# Postcolonial Nursing Scholarship: From Epistemology to Method

Postcolonial theory, with its interpretations of race, racialization, and culture, offers nursing scholarship a set of powerful analytic tools unlike those offered by other nursing and social theories. Building on the foundation established by those who first pointed to the importance of incorporating cultural aspects into nursing care, nursing scholarship is in a position to move forward. Critical perspectives such as postcolonialism equip us to meet the epistemological imperative of giving voice to subjugated knowledges and the social mandates of uncovering existing inequities and addressing the social aspects of health and illness. This article makes a case for the integration of postcolonial perspectives into theorizing and sketches out a research methodology based on the postcolonial tradition. Key words: *culture, inequity, methodology, postcolonial, race, research, social justice* 

### Sheryl Reimer Kirkham, PhD

Associate Professor Nursing Department Trinity Western University Langley, British Columbia

### Joan M. Anderson, PhD

Professor of Nursing and Elizabeth Kenny McCann Professor Cultural Studies and Health Research Unit School of Nursing University of British Columbia Vancouver, British Columbia

### CONTEMPORARY DISCOURSES IN NURSING

The face of nursing scholarship, and research in particular, has shifted considerably over the past few decades. Since the 1970s, the nursing profession has embraced qualitative inquiry as a valid and important mode of scientific inquiry, generating distinct nursing knowledge complementing that produced by quantitative methods that were most often rooted in empiricism. After a period of intense debate regarding the comparative value and rigor of qualitative and quantitative approaches, a relative state of equilibrium has been achieved with acknowledgment of the contributions of various research methodologies.<sup>1</sup> Noteworthy about this shift to qualitative inquiry has been the incorporation of theoretical perspectives from various disciplinary traditions into nursing science. Following the trajectory of nursing's quest for recognition as a profession during this same period, distance was sought from the positivist med-

#### 2 ADVANCES IN NURSING SCIENCE/SEPTEMBER 2002

ical sciences through new alliances with the humanities and the social sciences. Hence, new direction for research endeavors was pursued from the academic disciplines such as anthropology, sociology, and philosophy with ethnography, grounded theory, and phenomenology becoming staples in the cupboard of qualitative nursing research methods. More recently, this reliance on the social sciences has taken a fresh turn. Influenced by a new breed of critical and emancipatory scholarship, discourses within nursing now reflect an embrace of theoretical perspectives and methodological approaches derived from critical traditions such as feminism, Marxism, critical social theory, postmodernism/poststructuralism, cultural studies, gay/lesbian studies, and postcolonialism. More than a fad or a blind following, these contemporary nursing discourses draw our attention to the convergence of several factors within the specific domain of nursing science and the larger arenas of health care and social inquiry.

The current move toward critical inquiry has been influenced by a call for an infusion of subjugated knowledges into our nursing scholarship.<sup>2</sup> The present-day growth of scholarship by people of color, whose experiences have been "written out" of the canon of Western nursing scholarship, has prompted a redefining of what nursing science should encompass. The social and moral mandate of nursing is now seen to include illumination of the experiences of those marginalized within society and within health care. As argued by Anderson: "If nurses are to address the issues in women's lives, the construction of knowledge from the standpoints of those who, in Homi Bhabha's words, 'have suffered the sentence of history,' is urgent."2(p145) We have come to realize that our nursing scholarship needs to look beyond individual experiences of health and illness to encompass the social foundations that determine health status to a large extent.3-7 Along with this shift has come a questioning of the sufficiency of interpretivism in developing nursing knowledge.<sup>3</sup> It is now argued that nursing scholarship drawing on critical theories has considerable potential in addressing the social mandate of nursing by lifting analysis beyond the micro level to an examination of the "complex socioeconomic, historical, and political nexus in which human experience is embedded."8(p2) Influenced by the realization of a society structured by discrimination and inequities, as well as legislated and public health policies that mandate equitable and accessible health care, nursing scholarship has begun to examine the role of the profession in fostering social justice.9

Postcolonialism is one of the critical theories that provides a theoretical lens that allows access to the everyday experiences of marginalization, as structured by the micropolitics of power and the macrodynamics of structural and historical nature. In particular, postcolonial scholarship incorporates critical perspectives regarding the damaging effects of race in everyday life while uncovering the shifting and inconsistent operations of intersecting oppressions. Although postcolonial discourses are still infrequent within nursing, there is a growing call for the integration of postcolonial perspectives into our science as an alternative to the culturalist approaches that predominate nursing theory.<sup>2,10–12</sup> Anderson,<sup>11</sup> for example, has explored elsewhere the convergence of postcolonial and feminist scholarship. In this article the focus is different. We examine interpretations of race, racialization, and culture, as well as directions for research methodology based on the postcolonial tradition. In this endeavor we draw on both theoretical literature and our own recent empirical work in various health care settings. The discussion begins with an overview of the theoretical and epistemological foundations of postcolonialism; then, it translates this framework into a methodology for nursing research.

### POSTCOLONIALISM: EPISTEMOLOGICAL AND THEORETICAL FOUNDATIONS

Definitionally, postcolonialism refers to theoretical and empirical work that centralizes the issues stemming from colonial relations and their aftermath.13 Its concern extends to the experiences of people descended from the inhabitants of those territories and their experiences within "first-world" colonial powers. The much-cited work of Edward Said, Orientalism,14 has been referred to as "single-handedly inaugurating a new area of academic inquiry,"15(p5) that of colonial discourse analysis. In this work, Said focuses on the "variety of textual forms in which the West produced and codified knowledge about non-metropolitan areas and cultures, especially those under colonial control."15(p5) Following from Said, although also incorporating other theoretical perspectives, are influential postcolonial writers such as Homi Bhabha, Stuart Hall, Gayatri Chakrovorty Spivak, and Chandra Mohanty to name a few. Whereas Said's text marks the beginning of colonial discourse as an area of study, anti-colonial writing, such as that by Frantz Fanon and

Aimé Césaire, predates Said's work and continues to be drawn on in the burgeoning area of postcolonial theory.

