

# Critical Theory: Critical Methodology to Disciplinary Foundations in Nursing

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De plus en plus, dans les ouvrages portant sur la profession infirmière, les théoriciennes examinent l'utilisation de la théorie critique dans les soins infirmiers (surtout telle que comprise par Habermas) et bon nombre l'ont reconnue comme une méthode de recherche pour guider le développement des connaissances dans ce domaine. Cependant, on a peu analysé les conséquences générales de la théorie critique pour les soins infirmiers en tant que discipline. Une partie du problème provient de l'omission de différencier les implications des travaux antérieurs de Habermas sur les intérêts de la connaissance, et de sa théorie ultérieure appelée action communicative. Dans cet article, la théorie critique de Habermas est explorée selon deux dimensions : en tant que compte rendu métathéorique d'une méthode de théorie critique comme tradition de recherche; et en tant que théorie de l'action communicative dont les postulats dialogiques et normatifs ont des conséquences profondes pour une assise postfondamentale des soins infirmiers comme discipline et pratique professionnelle. Les auteures allèguent que la théorie critique est nécessaire pour les soins infirmiers et pourrait suffire comme base philosophique paradigmatique de cette discipline.

Increasingly in the nursing literature, theorists have examined the use of critical theory in nursing (especially as understood by Habermas) and many have advocated it as a research approach to guide knowledge development in nursing. There has been limited analysis, however, of critical theory's broader foundational implications for the discipline of nursing. Part of the difficulty stems from a failure to differentiate between the implications of Habermas's earlier work on knowledge interests and his later theory of communicative action. In this paper, Habermas's critical theory is explored along two dimensions: as a metatheoretical account of a methodology of critical theory as a research tradition; and as a theory of communicative action whose dialogical and normative assumptions have profound implications for a postfoundationalist grounding of nursing as a discipline and professional practice. The authors argue that critical theory is necessary for nursing and may be sufficient as a paradigmatic philosophical base for the discipline.

The encounter with critical scholarship can initially feel like a rupturing. In its milder forms, it may feel more like a gradual unraveling that loosens more and more layers of assumption and belief.... At its best, critical scholarship in nursing provides both the loosening

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and reweaving dimensions of critical reflexivity. (Thompson, 1987, pp. 36–37)

A decade ago, Thompson (1987) reviewed the development of critical scholarship in nursing and highlighted its role in exposing and challenging relations of domination that exist within the lives of nurses and the larger context of nursing. Thompson suggested that critical scholarship, founded on and congruent with the tradition of critical theory, would enable nurses to challenge the status quo and begin to understand that “the established order is only one possible way of constructing reality” (p. 33). Since the publication of Thompson’s review there has been further discussion in the nursing literature regarding the use of critical theory as a research approach to guide knowledge development.

As a result of this exploration, critical theory has gained some credibility within nursing. Nurse theorists have advocated the use of critical theory for a specific purpose (McLain, 1988) or setting (Reutter, 2000; Stevens & Hall, 1992), as a framework for nursing education (Harden, 1996; Reutter & Williamson, 2000; Thompson, 1987), as a paradigm to guide nursing research (Lutz, Jones, & Kendall, 1997; Maeve, 1999; Reutter, Neufeld, & Harrison, 1995), and as the overriding framework to guide development of the discipline (Holter, 1988; Lorensen, 1988). In the nursing research and methodology literature there has been a tendency to argue that critical theory provides a complementary methodology to traditional research traditions for the development of emancipatory knowledge. A position that must be considered, however, is that critical theory has the potential to provide the *broad philosophical foundation required by the discipline of nursing*. We will argue that various misunderstandings and a general failure to refer to the more recent work of Habermas have precluded adequate exploration of this possibility.

