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The Potential Contributions of Critical Social Theory to Nursing Science

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La sociologie critique, de par son orientation théorique et philosophique, informe de plus en plus les champs de la recherche, de la théorie et de la pratique en sciences infirmières, en raison de la nécessité de tenir compte des facteurs socio-économiques accablants qui influent sur la santé et la prestation des soins. Or, bien que la teneur émancipatrice de la théorie critique réponde bien à la mission sociale de la profession infirmière, un examen approfondi des fondements ontologiques et épistémologiques de cette perspective révèle d'importantes incompatibilités en ce qui a trait aux exigences particulières de la discipline des sciences infirmières sur le plan épistémologique, à savoir élaborer des connaissances à la fois spécifiques et généralisables. L'auteure argumente que l'apport le plus significatif pouvant être fait par la sociologie critique aux sciences infirmières pourrait se traduire par une critique des idéologies fondamentales qui ont servi à élaborer le champ des connaissances dans cette discipline. La sociologie critique, en permettant de remettre en question ces présupposés idéologiques et de maintenir l'équilibre entre les diverses exigences de la discipline sur le plan épistémologique, pourrait ainsi contribuer à faire avancer les sciences infirmières vers des buts progressistes et émancipateurs

As a theoretical and philosophical orientation to science, critical social theory (CST) is increasingly used in nursing inquiry, theory, and practice to address oppressive socio-political conditions influencing health and health care. Although the emancipatory focus of CST is well aligned with nursing's social mandate, the examination of ontological and epistemological assumptions underlying CST reveal important incongruities in relation to the unique epistemological requirements of nursing science for both generalizable and particular knowledge. This article examines the potential contributions of CST to nursing science and areas of philosophical compatibility and incongruity. The author argues that the most significant contribution of CST to nursing science may be achieved by critiquing the fundamental ideologies upon which nursing knowledge is devleoped. By interrogating these ideological assumptions, and by maintaining the integrity of our diverse epistemological requirements, CST can advance nursing science towards progressive, emancipatory objectives.

Introduction

Debates in nursing on the relative merits of qualitative or quantitative traditions have been supplanted by more complex discussions of the

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ontological and epistemological assumptions[1] underlying the predominant philosophical orientations that guide nursing science. These different ontological and epistemological orientations provide the generalizable, objectively derived knowledge and specific, subjectively derived knowledge required to inform nursing practice. In the early 1980s, however, nursing scholars began to express concern over the lack of attention in nursing science to the social, political, economic, and historical conditions influencing clients, nursing, and health care (Kendall, 1992; Stevens, 1989). Empiricism and interpretivism were seen as lacking the capacity to address issues related to power inequities, structural constraints, and oppressions within society. To address this perceived gap in nursing science, nurse-scholars began to draw upon critical social theory (CST) as a theoretical and philosophical orientation to science that refocuses attention on the socio-political and historical context of health and health care (Ray, 1992).

In many respects, the aims of CST are compatible with nursing's social mandate. Examination of the ontological and epistemological premises underlying CST, however, reveal important incongruities in relation to the unique epistemological requirements of nursing science. In this article, the potential contributions of CST to nursing science are examined with a view to uncovering areas of philosophical compatibility and possible contradiction. The intent is not to discount the very powerful advantages of CST in advancing emancipatory goals for patients; rather, questioning the liberal philosophic underpinnings of nursing science will make apparent the risks in applying CST without adequate attention to the ideological context in which emancipatory ideas arise. Within this context, I argue that the most significant contribution of CST to nursing science may be in critiquing and challenging the ideological assumptions that drive nursing science.

Nursing Science: A Working Definition

For the purposes of this article, nursing science is broadly defined as a practice science, the ultimate purpose of which is to (a) generate knowledge to meet its social and moral mandates, (b) inform nursing practice, and (c) develop possibilities for improving practice (Donaldson, 1995; Gortner, 1990; Johnson, 1991). As nursing is a practice science, the fun-

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1. For the purposes of this paper, epistemologies are defined as justificatory claims about who can be agents of knowledge, what constitutes legitimate knowledge, what kinds of things can be known, and what constitutes legitimate ways of developing knowledge (Harding, 1987). Ontology is concerned with understanding the nature of being and existence, "what is," and the structure of reality (Crotty, 1998).

damental goal of nursing inquiry and knowledge development is to inform and be informed by practice in ways that are socially relevant and scientifically rigorous (Hinshaw, 1989).

