, vol. 3, pp. 47–57. Blackwell Science

- 140** Phillips, DA & Drevdahl, DJ 2003, "Race" and the difficulties of language', [Review] [52 refs] [Journal Article. Review. Review, Tutorial] *Advances in Nursing Science*, vol. 26, no. 1, pp. 17-29. UI: 12611427 **Cinahl C pm**
- 141** Phillips, D 2001, 'Methodology for social accountability: multiple methods and feminist, poststructural, psychoanalytic discourse analysis', *Advances in Nursing Science*, vol. 23, no. 4, pp. 49-66. PMID: 11393249 [PubMed - indexed for MEDLINE] **C**
- 143** Polaschek, Nick PhD RN 2003, 'Negotiated care: a model for nursing work in the renal setting', *Journal of Advanced Nursing*, vol. 42, no. 4, pp. 355-63. Highlight **Blackwell C**: ? pm
- 144** Powers, P 2003, 'Empowerment as Treatment and the Role of Health Professionals', *Advances in Nursing Science*, vol. 26, no. 3, pp. 227-37.
- 145** Price, K & Cheek J 1996, 'Exploring the nursing role in pain management from a post structuralist perspective', *Journal of Advanced Nursing*, vol. 24, no. 5, pp. 899-904. Blackwell Science full text data base Foucault **C**
- 147** Quested, Beverleigh BN MN RN DipAppSc, Trudy Rudge BA PhD RN RPN 2003, 'Nursing care of dead bodies: a discursive analysis of last offices', *Journal of Advanced Nursing*, vol. 41, no. 6, pp. 553-60. Highlight **C Blackwell**: pm
- 149** Reed, P 1996, 'Transforming practice knowledge into nursing knowledge – a revisionist analysis of Peplau Image', *The Journal of Nursing Scholarship*, vol. 28, no. 1, pp. 29-33. Blackwell Science full text data base postmodernsim **C**
- 150** Reed, J 1995, 'A treatise on nursing knowledge development for the 21st century: beyond postmodernism', *Advances In Nursing Science*, vol. 17, no. 3, pp. 70-84. Blackwell Science full text data base postmodernsim **C**
- 151** Rhynas, Sarah J BSc MSc RN 2005, 'Bourdieu's theory of practice and its potential in nursing research', *Journal of Advanced Nursing*, vol. 50, no. 2, pp. 179-86. Highlight **C Blackwell**: pm
- 152** Richman, Joel BA (Hons), MA (Econ), PhD, Dave Mercer BA (Hons), MA, RMN, PGCE 2004, "'Modern language" or "spin"? Nursing, "newspeak" and organizational culture: new health scriptures', *Journal of Nursing Management*, vol. 12, no. 5, pp. 290-8. Highlight **C Blackwell**: pm

- 154** Roberts, M 2005, rnmn diphe ba(hons) pgce ma phd student 'The production of the psychiatric subject: power, knowledge and Michel Foucault', *Nursing Philosophy*, vol. 6, no. 1, pp. 33–42. Highlight Blackwell C: pm
- 157** Rolfe, G 2005, 'The deconstructing angel: nursing, reflection and evidence-based practice', *Nursing Inquiry*, vol. 12, no. 2, pp. 78-86. [Review] [29 refs] [Journal Article. Review. Review, Tutorial] UI: 15892723 Cinahl C pm
- 159** Rolfe, G 2004, 'Philosophy column Deconstruction in a nutshell', *Nursing Philosophy*, vol. 5, no. 3, p. 274. Blackwell
- 160** Rolfe, G 2001, 'Postmodernism for healthcare workers in 13 easy steps', *Nurse Educ Today*, vol. 21, no. 1, pp. 38-47. PMID: 11162256 [PubMed - as supplied by publisher] C
- 161** Rolfe, G 2000, 'On not being clear: a response to Burnard (Journal article commentary)', *Nurse Education Today*, vol. 20, no. 6, pp. 449–52. (13ref) CINAHL C
- 162** Rolfe, G 1999, 'Rewriting myself "Rewriting ourselves: Creating knowledge in a postmodern world"' (Journal article response), *Nurse Education Today*, vol. 19, no. 4, pp. 295-8. (6ref) CINAHL C
- 163** Rolfe, G 1999, 'The pleasure of the bottomless: postmodernism, chaos and paradigm shift... Reconstructing Nursing: evidence artistry and the curriculum', *Nurse Education Today*, vol. 19, no. 8, pp. 668-72. C
- 164** Rolfe, G 1997, 'Writing ourselves: creating knowledge in a postmodern world' (Journal article), *Nurse Education Today*, vol. 17, no. 6, pp. 442-8. (ref20) CINAHL C
- 166** Rubotzky, A 2000, 'Nursing participation in health care reform efforts of 1993-1994 Advocating for the national community', *Advances in Nursing Science*, vol. 23, no. 2, pp. 12-33. Blackwell Science full text data base postmodernism C
- 167** Rudge, T 1998, 'Skin as a cover: the discursive effect of "covering" metaphors on wound care practices', *Nursing Inquiry*, vol. 5, no. 4, pp. 228–37. (54 ref) CINAHL C
- 168** Sakalys, J 2000, 'The political role of illness narratives', *Journal of Advanced nursing*, vol. 31, no. 6, pp. 1469-75. Blackwell Science Full text data base Foucault C

