

Possibilities for critical social theory and Foucault's work: a toolbox approach

Elizabeth Manias^a and Annette Street^b

^aSchool of Postgraduate Nursing, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Carlton, Victoria, and ^bSchool of Nursing, Faculty of Health Sciences, La Trobe University, Bundoora, Victoria, Australia

Accepted for publication 28 July 1999

MANIAS E and STREET A. *Nursing Inquiry* 2000; 7: 50–60

Possibilities for critical social theory and Foucault's work: a toolbox approach

The benefits and constraints of philosophical frameworks using the work of Michel Foucault and critical social theorists, such as Fay, Giroux and McLaren, are examined in the light of their traditions. The reasons nurse researchers adopt these frameworks are explored, as are the tensions between the respective theories. A complementary 'toolbox' approach to the research process addresses some of the theoretical and methodological challenges presented by each framework. Such an approach provides distinctive insights into nursing practice that the other has ignored or missed. It is argued that by converging the two frameworks into a toolbox approach, it is possible to examine or deconstruct existing practices, whilst also providing an avenue for nurses to reconstruct or change such practices.

Key words: critical social theory, discourse, Michel Foucault, power–knowledge.

This paper explores the theoretical and methodological possibilities and difficulties involved when combining some insights and strategies from critical social theory with a Foucauldian analysis. Theorists are often swayed toward a particular line of philosophical inquiry, whilst underplaying the potential benefits associated with other frameworks (Cheek and Porter 1997; Kermode and Brown 1996). This paper presents an overview of the philosophical assumptions of critical social theory and of Foucault's work. Our intent is to provide a backdrop from where we explore the benefits and constraints associated with each framework. Examples of appropriating these frameworks in nursing research are provided from our own research endeavours and other nursing literature. We argue that nurse researchers, in their critique of these frameworks, have much to gain by not dismissing alternative views. There exists a useful tension between the work of recent critical social theorists and those who draw upon Foucault's work. In this sense, we concur with Traynor (1997, 99) who regarded Foucault's work or postmodernism as a mandate to 'create trouble' for

individuals whose view of truth and rationality has dominated others. On the other hand, we differentiate ourselves from Traynor's perception that Foucault's work cannot be used in an attempt to champion the cause or privilege the view of a particular group. Drawing upon Lather's (1999) contention that the defence of paradigm boundaries is counterproductive, we agree that we need to move to 'a recognition that we all do our work within a crisis of authority and legitimation, fragmentation of centres, and blurred genres' (Lather 1991, 1).

After Foucault (cited in Patton 1979), we describe our approach to research as a 'toolbox', which endeavours to create a polyvocal approach that maximises the potential for providing important insights into the research process and the development of new nursing knowledge. In using the metaphor of a 'toolbox' to guide our argument, we do not consider the work of critical social theory and of Foucault as two discrete 'blocks' of theory. We take up Foucault's suggestion concerning the use of his work (cited in Patton 1979, 115):

All my books ... are little tool boxes ... if people want to open them, to use this sentence or that idea as a screwdriver or spanner to short-circuit, discredit or smash systems of power, including eventually those from which my books have emerged ... so much the better.

Correspondence: Dr Elizabeth Manias, School of Postgraduate Nursing, University of Melbourne, Level 1, 723 Swanston Street, Carlton 3053, Victoria, Australia. E-mail: <e.manias@nursing.unimelb.edu.au>

Furthermore, 'each approach asks different questions and offers distinctive insights that the other has ignored or missed' (Diamond and Quinby 1988, x). The toolbox involves a tentative arrangement, where the tools underlying critical social theory and Foucault's work may be used in an unsettling deliberate tension.

In this paper, we begin by introducing the work of critical social theorists, such as Fay (1987), Giroux (1983) and McLaren (1994), as it provides a useful 'backdrop' for Foucault's approach. Critical social theory also forms the basis of major critiques regarding Foucault's work.

CRITICAL SOCIAL THEORY: PHILOSOPHY AND POSSIBILITIES FOR NURSING INQUIRY

Critical social theory evolved in order to address the oppressive effects of society on the working class. Scholars at the Institute of Social Research, known as the Frankfurt School, were concerned with analysing the emerging forms of capitalism and in reconstructing the meaning of emancipation and domination (Giroux 1983). They believed that sociopolitical movements, such as orthodox Marxism, needed modification to be more relevant for the twentieth century. They addressed these issues by attempting 'to construct a more sufficient basis for social theory and political action ... [by focusing on] how subjectivity was constituted and how the spheres of culture and everyday life represented a new terrain of domination' (Giroux 1983, 10–11). In particular, they targeted positivism as the means by which people uncritically accepted and perpetuated their situation.