Nursing's foundation as a practice-based human science has particular implications for the analysis addressed in this article. The complex nature of nursing's social and moral mandates necessitates the use of multiple modes of inquiry to achieve the goals of nursing science. Nursing must apply general knowledge (e.g., health-promotion principles) for particular care (adapting principles to meet the unique needs of individuals/communities), rather than produce and apply uniform knowledge (applying the same principles in the same way to a wide range of individuals/communities) (Johnson, 1991). To do so, nursing science must generate and apply knowledge derived from different epistemological traditions, including empiricism (objectivist), interpretivism or constructivism (subjectivist), and hermeneutic philosophy (bridging subjectivity and objectivity).

The capacity and necessity to engage with different types of knowledge reflects the pragmatic, practice-based nature of nursing science. For example, generalizable knowledge concerning shared realities, common experiences, and predictable responses to health, illness, and social conditions is required to inform fundamental principles of practice. Inquiries conducted in the empiricist tradition are needed to substantiate claims regarding evidence-based practice, to determine predictable responses to nursing care, and to test deductive theoretical propositions (Monti & Tingen, 1999). At the same time, specific, subjectively derived knowledge conducted in interpretive/constructivist traditions is needed to address multiple realities, diverse experiences, and unique responses, and to tailor nursing practice to individual patient needs. The ability to generate and apply generalizable and specific knowledge in the absence of either empiricism or interpretivism seems untenable. Thus in an applied context, both subjective and objective knowledge must be developed and valued, "[one] neither inherently more true than the other, but each applicable on in its own terms and its own context" (Thorne & Varcoe, 1998, p. 490).

Some nursing scholars (e.g., Allen, 1995; Allen, Benner, & Diekelmann, 1986; Lutz, Jones, & Kendall, 1997; Thompson, 1990) move beyond the Cartesian separation of objective and subjective realms by positioning their work within "hermeneutic philosophy" (sometimes referred to as "Heideggerian phenomenology"). This approach bridges objectivity and subjectivity by highlighting the hermeneutical dimension of science, which focuses on understanding and interpreting mean-

ings that are at once objective and subjective (Bernstein, 1983; Crotty, 1998; Schwandt, 1998). Despite the appeal of transcending objective/subjective divisions, a prominent convention in nursing, as in other health and social sciences, is to treat these two epistemological stances as separate and separable (Bernstein; Guba & Lincoln, 1998; Johnson & Ratner, 1997; Monti & Tingen, 1999; Morrow & Brown, 1994). Realizing that the distinctions between subjective and objective knowledge domains are convenient (and oversimplified) dichotomous constructions, such classifications can be useful when used strategically to navigate among complex epistemological or ontological considerations (Johnson & Ratner). In this paper, I distinguish between objective and subjective forms of knowledge, and their general or particular applications, only as heuristic devices for discussing pertinent issues related to critically oriented knowledge in nursing.

Nursing's designation as a practice science means that our primary scientific mandates are social and moral, not theoretical (Bishop & Scudder, 1995). While theoretical discourse is obviously required to build frameworks for guiding nursing inquiry and practice, our primary responsibilities are actions that will lead to improved health for the collective (society) and individuals. Our science is therefore doubly charged with developing "preferable" forms of knowledge (Allen, 1992) and with enacting knowledge in practice towards a greater social good. Consequently, nursing's scientific responsibilities extend well beyond those of disciplines that are solely theoretically driven: we must produce and apply both theoretical and practice-based knowledge, and evaluate them against the general standards of science and our social and moral mandates. Given the complex mandates and epistemological requirements of nursing science, the central tenets of CST are reviewed and evaluated for areas of philosophical compatibility and incompatibility.

Critical Social Theory: Overview of Central Tenets

Critical theory grew out of the theoretical tradition of the Frankfurt School in the 1920s and 1930s, as left-wing intellectuals endeavoured to reappraise Marxist theory and move the notion of domination and oppression beyond the realm of economic and class struggles (Kim & Holter, 1995; Stirk, 2000). Rather than representing a unified school of thought, CST encompasses different strands of theory heavily influenced by the Frankfurt School theorists. For the analysis, I draw primarily on the version of CST developed by Habermas, one of the most prominent second-generation German critical theorists (Agger, 1991;

Outhwaite, 1994). The decision to focus on Habermas's theory over other forms of critical theory stems from the heavy reliance on Habermas found in the nursing literature and from the need to create parameters for the discussion. In this article, the term *CST* is used to refer to Habermas's theory and the term *critical theory* is used to denote the broader field of critical theories.

