

Critical scholarship: The critique of domination in nursing

This article explores the development of critical scholarship in nursing. Recent examples of critical analysis in nursing literature suggest an emerging pattern of scholarship that focuses on the critique of domination in nursing. This is a pattern of scholarship that has emerged from contemporary social and historical contexts and one that reflects the experiences of working nurses exposed to contemporary schools of thought. The dynamics of critical scholarship, its origin, its progression, and some contemporary models that describe its outcomes are discussed.

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It is worth pursuing a little further such notions as exteriority and in-betweenness. They do not refer to a sort of fellow-traveling critical eclecticism. Rather, they describe a transformation that has taken place in the working reality of the self-conscious writer. S/he can no longer easily accept—for many reasons, spiritual or sociological—a place in a continuity that had formerly stretched forward and backward in time.^{1(pp8-9)}

LIKE THE WORK of writers and poets who break with literary tradition, critical scholarship in nursing frequently invokes a sense of exteriority or in-betweenness. It is a marginal place, occupied by critical thinkers who have broken with mainstream analysis in organized nursing. The work carried on here is not a fashionable dabbling in intellectual eclecticism. Rather, it is a way of seeing, thinking, and speaking about the social world that has broken, irrevocably, with conventional forms of scholarship in nursing.

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This article examines recent developments in critical scholarship as an emerging pattern of work in nursing. Critical scholarship is defined here as a pattern of thought and action that challenges institutionalized power relations or relations of domination in the social reality of nursing.² Critical perspectives present an alternative message to nursing in their systematic, continuous critique of domination. This message has important implications for the social institution of nursing and for social definitions of health and well-being.

Recent evidence indicates that critical perspectives have been used in a wide variety of discussions and analyses in nursing literature. Critical scholarship can be detected in discussions of oppression and horizontal violence in nursing,³ in critical discussion of the politics of self-esteem among women in a sex-segregated labor force,⁴ in critical analyses of nursing science,⁵ in critical appraisals of knowledge development in nursing,⁶ in the critique of animal experimentation in nursing research,⁷ in critical discussions of theory development,^{8,9} in feminist critique of research methodology,¹⁰ and in the critique of conservative ideology in nursing education.¹¹

In these and many other published and unpublished discussions, nurses have named several sources of institutionalized power relations. This has been a naming of conditions and social practices that reproduce relations of domination. In this work nurses are protesting a social world that they know experientially to be riddled by power relations that are reprehensible and dehumanizing.

The emergence of this work in nursing should be seen as both a social phenom-

non and as a historical fact. Because critical scholarship may seem unfamiliar to those who are more comfortable with orthodox styles of analysis, it is important to name the reality that is happening in critical scholarship and to try to understand its dynamics. A reflective appraisal of this work is important if the social institution of nursing is to avoid further divisions and barriers to open communication. These barriers can develop quickly when unfamiliar ideas are labeled and dismissed. A reflective look at critical scholarship is a way to avoid these barriers and understand the work of peers and colleagues in nursing.

While the work of critical scholars may be appearing more frequently in nursing literature, these analyses still seem to occur sporadically, in apparently unconnected publications and discussions. As a coherent pattern of intellectual work, critical scholarship itself seems not to have been identified as an important social phenomenon for nursing. Very little has been published about the social conditions that provoke this pattern of thought, the contexts that sustain it, or the responses it engenders among different communities of nurses.

Critical scholarship is at the same time a way of life and an analytical, intellectual, or methodological approach to nursing phenomena. The exteriority of this space is seldom discussed. It is a way of thinking, experiencing, and defining reality that has important sociological and spiritual consequences. It can be a place of isolation and marginality, for in it nurses have left behind an acceptance of and participation in the social construction of a historically obsolete "fact world."

