

Feminist critique: Searching for meaning in research

Feminist critique is presented as an important method for examination of prior knowledge for androcentric and ethnocentric bias in all aspects of knowledge development, from theoretical underpinnings through the steps of the research process. The history and implications for using feminist critique as a mode of inquiry for nursing science are developed. In addition, pragmatic information for the conduct of feminist critique is provided. Key words: critique, feminist, racism

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APPROACHES TO knowledge development in nursing have evolved from a singular empirical search for objective truth toward an appreciation and valuing of diverse methods for uncovering many truths. This evolution has resulted in considerable debate about the primacy and legitimacy of empirical, phenomenological, and critical and feminist theory paradigms.¹⁻³ This ongoing discussion has resulted in a heightened awareness and acceptance of disparate ways of knowing.⁴

Concomitant with a willingness to acknowledge the value of varying approaches to knowledge development has come a demand for increased accountability in our scholarly work. The empirical research that has resulted in much of our current knowledgebase has been scrutinized for such threats to validity as inadequate sample size, instruments with poor internal consistency, and inappropriate statistical analysis.^{5,6} In the process of gaining credibility,

qualitative researchers have had to defend the rigor of these approaches to knowledge development.⁷ Triangulation has gained legitimacy through careful delineation of principles underlying its use.⁸ Nursing has embraced this continuing critical evaluation as a means of clarifying the knowledgebase of the discipline.

Although the blossoming of critical examination has contributed to the development of credible nursing knowledge, one aspect of nursing's critique has yet to flower: that is, feminist critique. Feminist philosophers have questioned the portrait of reality painted by traditional scientific research, suggesting that it reflects a white, middle-class, male perspective.^{9,10} Nursing, despite unfolding eclectic research approaches, has derived much of its knowledge through traditional scientific methods. Pioneering nurse researchers were educated in the masculine research traditions of such disciplines as psychology, sociology, and physiology. While women within those disciplines are struggling to have their voices heard, nursing has yet to question in any systematic way the presence of race, class, or gender bias in the foundations of our knowledge. In order for nursing knowledge to be a credible base for development of both the discipline and health policy, the underpinnings of nursing wisdom must be inspected for ethnocentrism, classism, and androcentrism. The question we need to ask is whether our research has allowed for the creation of a tapestry or a sepia photograph.

We suggest that feminist critique is a vital component of knowledge development in nursing. In this article, we trace the development and significance of critique and identify the unique contribution of feminist critique. The implications of this mode of feminist

inquiry for nursing as a discipline are explored. Practical approaches to the feminist critique of nursing research are offered.

CRITIQUE: A DEVELOPMENTAL HISTORY

Paradigms

Criticism is an artistic process during which the critic actually creates the meaning through an active, interpretive, assertive dialogue. The critic first selects and defines an idea or interpretive paradigm.¹¹ A paradigm is seen as a configuration of elements and practices that defines an inquiry: metaphysical presuppositions, unquestioned terminology, characteristic questions, lines of reasoning, specific theories, and their typical scope and mode of application.¹² Meanings are then sought out through the "transformation of the idea or paradigm into semantic and syntactic correlates."^{11(p30)} The stimulation of interest into further study (heuristic quality)¹³ and the application or use of knowledge into practice (praxis)¹³ are contingent on the specific premises of the paradigm or ideas that are used to critique bodies of knowledge.

Paradigms of interpretation, which essentially define inquiries, have been influenced historically by two views of observation: empiricism and historicism. The empirical world view is that scientific knowledge is discovered through direct observation. In contrast, there is a recognition in historicism that theoretical perspective influences scientific observation and conclusions. Rather than there being one objective truth to be discovered, scientific truths are multiple.¹⁴

The difference in these paradigms has been chronicled by the physicist Fritjof Capra, who explained that a logical positiv-

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ist approach forces knowledge to be identified with science.^{15,16} Positivism made use of both empiricist and rationalist traditions in order to strengthen science's belief in its exclusive validity after the fact, rather than reflecting on it, as would be the case with critique.¹⁷ However, no matter how effectively the rigor of the controlled experiment epitomized the model of clear distinct knowledge, science did not coincide with knowledge. The critique of knowledge was still conceived in reference to a system of cognitive faculties that included practical reason and reflective judgment, that is, a reason that can ascertain not only its limits but also its own idea.¹⁷