Two basic questions are at stake in considering the foundational potential of critical theory for nursing. On the one hand, it implies that critical theory provides metatheoretical foundations and suggestive points of departure for a theory of society necessary for a nursing research tradition. Fundamental to this position is the proposal that critical theory can provide the integrative framework for the development of empirical, hermeneutic, and emancipatory knowledge. This does not imply that critical theory displaces specialized modes of inquiry, though these remain incomplete. The general claim is, rather, that critical theory provides a framework for potentially understanding and analyzing the relationships among different forms of inquiry with spe-

cific methodologies and research problems. Critical theory's ability to contextualize the production and uses of knowledge should sensitize any research project to potential problems of reflexivity. On the other hand, as a research tradition critical theory is also uniquely sensitive to the normative implications of research and professional practice. It is thus foundational not merely as a framework for understanding research, but also as a basis for considering the normative implications of nursing in relation to public policy, health-care ethics, and the interpretation of human needs.

In this paper we will attempt to defend a stronger conception of the role of critical theory for nursing than currently envisioned. It will be contended that critical theory needs further exploration and elaboration as the basis of a more encompassing philosophical framework for nursing science. The essential premise is that nursing is grounded in a dialogical relationship with persons and bound by the distinctive features of the care and healing of the human body. The comprehensive features of that dialogical relationship can be revealed only in a theory of communicative intersubjectivity of the type developed in Habermas's more recent work. Though many traditions provide knowledge essential for understanding human illness, only critical theory provides the potential conceptual resources for mediating between and synthesizing these diverse contributions.

### **Varieties of Critical Theory**

In order to grasp the specific features of the form of critical theory to be discussed here, a brief historical introduction is necessary. The term originates with the so-called Frankfurt School in Germany in the 1930s, which drew out the radical implications of historical materialism for a theory of knowledge (Held, 1980). The most enduring aspect of this early critical theory can be found in its anticipation of environmental theory, especially the consequences of the endless, unregulated expansion of technology (Leiss, 1990). Today the term critical theory is applied to a number of approaches that share a radically historical theory of knowledge and a conflict theory of society in which the domination of the social subject is a central theme (Calhoun, 1995; Morrow, 1994). In this broader sense, otherwise diverse theorists such as Giddens, Bourdieu, and Foucault have been considered critical theorists. The focus here will be on the approach of Jürgen Habermas, because of his impact on discussions in the nursing literature and the pertinence of his work in recasting the foundations of the social sciences.

Habermas's work developed in two phases (McCarthy, 1978). The first phase, in the 1960s, was directed towards a critique of positivism, especially the ideological uses of science and technology (Habermas, 1970). The most well-known outcome here was the distinction among three interests in knowledge: empirical analysis, hermeneutic interpretation, and critiques of domination (Habermas, 1971). It is this approach that has been identified in nursing and other fields as a tradition of critical research. Knowledge based on the control of nature is referred to as technical knowledge and can be pursued using empirical-analytic techniques that are in part application to social relations. Historical-hermeneutic techniques will reveal practical knowledge — that is, based on understanding. Practical knowledge in this instance refers to knowledge that allows "for an inter-subjective and in-depth perception of the social world" (Kendall, 1992, p. 6), as opposed to its common use in nursing to mean "knowledge that gives direction for the activities of practitioners" (Orem, 1988, p. 77). The pursuit of emancipatory knowledge, through a critical dialectic, leads to self-reflective knowledge and freedom from oppression. Habermas stressed the complementary rather than competing nature of the different knowledge interests (Habermas, 1971; Morrow, 1994).

The second phase of Habermas's work is associated with the theory of communicative action (Habermas, 1984, 1987a, 1987b). Though not rejecting the general conclusions of his earlier theory, he engages in a self-critique that recognizes that his theory of knowledge interests was too "foundationalist" in making excessive claims about the status of critique as a form of "knowledge." To this extent, this shift reflects a response to emerging postmodern critiques of knowledge as a literal representation of reality (Rosenau, 1992). Habermas's general strategy is to expand and differentiate concept reason (and rationality), rather than abandon it in the name of difference or the relativity of all claims to knowledge. The task, he suggests, is to see "the unity of reason in the diversity of its voices" (1992, p. 115). Hence, Habermas's pragmatic position seeks to oppose strong postmodernist and poststructuralist epistemologies that concluded representation was impossible and all knowledge relative, as mere effects of "discourse" (1987a).