There is not one critical social theory but rather a school of interdisciplinary thought. It typically encompasses a '*complex of theories*' (Fay 1987, 31; emphasis in the original); however, there are four main theoretical areas considered in modern interpretations of critical social theory. First, the theory of false consciousness 'demonstrates the ways in which the self-understandings of a group of people are false ... or incoherent' (Fay 1987, 31). Second, the theory of crisis requires an examination of a group's dissatisfaction and the way this crisis threatens the social cohesion of society. Third, the theory of education occurs in which individuals may derive some benefit from knowledge. Fourth, a theory of transformative action details a plan of action for change (Fay 1987).

Through these areas, a critical social theory approach abrogates positivist methods; it explores phenomena by judging the contextual effects of power, knowledge and values, not by adopting rigorous tests that are deemed to be verifiable and replicable. Such an approach seeks to actively free individuals to question the prevailing norms.

Its goal is therefore transformation from the constraints of unequal power relationships through self-reflection (Bernstein 1978).

Enlightenment, empowerment and emancipation

An early aim of critical social theory is to provide an environment in which individuals could become empowered in their struggle for self-emancipation. Nurse researchers have sought the potentially liberating effects of critical social theory to reconstruct power relations in nursing (Skelton 1994; Street 1992). Within a construction of the critical, the intent is to 'interrupt particular historical, situated systems of oppression' (Lather 1992, 121), which inform nursing activities.

Enlightenment, empowerment and emancipation are the processes that create the practical intent of critical social theory (Fay 1987). Enlightenment, or raising the consciousness of the oppressed, is used by critical social theorists to explain why people are dissatisfied with their lives. Using this process, critical social theorists work collaboratively with individuals to develop alternate ways of understanding themselves and their social context. Enlightenment by itself is not enough for individuals to become liberated from a social order. Critical social theory must provide a motivating resource for individuals, therefore empowering them. Empowerment encourages people to undertake activities by which they work to improve their situation. Meanwhile, emancipation is the goal of empowerment through which new arrangements replace oppressive ones, allowing individuals to relate and act in more satisfying ways (Fay 1987). Recent critical scholars have rejected the grandiose claims of enlightenment, empowerment and emancipation, whilst retaining a concern to identify and redress injustices of race, class, ethnicity, gender, sexual preferences, age and ability (Best and Kellner 1991; Giroux 1992, 1993; Jordan and Weedon 1995; Mohanty 1994).

Bridging the theory–practice gap

A critical social theory approach works to bridge the gap between theory and practice through the process of reflection on practice (O'Loughlin 1992). Carr (1986) has cogently articulated how practice and theory are understood and related. In particular, two progressive approaches, the practical and the critical, are of particular relevance to contemporary nursing.

In the practical approach, theory as a form of knowledge derives from a practical social activity (Carr 1986). The

theory–practice gap relationship informed by this approach is one in which theory sustains nurses' sense of what is right and just. Theory functions in a way that encourages nurses' commitment to engage in sound ethical practice. The relative status of theory and practice are such that neither affords a pre-eminent status within the relationship (Fealy 1997).

The critical approach recognises the importance of helping nurses to develop a greater degree of 'self-consciousness or self-reflection' with their practice (Carr 1986). This self-consciousness particularly relates to the 'contextual factors which give rise to, sustain and possibly distort their beliefs and understandings' (Fealy 1997, 1063). The method of self-reflection involves 'ideology critique', which forms the basis of analysing oppression and inequality. Through the process of critique, practice is seen as:

not some kind of thoughtless behaviour which exists separately from 'theory' and to which theory can be 'applied' ... all practices, like all observations, have 'theory' embedded in them and this is just as true for the practice of 'theoretical' pursuits as it is for those of 'practical' pursuits like ... [nursing]. (Carr and Kemmis 1994, 113)

In this way, the process of critique provides the basis from which individuals can take action toward transforming existing social forms in order to improve their living conditions (Giroux and McLaren 1989; McLaren 1992). Attempts to contextualise theory within the social reality of the practical arena is a salient feature of this approach.