Interconnectedness versus the "power over" has affected the historical development of current knowledge and science. The evolving concept invites the notion of critique as a consciousness that brings meaning to knowledge. "How we observe" through critique began to challenge the relationship between contemporary consciousness and observation; empiricism, positivism, and historicism can now be viewed as part of an eclectic field of inquiry. Emphasis on humanity as discourse and lived experience became a way of giving meaning. "Giving meaning" must be addressed more specifically in order to understand the crucial interpretation of the usefulness of critique/criticism in the sciences. In a sense, our scientific writing cannot neglect the bond imposed on it by that which it wishes to express. Our speaking through writing

can "miss the point" by being refuted by reality (ie, reality manifests itself to our consciousness differently from the way we represent it). The way in which things become meaningful to us is closely connected with the kinds of questions we ask. Our existence is a dialogue with reality, and the meaning reality has for us depends on this dialogue.¹⁶

Feminist critique: Dialogue with lived experience

Critique as a dialogue with reality is not aligned with any paradigm. It is the recognition of how things could or ought to be different and is always constructive and future oriented rather than negative and oriented to the past.¹⁸ Inquiries in postmodern, critical, cultural theory and feminism, in the wake of dialogues of poststructuralism, are increasingly studying the everyday as a way of moving beyond textual experiences and returning to what is real. Real, in a contextual way, addresses the manner in which the everyday of a culture reproduces social organizations of meaning, especially as it relates to what is truly experienced in living. The lived experience is the main site of change and, therefore, the problem of transforming daily realities, particularly in the construction of emancipatory knowledge and consciousness, rests in how we explore lived experiences in face of social or scientific contradictions. How we do this and where we reach for guideposts crucially affect the emancipative potential of our findings. Critical scholarship in the form of critique breaks away from mainstream analysis.

From the beginning of recorded and preserved feminist scholarship, critique has been central. In the late 1300s Christine de Pisan wrote 15 volumes of widely read critique of humanism as mode of thought.¹⁹

"Second wave" feminist scholarship furthered critique with important reinterpretations of significant literary works and epochs in history as well as rediscovery of women artists and historical figures. Previous analyses of history and art had been male and/or through an androcentric lens. The 1970s saw a rich body of knowledge develop through critique of such disciplines as the biological sciences, psychology, anthropology, and archaeology. This interdisciplinary heritage is reminiscent of the Frankfurt school beginnings of critical theory, where again the major means of knowledge development was critique.²⁰ In contrast to early critical theory, those conducting the feminist critique often went on to develop their own theories that addressed some of the biases found through critique. Carol Gilligan's work, first critiquing Lawrence Kohlberg's theory of moral development and then developing her own theory of moral reasoning from her own original research and reanalysis of Kohlberg's data, is a classic example of such work.²¹

From the perspective of nursing, feminist critique inevitably becomes useful because it addresses humanistic nursing values and meanings that are at risk. These endangered values and meanings include focusing on the experiences of women from woman-identified perspectives (understanding women from their standpoint rather than from the world view of male culture), achieving power through the caring that results from intimate relationships with clients and each other, and accepting multiple ways of knowing as a legitimate basis for nursing practice.²²

Feminist critique can alter the content and constructs of science and particularly the

components of knowledge development in nursing if it transforms ways we perceive realities by creating new meaning. The interpretive paradigm of criticism/critique being "feminist" can become an object of great suspicion, because some may see inherent weaknesses of being too narrow or distorting, thereby undermining what work has been accomplished in current knowledge development of nursing. However, feminist critique can only serve nursing well, because it seeks knowledge about overlooked meanings by examining unacknowledged assumptions and biases and by developing new ways to present inquiries that address the social contradictions found in lived experiences. Although feminist critique might seem to threaten what is received as truth, it actually cannot threaten the academic critical establishment or the history of criticism if the criticism is perceived as a process of constructing meaning rather than as a body of knowledge.¹¹

EXPLORING THE BIASES

Feminists argue that because traditional research is dominated by the white, male, middle-class perspective, the findings of such research are not representative.²³ "The criticism has focused upon the invisibility or distortion of women as objects of knowledge, and upon the conventional modes of establishing social knowledge."^{24(p59)} Harding argued that our picture of the world would be very different if women's perspectives had dominated scientific and social research.⁹ The pervasiveness of androcentric bias renders it invisible. It may be especially difficult for nursing scholars to "see" bias in medical research because so much of our knowledge has been built on that base. We

have been taught that our own research is inferior by traditional standards, and we are reminded daily that our profession is less powerful than medicine. Yet it has become common knowledge that much of medical "knowledge" has been based on research using primarily male samples or dominated by male perspectives of women's biology.²⁵ Only by careful critique of the research that underlies our knowledge can we begin to identify the existing male bias.