Those who work in this space struggle with many puzzles and contradictions. Tensions are palpably real here, for both the individual scholar who struggles against powerful traditions, and for the social institution of nursing itself, which frequently does not hear or understand the message of critical scholarship. So that the tension can be seen and experienced as a positive social force, this analysis briefly explores selected issues in the emergence of critical scholarship.

THE SOCIAL AND HISTORICAL CONTEXT OF CRITICAL SCHOLARSHIP

It is no coincidence that the critique of domination is emerging in and for nursing at this time. Considered in its social context, this pattern of intellectual work clearly fits existing social conditions experienced by contemporary nurses. Critical scholarship is occurring in nursing not just because a few academicians are choosing to be radical thinkers, but because contemporary thought and conditions of modern life expose more and more nurses to just the kind of social contradictions that set up a pattern of reflection and challenge.

Scholars or academicians in nursing occupy a social space that has nurtured this pattern of scholarship. They bring with them the lived experience of being or having been working nurses and the additional experience of internalizing intellectual work in advanced academic preparation. There are many opportunities in contemporary academic life for nurse-academicians to hear the message of critical scholarship. Many nurses have been touched by contemporary schools of

thought that focus on the critique of domination, eg, critical theory, feminism, structuralism, and continental philosophy. Indeed, given the social, economic, and political context of the past 30 years, and given the presence and intensity of these critical voices in other disciplines, it would be unusual for nursing to have remained isolated from these perspectives.

But exposure to critical work in academic disciplines is only one element that supports the development of critical scholarship. Outside academia, there are many practical conditions of everyday life that also fuel this work.

The work of critical scholarship does not occur in an academic vacuum. It is experienced in an objective social world, a world filled with ever-increasing social contradictions. Major urban settings are increasingly characterized by a concentration of different ethnic groups and social classes in the same spaces. The gentrification of these urban areas has meant a renewed presence of upper-middle-class professionals living in closer proximity to now displaced ethnic minorities. In these settings, it becomes more and more difficult to miss obvious contradictions in the social definition of reality. These contexts

favor the confrontation of different cultural traditions, which tends to expose their arbitrariness *practically*, through first-hand experi-

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ence, in the very heat of the routine of everyday order, of the possibility of doing the same things differently, or no less important, of doing something different at the same time.^{12(p168)}

Objective situations of life and work, especially in large cities, predispose some nurses to just these sorts of confrontations. The concentration of different professional groups in major health care corporations predisposes some nurses to confront the power and authority of organized medicine within a corporate structure. Conditions of work in the corporate health care industry predispose some working nurses to confront the legitimacy of organized management in white, male-dominated hierarchical bureaucracies. The concentration of ethnic minorities in ancillary jobs helps some nurses to see the contradictions of white middle-class privilege. The conditions of life for minority and white women as they balance career and domestic responsibilities helps some women to see previously hidden power relations based on gender.

In summary, the working conditions of everyday modern life produce a context in which nurses increasingly are becoming sensitized to previously acknowledged power relations. These are social conditions that contribute to the development of critical perspectives in organized nursing, conditions already in place in the contexts of nurses' lives that help them to see relations of domination anchored in race, gender, and class.

These situations are the practical reality nurses bring with them to higher education in the United States. When exposed to critical, reflective content in nursing and other disciplines, it is not surprising to find

that some nurses adopt a critical approach in their scholarship. Graduate education in nursing has helped this process by exposing students to coursework that nurtures a break with the primary experience of the lived world. Examples of such content include phenomenology, epistemology, critical sociology, feminism and women's studies, comparative continental philosophy, ethnic studies, comparative economics, and cultural anthropology. This kind of critical, reflective coursework is the hallmark of a strong liberal education that paradoxically predisposes some nurses to question the very reality liberalism wishes to defend.

For many nurses then, "critical content" in other disciplines may be experienced as a powerful new lens, a frame of reference, an interpretive scheme, or a text that "fits" their lived experiences. In considering the social context, the academic experience, and the work culture that nurses share, it is not surprising to find a pattern of intellectual work emerging that is beginning to integrate, synthesize, or pull together these strands of experience. In other words, the emergence of critical scholarship in organized nursing is a sign that as a discipline, nursing is responding sensitively, responsibly, and intelligently to nurses' own historical experiences.