- 169** Sandelowski, M 1995, 'On the aesthetics of qualitative research Image', *The Journal of Nursing Scholarship*, vol. 27, no. 3, pp. 205–07. Blackwell Science Full text database C
- 170** Savage, J 2000, 'One voice different tunes: issues raised by dual analysis of a segment of qualitative data', *Journal of Advanced Nursing*, vol. 31, no. 6, pp.1493-500. Blackwell Science Full text data base postmodernism C
- 172** Scott, C & West, E N2001, 'Nursing in the public sphere: health policy research in a changing world', *Journal of Advanced Nursing*, vol. 3, pp. 387-95. Blackwell Science Full text data base Foucault C
- 173** Seibold, C 2000, 'Qualitative Research from a feminist perspective in the postmodern era: methodological, ethical & reflexive concerns' (Journal article), *Nursing Inquiry*, vol. 7, no. 3, pp. 147-55. (41ref) CINAHL C
- 174** Sekula, K, Holmes, D, Zoucha, R, DeSantis, J & Olshansky E 2001, 'Forensic psychiatric nursing. Discursive practices and the emergence of a specialty', *J Psychosoc Nurs Ment Health Serv*, vol. 39, no. 9, pp. 51-7. PMID: 11565234 [PubMed - in process] C
- 175** Smith, C & Sutton F 1999, 'Best practice: What it is and what it is not', *International Journal of Nursing Practice*, vol. 5, no. 2, pp. 100-05. Blackwell Science full text data base Foucault C
- 177** Spitzer, A 1998, 'Nursing in the health care system of the postmodern world: crossroads paradoxes and complexity', *Journal of Advanced Nursing*, vol. 28, no. 1), pp. 164-71. Blackwell Science full text data base postmodernism C
- 179** Stevenson, C & Beech, I 2001, 'Paradigms lost, paradigm regained....', *Nursing Philosophy*, vol. 2, pp. 143-50. C
- 180** Stevenson, C & Beech I 1998, 'Playing the power game for qualitative researchers: the possibility of a postmodern approach', *Journal of Advanced Nursing*, vol. 27, no. 4, pp. 790-7. Blackwell Science Fulltext DB Foucault C
- 181** Stevenson, C & Reed A 1997, Postmodernity and Psychiatric Nursing –take two', *Journal of Psychiatric Mental Health Nursing*, vol. 4, no. 4, pp. 312–14. PubMed PostmodernismC
- 182** Stevenson, C & Reed, A 1996, 'Postmodernism', *Journal of Psychiatric Mental Health Nursing*, vol. 3, no. 4, pp. 215-16. PubMed PostmodernismC