CST can be viewed as a metatheoretical framework (theory about theory) for social science generally and nursing science particularly (Morrow & Brown, 1994). Unlike contemporary postmodern and post-structural theories, Habermas's theory is grounded in the Enlightenment tradition emphasizing reason, language, rational argument, a normative foundation for social critique, and a conception of history as moving in a dialectical manner towards emancipatory ideals (Hammersley, 1992; Willette, 1998). Basic assumptions and central tenets of CST particularly relevant for nursing science are synthesized as follows: (a) there is no ahistorical, value-neutral, or foundational knowledge that can be known outside of human consciousness; (b) all knowledge is fundamentally mediated by socially and historically mediated power relations; (c) every form of social order entails some form of domination and power; (d) language is central to the creation of knowledge and formation of meaning; (e) mainstream research generally maintains and reproduces (albeit unwittingly) systems of race, class, and gender oppression; (f) facts (or "truth claims") can never be separated from the domain of values or forms of ideological inscriptions; (g) by explaining and critiquing the social order, critical social science serves as a catalyst for enlightenment, empowerment, emancipation, and social transformation; and (h) critically oriented knowledge should offer social or cultural critiques with a view to transforming normative foundations that maintain the status quo (Boutain, 1999b; Fay, 1987; Habermas, 1968/1971; Kincheloe & McLaren, 1998; Morrow & Brown). Embedded within these tenets are definitive assumptions about the pervasiveness of unequal power relations and oppressive structures within society, and an emancipatory project that seeks liberation from constraints and domination arising from social, political, economic, and ideologic[2] conditions (Stevens, 1989).

2. Ideology can be defined as "any system of ideas underlying and informing social or political action" and, "more particularly, any system of ideas which justifies or legitimates the subordination of one group by another" (Jary & Jary, 1991, p. 295). Typically, ideologies are not critiqued or challenged because of their taken-for-granted acceptance and domination in society (Boutain, 1999b; Stevens, 1989).

According to Habermas, critically oriented science should produce emancipatory knowledge that promotes social change and a more just society (Morrow & Brown, 1994). Such knowledge is developed through the critique of ideology and relations of dependence, which ideology sets in place as seemingly natural (Crotty, 1998; Habermas, 1968/1971). For a social critique to be liberatory, it must reveal the hidden relations of domination and power inherent in society's fundamental structures and ideologies (Fay, 1987; Thompson, 1987). The ultimate goal is emancipation to the "point where the self-consciousness of the species has attained the level of critique and freed itself from all ideological delusion" (Habermas, 1968/1971, p. 55). Such liberation involves freedom from conscious constraints and false consciousness to achieve uncoerced negotiated agreement as the basis for rational community life (McCarthy, 1978; Ray, 1992). Rationality in this context entails two central values, autonomy and responsibility, enacted (ideally) in the absence of oppressive coercion or manipulation by hegemonic ideology. Truths or knowledge as warranted beliefs are linked to ideas of rational consensus negotiated by a community (Allen et al., 1986). Thus knowledge is created, not discovered or received.

Conceiving of knowledge development as created through a process of self-enlightenment does not imply that knowledge is socially constructed according to a constructivist tradition of inquiry. Rather, Habermas attempts to articulate a distinctive form of epistemology into a "theory of rational communicative action" (Habermas, 1968/1971, 1981/1984). Here Habermas shifts critical social theory from the paradigm of consciousness to the paradigm of communication by connecting language, knowledge, communication, rationality, and action (Agger, 1991).

Using three different categories of knowledge, Habermas (1968/1971) links epistemological paradigms: (1) empirical-analytical (called technical cognitive interests), (2) historical-hermeneutic (practical cognitive interests), and (3) critical social science (emancipatory cognitive interests or emancipatory knowledge). The latter is derived by synthesizing knowledge from the previous two traditions to focus on individual and collective critical self-reflection, enlightenment, and rational mutual understanding (McCarthy, 1978; Ray, 1992). Thus, as Habermas (1968/1971) writes, "Orientation toward technical control, toward mutual understanding in the conduct of life, and toward emancipation from seemingly 'natural' constraint establish the specific viewpoints from which we can apprehend reality" (p. 311).