Postcolonialism has a distinct interdisciplinary character, with contributions from sociologists and anthropologists, literary and cultural critics, political activists and analysts, and psychoanalysts, among others. 16 Heavily influenced by postmodern and poststructuralist traditions, and more recently feminism and neo-Marxism, any attempt to tie the disparate strands of postcolonialism into a single unified entity, paradigm, or "thing" has been described as entailing "a form of epistemic violence" and "nigh impossible." 17(p122) Clearly far from being a unified field, several central themes are nonetheless associated with postcolonialism, including race, ethnicity, nation, subjectivity, identity, power, subalterns, and hybridity.<sup>18</sup> Overall, the project of postcolonialism today centers on theorizing the nature of colonized subjectivity and the various forms of cultural and political resistance. In order to offer further background, several of the central themes of postcolonialism are expanded in the following sections.

### Understanding *race*, racialization, and culture

Considerable theoretical challenges exist inherently in the concepts currently used to categorize and signify "difference." *Race*, culture, and ethnicity are frequently used, sometimes interchangeably, to denote "difference" (and often inferiority), with little consistency in when any one of these terms is applied. A postcolonial nursing scholarship departs from what has become the common mode of exploring "difference" (ie, a culturalist focus on culture as a relatively

#### 4 ADVANCES IN NURSING SCIENCE/SEPTEMBER 2002

static set of beliefs, values, norms, and practices attached to a discrete group sharing a common ethnic background) by pointing to the politics of *race*, particularly in sustaining colonizing relationships.

Constructions of race have shifted through time and across social spaces. Originally carrying a meaning that referred to biological origin and physical appearance, race is now understood to be a social construction manipulated to define, structure, and organize relations between dominant and subordinate groups.<sup>19</sup> Although any biological component of race has been disproved, people continue to be grouped according to what are considered physical racial attributes; as a result, *race* persists as a central aspect of everyday life. As a constitutive element of our common sense, race is a key component of our taken-for-granted reference schema through which we get on in the world. Individual psyches and relationships among individuals are shaped by race; collective identities and social structures are racially constituted. Races do not exist outside of representation but are formed in and by it in a process of social and political struggle. 18,20

The term *racialization* was first coined by Frantz Fanon and adopted by Robert Miles to capture the idea of the representational process whereby social significance is attached to certain biological features for the purpose of categorization into social collectivities.<sup>21</sup> Miles defines racialization as "a process of delineation of group boundaries and of allocation of persons within those boundaries by primary reference to (supposedly) inherent and/or biological (usually phenotypic) characteristics. It is therefore an ideological process."<sup>21(p74)</sup>

Racialization, in effect, suggests that a particular population can only be understood as a supposedly biological entity<sup>13</sup> and therefore takes place within the realm of conceptions of cultures as static, homogeneous, and having a biological basis.

As with race, the construct of culture carries a range of meanings. Earlier meanings pertaining to the process of tending something, usually crops or animals, or to the idea of civility are still held within the notion of culture. Today culture is commonly understood as a template or blueprint for human behavior, grounded in the values, beliefs, norms, and practices of a particular group that are learned and shared. In practice, this interpretation most often translates into culture being interpreted as identification with a particular ethnic or religious background. This widespread understanding of culture derives from the social theory of cultural pluralism (also known as multiculturalism) informing much policy development today. At its core, cultural pluralism holds to the ideal of the harmonious coexistence of differing cultural or ethnic groups in a pluralistic society.<sup>13</sup> Built on the notions of unity-within-diversity and cultural relativism, and often drawing on folkloric traditions, multiculturalism has been put forward as official state policy in several countries (eg, Canada, Australia). However, there has been a range of critique directed toward multiculturalism, most of which centers on the ways in which multiculturalism addresses ethnic and racial difference as a question of "identity" rather than of history and politics and translates difference as an intrinsic property of "cultures" and as a value to be "represented" as such. Donald and Rattansi offer a summa-

5

rizing critique of multiculturalism and the culturalist perspective:

By focusing on the superficial manifestations of culture, multiculturalism failed to address the continuing hierarchies of power and legitimacy that still existed among these different centers of cultural authority. By exoticizing them, it even colluded in their further disenfranchisement. Despite its apparent relativism, in practice it defined alternative centers of cultural authority primarily in terms of their difference from the norm of English culture, not in their uniqueness and their discontinuities. 22(p2)

Despite such critiques, the culturalist perspective with its underlying liberal ideologies of individualism and egalitarianism still carries considerable influence within health care and nursing circles. Culture has become a widely used metonym for "difference" within nursing scholarship, without an appreciation of the ways in which the concepts of culture and race operate in tandem, most often with race as silent subtext to discourses of culture. Solomos and Back have termed such forms of recoding as "metonymic elaborations," explaining that "racisms may be expressed through a variety of coded signifiers," one of them being the coding of race as culture. 23(p26) Common applications of the construct of culture may draw on historical and colonial notions of race and, in so doing, reinforce longstanding patterns of domination and inequities. For example, the easy classification of people into cultural and ethnic groups itself is evidence of a racialized application of culture, based on the assumption that discrete groups exist and can be used for explanatory purposes. Solomos and Back<sup>23</sup> suggest that the central feature of such encoding is that social groups are fixed, made natural, and confined within a

pseudo-biologically defined culturalism. Often these groupings follow nationalistic boundaries, such as "Chinese" or "Indian," which in themselves reflect and draw on colonialist images. David Allen explains that descriptions of groups within nursing literature tend to be nationalistic:

Ethnic/cultural locations very often "happen" to be written within vocabularies of nationalist boundaries. . . . Almost all current "nations" are, of course, colonialist creations. Even those that have had successful anticolonialist revolutions often stay mired in the binaries of nationalistic identities that are the mirror image of the colonialist project they attempted to purge.<sup>24(p98)</sup>

Along with these racialized systems of classification, certain ethnic groups also may be given increased attention. For example, as found in a recent study,12 cultural difference was ascribed to non-English speaking Chinese but not to Aboriginals and Iranians who could speak English. Moreover, more attention was directed toward those practices that were considered exotic, "interesting," or "different." Stubbs concluded that such selectivity "may relate to colonialist and racist constructions of the 'strangeness' of the cultural patterns of 'Asian' groups." 25(p39)

The setting apart as exotic, interesting, or different is indicative of the creation of Other. Othering is an act of representation

Culture has become a widely used metonym for "difference" within nursing scholarship, without an appreciation of the ways in which the concepts of culture and race operate in tandem.

#### ADVANCES IN NURSING SCIENCE/SEPTEMBER 2002

by which identity is assigned, human existence is categorized, people are characterized according to certain criteria (such as worldview or similar anthropological construct), and experiences are homogenized.<sup>26</sup> The roots of Othering lie in imperial exploitation and the colonial project. During this era, identities such as "the West," "European," and "White," conflated with conceptions of rationality, civilization, and Christianity, produced images of paganism and savagery through binaries such as naked/clothed, oral/literate, and technologically backward/advanced.<sup>27</sup> These images continue today with constructions of Other as childlike, passive, or exotic. We see, then, residuals of the evolutionary meanings of culture that rearticulate colonial images of Other and reinforce existing relations of power. Equally important as these representations of Other are representations of "us." In most health care theorizing, White-dominant culture remains transparent and unspoken for the most part, positioned as "normal." Solomos and Back summarize this as follows: "In these representations, whiteness is equated with normality and as such it is not in need of definition. Thus 'being normal' is colonised by the idea of 'being white.' "23(p22) Such moves construct clear binaries, in essence creating a bicultural situation of Self and Other, Us and Them that leaves little room for negotiation, hybridity, or fusion of cultures.

## Hybridity, intersectionality, and identity: Countering critiques of essentialism

Strong traces of the origins of the postcolonial persist in the preoccupation with questions of race and ethnicity, to the extent that other colonial features such as class, gender, and nation have been largely overlooked. Dirlik comments that "by the time postcolonialism in its contemporary guise appeared in the nineties, ethnicity and race had moved to the centre of the discourse."<sup>28(p153)</sup> He goes on to explain:

Conceived to combat ethnocentrism and racism, postcolonial discourse ironically contributes presently to the racialisation and ethnicisation of the languages of both critical intellectual work and politics—with liberal intentions, no doubt, but at the risk on the one hand of covering up proliferating problems of social inequality and oppression whose origins lie elsewhere, and, on the other hand, of contributing to the consolidation of the very ethnic, national, and racial boundaries that it is intended to render porous and traversible."<sup>28(p153)</sup>

Perhaps even more basic than this focus on ethnicity and race is the critique leveled against the postcolonial presumption of a single shared experience of colonialism. Arguing against an essentialist inscribing history as a single issue, McClintock,<sup>29</sup> among others, observes that third-world countries do not share a single common past or a single common condition called the postcolonial or postcoloniality. Likewise, postcolonialism's ahistorical penchant to collapse chronologies by encompassing the historical beginnings of colonialism with its aftermath also has been noted.

In partial response to these critiques of essentialism, the language of identity politics has found a home within postcolonial discourse, resulting in a valorization of the formation of subjectivity, rooted in location.<sup>30</sup> In keeping with this attention to particularities, the notion of hybridity, with the observation that neither the colonial nor the colonized cultures and languages can be presented in any "pure" form, has been

widely drawn on within postcolonial scholarship. Homi Bhabha, bringing together postcolonialism, postmodern, and psychoanalytic genres, integrates themes such as contingency, partiality, and indeterminancy into the discussion of culture. For example, he extends the thinking around culture as he points to the partiality of culture with the conception of hybridity that brings about a "third space" by drawing on what he refers to as "incommensurable" forms of culture to bring about something "new and unrecognisable."31(p211) Further, he states that "hybrid agencies . . . deploy the partial culture from which they emerge to construct visions of community, and versions of historic memory, that give narrative form to the minority positions they occupy: the outside of the inside: the part of the whole."32(p34)

Bhabha here is representing culture not only as negotiable, but also as positionality mobilized by resistive agents. His reference to "partial culture" suggests that cultures are less epistemological sureties than they are places of enunciation and negotiation. Throughout his work, Bhabha also emphasizes the importance of seeing culture as linked to colonial histories. Along similar lines, Barker observes that "patterns of population migration and settlement established during colonialism and its aftermath, combined with the more recent acceleration of globalization, particularly of electronic communications, have enabled increased cultural juxtaposing, meeting and mixing."18(p200)

When the contingencies elicited through the intersections of classifying categories such as class, caste, religion, nation, gender, sexual orientation, and so forth are added to effects of migration and acculturation, endless possibilities for the production of new identities and cultural forms result. However, it is this spirit of overcoming binarisms and essentialisms that has led some critics to speculate on the merit of postcolonialism in this form. Dirlik writes:

The postcolonial appears in our day as the repository of a grab-bag of issues that anyone can choose from in accordance with his/her political and intellectual inclinations; which cover such a broad range that it becomes meaningless even to speak of cultural and political positionings. . . . The "postcolonial" has become a free-floating signifier, so to speak, that has no obvious relationship to either the "post" or the "colonial" that initially constituted its meaning—unless we take the colonial to serve as a paradigm for all inequality and oppression. <sup>28(p155)</sup>

