# Fighting back: Promoting emancipatory nursing actions

Poverty, education, and social problems are inextricably linked to health concerns and cannot be addressed in isolation from each other. Nurses are being challenged to care for clients who are socially, politically, and economically disadvantaged. The model of emancipatory nursing actions is derived from the work of Freire, Habermas, and Katz and presented as a practice model in guiding nurses to begin choosing actions that seek to help people fight back from the depths of their despair, rather than helping people cope and adapt to their oppression. Emancipatory interventions are provided to help nurses launch a new direction toward freeing their clients, rather than herding them through an uncaring and disjointed health and social service system.

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AS POVERTY INCREASES in America, Susan Reverby's[1] dilemma, of nursing being ordered to care in a society that refuses to value caring, stands starkly omnipresent in our everyday nursing practice. Moccia[2] asks if nurses should focus on helping people adapt to poverty or focus on helping people learn how to influence the environment that has contributed to their situation. Clearly, Moccia concurs with the latter, challenging nurses to include social activism as part of their definition of caring.

Advocating for those society has oppressed and disenfranchised requires nurses to critically examine the role of oppression in our health care system. Thompson[3] has done an intensive critical analysis of the repressive forces that have influenced the nursing profession. From her work, one is able to gain poignant awareness of the op-

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pressive forces that have engaged the practice of nursing. Moccia[2] claims that nursing has been involved with the traditional aims of helping people adapt to their oppression, maintaining the current social health system, rather than helping people change their situation. Thus, the goal of emancipatory nursing is to help oppressed and disenfranchised persons gain freedom from the people, ideology, or situation that keeps them oppressed. Instead of helping people cope with poverty, should not nurses be helping people fight back against the forces that maintain their homelessness, hopelessness, and hunger? The purpose of this article is to theorize on the role of emancipation as a new type of caring for poverty-stricken and oppressed clients through living, teaching, encouraging, and activating emancipatory behaviors, rather than relying heavily on the concepts of coping and adaptation. This model of emancipatory nursing action is derived from Paulo Freire's[4] work concerning oppression and revolutionary action, Jurgen Habermas'[5] concept of emancipatory interests, and Katz's[6] concept of synergistic community.

## CONTEXT OF THE PROBLEM

### Welfare vs warfare

The United States is regarded as the richest society in the history of the world while simultaneously hosting 35 million people in poverty.[7] Since Reagan came into office in 1980, the number of families living in poverty has increased by 35.6%, claiming 3.3 million more children.

> The poor have had to bear an increasing percentage of their income being taxed to help fund the military budget.... Taxes for the poorest tenth of the population rose from 16.8% of their income to 21.9% from 1966 to 1985. In the same years, taxes for the wealthiest tenth dropped from 30.1% of their income to 25.3%. During three years of military growth, 1980–1982, taxes paid by poor families increased by 58%.[7(p45)]

The most basic contradiction of the welfare system was the development of the warfare state during the 1980s.[7,8] Federal funds allocated to the military diminished funds available for social welfare and indirectly drained state and local governments, which could not make up the loss for programs and services that affect quality of life. While budget allocations for welfare and warfare have been perceived as being relatively independent of each other in the past, since 1980 they have become integrally connected. As defense funding increased, social welfare funding decreased; the portion of the national budget, productive capacity, and scientific endeavors that were devoted to the "national defense" were so large that social welfare and long-term prosperity were seriously distorted and diminished. This is the definition of a warfare state.[7] By combining rapid increases in defense spending and deep reductions in the federal tax base, Reagan intentionally created budget conditions in which social welfare expenditures appeared unaffordable.[9,10] As social welfare services were being perceived as becoming more and more unaffordable, massive amounts of money were diverted to the US military. This massive arms buildup of the past 12 years reached fruition during the 1991 Persian Gulf war in an immense display of weaponry and destruction of the Iraqi people. It is a sad irony to realize that the Iraqi people

were bombarded at the expense of the poor, the sick, and the homeless in this country.