By drawing on different epistemological traditions, Habermas acknowledges the value in generating predictive, technical knowledge (empirical) and intersubjective knowledge (historical-hermeneutic) (Kim & Holter, 1995; Morrow & Brown, 1994). Because the parameters of empirical science are well understood within nursing, the emphasis here is on explicating the assumptions underlying Habermas's (1968/1971) second epistemological domain: historical-hermeneutics. Historical-hermeneutic knowledge is used to reveal "the intersubjectivity of mutual understanding in ordinary-language communication, and in action according to common norms," making possible "the form of unconstrained consensus and the type of open intersubjectivity on which communication action depends" (p. 176). "Communicative action" in this context refers to a distinctive type of social interaction and action oriented towards mutual understanding (Bernstein, 1985). Clearly, Habermas's conceptualization of historical-hermeneutics does not imply a focus on the individual's personal experiential meanings as in phenomenology or the coexistence of multiple realities or multiple interpretations of reality as in constructivism (Campbell & Bunting, 1991). Rather, historical-hermeneutic knowledge is viewed as a point of contrast in relation to empiricism-objectivism: "It is distinguished from the technical cognitive interest in that it aims not at the comprehension of an objectified reality but at the maintenance of the intersubjectivity of mutual understanding" (Habermas, 1968/1971, p. 176). Although historical-hermeneutic and empirical forms of knowledge are fundamental to and necessary for social existence, they are not sufficient to fully comprehend social phenomena (Kim & Holter). Instead, it is the capacity to move beyond the constraints of each that leads to emancipatory knowledge and social action (Morrow & Brown). Ultimately, it is emancipatory knowledge which has definitive significance for social change, because it involves "the fundamental transformation of individual and collective identities through liberation from previous constraints on communication and self-understanding" (p. 310).

The realist ontological foundation of CST advocates for a better approach to social existence, one that is free(er) of domination, power inequities, and oppression. The idea that there are preferable, better ways of existing as a society indicates a commitment to a non-relativist stance (Allen, 1992; Boutain, 1999b). Relativism, as an ontological and epistemological position, acknowledges the existence of multiple, equally viable realities, truths, and knowledge. Such a stance undermines the ontological foundation of critical theories, including CST (Allen, 1992; Thorne & Varcoe, 1998). To address the paradox of these competing ontologies, Morrow and Brown (1994) describe the ontology

of CST as "critical realism," a philosophical stance that "rejects the basic polarization between positivism and postmodernist relativism — the standoff between empiricism and subjectivism as the only choices" (p. 77). From this position, legitimacy is granted to the subjectivist view that epistemology cannot be based solely on empiricism; at the same time, ontological scepticism is avoided regarding a historically and socially determined reality that exists independent of our consciousness. Thus CST claims to move beyond the subjectivist-objectivist debate to a dialectical relationship between the two philosophical traditions in an effort to address and alter relations of power that shape social reality.

The Appeal of Critical Social Theory for Nursing Science and Nursing Scholars

Until the early 1980s, CST was virtually absent as a philosophical orientation informing nursing science, theory development, or practice (Boutain, 1999b). Increased interest in critical theory can be found in the literature from the early 1980s onward, as nursing scholars questioned the validity of empiricism as the historical foundation for nursing science and the limitations of interpretivism in developing nursing knowledge (Kim & Holter, 1995; Thompson, 1985). Nursing scientists began to view CST as a framework for broadening the focus of nursing science on domination, oppression, power relations, and political conditions, and developing an emancipatory thrust to nursing science, praxis, and social action. The links between emancipatory theory and action embedded within CST were seen as a means of decreasing the apparent theory-practice gap in nursing (Heslop, 1997). Bringing theory and practice into closer alignment within the framework of CST implied the possibility of a critically oriented praxis: the ability to link knowledge and theory development to practice-relevant social and political actions aimed at improving health, health care, and social conditions (Maxwell, 1997; McCormick & Roussy, 1997). Thus interest in CST was sparked among some nurse-researchers interested in contributing critically oriented knowledge and social action.

Recently, nurse-scholars have drawn upon critical theory (primarily CST) to frame critiques of the socio-political context of nursing practice (e.g., Stevens, 1989), domination within the discipline of nursing (e.g., Thompson, 1985, 1987), liberalism within nursing education (Thompson, 1987), power dynamics within communities and families (e.g., Allen, 1987), and structural constraints within the health-care system (e.g., Thompson, 1987; Wells, 1995). Others have used CST to

develop frameworks for emancipatory nursing actions (e.g., Kendall, 1992; Kim & Holter, 1995; Maxwell, 1997), critical action research (e.g., Holter & Kim, 1995), and critical nursing inquiry (e.g., Boutain, 1999a). Nurse-scholars have also combined the central tenets of CST with socialist-feminist and black-feminist theoretical perspectives, extending the applications of CST to examine gender and race as central forms of oppression and determinants of health (e.g., Boutain, 1999b; Davis, 1995; Thompson, 1987). In some cases, nurse-scholars have collapsed CST and feminist theory[3] as two different schools of thought under the rubric of critical theory. Although it is beyond the scope of this paper to discuss these issues fully, caution is urged against blurring the philosophical, epistemological, and theoretical distinctions between CST and feminist theory (Welch, 1999). This does not imply that the two schools of thought cannot be used together; rather, it suggests that explicit clarification is required to reconcile fundamental philosophical, epistemological, and theoretical differences.