Despite this line of critique, intersectional analyses of colonizing relationships seem the only way to account for the fluid mechanisms of power. As McClintock observes: "[R]ace, gender, and class are not distinct realms of experience, existing in splendid isolation from each other. . . . [T]hey come into existence in and through relations to each other." 33(p5)

### Domination, subordination, and emancipation

Racialization and representation are powerful mechanisms through which domination and subordination are enacted in the context of colonialism, and colonial hierarchies are reinforced. Along these lines, Goldberg comments that "at the most abstract of theoretical levels, all forms of racism may be linked in terms of their exclusionary or inclusionary undertakings." <sup>34(pxiv)</sup> Such undertakings constitute a special case of power. This power has been theorized in different ways: as belonging to individuals, to groups, or to dominant society. Some

theorists have drawn on the concepts of ideology and hegemony in explaining the power to enact exclusionary and inclusionary practices. Others have taken a Foucauldian approach to the micropolitics of power in which power is seen as diffuse, shifting, and not possessed by individuals or located only in central apparatuses such as social institutions but rather animated in networks of relations. Undoubtedly, an understanding of the micropolitics of power, along with more traditional models, allows for more nuanced interpretations of how race operates, and it accounts for shifting patterns of domination and subordination.

In keeping with the analyses of domination and subordination, postcolonial theory is generally seen to carry emancipatory ideals. Robert J.C. Young, for example, argues for the ethical aim of postcolonialism:

If there has been one major argument that has dominated postcolonial studies since Edward Said's *Orientalism*, it is that academic work, whether it claims scholarly detachment or not, always forms part of a larger social and political nexus: the only question is towards which ends its own interventions are directed. Our responsibility, as academics, writers and intellectuals, for which we are accountable, is to link our work to the many issues of injustice and inequality operating in the world today and to direct our work towards the righting of such wrongs and the transformation of the systems that produce them. <sup>35(p30)</sup>

A certain tension has developed, however, particularly within the arm of discourse analysis, as to the role of activism within postcolonialism. Dirlik<sup>28</sup> notes that the more radical beginnings of postcolonialism are largely forgotten in contemporary conceptions of postcoloniality, especially as the field has typically been subsumed into academic settings such as English departments. Along similar lines, others have critiqued the reduction of relations of colonial power to the rules of language, concluding that postcoloniality has "deferred the question of the political in its emphasis on discursive analysis."36(p114) In so doing, other critics such as Dorothy Figueira<sup>37</sup> argue that textuality is favored over social action when academic professionals, as "victims in proxy," claim solidarity with the disenfranchised. As she goes on to explain: "[A]t work here is the age-old problem of the engaged intellectual and the pretense that academic criticism can function as a political act and 'textual culture' can displace 'activist culture." 37(p249) The possibility of achieving emancipatory aims, thus, is a contested issue for postcolonial scholars. Speaking from the field of literary studies, Mukherjee asks: "What is the point of posing abstract questions when the real strengths of postcolonialism are to interrogate closely and constantly the ethical ways in which literary and cultural studies either help sustain or help to question unequal global relations?"38(p556) Her question can well be translated into the domains of health care and nursing science, challenging us to consider how the application of postcolonial theories might assist us in the analysis of how we either help sustain or question inequities and injustices.

We are in a position to move forward in our nursing scholarship, building on the foundation laid for us by those who first pointed to the importance of incorporating cultural aspects into nursing care. In short, we concur with Ahmad who, after reviewing inadequate approaches that ignore *race*, take a culturalist perspective, or reify *race* as a measurable variable, concludes that:

"[W]e need a radicalized and politicized field of race and health."39(p31) Postcolonial theory with its interpretations of race, racialization, and culture offers nursing scholarship a set of powerful analytic tools unlike those offered by other social theories, prompting us to ask questions such as: How might we theorize about culture in ways that account for the realities of shared meanings within groups while leaving an "openness" that allows for shifting identities and realities based on the intersectionality of other organizing features such as sexual orientation, class, gender, age, and so on? How do we make sense of difference in ways that do not succumb to racialization, Othering, and reinforcement of existing power inequities? In our own empirical work, we have relied on a postcolonial lens to envision how to meet nursing's social mandate of addressing the social aspects of health and illness, situate individual experience within the larger social context, give voice to subjugated knowledges, and foster social justice through an uncovering of social inequities.

### FROM THEORY TO METHOD

Perhaps the greatest challenge in our call for a postcolonial nursing scholarship lies in the translation of its theoretical tenets into a method of research. With an understanding of methodology as a theoretically informed approach to the construction of data, we have striven to conduct our research from an explicitly postcolonial standpoint. Our task thus has been to use postcolonial theory to bring focus to our studies, or as an angle of inquiry, while striving for an openness to our approach throughout the entire research process. In

the remainder of this article, we describe a postcolonial research method that has evolved from our exploration of this dialectic between theory and research.

When importing theoretical perspectives into the practice domain of research, one is often left with little specific direction regarding how to conduct research. In this case, the most common application of postcolonial theory is that of discourse analysis, typically as a subset of literary critique, of the politics of marginalized texts and cultures. While discourse analysis is gaining some popularity within nursing scholarship, we have broadened the application of postcolonial theory beyond discourse analysis to include critical inquiry in the ethnographic tradition. This expansion is in keeping with the interdisciplinary nature of postcolonial theory. As observed by Dutton et al, postcolonialism is "a toolkit, a mere set of provisional strategies, protocols and concepts, which arise out of a certain recognition of, and approach to, difference. Needless to say, these tools get amended and reshaped according to the disciplinary contexts and the purposes for which they are used."17(p124)

The methods drawn on in our research have included participant observation, indepth interviews, and textual analysis, all conducted through a postcolonial lens that foregrounds several methodological themes. Although these themes may well be incorporated into other genres of research, it is our assertion that a postcolonial framing brings a unique bearing to these matters.