In addition to the effects of the military buildup during the 1980s on social services, recent social welfare expenditures have not been as effective in dealing with poverty since the mid to late 1970s.[10,11] The reason for this is that federal commitment to social welfare has decreased, and the programs still in effect have not been well evaluated, changed, or improved. An ideological shift toward social conservatism occurred in social welfare policy during the Reagan years. This shift resembled the ideology of the pre-1930s—before the New Deal—and involved various politically conservative policies: deregulation of industry; community and private responsibility for helping the poor; protection of individual rights to free enterprise; trade protectionism; increased profits, rebates and benefits for businesses; and a furthering of the attitude that the poor are poor because of certain psychologic traits, inherent or learned. In other words, the ideology of the Reagan policies was to blame the poor for being poor rather than looking for the structural causes of poverty.[11,12]

### Poverty and health

Health care providers have long recognized the effects of poverty on their clients. These effects include high infant mortality rates, multiple morbidities, developmental disabilities, child abuse and neglect, and growing numbers of homeless and hungry people in America. No longer can we ignore the reality that health, education, and social problems are inextricably linked.[12] During the period of the Great Society in the 1960s and 1970s, hunger was virtually eliminated

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in this country. Since 1980, it has been recognized that as many as 20 million Americans go hungry during some part of every month, that 35 million are without health insurance, and that on any given night 100,000 children are homeless.[10,12,13]

Mechanic[14] also links low socioeconomic status to health problems. He states that health and mortality are significantly affected by poverty and that income deprivation is linked with many factors that influence health directly, such as diet, housing, access to health care, environmental hazards, and social and psychologic stress.

Chopoorian calls for nurses to broaden their conceptualization of environment in order to seek further understanding of the social, political, and economic structure of health, illness, and policy. She claims that the health of various population groups is affected by societal dynamics and that the health care system that is supposedly responsible for caring for these people is highly bureaucratized with "dominating structures that increasingly are driven by efficiency, profit, and productivity."[15(p48)] She further claims that these issues are not generally of concern to nurses providing direct care and that the origins of illness remain unexplored. Yet, the same political, social, and economic conditions that are directly related to illness continue to be perpetuated in persons and populations for whom nurses are responsible.

## THEORETICAL FRAMEWORK

### Theory of revolutionary action

In *Pedagogy of the Oppressed*, Freire[4] discusses the choices society must be responsible for in helping the younger generation direct the future's course: either we can educate and facilitate the integration of the younger generation into the logic of the present system and bring about conformity to it (culture of silence) or we can help people question and critically examine the reality in which they live and help them to discover how to participate in the transformation of the world (culture of freedom). Freire calls for the use of critical reflection, revolutionary praxis, and continual dialogic commitment with those who are oppressed in order to promote freedom and transformation of the current social reality, ultimately achieving humanization as a permanent process. The basic premise underlying Freire's work lies in the ability of human beings to engage in critical thought, as opposed to animals who use mere adaptation.[16] Human beings have the ability to integrate their contextual reality in order to achieve the critical capacity to make choices and transform reality. Nursing needs to break away from its preoccupation with adaptation and coping and become a leader in the struggle for emancipation from the oppressive forces within which most of its clients are bound.

Freire's revolutionary action theory seeks to supersede the social, political, and economic situations of oppression by instituting a process of continuing liberation through dialogic encounters and revolutionary actions. Four of the basic assumptions underlying this theory follow:

1. The reality of oppression can be transformed, allowing for a permanent process of humanization in our social world if the oppressor could come to know and be with those whom he oppresses through the establishment of continual dialogic actions. However, this possibility is unrealistic due to the elite classes' investment in serving their own self-interest.
2. Revolutionary actions culminate in a brief revolutionary moment when opposing interests clash, and the oppressed class takes power from the oppressor. Through continual dialogue between both groups, humanization can then be permanently achieved.
3. Human's ontological vocation is to act on and transform their world and, in so doing, move toward ever new possibilities of richer life both individually and collectively.
4. All human beings, no matter how submerged in the "culture of silence," are capable of looking critically at their world in a dialogic encounter with others.

In order to examine oppressive forces, one must look critically at the barriers and actions that effect subordination of one group to another. Oppression can be defined as a system of interrelated barriers and forces that reduce, immobilize, and mold people who belong to a certain group in ways that effect their subordination to another group.[17] Oppressive ideology is an integrated pattern of ideas, a system of beliefs, that characterizes unequal relations in a social system by the use of power. The dominant powerful elite class imposes its values and beliefs on the population as a whole in order to serve its own self-interests, through

promoting doctrines, symbols, and directions for social and political action. According to Freire,[4] most oppressors hold onto their power until they are forced to yield to the demands of the revolutionary forces, whether that be through negotiation or political action. An exchange of power can then occur as a revolutionary moment, a brief moment in time when the oppressed group takes power from the oppressor.