Research methods, such as participatory action research, praxis research, and critical feminist research, draw on the practice value of knowledge development, seek to empower individuals and facilitate change in the social context. The practical and critical approaches, as described by Carr (1986), guide the epistemological values expressed through such methods.

The epistemological basis for these methods is affected by the practical approach to the theory–practice gap in the following way. The researcher and participants work together through different stages of the research process from problem formulation to project evaluation (Street 1995). These research methods are thought therefore to guide the intimate relationship of the researcher with participants. Proponents of these methods seek to identify the ethical issues that arise from inequitable relationships. Such inequitable relationships may exist between the researcher and participants, or among individual participants. Researchers attempt to address these inequities through a focus on negotiation and understanding the views of others in an effort to create egalitarian forms of interaction (Street 1992).

Most importantly, participants are viewed as being central to the process of doing research as a collective group. As a result, these research methods provide a forum for consciousness-raising from which nurses can 'work together in an endeavour to understand and restructure their clinical practices' (Street 1995, 36). In particular:

Group members bring a variety of interests, knowledge, skills and experiences to bear on the issue under investigation. The group provides a context for critique, challenge and validation ... [A] group of committed people have more chance of making informed choices and implementing them than an individual. (Street 1995, 59)

By targeting the interpretations of participants to generate knowledge, researchers acclaim the value of subjectivity in the research process. It is salient to note that there is an assumption that the nurses involved in these participatory processes are able to agree on meaning, and that there is a sense of homogeneity between nurses which denies sociopolitical positioning, access to resources and other commitments.

At this point, we wish to detail aspects of Foucault's work and its potential contribution to nursing research.

MICHEL FOUCAULT: PHILOSOPHY AND POSSIBILITIES FOR NURSING INQUIRY

Foucault's work is commonly organised according to specific phases or methodologies (Dreyfus and Rabinow 1982). The 'genealogical phase' of his work, which addressed power–knowledge relations of discourses, is the primary focus of this paper.

Discourse and discursive practices

In the Foucauldian sense, knowledge formed in discourses is governed by particular limits, rules, exclusions and decisions. For Foucault, discourses 'are tactical elements or blocks operating the field of force relations' (Foucault 1990, 101–2). According to this view, discourses are not merely effects or end-products of power; rather, power relations are seen to be immersed in discourses (McHoul and Grace 1993). Individuals appropriate and apply discourses by using their conscious and unconscious mind (McHoul and Grace 1993; Weedon 1992). Due to the influence of the unconscious mind, it is very probable that discourses are used in a taken-for-granted manner.

Discourses are made up of discursive practices that refer to the rules by which discourses are formed (McLaren 1994). Discursive practices maintain discourses that subsequently constitute power relations and knowledge. For

example, hospitals are regulated by discursive practices such as codes of conduct, Acts of Parliament for health professions, and institutional policies and protocols.

Foucault did not view discourses as having dominant and marginal forms but rather 'as a series of discontinuous segments whose tactical function is neither uniform nor stable' (Foucault 1990, 100). However, certain discourses in society are more dominant than others. Dominant discourses have an established institutional basis, such as in the law, in medicine, or in the organisation of family and work. Dominant discourses, which are those produced as part of powerful cultures, are themselves under constant challenge.

From this perspective, dominant discourses may be considered as régimes of truth that determine what counts as important, relevant and 'true' knowledge (Foucault 1980, 131). Hence, régimes of truth cannot be understood in absolute terms that exist outside the knowledge and power relations of discourses but, rather, they must be understood in relational terms. Therefore, a particular view of truth depends on the history, cultural context and power relations that operate in society (McLaren 1994). Such a view has implications for high dependency environments of hospitals where dominant discourses of technology and skill competency operate. Nurses working in these environments, such as critical care nurses, may adopt these discourses and understand them as the truth about nursing. On the other hand, palliative care or community health nurses might argue for more health promoting or caring discourses as the truth about their own practice. Specialist nursing discourses are interrupted by other discourses that cross the specialist boundaries; discourses such as managerialism, professionalism or feminism (Davies 1995; Latimer 1998).