Despite the appearance of CST in the nursing literature in the last 20 years, this body of work represents a relatively small proportion of overall knowledge development in nursing science, particularly in comparison to knowledge produced from non-critical theoretical stances. Nonetheless, the appeal of critical theory as a framework for nursing research, theory, and practice is growing, particularly among nurses interested in social justice and critically oriented praxis.

Potential Contributions of Critical Social Theory to Nursing Science

Drawing on CST as a framework for expanding nursing's emancipatory potential does not imply a prior lack of emancipatory interests for the benefit of patients. Rather, it implies that nursing's goals in relation to clients and our social and moral mandates are inherently emancipatory insofar as they are aimed towards the greater social good. The position I assert, however, is that at this point in our development as a discipline the most significant benefit of CST is in providing a framework for

3. Because feminist theory evolved from a critical social perspective concerning women's oppression and subjugation, there is a logical coherence between the emancipatory and empowering aims and objectives of CST and those of feminist theory (Allen, 1992; Campbell & Bunting, 1991). However, feminist theorists note that apart from a limited discussion of feminism as a social movement, Habermas's *Theory of Communicative Action* (1981/1984) is silent on the issue of male domination, women's subordination, and gender as a form of oppression (Fraser, 1995). Some nurse-scholars, while not explicitly naming this as a deficiency, use CST in combination with feminist theory to garner the best of both philosophical and theoretical approaches (Allen, 1992; Boutain, 1999b; Thompson, 1987).

explicitly and purposefully examining our science and knowledge in an "openly ideological manner" (Lather, 1991, p. 110). In the analysis that follows, I argue that the ideological critique demanded by CST offers possibilities for new and alternative modes of inquiry that can advance nursing science and our emancipatory potential.

An emancipatory science for nursing implies that there are better, preferable ways of generating knowledge to inform practice. As Thorne (1997b) contends, "It shifts the value of human inquiry away from straightforward knowledge acquisition and into the domain of generating useful or practical knowledge, interrupting patterns of power, participating in socially transformative processes toward such ideals as justice, equity, and freedom" (p. 126). As such, an emancipatory turn to nursing science implies several potentially valuable possibilities.

Operating from the stance of CST commits nursing science to the possibility of a critical, emancipatory praxis (McCormick & Roussy, 1997). In this context, praxis refers to the dialectical relationship among knowledge, theory, and practice that can precipitate emancipatory changes in relation to clients, nursing, and health care. At the very least, praxis from a CST perspective necessitates a critique of the ideological assumptions that drive nursing research, theory, and practice. As I argue, before actions that challenge the status quo can be initiated, nursing science must examine how dominant ideologies influence extant nursing praxis and (perhaps) constrain our future emancipatory potential.

If the transformative potential of CST is to be realized, nurse-scholars will need to engage to a greater degree in the type of ideological critical self-reflection that CST demands. As Habermas (1968/1971) writes, "The emancipatory cognitive interest aims at the pursuit of reflection" (p. 314). Accepting that there is "no social practice outside of ideology" (Hall, 1985, p. 103), critical self-reflection interrogates the philosophical and ideological foundations of nursing science. As Thompson (1987) noted more than a decade ago, critiques of the liberal ideological underpinnings of nursing science are required. Such critiques will reveal and interrupt patterns of complacency with subversive relations of oppression and domination contained within liberal ideological views that support "the inculcation of a positivist frame of reference concerning science, functionalism as the frame of reference concerning the social world, professionalism as an ideology that legitimizes class divisions in the social world, deontological and utilitarian ethical theory as frameworks for social ethics, and if progressive, liberal feminist content as a way of addressing the changing role of women"

(p. 35). Clearly, progress has been made, particularly with regard to interpretivism and (increasingly) hermeneutic philosophy as accepted philosophical orientations for nursing science. However, with several noteworthy exceptions (e.g., see Allen, 1995, 1999; Anderson, 1996; Boutain, 1999b; Culley, 1996; McCormick & Roussy, 1997; Taylor, 1999; Thorne, 1999), Thompson's (1987) call for critiques of our "strong liberal world view" (p. 35) appears to have been largely unheeded within nursing science. Thus critical self-reflection as one of the major contributions of CST to nursing knowledge and science has yet to be fully realized.