Such a system could not exist if the groups were not well-defined and if the suppressed group were not acquiescent to some extent to their subordination. The root of the word oppression is "press." To be pressed is to be caught between or among forces and barriers that are so related to each other that jointly they restrain, restrict, or prevent mobility or motion. In her dissertation, Thompson[3] addressed the following questions in relation to the nursing profession, which can be utilized in understanding how these actions occur:

- In whose best interest does the oppression serve?
- Who constructs and maintains the oppressive situation?
- What are the social structures and dynamics that allow for oppressive forces to be placed on certain groups?

In answering these questions, nurses can begin to seek further understanding and conceptualization of the role oppression plays on health and well-being.[16,18-22]

In order to conceptualize the role of emancipation in nursing practice, one needs to clearly understand the important aspects of oppression and emancipation. In Roy's depiction of Freire's Model of Oppression,[17] five aspects of oppression that are preeminent in the attainment of freedom are discussed. The term oppressor is defined as an individual, group, or class of people who exploits and prescribes consciousness and behavior to certain powerless groups in order for its own self-interests to be served. The oppressed are individuals or groups who are exploited and prevented from being authentically human due to having internalized the consciousness of the oppressor. This exploitation and manipulation of oppressed people is done through the use of suppressive actions that limit the quality and extent of education, employment, economic security, health, and social service possibilities by encouraging conformity with the beliefs and values of the oppressor, keeping oppressed people divided among themselves while periodically granting favors or small tokens. Some of the barriers of the oppressed group's ability to gain freedom include: internalization of the belief that the oppressor is right by virtue of his power; fear of taking risks to achieve autonomy; an inclination to conform to ideals of the oppressor in order to achieve the power of the oppressor; and the desire to affiliate self with a more powerful group, believing that by stationing oneself with others who are more politically and economically advantaged one will achieve higher status and influence oneself, often at the expense of the people and group from which one came. Gaining emancipation requires that there be people within oppressed and disenfranchised groups who recognize the existence of oppression and help people learn about the roots of oppression and that together they value the group and its members; organize unified political action, critically examining frozen authority structures; participate in a continual dialogic process with all actors, including the oppressor; create an empowering environment for self and oth-

ers; and demand egalitarian relationships with self and others.[4,17]

### Critical theory and emancipatory interests

Critical theory is a social conflict theory that originated as a German intellectual movement in the 1920s, primarily in response to the growing appeal of logical positivism as a philosophy of science in intellectual circles in Europe and the rising concern about fascism in post-World War I Germany. Philosophers associated with this intellectual endeavor were known as members of the Frankfurt School; their work became known as "critical theory." Jurgen Habermas[5] is a prominent philosopher from the Frankfurt School whose work was influenced strongly by the work of Marx, Freud, and the existentialists and phenomenologists of the 19th and 20th century. Following World War II, the work of Habermas and other critical theorists gained importance in intellectual circles in the United States, especially since 1971 when Habermas' work was translated into English.[5]

Critical theory provides a framework for examining and critiquing socially unnecessary constraints on human freedom. According to Habermas,[5] there are three anthropologically deep-seated interests (present even at the prescientific level of everyday life) that mediate the course of natural history. These three cognitive interests are technical interests, practical interests, and emancipatory interests. Technical interests are concerned with the application of empiric–analytic science in order to predict and control purposeful, rational social action. Knowledge is generated and utilized by the empiric–analytic sciences in an attempt to control the environment so that humans can exist. In addition to food, shelter, and clothing, these include mechanisms for controlling communication and meaning.

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Practical interests allow for an intersubjective and in-depth perception of the social world through the use of the historic–hermeneutic sciences. The pragmatic aspects of this interest lie in the disclosure of reality through which an intersubjective or mutual understanding can be reached in the form of consensus. This interest also raises the possibility for distorted communicative interaction (any communication that does not occur out of actual consensus and therefore, is coercive).

The third cognitive interest described by Habermas includes those concerned with emancipation. Emancipatory interests are those pursuits of knowledge with an orientation for freedom. This interest is involved in reason and the human capacity to be self-reflective and self-determining. The acquisition of this type of critical reflective knowledge is considered liberating.