Habermas's position outlined in his theory of communicative action is "postmetaphysical" or anti-foundationalist in refusing to claim some primary epistemological bedrock (objective) representations that absolutely guarantee knowledge (Habermas, 1992). At the same time, he points to pragmatic justifications for the distinctive character of scientific knowledge and rational justifications of values. On the one hand, the production of scientific knowledge is procedurally grounded in par-

ticular types of communities committed to open, rational argumentation. On the other hand, the validity of knowledge is ontologically plausible given the universal, deep structure of language and human interaction (Habermas, 1979). On these weaker foundations he sought to recast the claims of a critical theory of society in terms that could respond to the emerging, often indiscriminate attacks on scientific rationality associated with postmodern epistemologies.

The remainder of this essay will draw out some of the implications of Habermas's critical theory for nursing. First, it will be necessary to outline in greater detail the metatheory of critical theory — that is, its claims with respect to ontology, epistemology, and methodology. Second, we will discuss the normative or value implications of critical theory, especially in relation to the later theory of communicative action and communicative ethics. Third, we will consider the more specific methodological implications of critical theory as a research practice in nursing, with respect to both the general question of knowledge development and existing research influenced by critical theory. Finally, it will be proposed that such an understanding based on both phases of Habermas's work could facilitate moving critical theory from the margins of research practice in nursing to the centre of its self-understanding as a discipline and profession.

### **Metatheory and Critical Theory**

Critical theory is a research tradition that takes as its point of departure a critical metatheoretical perspective about the production and uses of knowledge. The ontology of critical theory assumes a mediating position between the extremes of subjectivism and objectivism and acknowledges the reflexive and subjective aspects of science (Morrow, 1994). The outcome is a position that argues for a critical realism at the level of ontology, but a pluralistic pragmatism and fallibilism in epistemology and methodology. Ontologically, critical realism asserts that although reality exists independently of our thoughts about it, empirical claims about its nature are always situated, contingent, and potentially fallible; an absolute representation of objective reality cannot be achieved (Guba & Lincoln, 1994; Morrow, 1994).

Habermas associates the theory of communicative action with an ontological paradigm shift in the human sciences, one related to the so-called linguistic turn in philosophy and related developments in poststructuralist theories of language (1992). The poststructuralist response has gained the most attention because of its tendency to view all representation as an illusion, a verbal game in which truth is essen-

tially a relation of power. Habermas's postfoundationalist approach, in contrast, points to an alternative that is grounded in a pragmatic approach that seeks to re-secure knowledge on a more practical basis. His proposed postmetaphysical approach rejects the reigning subject-object paradigm in favour of a subject-subject or communicative paradigm (1987b). What he means by a subject-object epistemology are those diverse approaches which begin with the assumption of an individual knower who comes to understand a discrete scientific object of inquiry.

The paradigm shift discussed by Habermas places the subject-subject relation at the centre of ontology and as the presupposition of all possible knowledge. His insights draw indirectly on Wittgenstein's critique of language and more directly on the pragmatism of Charles Sanders Peirce (Habermas, 1992). The knower cannot exist abstractly in Kant's sense; knowers can know only through the dialogical relations that constitute the debates that constitute scientific communities. This principle applies even more evidently in relations involving the application of objective knowledge to human subjects. Habermas's primary achievement has been to make the theory of dialogue central to the foundations of the human sciences in his theory of communicative action.