Early feminist knowledge can be and has been accurately criticized for the ethnocentrism of the mainly white, middle-class, well-educated scholar.²⁶ Harding stressed the need not only for eroding the primacy of masculine perspectives but also for de-centering "the preoccupations of white, economically advantaged, heterosexual, and Western feminists."^{9(p13)} She argued that women and men cannot gain an understanding of the complexities and choices of the world if our knowledge is dominated by the agendas of the ruling class, race, and gender. Nursing knowledge can also be cited for the same bias, from using primarily white samples in research, to perpetuating some of the stereotypes about ethnicity in the assumptions underlying our research and our theories. More difficult to discern have been the more hidden attitudes of ethnocentrism arising out of unintentional in-

sensitivity and ignorance that can only be seen with careful analysis and critique. More recent feminist and nursing scholarship shows far more awareness of these issues.²⁷

However, in our emotionally charged health care system, academic organizations, and society at large, recognition of gender and ethnic bias is often followed by a defensive "backlash" reaction. Similarly, careful critique can be perceived as accusation of sexism or racism.²⁸ Attempts to be more inclusive in academia, personal issues, student relationships, and epistemology are attacked as rigid "political correctness." In this difficult atmosphere, more recent efforts to address racism are often described under "cultural diversity" terminology in order to be less confrontive. This kind of euphemism needs to be subject to in-depth critique to understand both its origins and possible ramifications.²⁹

One of the strengths of feminist critique is that it presents a model by which bias can be uncovered in a scholarly manner without rancor but with both urgency and compassion. It is offered in the spirit of reflexivity, knowing that both self-critique, critique of others' prior work, and critique of one's own work by others is as necessary a part of scholarship as is creating new investigations and ideas. The idea of reflexivity, as explicated by Harding, not only embraces the idea of self-critique but also recognizes that each of us experiences the patriarchy in unique ways.^{9,30} For many women of color, the patriarchy primarily oppresses through mechanisms of institutional racism. Their primary concern may be to develop knowledge that redresses some of the gaps in knowledge regarding minority health. The feminist critique model allows their work to be applauded for its lack of ethnocentric

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bias and for its advances of science by filling the gaps in knowledge by exposing all types of bias.

FEMINIST CRITIQUE: THE PROCESS FOR NURSING

Acker, Barry, and Essevald stated that feminist research must be based on an understanding that gender is central to a social construction of reality and called for

an open and critical process in which all the intellectual tools we have inherited from a male dominated intellectual tradition are brought into question, including ideas about the basic nature of human beings, the nature of social life, the taken-for-granted world-view of traditional science, what concepts and questions might help to illuminate our shared condition, and how we should go about developing such knowledge.^{31(p138)}

This direction is equally applicable to the critique of current nursing research. Nursing, in its quest for legitimacy through professionalization, has accepted the scientific method as the route to establishing a credible knowledgebase. The scientific method has been credited for providing an objectivity that eliminates the taint of individual biases from scientific research, allowing research findings to be universally applicable. But Harding suggested that the exclusion of women and other minority groups from positions of power in science "shows that claims to universalism are in fact intended to apply only within the dominant gender, classes, races, and cultures."^{9(p32)} If nursing's focus is human responses in health and illness, how is *human* being defined in our research agendas? How are our research priorities established and influenced? Sohler suggested that nurses

"must empower each other by recognizing and centering on the incipient potency of nursing knowledge."^{32(p62)} This empowerment is possible only if nursing knowledge is reflective of diverse perspectives and not dominated by the singular views of the powerful. Feminist critique offers a means for nursing to remove the blinders of dominant culture and consider individual research studies and bodies of nursing knowledge for androcentric, ethnocentric, and class bias. Failure to do so leaves us aligned with the patriarchal structures of knowledge and power, structures that Sohler suggested have dominated western health care and health care policy making.