Liberal ideology is founded on views of society as essentially equitable, enlightened, and rational, and on notions of free and self-determining individualism (McConaghy, 1998; Weedon, 1997). In consequence, it is positioned in opposition to discourses that privilege structural determinants such as gender, race, and class over individuality. Although egalitarian (or welfare) liberalism "has an eye for social justice" insofar as minimum standards of living are provided through state intervention (Crotty, 1998, p. 163), liberal ideology diminishes the significance of individual and structural inequities that are produced by and sustain the institutional and social practices of our society (Weedon). Ideological critique from a CST perspective would challenge liberal tendencies reflected within nursing science, and lead to a line of questioning that asks, for example, how nursing science is complicit with liberal social and political values; what consequences (and/or benefits) these values have for nursing, patients, and our social mandate; what historical political and social conditions created nursing's affinity for liberalism; to what extent nursing science supports liberal notions of race, class, gender, diversity, individualism, and equity; how liberal social values influence nursing inquiry with disadvantaged groups; how political actions in nursing benefit disadvantaged patients; what aspects of domination and oppression remain unproblematized in nursing inquiry; and to what extent patterns of power and control are reproduced in practice. Though polemical, and potentially disruptive to the status quo, these questions may help nursing science to move beyond the "prereflective" stage towards a more politically critical, counter-hegemonic potential (Thompson, 1987, p. 32).

A second broad area of contribution for nursing science relates to the ontological commitment implied by CST. As noted earlier, CST presupposes a non-relativist orientation. Clearly, to fulfil our social and moral mandates, nursing science needs to adjudicate among competing probable truths, among guiding social and moral principles, and among ideological positions that drive research, theory development,

and practice. Furthermore, from a critical (and feminist) perspective, some social locations and perspectives are considered to be more beneficial than others as starting points for knowledge that seeks to understand and change oppressive social relations (Mann & Kelley, 1997). The priority granted to some perspectives over others, and the commitment to generate knowledge leading to preferred, improved ways of addressing health, preclude extreme postmodern claims that grant legitimacy to all viewpoints and forms of knowledge. Extreme relativist positions (referred to as "judgemental" relativism) have been criticized for undermining the moral grounding of rights-based claims and perpetuating the status quo (Harding, 1991, 1992; McCormick & Roussy, 1997). For example, Fraser and Nicholson (1988) point to the dangers inherent in Lyotard's extreme postmodernist claim that we cannot have (and ought not to have) overarching theories of social justice. These positions are clearly problematic for nursing science. As Morrow and Brown (1994) contend, some form of ontological realism is required to maintain the connection between the sciences and human emancipation. Drawing on "critical realism" as an ontological position within CST, therefore, can prevent the kind of political immobilization within nursing science that can occur when all perspectives and forms of knowledge are considered to be equally legitimate. Thus, claims within nursing science about preferable forms of knowledge can be firmly grounded in a critical realist framework which presupposes the existence of power structures that shape our social world and produce and reinforce individual and institutional inequities. From here, strong assertions about ideals of social justice, improved strategies for achieving health, and emancipatory nursing actions can be realized.

Where the Value of Critical Social Theory for Nursing Science Breaks Down

Although CST offers significant promise for nursing science, critical analysis of its potential for incompatibilities and contradictions is also informative. In the process, attention is drawn to those features of CST that need to be reconciled if nursing science is to meet its social obligations to society and individuals.

There is no disagreement about nursing's fundamental commitment to a greater social good; hence the seemingly logical fit with the emancipatory aims of CST. Philosophical and epistemological inconsistencies arise, however, concerning the emphasis of CST on general forms of knowledge (related to social realities) versus individually

located (particular) forms of knowledge, and epistemological premises concerning false consciousness.

As previously mentioned, the underpinnings of CST are predicated on modernist notions of shared social realities and teleological progress leading to an enlightened and liberated society (Fay, 1987; Hammersley, 1992). An underlying (and characteristically modernist) premise is that people's social identities, aspirations, and actions can be collectively aligned and unified towards emancipatory goals (Boutain, 1999b). The focus of CST on unification, consensus, and the collective tends to erase or homogenize multiple subject-identities and diverse forms of experience and knowledge held by individual members of a community or society. Habermas's (1970, 1981/1984) "ideal speech situation" (a component of Habermas's theory of communicative action), for example, is expressed in terms of mutual expectations, unconstrained agreement, and achievement of universal consensus on emancipatory insights and actions (Crotty, 1998; Outhwaite, 1994). The tacit assumption is that people inhabit a single social, cultural, and political reality about which unifying emancipatory truths can be revealed (Boutain, 1999b). As a result, the focus of CST is on generating generalizable forms of insight and knowledge at the expense of diverse, individually and subjectively located understandings.