An analysis of the epistemological presuppositions of critical theory also reveals a position mediating between the extremes of positivism and anti-positivism. Critical theory is based on a belief that the pragmatic rationality of a theory is linked to its potential effectiveness in solving problems, rather than its foundationalist ability to confirm or falsify theory (Morrow, 1994). This position does not preclude the possibility that some social situations may necessitate the confirmation or falsification of theory, using empiricist techniques. Researchers using a critical theory approach rely on criteria derived through negotiated agreement with the community to distinguish knowledge from fiction (Allen, 1986). This position presupposes the plurality in forms of knowledge, acknowledges the value of all three knowledge interests, and assumes that knowledge is not discovered but created.

Critical theory incorporates both nomothetic and ideographic explanation in its conception of methodology. Nomothetic explanation refers to a method of inquiry with the goal of identifying and explaining patterns found in a population, whereas ideographic explanation is inquiry directed towards understanding the uniqueness of an individual case (Morrow, 1994). In order to uncover and interpret the structures of social systems, Morrow argues for the adoption of "two distinct

yet interdependent research logics: intensive explication and comparative generalization" (p. 211) — that is, intensive explication is required to understand individual actors and their relation to the larger social system. The patterns that are uncovered during intensive explication are compared to other, similar, systems in order to develop generalizations.

Critical theorists challenge the traditional reliance or privileging of one methodology or method to generate knowledge. A wide range of methodologies and methods, based on the assumptions of critical theory, are therefore advocated. As Campbell and Bunting (1991) point out, methods "can be used from any world view: thus the methods do not drive the assumptions" (p. 3). More fundamental to this research tradition, however, is the critical stance that is expected of the researcher in relation to the participants in the research and the production, use, and dissemination of knowledge. Methodologies based on critical theory provide a critique of ideology, attempt to reveal hidden power imbalances to achieve emancipation, and endeavour to ensure that knowledge is available in the public domain.

In light of the theory of communicative action, participatory action research (PAR) becomes even more important as an exemplar of an idealized methodology linking theory, research, and practice. Fundamental to the tradition of PAR is a focus on the issue of power as it relates to the definition and use of knowledge (Reason, 1994). The relationship between the inquirer and the subject in PAR attempts to break down the "subject-object binomial" (Fals-Borda, 1991, p. 5) taken up by traditional science, to achieve a subject-subject position. This methodology argues that the constructions of reality "become manifest not only through the 'mind', but through the *reflexive action* of persons and communities" (Reason, p. 333). Knowledge generated through PAR is no longer exclusively owned and disseminated by academia, but rather is shared by the community or group. The concept of "action" in PAR takes on a broad perspective that can include heightened understanding of a phenomenon or a raised level of consciousness.

In addition to the traditional range of methods used in qualitative and quantitative research approaches, critical theory emphasizes the use of dialectical strategies to understand contradictions in existing situations (Hedin, 1986; Moccia, 1986; Ray, 1992). Through dialogue and relational reasoning, such strategies explore relationships within and between phenomena by juxtaposing ideas with their antitheses. A unifying feature and central focus of critical theory is *immanent critique*, which involves the critical examination of the values and ideologies of

social institutions and their extant reality in order to uncover discrepancies between the two (Antonio, 1983). Within the nursing literature, the method of critical reflection appears to be synonymous with the notion of immanent critique (Campbell & Bunting, 1991; Hedin; Ray). The use of dialectical processes and critical reflection will "facilitate investigation of the social and cultural conditions, including political conditions of nursing and health care by critically interpreting 'reasoned moments' and intersubjective communication in social and political contexts" (Ray, p. 100). Consciousness raising, resulting in self-understanding and an enlightened awareness of phenomena, is another method central to methodologies based on critical theory (Henderson, 1995). Most recently, efforts have been made to show how Paulo Freire's critical pedagogy of conscientization converges with Habermas's conception of a paradigm shift towards communicative action (Morrow & Torres, in press).