Nurses appropriate and use régimes of truth in different ways. Many of these régimes have their basis in dominant medical discourses but some also fall into more marginal forms of discourse. An examination of these régimes of truth can help to describe nursing practices, and creates the possibility of expressing other practices that fall outside these régimes, such as the use of complementary therapies. This examination also helps to highlight nurses' explorations of their own realities that produce different truths. This notion of alternate versions or régimes of truth in nursing contests the idea of one reality and one truth (Gavey 1989). There is no longer a search for meaning leading to the truth; rather, the search exposes the way régimes of truth develop and gain potency in the 'right way' or the form of 'best practice' to the exclusion of alternatives.

We now examine Foucault's perspective on power and knowledge, because it provides a sound basis for delineating it from more traditional notions of power.

Power-knowledge

Traditionally, power has been considered in terms of the 'juridico-discursive' model. Using this model, proponents of critical social theory have understood power as forces that dominate or subordinate (Fraser and Nicholson 1988). This model is based on three assumptions: power is possessed, it flows from a centralised source from top to bottom and it is primarily oppressive in its exercise (Sawicki 1991). Whilst Foucault (1990) did not deny the existence of the juridico-discursive model, he criticised it as representing only one form of power.

Foucault's interpretation of power differs from the traditional model in various ways. First, power is exercised and not possessed (Foucault 1990). Focusing on power as a possession has led to a preoccupation with questions, such as, 'Who then has power and what has he [sic] in mind? What is the aim of someone who possesses power?' (Foucault 1980, 97). By focusing on the power relations themselves, Foucault concentrated on *how* individuals are affected by power relations, thereby, power becomes non-galitarian and mobile.

Second, power does not flow from a centralised source (Foucault 1990). Instead, power is multidirectional, operating not only from the 'top down' but also from the 'bottom up'. Foucault did not deny the existence of centralised power, but argued that a mixed ensemble of power relations operate at the microlevel of society. This 'bottom up' analysis avoids the potential problem of using universal terms, such as oppression, patriarchy and horizontal violence to explain nursing practice.

Third, Foucault (1977) claimed power is not primarily repressive but also productive. The subject positions created within discourses govern and constitute individuals in particular ways depending on how these discourses disrupt and challenge power relations.

In Foucault's (1977) analyses, power and knowledge are intimately connected and expressed as one: power-knowledge. Thus, for Foucault, knowledge is an important technique of power. Knowledge reinforces and supports existing régimes of truth. In addition, power generates and shifts with changes in knowledge (Grosz 1994).

At this point, it is of interest to compare Foucault's interpretation of power with critical social theorists' constructions of empowerment and emancipation. His notion of power as something that 'circulates', 'functions in the

form of a chain' and is 'exercised through a net-like organisation' (Foucault 1980, 98), refutes the idea that power can be 'given' to someone to empower that person. It does not, however, negate the possibility of achieving empowerment by individuals exercising power through marginal discursive views to disrupt more dominant discourses (Gore 1992). Furthermore, an understanding of power as 'exercised' rather than 'possessed' indicates the need for empowerment to be context-specific and based on micropractices of a particular setting (Gore 1992).

As indicated by Foucault (1990), an intimate relationship exists between power and resistance. Foucault explained: 'Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power' (1990, 95). Foucault insisted that 'points of resistance are present everywhere in the power network' (1990, 95); therefore, he did not view power in terms of overcoming resistance.

The argument that power is not fixed and is intimately related to resistance, depicts the constraining tensions of critical social theory positions, which seek to speak on behalf of those individuals who are subordinated (McLaren 1994). For Foucault, the struggles of resistance do not rest with those who authorise institutional power; in fact, such a view is contrary to Foucault's concept of power as a force relation. Instead, resistance is an issue for all individuals. Although Foucault has no particular utopian vision, his notion of resistance creates a voice for the 'injustices ... [of] the present' (Sawicki 1991, 28).

Up to this point we have focused on some of the potential benefits underlying critical social theory, as espoused by theorists such as Fay, Giroux and McLaren, and those underpinning Foucault's work. We now highlight some of the constraining tensions of critical social theory and of Foucault's work before surmising the similarities and differences of these approaches.

CONSTRAINING TENSIONS OF CRITICAL SOCIAL THEORY: PROBLEMATISING MASTERY AND AUTONOMY

The constraining tensions of critical social theory may be considered under two broad areas: the reality of bridging the theory–practice gap, and examination of the ideologically 'correct' researcher.