- 184** Sundin-Huard, D 2001, 'Subject positions theory – its application to understanding collaboration (and confrontation) in critical care', *J Adv Nurs*, vol. 34, no. 3, pp. 376-82. PMID: 11328443 [PubMed - indexed for MEDLINE] **C**
- 185** Tabak, Nili RN PhD LLB, Livne Adi, Mali Eherenfeld RN PhD 2003, 'Philosophy underlying excellence in teaching', *Nursing Philosophy*, vol. 4, no. 3, pp. 249-54. Highlight **Blackwell C**: pm
- 186** Tapp, D & Wright, L 1996, 'Live supervision and family systems nursing: post modern influences and dilemmas', *Journal of Psychiatric Mental Health Nursing*, vol. 3, no. 4, pp. 225-33. PubMed Postmodernism **C**
- 187** Thompson, J 2002, 'Which postmodernism? A critical response to "Therapeutic touch and postmodernism in nursing"', *Nursing Philosophy*, vol. 3, pp. 58–62. **See 51 & 51a**
- 189** Traynor, M 1997, 'Postmodern research: no grounding or privilege, just free floating trouble making', *Nursing Inquiry*, vol. 4, no. 2, pp. 99–107. **C**
- 190** Van der Riet, P 1998, 'The sexual embodiment of a cancer patient', *Nursing Inquiry*, vol. 5, no. 4, pp. 248–57. **C**
- 191** van der Riet, P 1995, 'Massage and sexuality in nursing', *Nurs Inq.* vol. 2, no. 3, pp. 149-56. PMID: 7664159 [PubMed - indexed for MEDLINE] **C**
- 192** Walker, Kim RN PhD 2004, "'Double b(l)ind": peer-review and the politics of scholarship', *Nursing Philosophy*, vol. 5, no. 2, pp. 135-46. Highlight **Blackwell C pm**
- 193** Walker, K 1997, 'Cutting edges: deconstructive inquiry and the mission of the border ethnographer', *Nursing Inquiry*, vol. 4, pp. 3–13.
- 201** Watson, J 1995, 'Postmodernism and knowledge development in nursing', *Nursing Science Quarterly*, vol. 8, no. 2, pp. 60-4. my old file **C**
- 203** Wilkin, P 2001, 'From Medicalisation to hybridisation: a postcolonial discourse for psychiatric nurses', *Journal of Psychiatric & Mental Health Nursing*, vol. 8, no. 2, p. 115. Blackwell
- 204** Williams, R 1996, 'From modernism to postmodernism: the implications for nurse therapist intervention', *Journal of Psychiatric Mental Health Nursing*, vol. 3, no. 4, pp. 269-71. PubMed postmodernism **C**

- 205** Wilson, HV 2001, 'Power and partnership: a critical analysis of the surveillance discourses of child health nurses', *Journal of Advanced Nursing*, vol. 36, no. 2, pp. 294–301. PMID: 11580805 [PubMed - in process] **C**

Appendix 5

Year of Publication of Postmodern Articles

Year of Publication	% Total
2005 (until July)	
8	4.8
2004	
14	8.4
2003	
22	13.0
2002	
15	9.0
2001	
27	16.0
2000	
12	7.0
1999	
16	9.5
1998	
9	5.4
1997	
13	7.8
1996	
14	8.4
1995	
12	7.2
1994	
2	1.2
1993	
1992	
1	0.6
1991	
1	0.6

Appendix 6**Year of publication and location of author**

Year	Aust.	Canada	UK	USA	New Zealand
2005	0	2	4	1	0
2004	5	2	6	1	0
2003	3	4	3	9	1
2002	4	1	3	3	0
2001	6	2	6	5	2
2000	3	0	3	3	2
1999	5	2	4	4	1
1998	5	0	1	0	1
1997	5	2	4	4	0
1996	3	2	5	2	1
1995	4	0	5	6	0
1994	2	0	0	0	0
1992	0	0	0	1	0
1991	0	0	1	0	0

Appendix 7

Year of publication and journal

Year	Nurs. Inq	J Adv Nur	Ad. Nurs Sc	Nur Phil	J Psych &Ment H
2005	3	2	1	1	0
2004	2	2	2	3	1
2003	4	4	6	4	1
2002	4	2	0	3	1
2001	2	11	3	3	3
2000	1	6	2	1	0
1999	3	1	4	0	0
1998	3	3	1	0	0
1997	6	0	2	0	1
1996	1	5	1	0	3
1995	4	2	1	0	0
1994	2	0	0	0	0
1991	0	1	0	0	0