### **Normative Theory: Ideology Critique and Communicative Ethics**

In addition to the pursuit of technical, practical, and emancipatory knowledge through different forms of inquiry, the development of normative theory is an important goal of critical theorists. Normative theories are "concerned with what ought to be and, as a consequence, are associated broadly with the philosophical or metatheoretical field of ethics" (Morrow, 1994, p. 50). In the traditional scientific paradigm, normative theory is for the most part implicit and considered "not knowledge at all, [but] merely a type of nonrational belief" (Morrow, 1994, p. 50). Critical theory, on the other hand, takes the position that "social theory and normative theory are inevitably intertwined" (Morrow, 1994, p. 239) and attempts to make its normative claims explicit. Whereas critical theory began as a critique of value-freedom or taken-for-granted dominant values, in its more recent phase it has also responded to the value-relativism of postmodernism in the name of a procedural value universalism that is sensitive to cultural difference.

Several basic contexts of normative questioning can be identified: classical ideology critique; normative reflexivity in research; and communicative ethics as a foundation for theoretical and concrete ethical theory. Classical ideology critique is most familiar as forms of research that reveal how vested economic and social interests may distort organizational structures and public policies. Normative reflexivity in research is central to PAR based on an intersubjective and transactional stance, acknowledging that knowledge generated through inquiry is mediated by the values of the researcher in relation to those of clients

(Guba & Lincoln, 1994). The problematic of communicative ethics, central to Habermas's later theory of communicative action, is less familiar and requires a more extended introduction. The theory was developed in response to the ambiguity of critique as a process where the "enlightened" reveal the "false consciousness" of everyone else through possession of "critical science." Habermas argues that "in a process of enlightenment there can only be participants" (1973, p. 40). In his later work, Habermas addresses the challenge to traditional scientific and value "universalism" posed by postmodernist critiques of knowledge.

In response to challenges to universalism on the part of those who question the imposition of Eurocentric values by experts on marginal or non-Western populations, Habermas sought to expand the concept of normative reasoning by emphasizing the distinction between a procedural ethics and a content ethics. The basis for this distinction derives in part from the developmental cognitive psychology of Piaget and the moral development theory of Lawrence Kohlberg (Habermas, 1990). The genetic structuralism of Piaget is based on a distinction between the structure and content of developmental stages. For example, the formal operations necessary for mathematical calculations may equally be concerned with the hunting of game in a tribe or putting a man on the moon. Applied to moral development, this distinction suggests that the formal properties of moral reasoning can be analyzed independently of particular, concrete value codes (e.g., Christian, Muslim, Humanist).

This focus of critical theory's universality is thus on elucidating the universal features of the logic of moral reasoning at different stages of moral development. Such ethics are "communicative" because of the stress placed on the interactive aspects of moral thinking as part of networks of social relations (Benhabib & Dallmayr, 1990). Whereas each moral decision is concrete and situational (part of an individual or group biography), it cannot be judged by any external ethical system. All that a critical communicative ethics can do is initiate a dialogue by raising questions about the level of sophistication of moral reasoning and the potential consequences for actors.

These issues have played a particularly important role in recent feminist theory where debate has centred on the historical fact of differences in male and female moral reasoning, given that historically men use more formal ("universalistic") procedures whereas women make more situational choices based on concern for the "other" (Gilligan, 1982). Though we cannot examine these issues in detail here, the central point for our purposes is the way in which it has become

apparent that both "universal" and "concrete" dimensions are central to any "ethics" of care, a theme that could obviously be extended to nursing (Larrabee, 1993; Meehan, 1995).

### **Knowledge Development in Nursing**

Given the presuppositions of critical theory, the question for consideration is whether critical theory is sufficient as a paradigmatic framework for guiding the development of knowledge needed in nursing. The scholarly literature is permeated with debate regarding the type of knowledge required for the advancement of a discipline. In nursing, the debate is often centred on nursing's status as a scientific discipline, with the type of knowledge required dependent on where nursing is situated in the "sciences." Although this is important, our concern relates to how critical theory can provide the most comprehensive framework for unifying the themes alluded to in this debate. The authors take the position that nursing is a scientific discipline where that encompasses the biological, human, and practical sciences. We find it significant that a number of discussions attuned to the range of issues broadly converge with the position of critical theory, whether this is made explicit or not. Schultz and Meleis (1988) suggest the knowledge needed for the discipline ranges from "the seemingly intuitive 'knowing' of the experienced and expert nurses to the systematically verified knowledge of empirical researchers" (p. 217). To ensure that knowledge is useful for nursing practice, explanation must enable understanding of the specific case, as well as the development of theory. In relation to the type of knowledge required by nursing, Gortner (1993) argues that "in essence the case is being made for nomothetic and ideographic understandings and explanations" (p. 486).