CONVERGENT MODELS OF CRITICAL SCHOLARSHIP: FEMINISM AND CRITICAL THEORY

Two contemporary schools of thought have described similar processes and dynamics involved in the critique of domination. Critical theory and feminist schol-

arship both present models and forms for exposing unacknowledged power relations. Recent discussions in nursing literature^{13,14} have in fact collapsed these two strands of thought under the rubric "critical social theory." Here feminist analysis and critical theory will be explored independently as contemporary models for the critique of domination.

Scholarship emerging from critical theory contains an important focus on language as a vehicle for social control and domination. Recent work by Habermas,¹⁵ for example, highlights the ways spoken language functions to reproduce relations of domination. An explicit structuralist focus on language as a vehicle for challenging power relations was contained in the work of Bourdieu,¹² who presented a model of critique and challenge in the theory of symbolic power.

In parallel yet different ways, feminist scholarship has presented a model of critique and challenge that emphasizes consciousness raising as an experiential form for the critique of domination.^{16,17} Recent feminist analysis shares with critical theory a focus on language as it intersects with consciousness in the creation of subjective and objective experiences of power and domination.

The influence of both critical theory and feminism in nursing may be seen in recent discussions that call for the development of critical perspectives in the discipline. Allen⁷ and Hedin¹⁸ have argued from the framework of critical theory for the presence of emancipatory approaches in nursing inquiry, while Chinn and Wheeler¹⁹ and Voda²⁰ advocate feminist positions in nursing.

It may be argued that one of the most

important tasks facing critical scholarship in nursing is the resolution of issues raised by these two approaches to critical consciousness. The rapprochement of these two positions, especially critical theory and radical feminism, is a significant area of work for critical scholarship in nursing. Others outside nursing have also identified this dialogue as an important area of synthesis.^{21,22} Working through issues raised by critical theory and feminism will help nurses address multiple sources of power and domination. It is a juncture that can help nurses to focus on the politics of consciousness and the subjective experience of powerlessness as well as social structures and practices that are inherited as externally imposed sources of domination.

THE ORIGIN AND DYNAMICS OF CRITICAL SCHOLARSHIP

Elements of critical theory and feminism are useful in describing the experience of critical scholarship in nursing. This description is based on feminist insights about consciousness raising and Bourdieu's model of symbolic power.

The critique which brings the undiscussed into discussion, the unformulated into formulation, has as the condition of its possibility objective crisis It is when the social world loses its character as a natural phenomenon that the question of the natural or conventional character of social facts can be raised.^{12(p168)}

Understanding the fact world

As a challenge, critical scholarship emerges within a fact world (*doxa*), which is the universe of the undiscussed, the

undisputed, the taken-for-granted. In phenomenological terms, *doxa* might be equated with the *lebenswelt* or the life world. This prereflective universe is a frame of reference that presumes the general thesis of living in the world without questioning its facticity.

In the doxic relation to the social world, that is, in the natural attitude, the established cosmological and political order is perceived not as arbitrary or one possible order among others, but rather as self-evident, as reality that goes without saying and as such, that goes unquestioned. The legitimacy of this fact world and its power come from misrecognition, from not recognizing the arbitrariness of the social construction of reality. Everyday living (at least before the experience of critique and challenge) is characterized by a naive, prereflective adherence to "established" versions of the life world. In this doxic pattern of living, the question of legitimacy is never raised because the social world is presented and accepted as a natural phenomenon.