Uncritical reliance on CST as a framework for nursing science implies privileging the collective over the individual and general over particular knowledge. The potential consequence for nursing science would be an abundance of knowledge suitable for general application and an underdevelopment of knowledge derived from and applicable to unique, individual situations. Carried to an extreme, the risk would be a proliferation of emancipatory actions aimed at the general population — for example, population-based improvements in health or critiques of structural constraints on health. Although these broad-based efforts are worthwhile, they alone cannot fulfil the aims and objectives of nursing science for general knowledge concerning social realities *and* individually situated knowledge concerning unique realities, diverse contexts, and multiple understandings. Thus, while a general emancipatory orientation for nursing science is not in question, we cannot obviate the need "to always include consciousness of the problem of the individual — the fact that the subjective reality of each unique individual we confront in the clinical encounter must be respected, supported, and dignified" (Thorne & Varcoe, 1998, p. 491).

The notion of false consciousness (both individual and collective) as a central epistemological premise in CST (Fay, 1987; Habermas,

1968/1971) runs counter to the view that individual subjective perspectives are legitimate and necessarily valuable in their own right. False consciousness suggests that people are generally unaware of how commonsense ways of looking at the world are imbued with meanings that sustain their disempowerment and oppressive situations (Lather, 1991). For example, Habermas warns against excessive expectations about individual capacities because of the pervasive, oppressive constraints on identity formation inherent in today's society (Stirk, 2000). Although false consciousness is an important concept to apply in relation to nursing's own political awareness, in a practice context it undermines epistemological assumptions about who can contribute knowledge and what counts as legitimate knowledge. Carried to an extreme, false consciousness has the potential to undermine patients' individual, subjective knowledge as valuable and legitimate. For example, do we support a woman's decision to remain in an abusive relationship, or do we view her as a victim of false consciousness; do we support a terminally ill patient's use of denial as a coping mechanism, or do we attribute it to false consciousness? Pragmatically speaking, nursing science may benefit most from using false consciousness as a self-reflection strategy but refrain from applying the concept to individual patient-care situations. Thus false consciousness applied generally in relation to nursing's own ideological assumptions, biases, and blind spots is potentially valuable; however, the concept breaks down in relation to individual practice-based applications, a consequence of slippage between knowledge that is meant to be general and that which is meant to be particular.

Another challenge arises from the assumptions inherent in false consciousness. This concerns the social and cultural positioning of nurse-scholars and practitioners when patients' perceptions of their situation are considered to be potentially misguided or misinformed (Allen, 1999). As Lather (1991) warns, a central challenge for those committed to the emancipatory aims of CST is "how to maximize self as mediator between people's self-understandings and the need for ideology critique and transformative social action *without becoming impositional*" (p. 64). Spivak's (1987) circumspect comment is worth noting here: that "the desire to 'understand' and 'change' are as much symptomatic as they are revolutionary" (p. 88). In this context, all emancipatory aims are themselves normalizing, disciplining (in the Foucaultian sense), and representative of power. Thus caution is urged to avoid dogmatic applications of CST that presuppose a reality out there waiting for representation by researchers or scholars who play the role of "transforming intellectuals" (Lather, p. 109). To do otherwise would

be to risk past practices of power and control imposed in varying contexts by nurses onto patients (Ray, 1992).

To summarize, assumptions within CST about false consciousness, shared social realities, and mutual agreement about the greater social good are inconsistent with notions of legitimate multiple, coexisting realities (Thorne & Varcoe, 1998). While nursing's scientific, theoretical, and practice-based goals must be guided by shared, socially sanctioned principles that favour the common good, our science must also value a multiplicity of "knowers." A significant limitation of CST for nursing science, therefore, concerns the epistemological and ontological constraints placed on diverse, individually derived forms of knowledge as legitimate and necessary for understanding human phenomena: sources of knowledge that are central to nursing science.

Noting the epistemological and ontological limitations of CST does not imply that nursing science should align more closely with a relativist or constructivist tradition. To the contrary, nursing science could not function without normative direction (McCormick & Roussy, 1997). In this context, CST provides a powerful framework for constructing new forms of emancipatory knowledge. CST, however, under-determines human variability and individual complexities that are of primary concern to nursing science. Drawing on Thorne and Varcoe's (1998) recommendation, what is needed is "a moderate realism that balances absolute claims in the postmodern context and a respect for individual subjective reality that balances ideological primacy within critical theory" (p. 491). There is value, therefore, in drawing upon CST's critical realism; however, it must be balanced with the unique needs of nursing science for subjective, individually based knowledge. Both are needed to fulfil our social and moral mandates to society and individuals.