Schultz and Meleis (1988) also point out that research is not the only medium for knowledge development. They caution against the sole reliance on empirical knowledge and suggest that clinical knowledge, needed to solve practice issues, is individual and personal and can be gained through expert clinical practice. As well, conceptual knowledge that is abstract and generalizable can be achieved through reflection upon the patterns that emerge from nursing phenomena and can be described in models and theories. A range of methodologies is required to capture these different types of knowledge.

A conceptualization of the patterns of knowing useful to the nursing discipline is offered by Carper (1978). Like Schultz and Meleis, Carper argues that nursing requires empirics (the science of nursing) and aesthetics (the art of nursing), which are comparable to technical

and practical knowledge. In addition, Carper advocates for the inclusion of personal knowledge and ethical knowledge (moral knowledge) for the discipline. The author suggests that each type of knowledge is necessary but not sufficient to answer the questions relevant to the discipline of nursing. Holter (1988) draws a comparison between the four patterns of knowing advocated by Carper and the three knowledge interests proposed by Habermas, and concludes that Habermas's three knowledge interests are evident within Carper's patterns of knowing.

Moccia (1986) articulates the need for knowledge about the relationship between people and their social, political, and economic systems, because nursing is concerned with people as biopsychosocial beings. Similarly, Stevens (1989) argues that nursing must broaden its traditional views of environment to include social, political, and economic factors as they influence health. For example, social factors such as poverty, unemployment, poor housing, and inadequate nutrition have been identified as key determinants of health (Stevens & Hall, 1992). Knowledge that examines the influence of oppression on health (Kendall, 1992) and nursing (Bent, 1993) has also been advocated. Stevens challenges nursing to "uncover the disparate gender priorities in health, health care delivery, and health care regulatory mechanisms" (p. 63). Harden (1996) extends the notion of oppression in nursing to a more personal level and stresses that in order to give humanistic care, nurses must become aware of their oppression as both women and nurses. Kendall charges nurses with perpetuating oppression in their work by participating in systems that focus on adaptation and coping. The need for emancipatory knowledge for the discipline of nursing has been stressed by several nurse theorists as well (Allen, 1985; Kim & Holter, 1995; Schultz & Meleis, 1988). These theorists recognize that empirical-analytic and historical-hermeneutic knowledge interests are able to answer only questions relating to *what is* and therefore critical-emancipatory knowledge must be sought to answer questions of *what ought to be* (Marshall, 1994).

### **Critical Theory and Nursing**

Although there is some discussion in the literature relating to the necessity and adequacy of critical theory as a philosophical foundation for nursing, more emphasis appears to have been given to establishing its legitimacy as a research tradition. Several authors (Allen, 1985; Campbell & Bunting, 1991; Hedin, 1986; Kendall, 1992; Thompson, 1987) support the position that critical theory is essential for the development of knowledge in nursing. Critical theory is capable of develop-

ing knowledge that exposes inequities in health (Reutter, 2000), that is emancipatory for individuals, groups, and communities (Campbell & Bunting; Hedin), and that leads to understanding of the broad social, economic, and political factors that influence health (Reutter & Williamson, 2000). Allen (1985) cautions against the sole use of empirical-analytic and interpretive models of science, because "neither can distinguish between patterns or regularities...that are universal, or inherently human, and those that are a function of ideology or misrecognition" (p. 61). Critical science is necessary, he argues, because it takes as a central concern the issue of misrecognition and makes it explicit.