### Framing the research

The first distinction of a postcolonial nursing research method lies in the way in which the entire research project is viewed

through a political lens—a lens that attends to the micropolitics and macrodynamics of power. While attending to power relations is certainly a methodological theme of other brands of research (eg, feminist research may be the most overt example), a postcolonial framing rests on an overarching mindfulness of how domination and resistance mark intercultural health care encounters at individual, institutional, and societal levels. Thus, postcolonial research inevitably explores at some level the two meta themes of race (with its adjuncts of colonization, ethnicity, hybridity, intersecting oppressions, and so forth) and power (in its various expressions). These co-joined themes are read throughout the research project, both in the substantive focus of the inquiry and throughout the research process itself. A postcolonial nursing scholarship pursues, then, these matters of how contemporary constructions of race, ethnicity, and culture continue to rely on colonialist images and patterns of inclusion and exclusion within health care settings. Careful attention to the social and historical positioning of the researcher vis-à-vis research participants also is paramount to the postcolonial project.

There is an obvious caveat here that must be dealt with. Certain epistemological implications arise from a stance that takes on race and power as preexisting meta themes;

A postcolonial framing rests on an overarching mindfulness of how domination and resistance mark intercultural health care encounters at individual, institutional, and societal levels.

the danger of theoretical imposition is undoubtedly at the forefront. For example, when a researcher's interpretive lens includes postcolonial theory regarding the processes of racialization and racism, he or she may "read" racism where participants do not. How does one mediate between people's understandings and the need for ideological critique and transformative social action without becoming impositional?40 There is an inherent contradiction in acknowledging the intensely subjective and local nature of everyday reality while at the same time holding an explicitly political vision of the structural conditions that lead to particular social behaviors, especially when such political insights are not shared by research participants. It seems that a solution, albeit open-ended, to this problematic of theoretical imposition lies in a praxis-orientation toward research in which room is created within researcherresearched relationships for questioning taken-for-granted assumptions and practices. A further solution, articulated by Dorothy Smith,<sup>41</sup> lies in the researcher taking on the role of social analyst and interpreter. Consider the following comments by Smith as she explains the role of the researcher in bridging individual subjectivities in the realm of the everyday and the organizing social forces:

Though women are indeed expert practitioners of their everyday worlds, the notion of the everyday world as problematic assumes that disclosure of the extralocal determinations of our experience does not lie within the scope of everyday practices. We can see only so much without specialized investigation, and the latter should be the sociologist's special business.<sup>41(p161)</sup>

While the researcher, according to Smith, holds final interpretive authority, as post-

colonial scholars we have tried to keep a tentativeness in our interpretations, allowing for tensions to remain between the interpretations of participants and researchers, particularly as we question who has held the dominant voice in our nursing scholarship. In the final end, the researcher must take a reflexive stance in examining the particular dialectic between theory and research. As Patti Lather explains: "[D]ata must be allowed to generate propositions in a dialectical manner that permits use of a priori theoretical frameworks, but which keeps a particular framework from becoming the container into which the data must be poured."40(p62)

### Linking self and society

Inherent in contemporary postcolonial efforts is the tension between self and society, the local and the global, the particularities of the hybrid moment and the universality of the colonial experience. Manlove observes:

Much as other politically motivated cultural movements that have struggled to define a just relation between the individual subject and society, postcolonial studies has debated and fought over the relative value of particularities (the "local") and universals (the "global") since the field opened in the late 1970s and early  $80s.^{16(p198)}$ 

Yet it is our ability to understand and explain the nature of the relationship between self and society, the contextualization of subjectivity, that is critical to the progress of nursing science.<sup>3–6,8</sup> We suggest, therefore, that a feature of postcolonial scholarship is situating human experience (eg, everyday reality) in the larger contexts of mediating social, economic, political, and historical forces.

In our own work, we have relied extensively on standpoint theory and the method of institutional ethnography, as drafted by Dorothy Smith,<sup>41</sup> to assist us in bridging micro, meso, and macro levels of analyses. Smith explains the contribution of standpoint theory in this way:

Beginning from the standpoint of women locates a subject who begins in a material and local world. It shows the different cognitive domains structuring our realities . . . as a bifurcation of consciousness, with a world directly experienced from oneself as center (in the body) on the one hand and a world organized in the abstracted conceptual mode, external to the local and particular places of one's bodily existence. 41(p84)

The point of entry in this type of inquiry becomes the everyday world and links the particular setting and experiences "to the generalized and generalizing relations of the apparatus of ruling and of the economy."41(p147) To begin with the everyday world acknowledges the socially constructed nature of knowledge and experience. An explication of the rich details of the everyday world maintains the agency of people and avoids objectifying their experience. Most notably, starting where participants start, telling the story from their standpoint, seems essential to developing scholarship that does not continue to silence or render invisible the perspectives of the very people we are trying to "give voice to." At the same time, Smith's notion of standpoint does not privilege the knower but instead emphasizes the socially organized nature of knowledge. Marie Campbell explains that

the intent is not to understand "experience" in a way that celebrates "subjectivity" (or claims to get at meaning and intentions of individuals), but rather to understand everyday experience . . .

reflexively . . . we need to see how experience is (or is shaped up to be) inextricably bound to regimes of ruling. $^{42(p9)}$ 

In sum, institutional ethnography aims to explicate the actual, though often invisible, social processes and practices that organize people's everyday experience from a standpoint in the everyday world. As we have used postcolonial theory to inform institutional ethnography, we have been able to bring together individual standpoints with group-based social histories and experiences within health care settings to understand how individuals are active in producing and shaping social relations and are, in turn, shaped by these same relations.