In the social institution of nursing, prereflective practice rests on unquestioned assumptions of this fact world. These are assumptions that have been laid down over years of inherited tradition. They include the most fundamental theses of our inherited *weltanschauung*, assumptions such as (1) the predominantly western, white upper-middle-class male ways of defining nature and people's relationship with nature; (2) a western analytical tradition that has struggled to define a communal morality within this cultural context; (3) premises typical of modernity in which people define and experience pleasure and esthetics; and (4) western, patriarchal definitions of power

that define power as the ability to dominate or as power-over.

From these premises, the inherited fact world expands to include innumerable aspects of the social world that are taken as matters of fact. This is where metaphysics, science, politics, morality, and esthetics connect. In the West, where cosmology has been defined predominantly in mechanistic terms, the metaphor of a machine permeates nearly every aspect of the social world. One has only to explore the pervasiveness of general systems theory to see that mechanistic assumptions have been accepted as matters of fact. The political-economic order is defined consistently with these assumptions as not one among many possible political arrangements, but rather as a "second nature,"²³ a reified social reality that operates like a well-oiled machine, an order that goes without saying, without questioning, as a matter of fact.

In nursing, prereflective practice is based on these kinds of assumptions and on the world views of nurses socialized in contradictory ways as women in postindustrialized capitalism. Increasingly, many unquestioned assumptions of this fact world are being challenged by critical scholarship in a way that is difficult to absorb, because what it challenges are many tacit theses that literally circumscribe and define modern life. These include the universe of (1) undisputed scientific views of nature; (2) unquestioned acceptance of the political economics that steer the development of the social and natural world in general and the health care industry in particular; (3) unquestioned acceptance of class relations, gender relations, and race relations; and (4) the undisputed authority of professional-

ism, a reinforcement of gender, class, and racial divisions laid down in professional ideology.

Challenging the fact world

While these tacit theses usually go unnoticed, they become visible and objectively real when someone challenges their legitimacy. This is critical scholarship (heterodoxy), the critique and challenge that occur when nurses recognize that the established order is only one possible way of constructing reality. A twin moment in this experience involves the recognition that the established order of the fact world is maintained by power relations, or relations of domination that usually are not recognized or seen through.

In critical scholarship, nurses frequently experience the line between the fact world and critique as an awakening of political consciousness. This is a politicized experience of recognizing that relations of domination and the fact world built on them have gone undisputed because they have not been seen through, ie, they have been opaque.

The work of critical scholars in nursing then is to present to nurses a systematic and thorough critique. This critique uncovers hidden sources of coercion, power-over, and domination that are embedded in the everyday lived experience of the fact world. While the critique is always directed

at relations of domination, it can expose these in many unanticipated places. This is the reason for the wide-ranging topics addressed in critical scholarship, such as scientific method and the subjugation of nature; elite definitions of power and authority in the profession; women's work in male-dominated bureaucracies; and the social reality of ethnic women.

The process of critical scholarship

The process of critical scholarship is one that rests on reflection and insight. Within critical theory, reflection has the German meaning, where the image of the self literally "flexes" back toward a person, bending back or recurving in a way that reveals its true nature, so that one sees oneself in new ways.²⁴ This process rests on consciousness raising, where one comes to see oneself through the reconstruction of one's own self-formative process. It is at this juncture that critical theory moves very close to feminist insights. Specifically, from both frames of reference, critical scholarship exposes ways in which the self has been formed (or deformed) through the influence of coercive power relations.

The work of critical scholarship is to make these power relations transparent to help nurses see through them, for these relations lose power when they become transparent. Within feminism, this moment of consciousness raising is quintessential. Initially, it can be a time of many contradictions, an experience that begins with moments of cognitive dissonance and doubt, but progresses to include many other layers of analysis, interpretation, and application. It is an awakening that can touch many fibers, emotional, spiritual, moral, and practical.

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As an awakening, the critique of domination can be experienced in ways characterized by joy and the pleasure of freedom. But paradoxically, it can also be experienced in ways that are full of pain and disorientation, as more and more practical assumptions and values are brought into question. It can be a progressive experience that unravels layers and layers of unquestioned premise.