The adequacy of critical theory as a framework for the discipline has received some debate in the literature. Several nurse theorists (Allen, 1985, 1986; Cull-Wilby & Pepin, 1987) have suggested that critical theory should supplement, but not supplant, the use of empiricism and hermeneutics in nursing. They suggest that all three approaches can provide descriptive and explanatory knowledge and generate valuable nursing research. Gortner (1993) comments that critical theory cannot serve nursing exclusively because of its emphasis on social relations and liberating action. These authors appear to base their argument on the premise that the primary goal of critical theory is the pursuit of emancipatory knowledge and that as a research tradition critical theory is inadequate for the pursuit of empirical and hermeneutic knowledge.

A few nurse theorists (Holter, 1988; Lorensen, 1988) have explicitly argued that critical theory provides a comprehensive and sufficient philosophical foundation for nursing. Holter points out that critical theory's three processes of inquiry, and the range of knowledge ensuing from them, allow understanding of the biological, psychological, and sociological aspects of human nature that are required by nursing. Ray (1992) suggests that although critical theory may be limited in some nursing situations, its basic premises and assumptions are congruent with nursing philosophies and theories and therefore will enhance the discipline. The assumptions within critical theory that theory is inextricably linked to practice and that human activity always arises within a social context are similar to the assumptions of many nursing conceptualizations. Stevens (1989) argues that critical theory will enable nurses to identify "environmental conditions that constrain health and those that potentiate health" (p. 66). It is not clear from her argument, however, if she believes this to be an adequate framework for all knowledge development in nursing.

Wells (1995) demonstrates the use of critical theory for the development of knowledge about the relationship between individuals and their social, political, and economic environment, including the exposure of conditions that can constrain human activity. Although the primary focus of her research was the process of discharge decision-making, the use of a critical theory approach enabled her to go beyond this process "to include a focus on the play of forces underlying the process and the consequences of the process for those involved" (p. 48). This research demonstrated that the decision-making process was mediated to a greater extent by systemic forces than by the patients' clinical trajectory, and illustrates Habermas's argument that "social structure...is inseparable from social action...and that structure can constrain action" (Wells, p. 48).

The emphasis on action and change that is seen in critical theory has the potential to strengthen the connection between theory and practice in nursing. Hedin (1986) suggests that critical theory "is a means of consciousness raising in which theory and praxis become one, through its problem-posing nature" (p. 145). The participation of the "researched" in the research process will help to ensure that research programs inform practice and practice research. Current misalignments between theory and practice can be highlighted using critical theory (Holter, 1988), and mutual understanding between nurses and their clients can be promoted (Holter & Kim, 1995). Stevens and Hall (1992) believe that "the interwoven process of critical reflection and action is a theoretical key to effective community health nursing practice" (p. 3). By uncovering the links between social structures and health, critical theory has the potential to enhance the efficacy of our nursing interventions by ensuring that they are based on knowledge of the determinants of health.

### **From the Margins...to the Centre?**

Several authors (Cull-Wilby & Pepin, 1987; Seng, 1998; Thompson, 1987) have noted that critical theory and methodologies such as PAR have assumed a marginalized position in relation to more traditional research traditions. Thompson comments that the space occupied by critical scholars in nursing "is a marginal place" (p. 27). Similarly, Morrow (1994) suggests that participatory action research is sometimes "tolerated within or on the margins of existing institutions as part of experimental programs" (p. 319). An analysis of the use of PAR in nursing provides evidence that this phenomenon may be operative in our discipline.