Appendix 8

List of all Foucault articles

- 1 Allen, Daniel 2004, 'Fishing for Foucault', [Biography. Historical Article. Journal Article], *Nursing Standard*, vol. 18, no. 38, pp. 20–1. UI: 15264375C
- 16 Bjornsdittir, K 2001, 'Language research and nursing practice', *Journal of Advanced Nursing*, vol. 33, no. 2, pp. 159–66. Blackwell Science full text data base postmodernism C
- 19 Bruni, N 1997, 'The nurse educator as teacher: exploring the construction of the "reluctant instructor"', *Nursing Inquiry*, vol. 4, pp. 34–40. Blackwell Science C
- 24 Cheek, J & Porter, S 1997, 'Reviewing Foucault: possibilities and problems for nursing and Health Care', *Nurse Inquiry*, vol. 4, no. 2, pp. 108–19. Pub Med Cheek C
- 26 Cheek, J & Rudge, T 1994, 'Nursing as textually mediated reality', *Nursing Inquiry*, vol. 1, no. 1, pp. 15–22. PMID: 7850620 [PubMed - indexed for MEDLINE] C
- 33 Crowe, M 2000, 'Constructing normality: a discourse analysis of the DSM-IV', *Journal Psychiatric Mental Health Nursing*, vol. 7, no. 1, pp. 69–77. Review.PMID: 11022513 [PubMed - indexed for MEDLINE] C
- 34 Crowe, M 2000, 'Psychiatric diagnosis: some implications for mental health nursing care', *Journal of Advanced Nursing*, vol. 31, no. 3, pp. 583–9. Blackwell Science Fulltext DB Foucault C
- 35 Crowe, M 2000, 'The Nurse-Patient relationship: a consideration of its discursive context' *Journal of Advanced Nursing*, vol. 31, no. 4, pp. 962–7. Blackwell Science Fulltext DB Foucault C
- 37 Crowe, M 1998, 'The power of the word: some post structural considerations of qualitative approaches in nursing research', *Journal of Advanced Nursing*, vol. 28, no. 2, pp. 339–44. Blackwell Science Fulltext DB Foucault C
- 38 Curtis, J & Harrison, L 2001, 'Beneath the surface: collaboration in alcohol and other drug Treatment. An analysis of Foucault's three modes of objectification', *Journal of Advanced Nursing*, vol. 34, no. 6, pp. 737–44. C
- 42 Davis, J & Cushing, A 1999, 'Nursing leadership in the US 1950s–1970s: a discourse analysis', *International History of Nursing Journal*, vol. 4, no. 4, pp. 12–18. PMID: 11624211 [PubMed - in process] C

- 46** Doering, L 1992, 'Power and knowledge in nursing: A feminist poststructuralist view', *Advances in Nursing Science*, vol. 14, no. 4, pp. 24–33. My old file **C**
- 52** Dzurec, Laura Cox PhD, RN,CS From the School of Nursing, University of Connecticut, Storrs, Connecticut. 'Poststructuralist Musings on the Mind/Body Question in Health Care', *Advances in Nursing Science, Critical & Postmodern Perspectives*. vol. 26, no. 1, pp. 63–76. **pm**
- 62** Falk-Rafael, AR 1996, 'Power and caring: a dialectic in nursing', *Advances in Nursing Science*, vol. 19, no. 1, pp. 3–17. Blackwell Science full text data base Foucault **C**
- 65** Gastaldo, D & Holmes, D 1999, 'Foucault and Nursing, a history of the present', *Nursing Inquiry*, vol. 6, no. 4, pp. 231–40. Review.PMID: 10696209 [PubMed - indexed for MEDLINE] **C**
- 66** Georges, Jane M. PhD, RN, CNOR;McGuire, Sister Sharon PhD, OP, APRN-BC Institution From the Hahn School of Nursing and Health Science, University of San Diego, San Diego, Calif. 2004, 'Deconstructing Clinical Pathways: Mapping the Landscape of Health Care', *Advances in Nursing Science*, vol. 27, no. 1, pp. 2–11. **pm**
- 67** Georges, JM. 2003, 'An emerging discourse: toward epistemic diversity in nursing', *Advances in Nursing Science*, vol. 26, no. 1, pp. 44–52. [Review] [18 refs] [Journal Article. Review. Review, Tutorial]UI: 12611429 **Cinahl pm**
- 69** Gibson, T 2001, 'Nurses and medication error: a discursive reading of the literature', *Nursing Inquiry*, vol. 8, no. 2, pp. 108–21.
- 70** Gilbert, T 2001, 'Reflective practice and clinical supervision: meticulous rituals of the confessional', *Journal of Advanced Nursing*, vol. 36, no. 2, pp. 199–205. PMID: 11580794 [PubMed-in process] **C**
- 71** Gilbert, T 1995, 'Nursing: empowerment and the problem of power', *Journal of Advanced Nursing*, vol. 21, no. 5, pp. 865–71. Blackwell Science Fulltext DB Foucault **C**
- 82** Hazelton, M 1999, 'Psychiatric personnel risk management and the new institutionalism', *Nursing Inquiry*, vol. 6, no. 4, pp. 224–30. (23 ref) CINAHL **C**
- 83** Heartfield, M 2005, 'Regulating hospital use: length of stay, beds and whiteboards', [Review] [26 refs] [Journal Article. Review. Review, Tutorial], *Nursing Inquiry*, vol. 12, no. 1, pp. 21–6. UI: 15743439 **Cinahl C pm**