Implications for Nursing Science

Allen (1992) reminds us that we cannot fully know the parameters of an emancipatory science until we have a fully emancipatory community. This suggests that nursing science would benefit most from developing realistic (though critical and challenging) expectations of CST and emancipatory aims. Other critical scholars concur, warning that aspirations ought to be centred on the *possibility* of emancipatory change rather than on expectations for actual changes (Lather, 1991). Nursing, it seems, would not have difficulty heeding these warnings: our interest in generating efficient, manageable applications of knowledge in practice situations requires pragmatic emancipatory objectives.

As nurse-scholars turn to CST in an effort to expand the depth and scope of nursing's emancipatory knowledge and praxis, it will be essential to maintain the critical focus intended by such a framework. Calls for critiques of domination and emancipatory social actions cannot be met with politically neutral applications in nursing inquiry, theory, or practice. Scholars working in an emancipatory tradition must question the ideological premises that shape knowledge development, and challenge our epistemological foundations to provide a new vision of what knowledge can look like and what social and political influence it might have (Thorne, 1997a). Such a project will require nursing to interrogate its definitions of "critical." In particular, we should remain sceptical of nursing's affinity for liberal ideology — and a slide towards liberal and libertarian applications of CST that paradoxically subvert analyses of exploitation and oppression in favour of maintaining the status quo (Thorne, 1999). If nursing science does not critique and challenge underlying liberal ideological assumptions, liberal approaches to critical inquiry will be promulgated. Attempts to advance so-called emancipatory critiques or actions without understanding the ideological perspectives that inform such critiques are potentially detrimental: unwittingly, we risk reproducing dominant, hegemonic values in nursing science, theory development, and practice. For these reasons, it is imperative that nurse-scholars place their own ideological suppositions, normative values, and philosophical assumptions under scrutiny, in the same "critical plane" as the subject of inquiry (Harding, 1987, p. 9).

From this critical vantage point, I suggest that emancipatory advancement for nursing science needs to occur on two levels. On one level, emancipatory possibilities should continue to be generated in relation to client groups, particularly those who are least advantaged. However, if the ideological context in which these emancipatory ideas arise is not critiqued, we risk reifying ideas as emancipatory when they are not. How, for example, can nursing science address inequities in health care stemming from individual and institutional racism if emancipatory actions are steeped in liberal (and some would argue neocolonial) notions of culturalism, othering, and calls for greater "cultural sensitivity" (Culley, 1996)? Before counter-hegemonic emancipatory critiques and actions can be generated, nursing must critique its own complacency with the ruling relations (Smith, 1987) as they are enacted in research, theory development, practice, and education. Thus the power of CST may be in encouraging nursing to problematize its own political biases, and in requiring nursing to consider the responsibilities

and implications of developing and applying our science in an unjust society (Lather, 1991). To advance nursing as a critically oriented practice-science, we ought to periodically critique the ideological underpinnings of our science and praxis, and challenge prevailing norms and accepted truths (Thorne & Varcoe, 1998). By acknowledging (and acting upon) the call for critique, and by maintaining the integrity of our epistemological requirements, CST can provide a valuable contribution in terms of advancing nursing science towards socially relevant, progressive emancipatory possibilities.

Concluding Comments

By examining in detail the potential applications of CST to nursing science and by being explicit about areas of philosophical divergence, I have highlighted the significant benefits that can be gained by approaching nursing inquiry from the perspective of CST, and the limitations it places on the full range of knowledge that nursing requires. In the analysis, I have argued that we should be explicit about our reliance on the epistemological and ontological assumptions underlying objectivism and subjectivism, and those schools of thought that attempt to mediate between them, particularly critical realism and hermeneutic philosophy. There is value in recognizing (and grappling with) divergent epistemological positions, and in acknowledging how nursing science operates within fundamentally different philosophical approaches: in the process, the complex nature of nursing's knowledge requirements becomes illuminated. If we are to fulfil our scientific and social mandates, therefore, the full range of our epistemological requirements should be expressly identified, affirmed, and positioned accordingly within the framework provided by CST.

As I have asserted here, the most significant contribution of CST to nursing science will be achieved through critical self-reflection that examines and challenges the liberal ideological basis of nursing inquiry, knowledge and theory development, and practice. In the absence of such critiques, we run the risk of maintaining the status quo, inadvertently reinforcing patterns of power and forms of oppression enacted individually and institutionally, and failing to challenge dominant ideologies operating in nursing and health care. Different, openly ideological forms of critique — critiques that interrogate the fundamental ideologies upon which knowledge development is approached — are required. By turning the critical lens inward, we make possible a revisioning of emancipatory goals for nursing science.

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