Whereas knowledge from the empiric–analytic and the historic–hermeneutic sciences are fundamental and necessary for social existence, Habermas claims that using these two forms of knowledge alone is monopolistic and short-sighted. He claims that emancipatory knowledge is created from critically oriented sciences that are based on a combination of the empiric–analytic and historic–hermeneutic sciences into a higher synthesis. "The emancipatory interest in

this knowledge form is concerned with the power relationship between theoretical knowledge and the objective domain of practical social life, which comes into existence as a result of systematically distorted communication."[20(p226)] Whereas the goal of empiric–analytic and historic–hermeneutic science is to produce nomologic knowledge, the goal of emancipatory knowledge is to seek freedom from the dogma and limiting nature of this nomologic perspective.

Critical theory is a theory that attempts to get beyond these lawlike "frozen" structures, giving agents a kind of knowledge inherently productive of enlightenment and freedom. The generation of this new knowledge and awareness is gained through the use of the critique and the dialectic. The critique is a critical examination and analysis of the ideology that supports and maintains a repressive social situation, and the dialectic is the art or practice of examining statements logically by the use of questions and answers and looking at the inherent contradictions in the ideology and social reality. This new knowledge promotes emancipation by releasing one from the constraints of domination and distorted communication by creating a critical awareness that furthers autonomy and responsibility.[5] The aim of critical theory is to initiate a process of self-enlightenment that furthers autonomy, responsibility, and uncoerced, undistorted, nonauthoritarian communication. Habermas[5] calls this type of communication the ideal speech situation. The ideal speech situation is the same concept in Freire's[4] discussion of dialogic process. Whereas Freire describes the concept of a continual dialogic process as being the essence of revolutionary action, Habermas describes the concept of the ideal speech situation as being the essence of emancipation. The process of engaging in emancipatory actions, therefore, is to strive for freedom from socially imposed directives by seeking awareness and understanding through the use of the dialogic (free and uncoerced discussion of the dialectic contradiction inherent to the social system). Critical knowledge itself is viewed as liberating.

In addition, Habermas discusses two existential conditions that constitute the way people apprehend reality, stating that the knowledge derived through these conditions mediates the natural history of the human species. These two conditions are labor and communicative action.

Labor is an existential condition unique to the human species. It is a perpetual necessity of life that binds humans to the natural environment. Labor is an activity in which humans take over nature by pulling resources from the environment and creating human products so that they can produce environmental conditions that can support life. Labor is both a process of action and an epistemologic category of life; it is both an objective, externalized, embodied activity and a subjective experience. For Habermas, labor is an existential category (a way for humans to reproduce their own life) and an epistemologic category (a process through which humans come to "know" their reality).

Communicative action is the second epistemologic condition. Habermas[5] uses this construct to discuss the processes of symbolic action, which, he says, produce a structure of social relations leading to social norms, social responsibilities, rewards, and obligation. He refers to imposed structures as communicative action because the network of those relations are linguistically

transmitted. Language, therefore, is a vehicle for social control and domination.

### Synergistic community

Another important theoretical construct integral to a theory of emancipatory nursing involves the work of Katz[6] and his description of synergistic community. Katz describes the current ideologic mode of thinking in Western culture as based on the scarcity paradigm and suggests the synergy paradigm be used instead. The most prevalent world view in Western society is that of scarcity. The scarcity paradigm is a perception that all resources, including the human resources of helping and healing, are scarce and that people and groups must compete for them. The adversarial nature of this competition leads to the development of institutional bureaucracies in order to justify why one set of people should have some set of resources over another. Over time these justifications lead to a masking of reality, legitimizing frozen and lawlike authority structures.[5] As the hierarchy expands and groups become more self-serving in their attempts to gain access to the resources, there is a growing resistance toward sharing or helping others. Unequal relationships develop between oppressor and the oppressed, the haves and the have nots, the franchised and the disenfranchised. These unequal relationships become even more established when the oppressed and disenfranchised groups begin to believe the myths concerning their own unequal status, thus legitimizing their own domination.

Katz[6] takes an alternative position to the scarcity paradigm, called the synergy paradigm. Synergy is a pattern by which phenomena relate to each other and where human activities and intentions, such as helping and healing, are intrinsically expanding and renewable and need not be viewed as scarce. These synergistic qualities expand exponentially.