### Giving voice

The third feature of a postcolonial research method suggested here is the deliberate decentering of dominant culture so that the worldviews of the marginalized become the starting point in our knowledge construction. Here we are calling for more than the study of an anthropological Other divorced from social, political, and historical context. Instead, a postcolonial commitment results in the weaving of the perspectives and experiences of those marginalized in our society into the very fabric of our nursing science. Core to the postcolonial movement is the question raised by Gayatri Chakrovorty Spivak: "Can the subaltern speak?"43(p25) At its most basic level postcolonialism demands the right to speak rather than being spoken for, and to represent oneself rather than being represented, or, in the extreme cases, rather than being erased entirely. The onus on us as nurse scholars is to make possible the articulation of subaltern perspectives in order to make our nursing knowledge representative not only of the dominant majority, but also of those who have until now found themselves on the margins. We can do this by hearing as writers/scholars in their own right nurse colleagues from non-Western, non-Northern origins. Long a case of convenience, we can no longer justify including only Englishspeaking participants in our research if we are serious about the epistemological implications to our nursing knowledge. A further opportunity for giving voice to previously subjugated voices is the liberal use of polyvocality in our research through strategies such as purposive sampling for diverse groups of participants with a range of experiences, listening carefully to the accounts of these participants, and liberally using their verbatim stories in written reports. We are challenged to a critical examination of the lived experience of those marginalized, and that which structures their experience.

One of the outworkings of this imperative has to do with the debate over representation and "the right" to "speak" brought to our attention by feminist, postcolonial, subaltern, and postmodern researchers. 43,44 A basic question has been posed by these scholars as to whether or not White researchers can truly understand the experiences of racialization and racism, and, if so, what strategies should be followed to minimize the inevitable biases flowing from being reared in a different, dominant population. Some have argued that studies in the field of race are best undertaken by minority scholars; others have argued that such matching of researchers with the researched results in marginalizing certain types of research, making, for example, racism only a concern for racialized groups, 45,46 and even mimicking colonial thinking.<sup>37</sup> We take the position here that rather than pursuing the legitimacy of our roles as researchers based on one aspect of one's social identity (ie, Whiteness), one's legitimacy as researcher is based on one's ability to explicate the ways in which marginalization and racialization operate. In this project, we must be particularly mindful of the implications of continued production of knowledge from dominant positions.

### Accounting for intersectionality

Although we argued earlier that a postcolonial research method carries race as a meta theme, we are not suggesting that race holds the trump card over all other oppressions or marginalizations. Rather, we see intersectional analyses as a key distinctive of a postcolonial nursing scholarship. Patricia Hill Collins<sup>47</sup> emphasizes that intersectionality is not about additive analyses of oppressions but rather about seeing the oppressions of racism, classism, and sexism as interlocking categories of analyses. She expands the conceptualization of oppression to include a complex matrix of domination in economic, political, and ideological spheres that cannot be reduced to either/or dichotomies. Collins insightfully observes that depending on the context, an individual may be an oppressor and an oppressed simultaneously (eg, a White woman may be penalized by gender but privileged by race). Similarly, Rose Brewer<sup>48</sup> argues that *race*, class, and gender cannot be understood apart from each other; each is embedded in the contexts of the others.

Acknowledging the interrelatedness of *race*, class, and gender provides important insights for postcolonial inquiry and guards against incomplete and simplistic analyses.

To illustrate, Reimer Kirkham<sup>12</sup> explains how a recent study showed how gender, class, nation, and *race* operate together, often masking the effects of each other. For example, some men acted as oppressors in some situations, drawing on gender discourses to demean nurses irrespective of ethnicity; but the same men also were in oppressed positions within a health care system that favors those of the dominant majority. The phenomenon of being oppressor and oppressed at the same time points to the intersectionality of these organizing constructs and to the co-existence of multiple identities.

### Orienting toward praxis

The final feature of a postcolonial research method is its open commitment to critiquing the status quo and building a more just society. We made the case earlier for an activist or emancipatory intent; here we briefly map out the methodological direction resulting from such a claim. Praxisoriented research is research committed to social change. As researchers within a practice discipline, nurse scholars understand the aim of research as changing practice, improving health, and so forth. The difference from this general commitment to change or improvement is that the social change associated with praxis has to do with critiquing status quo and the maldistribution of power and resources in ways that contribute to a more just society.40 Thus, nursing inquiry within the larger genre of an emancipatory research paradigm is committed to moving beyond the description of what "is" to providing prescription for what "ought" to be, and raises our level of investigation from matters of the individual to 14

beyond the description of what "is" to providing prescription for what "ought" to be.

consideration of larger sociopolitical forces impacting on the common good.<sup>9</sup>

Praxis begins with the researcher as he or she engages in reflexive critique of the research process itself (eg, the relationships formed with participants, the influence of the researcher's positionality, and the dynamics of power at work) and the nature of the knowledge being constructed. As presented by Thorne: "Scholars applying these traditions must continuously examine and reflect upon the manner in which the orientation shapes the knowledge they develop in an understanding that such knowledge is a highly social construction, and not knowledge in the traditional factual sense."49(pxiii) This type of self-critique may well result in new insights and personal change for the researcher. Lather, for instance, suggests that "an emancipatory social research calls for empowering approaches to research where both researcher and researched become . . . 'the changer and the changed.' "40(p56) She goes on to propose that the goal of emancipatory research is to foster "self-reflection and deeper understanding on the part of the researched at least as much as it is to generate empirically grounded theoretical knowledge."40(p60) Such consciousness-raising is best accomplished in research environments marked by respectful dialogic and reciprocal relationships that allow for the

questioning of commonly held assumptions. As researchers committed to a post-colonial perspective, we also have found further opportunity for praxis in the dispersal of research findings as we actively seek to change organizational structures, influence public policy, and shift social attitudes. There is danger in assuming praxis has or is occurring when, in fact, it has or is not. For this reason, we take seriously the warning that ambitions ought to be focused on the possibility of emancipatory change rather than on expectations for actual changes.<sup>3,40</sup>