Traditional science involves critique of prior bodies of knowledge in terms of empirical positivistic criteria, such as reliability, sample size, Type I and II errors, and validity related to design choice. "Qualitative paradigm" research has advanced similar kinds of criteria by which to evaluate research.^{33,34} In feminist critique, we can use these criteria as starting points but must contemplate ramifications of oppressive design and analysis decisions that affect research participants and perpetuate bias. Criteria for feminist research such as those put forward by Duffy can also provide insight into the kind of bias and oppression possible within certain methodologies.³⁵ However, just as a study from a qualitative paradigm should not be judged by empiricist criteria, research not explicitly stated to be feminist should not be judged by feminist research criteria. All research can and should be subjected to feminist critique, examination for bias and possible oppressive ramifications of the research process, including the knowledgebase, assumptions, and theory working from, through, and including the

discussion and actual use and potential use of findings.

Although feminist critique has emancipatory potential in illuminating the bias and oppression in prior knowledge, it also needs to be viewed as "good science." Criteria for good science include considering ethical issues and minimizing overt bias by acknowledging it as a limitation. In feminist critique, knowledge is inherently value laden from a dominant androcentric/ethnocentric power hierarchy. Better science will address gaps related to bias and will competently identify cultural and gender-related information. Collegiality, non-hierarchy, mutual dialogue, and a recognition that all consumers of knowledge have valuable insights are hallmarks of feminist critique. We all have biases, and all have experienced oppression in different ways and therefore have different priorities. Because of the plurality of feminism, there is no one way to do feminist critique and no set rules to follow. However, in an attempt to begin dialogue in nursing of what might constitute feminist nursing critique and to reflect what several classes of nursing doctoral students have attempted to formulate, the following suggestions of how to conduct feminist critique have been addressed by section of the research process.

The research purpose

Although overtly feminist research may have empowerment as a stated purpose, "good" science never seeks to disempower or oppress. However, science that meets all the criteria of traditional empiricism or qualitative paradigm criteria can be oppressive to both the research participants and whole groups of people. Therefore, the stated purpose of research warrants evalua-

tion for potential creation of bias and oppressive outcomes. For example, studies with the stated aims of determining the exact incidence of a certain social or health problem in a given population group can be misleading and potentially "victim blaming" if income is not taken into account. Because minority ethnic groups are overrepresented in poverty groups, "pure" incidence rates can make the problem seem related to gender or ethnicity rather than to poverty.

The research question

The origin of the research question is a critical issue in feminist critique. Harding noted that "... whoever gets to define what counts as a scientific problem also gets a powerful role in shaping the picture of the world that results from scientific research."^{9(p40)} This raises concerns about the problems deemed appropriate for nursing research and the perspectives taken by research questions. How research questions are phrased often depends on what is currently being funded. The heretofore limited acceptance of research proposals with solely qualitative data by funders of nursing research is a prime example of this powerful limitation. Conversely, in certain academic institutions, the "qualitative paradigm" is rapidly becoming the only acceptable approach to research. Nurse researchers who want to succeed in the academic field quickly learn to play the game, finding ways to make their interests fit the criteria of funding agencies or other powerful structures. This process can result in a silencing of some perspectives, limiting the objectivity of research.⁹

Westkott suggested that patriarchal bias in research questions

is reflected in the ways in which questions about women are posed: the absence of concepts that tap women's experience, the viewing of women as an unchanging essence independent of time and place, and the narrowness of the concept of human being reflected in limited ways of understanding human behavior.^{24(p60)}

Similarly, ethnocentric bias can be seen when research questions about ethnicity are tacked on as a last, poorly conceptualized inquiry about difference between ethnic or racial groups. Ethnic groups, like women, are often treated as homogeneous. For ethnicity as well as gender, the presence or absence of the research question often reflects an underlying assumption that there will or will not be difference without any careful review of existing research to support either point of view.

Harding recommended that in order to make judgments whether the evidence does or not support a scientific hypothesis, the cultural agendas and assumptions of the research process must be scrutinized.⁹ The feminist critique investigates the underlying assumptions of the research question. This requires considering such factors as the context of the researchers (race, gender, educational background, personal history), the history of the research question, sources of funding for particular projects, and the current political climate of the discipline within which the research is being conducted: "... these factors constitute the stuff out of which knowers, as creators of meaning and as agents, must construct their meanings, purposes, and actions."^{36(p269)} In this way, Code asserted that knowledge is dependent on but not determined by its location. Because these assumptions are often not explicit in the research report, earlier work of

the researcher(s), particularly speeches and non-data-based papers, the priorities of funding agencies and the concepts under study must be examined.