It is this progressive unraveling, this process of consciousness raising, that marks a place of convergence for feminism and for critical theory. Within feminism, the work of consciousness raising is the joining of theory and practice, that is, it is theory as intervention. From a feminist perspective, the creation of a new consciousness is the basis for new, more conscious, more fully human modes of action. Consciousness raising is then an act of transforming the social world. Through the process of exposing distorted power relations, of affirming women's lived experience, and affirming women's consciousness and its place in the construction of a more fully human world, critical scholarship forms the basis for a continuation of emancipatory work. That work includes the development of new language, new meanings, and new social practices, and hence the transformation of social institutions that have been oppressive.

Meanings evolve slowly as changing social practices, relationships and institutions are characterized in new ways. Over time this helps to give rise to an altered reality, for language evolution is central to reality. Speech that seeks power to transform the world, as well as the human subject, must embrace a political language that moves the subject into the world without locking her into the terms of ongoing

social arrangements. It is here that the language of liberal feminism falls short.^{22(p140)}

For critical theory, emancipatory processes like consciousness raising also mark the fusion of theory and practice. Critical reflection, critique, and challenge are again seen as modes of intervention in the social world. In the process of dialogue, critical theorists reveal previously hidden sources of power and domination, showing concretely what humans are suffering and suggesting new, emancipated modes of human action. A recent example of this kind of critical work in nursing may be seen in research by Peterson and Allen²³ that focuses on distorted power relations in bureaucratic settings and explores new structures of shared governance. It is the processing of this kind of analysis within organized nursing, the discourse and debate over time, that forms the basis of ongoing critical work and the transformation of existing social institutions.

As in feminism, critical theory acknowledges the place of human consciousness in the construction of a more fully human world. The work of critical theory has in fact been compared to psychoanalysis, where the primary task rests in conscious validation of meanings.

The enlightenment process consists therefore in a dialogue in which critical theorists attempt to negotiate the alternative meanings they offer and apply persuasion to convince their partners of their adequacy. Whether they will succeed or not depends, on the whole, on the degree of correspondence between the interpretive formula contained in the critical theory and the volume of experience collectively accumulated and commonsensically assimilated by the group. Such correspondence must be given the opportunity of being carefully considered and

scrupulously assessed by all participants The sign of authentication is precisely the former patient's emerging from [her] subordinate position on the receiving end of the dialogue and assuming the role of a fully developed creative agent of meaning negotiation.²³

The work of critical scholars is an invitation to other nurses to examine distorted power relations in nursing practice. This is a kind of work that should not be misinterpreted as a polemic attack directed at the status quo. Rather it is an invitation to engage in dialogue, to examine the meaning of a world characterized by many sources of unfreedom. Within feminism and critical theory, the critique of domination forms the basis for continued dialogue; for the creation of new, shared meanings; for the development of new language and new social practices; and for the shared transformation of existing social institutions.

BRINGING CRITICAL SCHOLARSHIP INTO FOCUS IN NURSING EDUCATION

In light of these dynamics, one important issue raised by critical scholars is the question of how and when students can or should be exposed to critical scholarship. Undergraduate education in nursing usually provides a strong liberal world view consistent with white middle-class male ways of defining reality. This liberal education usually includes the inculcation of a positivist frame of reference concerning science, functionalism as a frame of reference concerning the social world, professionalism as an ideology that legitimizes class divisions in the social world, deonto-

logical 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.

In the experience of critical scholarship, these layers of assumption may be progressively unraveled, an experience that nurses sometimes describe as "having the rug pulled out from under you." Critique and challenge can begin in the classroom where critical analysis exposes hidden relations of domination contained in these liberal world views. Or it can begin in lectures, presented papers, or any public forum that critiques distorted power relations. Commonly, it can begin from simple everyday speech situations where politicized nurses speak from critical frames of reference.