### **DETAILING THE METHOD**

In this final section, we move from the themes characterizing postcolonial scholarship to a more specific detailing of a postcolonial method. What has been described is a particular angle of inquiry that may well result in the use of multiple methods and techniques. Although the research examples that we draw on are within the qualitative tradition, we are not limiting postcolonial scholarship to this domain. Rather, we maintain that a commitment to uncovering the social forces mediating health and illness will result in selecting those methods that best allow us to accomplish this objective. For example, while qualitative data bring to light the complex interplay between poverty and racialization, numerical data reveal the extent of the relationship between these variables. What is important about a postcolonial perspective, then, is that there are no prescribed techniques for data collection or data analysis. Different techniques can be drawn on depending on the focus of the inquiry, as long as they meet the criteria for scientific adequacy and rigor.

The hallmark of postcolonial scholarship is a strong research-theory dialectic that brings a particular interpretive lens to the research that recognizes that each life is shaped by history. This lens frames how questions are formulated, who is included in the study, how data are interpreted, the meanings derived from the data, and how research findings are communicated and applied. While we are not limited in the kinds of questions we ask, our questions are framed from a particular epistemological perspective. That is, the postcolonial lens always takes into account the context in which each life is situated, and analyzes how gender, race, class, and historical positioning intersect at any given moment to organize experience in the here and now. The application of this analytic lens would therefore be as appropriate to a White man included in a research study, as it would be to a Black woman, even though one would anticipate that very different issues would surface in this analysis given their historical positioning. In the study by Reimer Kirkham, 12 for example, the inclusion of participants from a range of ethnic backgrounds including those of the dominant majority (ie, White) was central to an explication of the complexities and nuances of intergroup relations in health care settings. Because social justice for all is the imperative that drives research in this genre, inclusivity is a key methodological principle.

As we mulled over the implications of a postcolonial perspective we kept returning to the matter of the types of questions a postcolonial scholar might pursue. Would we study, for example, a question pertaining to physiologic nursing, such as wound healing? We agreed, yes, indeed we would. But the question would be framed to examine not only actual physiologic responses, but also issues such as the type of treatments that have gained hegemony in health care settings, and whose interests are served by such dominance. A further line of questioning might explore the social context of patients' lives and their situatedness in the broader social structure. If our sample included, for example, people with chronic leg ulcers, we might well want to examine why this particular group of people is susceptible to this particular condition. What is it about their social and economic situations that predispose them to this condition, and what is the historical positioning of this group that determines, to a large extent, their social and economic positionings? The application of this angle of inquiry has ramifications for the very way in which we understand and "do" science. It challenges and realigns the boundaries between the social and the physical sciences, between quantitative and qualitative methods, freeing us from the Cartesian dualism that has dominated our thinking.

Like many other researchers conducting research from a critical and interpretive perspective, we have grappled with the issue that our research findings may cause discomfort for those who see themselves as being critiqued and challenged. For example, decision makers in a health care setting may resist or react to the ways in which a postcolonial analysis portrays issues in health care reform. We are mindful of this as we seek to find ways of presenting our findings so as to challenge current trends and seek out new directions that will ensure all people are equitably served. Toward this end, and as we

have argued elsewhere, a postcolonial perspective should be "designed to be inclusive of community and policy makers even before the research begins."<sup>11</sup>

In conclusion, the postcolonial methodology sketched out here promises us new and important tools for forms of transformative knowledge that have been largely overlooked within our scholarship and practice. Not a neutral academic exercise, the pursuit

of such knowledge requires commitment to a theoretical stance, rigorous scrutiny of dominant discourses and practice, and a long-term will to engage in the political activity of social transformation. With such a commitment, postcolonial nursing scholarship will permit more thoughtful attention to the issues of equity and social justice within health and health care that fall within the mandate of nursing.

### REFERENCES

- Thorne S, Reimer Kirkham S, Henderson A. Ideological implications of paradigm discourse. *Nurs Inq.* 1999;6:123–131.
- Anderson JM. Writing in subjugated knowledges: towards a transformative agenda in nursing research and practice. *Nurs Ing.* 2000;7:145.
- Browne A. The potential contributions of critical social theory to nursing science. Can J Nurs Res. 2000;32(2): 35–55.
- Browne A. The influence of liberal political ideology on nursing science. *Nurs Ing.* 2001;8(2):118–129.
- Butterfield P. Thinking upstream: nurturing a conceptual understanding of the societal context of health behavior. Adv Nurs Sci. 1990;12(2):1–8.
- White J. Patterns of knowing: review, critique, and update. Adv Nurs Sci. 1995;17(4):73–86.
- Williams D. Political theory and individualistic health promotion. Adv Nurs Sci. 1989;12(1):14–25.
- 8. Anderson JM. Current directions in nursing research: toward a poststructuralist and feminist epistemology. *Can J Nurs Res.* 1991;23(3):1–3.
- Starzomski R, Rodney P. Nursing inquiry for the common good. In: Thorne S, Hayes V, eds. Nursing Praxis: Knowledge and Action. Thousand Oaks, CA: Sage; 1997.
- Anderson JM. Gender, "race," poverty, health and discourses of health reform in the context of globalization: a postcolonial feminist perspective in policy research. *Nurs Inq.* 2000;7:220–229.
- Anderson J. Toward a postcolonial feminist methodology in nursing research: exploring the convergence of postcolonial and black feminist scholarship. *Nurs Res Int J Res Methodology Nurs Health Care*. 2002;9(3):7–27.
- 12. Reimer Kirkham S. "Making Sense of Difference": The Social Organization of Intergroup Relations in Health