Issues such as whether or not the researcher or research team matches the participants in gender, ethnicity, and/or class are also important issues for feminist critique. There is no right or wrong in most scholars' views in terms of the issue of match, but possible resultant bias needs to be examined. For instance, a woman of color may not reveal certain information to an interviewer of the majority ethnic group, and therefore, the research can be biased in terms of a lack of a complete picture. However, a researcher matched by ethnicity may be considered untrustworthy by those being interviewed because of a class difference, or a researcher sharing the same health problem with a participant may get more information about issues related to that condition even if not of the same ethnic group.

The theoretical framework and the review of the literature

Theoretical frameworks contribute to nursing knowledge by identifying relationships among concepts in research studies, and by building bodies of nursing knowledge by unifying findings of several studies within a singular context. Smith cautioned, however, that theoretical models can legislate reality, limiting our perspective of the experience we seek to study.³⁷ In this sense, theoretical frameworks can be used to perpetuate the beliefs of the dominant group. For example, because women have frequently been ignored as subjects in scientific research, theories that are universally applied frequently evolved from male be-

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haviors.^{24,38} Campbell and Bunting urged an examination of the historical origins of theories to uncover the ethnocentric and androcentric biases.³⁰ In a critique of a body of nursing knowledge, major theories and their origins must be examined. This requires a search for original publications that indicate how the theory was developed and the populations on which it has been tested. Although the literature review of the nursing research article will often cite other studies in which the framework has been tested, rarely is information about the class, gender, or racial distribution of the sample provided. The assumption of universal applicability is common.

The theoretical definitions of the concepts in the model also require scrutiny. Smith noted that women are alienated because they believe that they must think of their world within the same concepts that men think of their world.³⁹ The same can be said in terms of people of color. By accepting the conceptual definitions without question, we may unthinkingly accept androcentric and ethnocentric bias. "The concept becomes a substitute for reality. It becomes a boundary, a terminus through which inquiry cannot pass."^{37(p43)} For example, the concept of the "subculture of poverty," adopted from early sociological theory and found in nursing texts as recently as the last decade, can be seen as an origin of stereotypical atti-

tudes toward poor people by many nurses. Through feminist critique, the definitions of concepts used in research studies can be examined for explicit bias and for exclusion of meaning that might be significant.

If the study has any analysis by ethnic group, class, and/or gender, the review of the literature should summarize findings or note the gaps. The literature review should serve as evidential support for hypotheses, identification of the limitations in prior knowledge, and direction for either replication, modification or totally different types of design and methodology. Each of these issues should be considered in terms of gender, class, and ethnicity.

Population and sample

A feminist critique of research requires examination of the population for gender, race, and class characteristics, and the sample for representativeness. To meet the assumptions for statistical testing and to maintain internal validity, many quantitative studies use large, homogeneous populations. Although this may result in more credible findings for a narrow population, generalizability is limited. In an effort to understand the lived experience of people in context, some researchers have turned to in-depth qualitative studies that use small homogeneous samples. A major hazard of such research is the exclusion of experiences of women from poor or minority backgrounds.⁴⁰ Although such samples may make it easier to generate nursing theory, they severely limit the applicability of such theory; that is, the theory may fail to account for gender, class, or racial differences. Often these study findings are used as a base for further work with other populations, and

no consideration is given to the population differences.

The research design

Harding declared that there is no unique feminist method; all data are collected by asking questions and listening to informants, by observing behavior, or by examining records.⁴¹ Feminist critique is concerned with whether the method is implemented such that the participants have an opportunity to share their reality and are not confined to the researcher's interests. Traditional hierarchical relationships between those being studied and those doing the research may result in biases of incomplete information or oppressed group behavior, whereby those studied are mostly trying to "please" those in control, the researchers, rather than giving honest information. This is one reason that feminist research focuses on reflexive rather than hierarchical relationships between the researcher and participants. All methods of data collection can result in bias and oppression of participants. Even when records are the data, it is possible that individuals prefer not to have their records subjected to certain kinds of review.