An important challenge in critical scholarship is the task of structuring these theoretical and practical experiences for students so that critical perspectives are experienced as positive, expanding learning situations. The critique of relations of domination in the classroom can and should be experienced as a positive social force, since it holds the seeds of enlightenment and the potential for the construction of a more fully human world. There is growing evidence that individual scholars in nursing²⁶ are beginning to address this educational project, just as it has been addressed within the field of education for some time.²⁷

Nursing educators can draw on the work of others who have also struggled with this educational issue. For instance, the work of Freire²⁸ has reemerged in recent years as a point of origin for a paradigm shift in critical education. His work presents a

powerful critique of instructional methods that reproduce relations of domination in the classroom. This work further describes an alternative pedagogy that combines reflection with theory to produce new patterns of action or praxis. Nursing education can help students to process the critique of domination through this kind of reflective method. The challenge of this teaching-learning process is to help students absorb the critique of domination and integrate their public and private worlds in new patterns of practical action.

As nursing scholarship continues to integrate this and other forms of critical work, it will be important to construct and maintain an ongoing dialogue with accrediting agencies and professional organizations who play a significant role in the social construction of nursing education. In this process, it is crucial to work from a place of true dialogue, where neither critical nor orthodox philosophies of nursing education are polarized into ideological struggle.

SYNTHETIC PATTERNS OF CRITICAL SCHOLARSHIP

The critique that brings to consciousness unacknowledged power relations has the goal of constructing a world less distorted by relations of domination. The insights generated through critical reflection are powerful and intervene in life. They invoke a practical desire to do something about power structures that seem intolerable.

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. This

experience should not be taken lightly as it requires an ongoing commitment to mutual respect and dialogue. The act of critique and challenge, then, is not primarily a theoretical experience so much as a practical-moral experience. It shapes and reshapes practical categories of morality.

The reweaving or reshaping of reflective nursing practice requires dialogue among many communities of nurses. There is a need for continuous, open communication between critical scholars and others because each has much to share. The commitment to ongoing dialogue and mutual respect is then critical to the social institution of nursing.

Particularly important in this context is the choice between the continuation of the dialogue or its termination, on the assumption that the communication has been broken definitely and beyond all chance of repair. The crucial decision, in other words, concerns the classification of the opposite member as a partner in the dialogue or implacable enemy. That is the choice between the pragmatics of persuasion and the pragmatics of struggle. One has to emphasize as strongly as possible that, whatever the course of dialogue, it will never supply conclusive evidence for a hypothesis that one of its partners is inherently unable to embrace the truth and that therefore struggle is the only rational and visible alternative.^{23(p10)}

Nursing cannot afford the social divisions that come from labeling and dismiss-

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ing the work of critical scholarship or vice versa. As a social institution, nursing has already experienced too much horizontal violence and divisiveness. The strength of women's reality can be that it resists power struggles and rests on the power of connections and open communication. These are commitments that are especially needed for the processing of critical scholarship.

At its best, critical scholarship in nursing provides both the loosening and the reweaving dimensions of critical reflexivity. The significance of synthetic patterns of scholarship²⁹ is that they show nurses and others how to reweave the fabric of the social world, how to envision and construct a coherent political base for positive practical action.

Critical scholarship in nursing can speak about the process of reweaving, regaining

confidence in new definitions of reality, regaining a commitment to new definitions of nursing practice, and feeling grounded in new value orientations.³⁰ This pattern of scholarship is nonseparatist and nonrevolutionary in the violent sense of revolution. Critical scholarship is at its best in nursing when it reweaves these new fabrics. As a pattern of scholarship and as a way of life, critique and challenge work best when they show us these new directions.

In the classroom, in research settings, in service settings, and in many other public arenas, critical scholarship in this form can cause more than a ripple. It can touch the social world and alter it in profound, enduring ways. This is work that honors nursing's tradition, work that returns to nursing its voice and its role in the construction of a more fully human world.

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