- Care Provision. Vancouver, BC: University of British Columbia; 2000. Dissertation
- Cashmore E. Dictionary of Race and Ethnic Relations.
   3rd ed. London, England: Routledge; 1996.
- 14. Said E. Orientalism. New York: Vintage Books; 1978.
- Williams P, Chrisman L. Colonial Discourse and Post-Colonial Theory: A Reader. New York: Columbia University Press; 1994.
- Manlove C. Toward a dialectic of identity and economy in postcolonial studies. Coll Lit. 2001;28(2):198–206.
- Dutton M, Ghandhi L, Seth S. The toolbox of postcolonialism. *Postcolonial Stud.* 1999;2(2):121–124.
- Barker C. Cultural Studies: Theory and Practice. London, England: Sage; 2000.
- Henry F, Tator C, Mattis W, Rees T. The Colour of Democracy: Racism in Canadian Society. 2nd ed. Toronto, Ontario: Harcourt Brace; 2000.
- Hall S. Gramsci's relevance for the study of race and ethnicity. In: Morley D, Chen K, eds. Stuart Hall. Critical Dialogues in Cultural Studies. London, England: Routledge; 1997. (Reprinted from J Commun Inq. 1986;10(2):5–27.)
- 21. Miles R. Racism. London, England: Routledge; 1989.
- Donald J, Rattansi A. "Race," Culture and Difference. London, England: Sage; 1992.
- Solomos J, Back L. Racism and Society. Hampshire, England: Macmillan Press; 1996.
- Allen D. Knowledge, politics, culture, and gender: a discourse perspective. Can J Nurs Res. 1996;28(1):95–102.
- 25. Stubbs P. "Ethnically sensitive" or "anti-racist"? Models for health research and service delivery. In: Ahmad WI, ed. "Race" and Health in Contemporary Britain. Buckingham, England: Open University Press; 1993.

- McConaghy C. Rethinking Indigenous Education: Culturalism, Colonialism and the Politics of Knowing. Flaxton, Australia: Post Pressed; 2000.
- Rattansi A. "Western" racism, ethnicities and identities in a "postmodern" frame. In: Rattansi A, Westwood S, eds. Racism, Modernity and Identity: On the Western Front. Cambridge, England: Polity Press; 1994
- Dirlik A. How the grinch hijacked radicalism: further thoughts on the postcolonial. *Postcolonial Stud.* 1999;2(3):149–163.
- McClintock A. The angel of progress: pitfalls of the term "post-colonialism." In: Williams P, Chrisman L, eds. Colonial Discourses and Post-Colonial Theory: A Reader. New York: Columbia University Press; 1994 (Reprinted from Soc Text. Spring 1992:1–15.)
- Harootunian HD. Postcoloniality's unconscious/area studies' desire. *Postcolonial Stud.* 1999;2(2):127– 147.
- Bhabha H. The third space. In: Rutherford J, ed. *Identity: Community, Culture, Difference*. London, England: Lawrence and Wisehart; 1990.
- Bhabha H. Culture's in between. In: Bennett D, ed. Multicultural States: Rethinking Difference and Identity. London, England: Routledge; 1998.
- McClintock A. Imperial Leather. New York: Routledge; 1995.
- Goldberg D. *The Anatomy of Racism*. Minneapolis, MN: University of Minnesota Press; 1990.
- Young RJC. Academic activism and knowledge formation in postcolonial critique. *Postcolonial Stud.* 1999; 2(1):29–34.
- Burman J. After postcoloniality: criticism and renewal of the political. *Topia*. 2001;4:113–116.
- Figueira D. The profits of postcolonialism. Comp Lit. 2000;52(3):246–254.
- Mukherjee A. Cited by: Gunew S. Postcolonialism. Univ Toronto Q. 2001;70(1):555–556.

- Ahmad W. "Race" and Health in Contemporary Britain. Buckingham, England: Open University Press; 1993.
- Lather P. Getting Smart: Feminist Research and Pedagogy with/in the Postmodern. New York: Routledge; 1991.
- Smith DE. The Everyday World as Problematic: A Feminist Sociology. Toronto, Ontario: University of Toronto Press: 1987.
- Campbell M, Manicom A. Knowledge, Experience, and Ruling Relations: Studies in the Social Organization of Knowledge. Toronto, Ontario: University of Toronto Press; 1995.
- Spivak GC. Can the subaltern speak? In: Williams P, Chrisman L, eds. Colonial Discourse and Post-Colonial Theory: A Reader. New York: Columbia University Press; 1994. (Reprinted from Nelson C, Grossberg L, eds. Marxism and the Interpretation of Culture. London, England: Macmillan; 1988.)
- 44. Alcoff L. The problem of speaking for others. *Cult Critique*. Winter 1991–1992:5–32.
- Bowes AM, Domokos T. Pakistani women and maternity care: raising muted voices. Soc Health Illness. 1996;18(1):45–65.
- Thorne S, Varcoe C. The tyranny of feminist methodology in women's health research. *Health Care Women Int.* 1998;19:481–493.
- Collins PH. Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment. New York: Routledge; 1990.
- 48. Brewer R. Theorizing race, class and gender: the new scholarship of black feminist intellectuals and black women's labor. In: James S, Busia A, eds. *Theorizing Black Feminism: The Visionary Pragmatism of Black Women.* London, England: Routledge; 1993.
- Thorne S. Introduction: praxis in the context of nursing's developing inquiry. In: Thorne S, Hayes V, eds.
   Nursing Praxis: Knowledge and Action. Thousand Oaks, CA: Sage; 1997.