The definition of a synergistic community involves four assumptions:

1. Human resources are renewable, expandable, and accessible.
2. Mechanisms and attitudes exist that guarantee that resources are shared equitably among community members.
3. What is good for one is good for all.
4. The whole is greater than the sum of its parts.

Participants in a synergistic community experience a transformation of consciousness that allows for expansion of synergistic responses, activating further renewable resources. The most obvious example of this type of expanding renewable resource is the concern of some nurses about securing a "rightful" place in the nursing literature for the construct of caring, as if nursing may lose its "ownership" of this construct to the other health professions. This fear of sharing one of our few unique roles comes from the perspective of scarcity—that there is only so much caring one can give or receive and once we give it to someone else, we will no longer have it as our own. According to the concept of synergy, caring is a renewable resource that has the potential of expanding exponentially—the more it is given freely, the more it is desired, and the more there is available. This notion of synergy

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and promoting synergistic community is one that seems applicable as the goal for emancipatory nursing practice and for emancipated human relationship.

These three theoretical frameworks, Freire's[4] theory of revolutionary action, Habermas'[5] critical theory, and Katz's[6] theory of synergistic community, provide the necessary components for the development of a model of emancipatory nursing actions.

## THEORY OF EMANCIPATORY NURSING ACTIONS

The model of emancipatory nursing actions (Fig 1) is a practice theory that advocates for oppressed groups. Emancipatory nursing actions are those actions that increase the potential for oppressed groups to take power from those who oppress them, whether that be fighting for a national health insurance policy, an increase in funding for the homeless, or a change in the political powerbase of an organization. Change does not come easily, especially when one is attempting to usurp the power of another person, group, or belief system. Often, this change in the power differential requires the type of revolutionary moment described by Freire. Once this power exchange has been successfully completed, however, emancipatory nursing actions are further required in order to promote synergistic activity.

Emancipatory nursing actions include taking gender, race, and class considerations seriously; conceiving all social structures as containing an interplay of contradictory forces that require dialogic critique in order to understand social reality; unmasking the reifications of everyday life while attempting to understand the factors that make people define social reality the way they do; and developing theories that are of "practical and political relevance, rather than offering empirically based theoretical descriptions of the status quo."[23(p120)]

Whereas these guidelines may be a starting place for the nurse academician or researcher, the nurse in the clinical area is in an especially important position to challenge the prevailing ideologic perspectives by focusing on clinical interventions toward empowerment over oppressive situations. Some of these emancipatory actions might include assessing for the political and social factors that influence oppressive relationships, helping to empower politically and socially disenfranchised groups by providing alternative and critical explanations for their situations, or aligning with oppressed individuals and groups against the structures and systems that oppress them. Through the process of this continual dialogue, called "meaning negotiation," nurses can commit to promoting an environment where aspects of change can be freely communicated.

Promoting an environment where nurses can communicate freely may itself be considered revolutionary, especially when one considers the setting where most nurses are employed—the hospital. Hospitals tend to be bureaucratic structures based on established hierarchies where communication is designed to enforce the very status quo and power structure where change is sought. In these instances, meaning negotiation needs to be manifested from many different angles. These could include insisting that administrative and legislative policy makers increase funding for certain projects; participating in activist strategies such as