- 84** Heartfield, M 1996, 'Nursing documentation and nursing practice: A discourse analysis', *Journal of Advanced Nursing*, vol. 24, pp. 98–103. PMID: 8807383 [PubMed - indexed for MEDLINE] C Article uses Foucault as a framework, consciously includes information about Foucault's ideas and his methodology and uses his ideas in the interpretation of findings
- 85** Hegney, D 1998, 'Disciplinary power and its influence on the administration and supply of medications by nurses in rural areas of Australia', *International Journal of Nursing Practice*, vol. 4, no. 3, pp. 144–50. 14(ref) CINAHL C
- 87** Henneman, E 1995, 'Nurse-physician collaboration: a poststructuralist view', *Journal of Advanced Nursing*, vol. 22, no. 2, pp. 359–63. Blackwell Science Fulltext DB Foucault C
- 89** Heslop, L 1998, 'A Discursive exploration of nursing work in the hospital emergency setting', *Nursing Inquiry*, vol. 5, no. 2, pp. 87–95. PMID: 9923302 [PubMed - indexed for MEDLINE] C
- 101** Huntington, AD & Gilmour, JA 2001, 'Re-thinking representations, re-writing nursing texts: possibilities through feminist and Foucauldian thought', *Journal of Advanced Nursing*, vol. 35, no. 6, pp. 902–08. PMID: 11555038 [PubMed - in process] C
- 104** Irving, K 2002, 'Governing the conduct of conduct: are restraints inevitable?', *Journal of Advanced Nursing*, vol. 40, no. 4, pp. 405–12. Highlight Blackwell C: pm
- 105** Keddy, B 1996, 'A feminist critique of psychiatric nursing discourse', *Issues Ment Health Nurs*, vol. 17, no. 4, pp. 381-91. Review. PMID: 8920338 [PubMed - indexed for MEDLINE] C
- 111** Leyshon, S 2002, 'Empowering practitioners: an unrealistic expectation of nurse education?', *Journal of Advanced Nursing*, vol. 40, no. 4, pp. 466–74. Highlight Blackwell C: pm
- 113** Lines, K 2001, 'A philosophical analysis of evidence-based practice in mental health nursing', *Australian New Zealand Journal Mental Health Nursing*, vol. 10, no. 3, pp. 167–75. PMID: 11493288 [PubMed - in process] C
- 131** Mitchell, D 1996, 'Postmodernism health and illness', *Journal of Advanced Nursing*, vol. 23, no. 1, pp. 201–05. Blackwell Science Fulltext DB Foucault C