Critical theory's position on the periphery of research traditions may be related not only to its potential to challenge the status quo (Kincheloe & McLaren, 1994; Seng, 1998), but also to its frequent misunderstanding in the literature (Cull-Wilby & Pepin, 1987; Held, 1980; Morrow, 1985, 1991, 1994; Scott, 1978). The misinterpretation has been attributed to its abstract vocabulary (Cull-Wilby & Pepin), the erroneous claim that critical theory is opposed to empirical inquiry (Morrow, 1991), and the failure by critical theorists to address its methodological implications (Holter & Kim, 1995; Morrow, 1985, 1994; Scott). In addition, critical theory's frequent description and discussion in the literature on qualitative research has contributed to the confusion by aligning critical theory with only qualitative methodologies. Critical theory does not usurp the territory of other specialized inquiries; its task is rather to introduce greater reflexivity into work and provide a theoretical vocabulary for understanding the relations among research domains and public policy.

The more serious objections and misunderstandings lie elsewhere: the very concept of critique that underlies its paradigmatic claims. Three typical objections need to be addressed here: that critical theory is pertinent only where overt oppression takes place; that critique is essentially negative and debunking in nature; and that the value perspective of critical theory is dogmatic and Eurocentric, hence inappropriate in an increasingly multicultural, globalized world.

The conceptualizations of *oppression* and *critique* that have come to be closely aligned with critical theory contribute to its misinterpretation in the literature. Frequently, oppression is defined narrowly to refer to a group that has been marginalized by a dominant group. Therefore, some nurse researchers erroneously conclude that if a research problem is not related to an "oppressed group" it cannot be studied within the rubric of critical theory. Yet a closer look at Habermas reveals that *domination* results from distorted communication of any kind. For example, it would be misleading to describe the historical relationship between physicians and nurses as one of "oppression," yet it can be viewed as a hierarchical relationship of professional domination with problematic consequences. Nursing research, in part inspired by critical theory, has sought to demonstrate these effects.

Similarly, the use of *critical* or *critique* in critical theory has, for some, become associated with a negative meaning as ideology critique (Morrow, 1994). Yet even this normative critique has a constructive, proactive side in its concern with provoking social subjects into critical reflection about their values and their relation with existing realities.

In this respect the success of critical theory is implicit above all in social movements where individuals mobilize to transform aspects of society in light of their new-found self-understanding (Habermas, 1981).

Finally, the aspiration to be critical has been charged with dogmatism, most notably an imposition of pseudo-universalistic values on marginal groups, a theme most evident in research on native and non-Western health care. Yet this question points to the fact that the most fundamental misunderstanding of critical theory in the nursing literature stems from a lack of awareness of the transactional principles of PAR and the philosophical implications of the later theory of communicative action. From this perspective, critique remains central but is complemented by a communicative ethics that has profound implications for nursing practice. The central insight of Habermas's later work is that critique, as the unveiling of domination, presupposes the reconstruction of the foundations of the human sciences that goes beyond the essentialism of traditional humanism. Central to this post-foundationalist humanism is the suggestion that humans and their possibilities, whether sick or well, can be revealed only through dialogical practices involving subject-subject relations. This humanness cannot be revealed directly by essentializing philosophical reflection any more than it can be adequately understood by viewing humans exclusively from an object-subject perspective. Instead, Habermas's theory of communicative action, supplemented by the insights of Freire and others into dialogue, provides a point of entry for a critical theory of nursing that involves both a strategy of research practice and a conception of nursing as a distinctive social practice grounded in scientifically informed relations of care.

While perhaps risking a position "at the margins," the authors argue that critical theory is necessary for nursing and conclude from this analysis that beyond its status as an empirical research tradition it may be sufficient as a paradigmatic philosophical base for the discipline and thus should stand at its "centre." Predicated on the assumption that knowledge development should not be constrained by a singular view nor methodology, critical theory challenges our traditional views and conceptualizations of knowledge and provokes us to re-examine how we come to know. "For nursing, critical theory thus offers a research perspective that may help to uncover the nature of enabling and/or restrictive practices, and thereby create a space for potential change and, ultimately, a better quality of care for patients" (Wells, 1995, p. 52). At the same time, its normative critique culminates in a communicative ethics of care in a manner that attempts to link the uni-

versal and the local in ways that should be central to the ethical foundations of nursing practice.

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