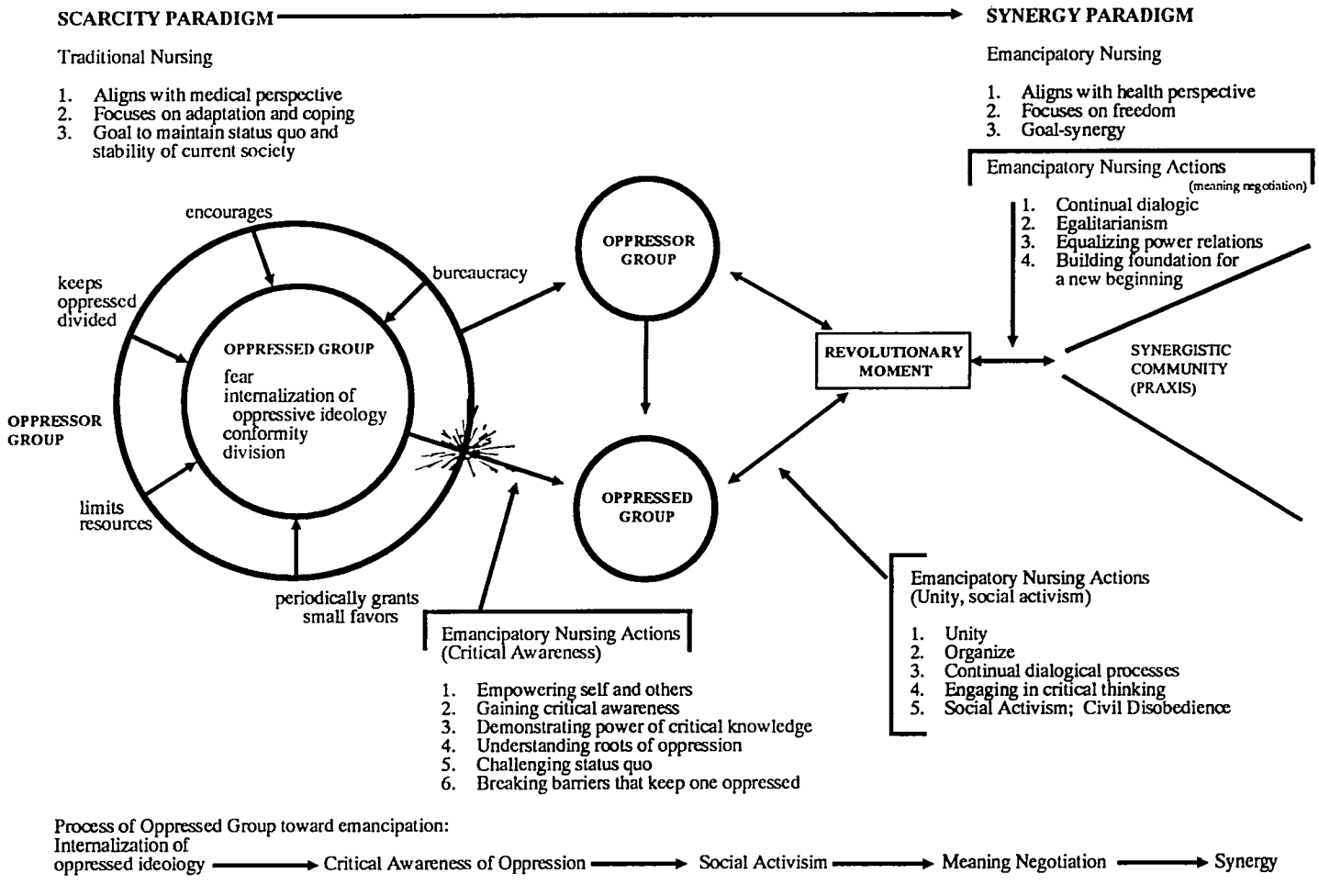


**Fig 1.** Model of emancipatory nursing actions.

marches, rallies, and strikes; questioning standard patient care practices with one's colleagues and supervisors; talking with patients about their needs rather than imposing a set of standards on them; and encouraging egalitarian, instead of hierarchical, professional relationships.[21,22] The most important factor in emancipatory nursing, as with the revolutionary action described by Freire,[4] is the commitment to using communication in as free, undistorted, and nonauthoritarian ways as possible, while constantly questioning and critiquing the unacceptable conditions in which certain people and groups in this society are forced to live.

The goal of emancipatory nursing is to empower oppressed groups to take their share of the power from the people who have been oppressing them. Once this quest toward successful completion of a revolutionary moment has occurred, emancipatory nursing actions are then directed in hope of attaining a synergistic health community. Through this process, nurses can begin to transform unreflective life routines into ongoing meaningful negotiations and dialogic processes. Then, participants can emerge as partners, involvement can be egalitarian, dialogue can be free of coercion and domination, and solutions to social problems can be sought.

## Description of the model of emancipatory nursing actions

The model of emancipatory nursing attempts to simplify complex social interaction for the purpose of illuminating how emancipatory nursing might proceed. Limitations of this model are numerous, including the overly simplistic and assumed role of language on both oppressive and emancipatory forces. In a conversation with J. Thompson (August 1990), she explicated a weakness in the model in that the role of class and the effects of classism in society were underemphasized; ie, is it possible to expect an emancipatory future within the health care system when classism remains such a powerful social divider within American society? However, this model is designed to help visualize where, in the process toward liberation, current traditional nursing is involved and what the vision of emancipatory nursing is seeking, focusing on breaking oppressive barriers and visualizing progress of dialogic revolutionary actions.