Many quantitative designs use instruments for data collection. Cook and Fonow discussed the pitfalls of measurement techniques for women's experience.³⁸ Drawing on Pagelow's analysis of research on battered women, they noted the tendency to measure only what is easily quantifiable (physical violence) rather than what is theoretically important (psychological battering). Instruments used for measurement often are biased (a slap delivered by a woman is equated to a slap delivered by a man in family violence scales). Instruments are of-

ten developed on homogeneous, accessible populations to establish reasonable validity and reliability, resulting in limited applicability for other populations. Many instruments developed before the 1970s started with all-male samples, working from androcentric theories. Currently, white college students are used. This means that most instruments operationalize concepts according to an ethnocentric, patriarchal, middle-class viewpoint, even when further development involves more heterogeneous samples. When heterogeneous samples are used in instrument development, gender- and ethnic-group-specific reliability and validity statistics are seldom calculated and cannot be assumed to be similar. If used for non-English speaking cultural groups, instrument translation is a complex issue of significant concern.⁴²

Qualitative data collection can be equally ethnocentric and androcentric. The framing of interview questions can be as noninclusive of women and ethnic points of view as instruments. The relationship between researcher and participant becomes paramount and traditional qualitative designs are as potentially hierarchical as are quantitative ones. Nonverbal behavior of the investigator becomes crucial and may reflect unintended bias toward people of different backgrounds or toward people of similar backgrounds who have not responded to their situation as the researcher would. Data-collector training is an important area for critique for any design, especially those that involve interviews but also observation and record-review designs.

Traditional experimental designs can be extremely oppressive to participants because of inherent necessity to keep partici-

pants "blind." The benefits of carefully conducted clinical trials to change medical and/or nursing practice must be taken into account, and feminist researchers have conducted feminist research.⁴³ According to Harding's conceptualization, no method is inherently impossibly biased or oppressive. How the method is employed (the "shoulds" of research) has the potential to minimize or maximize the bias of any method and is the main object of feminist critique.

Results and discussion

Both qualitative and quantitative data-analysis techniques can result in the creation or perpetuation of bias and oppression. Comparison statistical techniques such as analyses of variance (ANOVAs) and *t* tests have a tendency to create hierarchical conditions. Multivariate techniques are poorly suited for dichotomies (such as gender) and nominal data (such as ethnic groups). Conducting separate multivariate analysis for each gender and ethnic group may be ideal for pointing out differences in relationships as well as mean differences, but the pragmatic prohibition of such large samples needs to be recognized in critique. The same issues are true in conducting qualitative analysis. If the sample is diverse, if the analysis is conducted separately for each group, there is an assumption of difference. If the sample is analyzed as a whole first, the assumption is of similarity. Whether the group divisions are made by gender or ethnicity or both reflects certain biases. Any approach can result in androcentric and/or ethnocentric bias.

Findings sections in research reports require careful scrutiny for how the research results are explained and interpreted. "Research which only documents differences

between the sexes offers no understanding of why those differences exist or how such differences may be attenuated and therefore may reinforce (or create) the public's preconceived sexist attitudes."^{44(p88)} The same possibilities are inherent in research looking at ethnic differences only. Thus it is important to consider how the research findings might be used clinically and whether they reinforce or eliminate stereotypical attitudes toward minority groups.

Part of this question is where the research is published. Is it accessible to those most affected who could benefit? Is it published only in journals of the same political persuasion as that of the researcher? Is a full report constrained by the rules of the journal, and if so, what are the resulting costs and benefits in terms of bias and potential oppression or alleviation thereof? Were the findings shared with the participants, and were the implications for political or social change considered?³²

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The proposed method of feminist critique for knowledge development raises the question, "Do we create meaning at all in our investigatory work if we do not consider the raising of our emancipatory potential?" The heuristic quality and praxis of our inquiries will hold our academic pursuits in abeyance unless we can construct meaning through an authentic surveillance of our own human limitations as researchers who have lived and studied in gendered social contexts. May Sarton in her novel *The Small Room* quoted Simone Weil as a group of academics tried to console each other over values being relative versus the engagement of meaning: "Two prisoners in contingent cells, who communicate by blows struck on

the wall. The wall is what separates them but also what permits them to communicate. Every separation is a bond."^{45(p62)} Perhaps nursing knowledge truly develops when we

critique the walls that create contradictions in our inquiries. We are inevitably attracted to these walls, because they separate us from the knowing of meaning that could be.

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