- 132** Mohr, WK 1999, 'Deconstructing the language of psychiatric hospitalization', *Journal of Advanced Nursing*, vol. 29, no. 5, pp. 1052–9. PMID: 10320487 [PubMed - indexed for MEDLINE] Blackwell Science full text data base
Deconstruction **C**
- 140** Phillips, DA & Drevdahl, DJ 2003, "'Race" and the difficulties of language', [Review] [52 refs] [Journal Article. Review. Review, Tutorial] *Advances in Nursing Science*, vol. 26, no. 1, pp. 17-29. UI: 12611427 **Cinahl C pm**
- 143** Polaschek, Nick PhD RN 2003, 'Negotiated care: a model for nursing work in the renal setting', *Journal of Advanced Nursing*, vol. 42, no. 4, pp. 355-63.
Highlight **Blackwell C**: ? pm
- 144** Powers, P 2003, 'Empowerment as Treatment and the Role of Health Professionals', *Advances in Nursing Science*, vol. 26, no. 3, pp. 227-37.
- 147** Quedstedt, Beverleigh BN MN RN DipAppSc, Trudy Rudge BA PhD RN RPN 2003, 'Nursing care of dead bodies: a discursive analysis of last offices', *Journal of Advanced Nursing*, vol. 41, no. 6, pp. 553-60. Highlight **C Blackwell**: pm
- 154** Roberts, M 2005, rnm diphe ba(hons) pgce ma phd student 'The production of the psychiatric subject: power, knowledge and Michel Foucault', *Nursing Philosophy*, vol. 6, no. 1, pp. 33–42. Highlight **Blackwell C**: pm
- 167** Rudge, T 1998, 'Skin as a cover: the discursive effect of "covering" metaphors on wound care practices', *Nursing Inquiry*, vol. 5, no. 4, pp. 228–37. (54 ref)
CINAHL C
- 174** Sekula, K, Holmes, D, Zoucha, R, DeSantis, J & Olshansky E 2001, 'Forensic psychiatric nursing. Discursive practices and the emergence of a specialty', *J Psychosoc Nurs Ment Health Serv*, vol. 39, no. 9, pp. 51-7. PMID: 11565234 [PubMed - in process]
- 182** Stevenson, C & Reed, A 1996, 'Postmodernism', *Journal of Psychiatric Mental Health Nursing*, vol. 3, no. 4, pp. 215-16. PubMed Postmodernism **C**
- 189** Traynor, M 1997, 'Postmodern research: no grounding or privilege, just free floating trouble making', *Nursing Inquiry*, vol. 4, no. 2, pp. 99–107. **C**
- 190** Van der Riet, P 1998, 'The sexual embodiment of a cancer patient', *Nursing Inquiry*, vol. 5, no. 4, pp. 248–57. **C**

- 205** Wilson, HV 2001, 'Power and partnership: a critical analysis of the surveillance discourses of child health nurses', *Journal of Advanced Nursing*, vol. 36, no. 2, pp. 294–301. PMID: 11580805 [PubMed - in process] **C**

Appendix 9

List of eclectic Foucault articles

- 16** Bjornsdittir, K 2001, 'Language research and nursing practice', *Journal of Advanced Nursing*, vol. 33, no. 2, pp. 159–66. Blackwell Science full text data base postmodernism **C**
- 33** Crowe, M 2000, 'Constructing normality: a discourse analysis of the DSM-IV', *Journal Psychiatric Mental Health Nursing*, vol. 7, no. 1, pp. 69–77. Review.PMID: 11022513 [PubMed - indexed for MEDLINE] **C**
- 34** Crowe, M 2000, 'Psychiatric diagnosis: some implications for mental health nursing care', *Journal of Advanced Nursing*, vol. 31, no. 3, pp. 583–9. Blackwell Science Fulltext DB Foucault **C**
- 35** Crowe, M 2000, 'The Nurse-Patient relationship: a consideration of its discursive context' *Journal of Advanced Nursing*, vol. 31, no. 4, pp. 962–7. Blackwell Science Fulltext DB Foucault **C**
- 37** Crowe, M 1998, 'The power of the word: some post structural considerations of qualitative approaches in nursing research', *Journal of Advanced Nursing*, vol. 28, no. 2, pp. 339–44. Blackwell Science Fulltext DB Foucault **C**
- 38** Curtis, J & Harrison, L 2001, 'Beneath the surface: collaboration in alcohol and other drug Treatment. An analysis of Foucault's three modes of objectification', *Journal of Advanced Nursing*, vol. 34, no. 6, pp. 737–44. **C**
- 52** Dzurec, Laura Cox PhD, RN,CS From the School of Nursing, University of Connecticut, Storrs, Connecticut. 'Poststructuralist Musings on the Mind/Body Question in Health Care', *Advances in Nursing Science, Critical & Postmodern Perspectives*. vol. 26, no. 1, pp. 63–76. **pm**
- 62** Falk-Rafael AR 1996, 'Power and caring: a dialectic in nursing', *Advances in Nursing Science*, vol. 19, no. 1, pp. 3–17. Blackwell Science full text data base Foucault **C**
- 66** Georges, Jane M. PhD, RN, CNOR;McGuire, Sister Sharon PhD, OP, APRN-BC Institution From the Hahn School of Nursing and Health Science, University of San Diego, San Diego, Calif. 2004, 'Deconstructing Clinical Pathways:

- Mapping the Landscape of Health Care', *Advances in Nursing Science*, vol. 27, no. 1, pp. 2–11. **pm**
- 67** Georges, JM. 2003, 'An emerging discourse: toward epistemic diversity in nursing', *Advances in Nursing Science*, vol. 26, no. 1, pp. 44–52. [Review] [18 refs] [Journal Article. Review. Review, Tutorial] UI: 12611429 **Cinahl pm**
- 101** Huntington, AD & Gilmour, JA 2001, 'Re-thinking representations, re-writing nursing texts: possibilities through feminist and Foucauldian thought', *Journal of Advanced Nursing*, vol. 35, no. 6, pp. 902–08. PMID: 11555038 [PubMed - in process] **C**
- 105** Keddy, B 1996, 'A feminist critique of psychiatric nursing discourse', *Issues Ment Health Nurs*, vol. 17, no. 4, pp. 381-91. Review.PMID: 8920338 [PubMed - indexed for MEDLINE] **C**
- 131** Mitchell, D 1996, 'Postmodernism health and illness', *Journal of Advanced Nursing*, vol. 23, no. 1, pp. 201–05. Blackwell Science Fulltext DB Foucault **C**
- 140** Phillips, DA & Drevdahl, DJ 2003, "'Race" and the difficulties of language', [Review] [52 refs] [Journal Article. Review. Review, Tutorial] *Advances in Nursing Science*, vol. 26, no. 1, pp. 17-29. UI: 12611427 **Cinahl C pm**
- 147** Quested, Beverleigh BN MN RN DipAppSc, Trudy Rudge BA PhD RN RPN 2003, 'Nursing care of dead bodies: a discursive analysis of last offices', *Journal of Advanced Nursing*, vol. 41, no. 6, pp. 553-60. Highlight **C Blackwell: pm**
- 167** Rudge, T 1998, 'Skin as a cover: the discursive effect of "covering" metaphors on wound care practices', *Nursing Inquiry*, vol. 5, no. 4, pp. 228–37. (54 ref) **CINAHL C**
- 189** Traynor, M 1997, 'Postmodern research: no grounding or privilege, just free floating trouble making', *Nursing Inquiry*, vol. 4, no. 2, pp. 99–107. **C**
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Appendix 10

List of critical theory articles

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- 14 Beil-Hildebrand, Margitta B 2002, 'Theorising culture and culture in context: institutional excellence and control', *Nursing Inquiry*, vol. 9, no. 4, pp. 257-74. Highlight **Blackwell C**: pm
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- 55 Emden, C & Sandelowski, M 1999, 'The good the bad and the relative, part 2 Goodness and the criterion problem in qualitative research', *International Journal of Nursing Practice*, vol. 5, no. 1, pp. 2–7. Blackwell Science full text data base postmodernism **C this is a very useful critical paper**
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- 77 Hall, J 1999, 'Marginalisation revisited: critical, postmodern, & liberation perspectives', *Advances in Nursing Science*, vol. 22, no. 2, pp. 88–102. Blackwell Science Fulltext DB Foucault **C**
- 79 Hardin, Pamela K. PhD, RN From the College of Nursing, University of Utah, Salt Lake City, Utah, 2003, 'Social and Cultural Considerations in Recovery From Anorexia Nervosa', *Advances in Nursing Science*, vol. 26, no. 1, pp. 5–16. **pm**
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- 124** McAllister, M. rn rpn med edd, B. Matarasso rn bn mmhn(candidate), B. Dixon rn bn mmhn (candidate), C. Sheppard rn bn mmhn 2004, 'Conversation starters: re-examining and reconstructing first encounters within the therapeutic relationship', *Journal of Psychiatric and Mental Health Nursing*, vol. 11, no. 5, pp. 575-82. Highlight **Blackwell C**: pm
- 134** Murray, PJ 1996, 'Nurses' computer-mediated communications on NURSENET. A case study', *Computer Nurse*, vol. 14, no. 4, pp. 227-34. PMID: 8718843 [PubMed - indexed for MEDLINE] for interest because it uses Fairclough **C**
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