The goal of emancipatory nursing is to move the dimensions of health and illness from the model of scarcity to that of synergy. Within the scarcity paradigm, oppression is a necessary ingredient to the perceived lack of resources, both material and human. With this limited perception comes the need for a bureaucracy to enforce rules governing who gets what resources, generating ideology for why this is legitimate. Inevitably, the bureaucracy serves its own self-interests, doling out the remainder of the resources and pitting oppressive groups against one another as these groups struggle to survive.[16] The distorted communication that follows encourages and reinforces the myths of why the social system is structured the way it is, masking, distorting, constructing, and advertising meaning to serve the interests of the dominant oppressor groups. Over time, this stratified social system becomes very complex, especially when so much of the population internalizes constructed oppressive ideology.

The contention of this model is that traditional nursing (nursing that is currently being practiced in accordance with the goals of the traditional medical paradigm and social structure) is an arm of oppression since its purpose is to maintain the current system of inequality by focusing on adaptation and coping. If, as is assumed by Freire,[4] society is stratified into two groups, the oppressor and the oppressed, the oppressor can be placed on the outside of the circle pushing its oppressive forces onto the oppressed, thereby controlling the oppressed group (Fig 1). By breaking oppressive barriers and challenging the status quo, oppressed groups can break through the oppressor boundaries that have limited their ability to think freely and emerge with the liberating critical knowledge necessary to understand their unequal and disadvantaged situation. Once the oppressed groups gain this awareness and are able to think more freely, the oppressor and the oppressed groups can be conceptualized as two separate and unequal groups, with the oppressor group continuing to press its power and will onto the oppressed group. Emancipatory nursing actions encourage and support these processes by the use of freeing educational experiences, by encouraging and creating empowering situations, and by keeping the dialogic process permanently alive.

Although there is no known way to determine how many people in this country have internalized the values of their own oppression, certain groups have displayed emancipatory activity and, in terms of the model, have broken out of the enmeshed circle (Fig 1). The most obvious of these groups (obvious because of the open discussions people in these groups have about the roots of their oppression and their desire to achieve political and economic equality) are those people involved in the women's liberation movement, gay liberation movement, civil rights movement, and environmental movement. In terms of health interests, the groups that have engaged in emancipatory actions, have begun to break out of the enmeshed circle, and are beginning to demand equality of resources, both material and human, are groups such as the Alliance for the Mentally Ill, ACT UP, physically challenged children and adults, and some women's health organizations.

Once the oppressed break out of the enmeshed circle, the oppressor groups often force even more domination and control on the oppressed group through direct martial action, as in the case of Kent State and the civil rights movement or, in terms of health issues, by arresting people with handicaps and acquired immunodeficiency syndrome (AIDS) during demonstrations demanding equal access to resources. Other forms of domination include the role of overt and covert propaganda on subverting consciousness, such as:

- claiming that the antiwar, antinuclear, and labor movements are Communist run,
- convincing people that large urban teaching hospitals, such as Grady Hospital in Atlanta, Bellevue Hospital in New York, or Parkland Hospital in Dallas, are adequate sources of medical care for the poor,
- indoctrinating society into believing that there are no alternatives to substandard and dangerous housing projects to house poor people because of a lack of money in the federal and state budgets, or
- promoting the belief that everything

that can be done to solve the problems of AIDS, violence, infant mortality, or cancer is being done.

Nurses can provide emancipatory support to groups who are seeking answers to these ideologic problems by helping to unify people and organize actions; encouraging continual dialogic processes, and supporting civil disobedience, the effect of which is to challenge barriers to emancipatory knowledge.

According to Freire,[4] eventually these types of liberating actions will lead to a revolutionary moment when the oppressed group takes power from the oppressor. Depending on the strength and vulnerability of the two groups, this may lead back to the two separate and unequal circles (Fig 1) or on to further dialogue. If the revolutionary moment fails to liberate an oppressed group, the actions of social unity will need to occur again. If the revolutionary moment is successful and the oppressed group takes its rightful and equal power from the oppressor group, further dialogue between the groups must occur regarding the unequal nature of their relationships in an attempt to build a foundation for a new beginning. Once this new beginning has been negotiated through equal and consensual dialogue, the process never ends, but progresses toward more and more synergistic relationship building. The role of nursing during this stage is working within a continued meaning negotiation environment, promoting the goal of health praxis and synergistic community.

This model of emancipatory nursing actions can be used to visualize progress of an entire society as it progresses toward a new social system or, on a smaller scale, a new health care system. Certainly, our health care and social welfare system is in crisis.

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Nurses are beginning to become aware of the limitations to our thinking and its effect on the well-being and health of the population. Increased social activism and civil disobedience will occur as people become more critically aware of the effect of oppression on health.

### Promoting emancipatory nursing actions with battered women

The model of emancipatory nursing can also be used on a more personal level in helping people become liberated within their current situations. An example of this can be visualized in terms of battered women. Battered women are oppressed and often fear risk taking, sometimes legitimizing their abuse by internalizing the values of the abuser and the reasons for the violence.

As nurses, we can help battered women become aware of their oppressed condition, helping women seek responsibility for actions in a goal toward self-determination. Once battered women become critically aware of their oppression, they often emerge with a new and radicalized understanding of their victimization. As these women build a new and more liberated identity, they may file for divorce, seek legal protection, and find shelter away from their abusers. Often, these women find understanding and peace from other women and begin to organize and challenge the politics and economics of violence. Some-

times, however, as with all actions challenging unequal power relations, emancipatory actions can incite more domination and control. This period of time is often a very violent and terrifying period for many battered women. It is during this time when women are most vulnerable and often receive the fewest supports. Becoming aware of internalized oppression allows for self-development, choice, and decision making. The choice to challenge the status quo must not be entered into lightly, for it can be assumed that the group holding the power will not let go of that power easily. In the case of battered women, there are often brutal physical and sexual attacks made by the abusers in their attempts to regain control. The danger of homicide faced by these women cannot be emphasized enough. Emancipatory nursing actions would involve unity (forming safe houses) and promoting social activist activities, such as picketing outside police stations when abusers are not arrested and jailed. Through these actions, women are building unified social responses that continue to unify and empower themselves and others, while at the same time forcing a dialogic process on the legitimizing forces of violence in our society.

The revolutionary moment may be seen as occurring when women are able to determine their own actions and thoughts, seeking freedom on their own terms. The dialogue that then occurs could return the battered woman to another conflict that had occurred in the revolutionary moment or earlier oppressive state, or it could progress via the dialogic processes toward synergy, attaining more equitable and satisfying relationships. The risks are enormous to battered women, for they, as well as many oppressed groups, have utilized much of their energy and will to learn to adapt to and survive the violence and oppression forced on them. They have not developed the skills needed to learn self-determination and unity. Any plan seeking emancipation for any oppressed group of people cannot be entered into lightly or independently. Only through unity and organization is there enough physical and emotional safety to risk challenging the status quo toward synergistic community. For battered women, the danger of violence increases as their awareness and freedom advance. For this reason, the nurse must align with the client throughout the discovery and decision-making period, seeking unity with other women, and ensuring that all nursing actions are in the best interests and safety of the client.

There are numerous other examples of how this model could be used, both on a large or small scale. However, whereas envisioning examples of situations and processes leading up to revolutionary moments can easily come to mind, the actual revolutionary moment, dialogic commitment, and the development of synergistic community, becomes more difficult to envision due to our lack of experience in these social arenas. This may be where the true vision of this model, as well as its Achilles heel, lie.

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Clearly, there is a need for radical societal change in this country. The nursing profession has a long history of social activism, although this route of social expression has not been utilized by nurses on a major scale since the early part of this century. Professional nurses need to begin choosing actions that seek to free people rather than choosing actions that keep people oppressed and stuck in economically and socially disad-

vantaged situations. Traditional nursing has aligned with the goals of the dominant culture, patching societal wounds with ineffective programs rather than looking for the structural and foundational changes needed to effect change for oppressed groups. The model of emancipatory nursing actions gives nurses a chance to launch a new direction toward freeing clients, rather than herding them through an uncaring and disjointed health and social services system. It is my hope that this model can provide some preliminary thinking into the way nursing can promote emancipation and freedom for people who are victimized by an oppressive economic, health, political, and social order.

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