Reality of bridging the theory–practice gap

As a means of bridging the theory–practice gap, advocates of critical social theory uphold the value of reflective

activities in applying and integrating nursing knowledge to clinical practice (Fealy 1997). Cox, Hickson and Taylor (1991) referred to the importance of problematising nursing practice through reflection; however, there has been little consideration of the process of problematising reflection itself.

Whilst a critical social theory approach proclaims the value of reflection on theory and practice to achieve emancipatory intent, it draws upon the assumption that participating nurses undeniably undergo change and improve their practice. Instead, it is more probable that nurses will be confronted with enormous tensions, complexities and difficulties in their attempts to use reflection to integrate theory with practice.

Lauder (1994) articulated that the reflective approach has failed to unify thought and action in practice disciplines. With this concern in mind, he advanced the view that some critical social theory researchers have tended to think about theory and practice as separate endeavours, perpetuating the concept of the theory–practice gap. Furthermore, it is with this concern about the uncritical acceptance of reflection that Lauder advocated the importance of practical reasoning and deliberation in maintaining the link between thinking and acting. For Lauder, nurses make professional and reasoned choices about how to proceed in their clinical practice. Yet, such an emphasis on the value of practical wisdom is often absent from discussions about reflective practice. A return to the Habermasian idea of reflective practice would accept the need for objective technical rationality, practical wisdom and critical reflection (Habermas 1971, 1973).

Without supporting a Habermasian approach to reflective practice, we would raise a similar concern that the 'science wars' of objectivity versus subjectivity are not over. Generations of reflective practitioners have not bridged the theory–practice gap. Nor have qualitative researchers done away with the need for statistical research on social and feminist questions (Oakley 1998). Both Oakley (1998) and Haraway (1997) argue for the relevance of statistics to feminist projects so that the circulating exercise of power becomes visible and a relationship is maintained between objectivity and subjectivity through intersubjectivity. Following Foucault, we would argue for reflexivity and intersubjectivity rather than reflection as modes to interrogate the theory–practice gap relationship.

As nurses attempt to apply theory to practice, certain hidden agendas may operate in health care institutions that serve to mitigate against the implementation of theory. Furthermore, nursing practice is constantly evolving and is never fixed (Waterman, Webb and Williams 1995). As

such, nurses' experiences in a constantly dynamic and complex health care setting may demand different interpretations, leading to new practices and theories.

This issue of interrogating the theory–practice gap relationship brings us to another constraining tension of critical social theory.

The ideologically correct researcher

Research processes embracing the constructs of critical social theory have been subject to major criticism in Foucauldian literature (Ellsworth 1989; Gore 1992). A guiding principal of critical social theory, empowerment, becomes something performed by a central agent for individuals who are yet-to-be empowered (Fay 1987). This central agent assumes the position of empowerer. Nurses who appropriate this position may be prompted to ask: 'How do our very efforts to liberate perpetuate the relations of dominance?' (Lather 1992, 122).

Critical social theory assumes an egalitarian view of power, in which the liberatory culture is a safe place for individuals to freely articulate their voices. However, it is important to determine the hidden power relations inherent in an empowering process that positions individuals as either the empowerer or the oppressed. Aronowitz and Giroux (1991) examined the notion of voice in oppressed individuals by referring to silence and the unsayable. What seems entrenched in this view of voice is the construction of a less-privileged group as 'other'. In nursing practice, this view of the empowerer or the oppressed concerns the process of communication between nurses and doctors, and between less experienced, junior nurses and more experienced, 'powerful' nurses. In these instances, doctors and highly experienced, 'powerful' nurses reside in a privileged position.

Despite best intentions, it would be difficult for anyone situated in a privileged position to fully understand individuals of a less-privileged group. Imposing exclusive boundaries around terms such as 'oppressor', 'empowerer' and 'oppressed', and conceptualising individuals as rational, unified beings who are fully aware of their intentions, means that empowerers may be unprepared to deal with the oppressive moments of their own activities (Orner 1992).

Ellsworth (1989) was highly critical of empowerment when she wrote of her experiences as a university professor. Her premise centred on the invisible power relationships inherent in a forum where the empowerer 'helps' the empowered in developing and expressing knowledge. She asserted that this view offers little critique of the empowerer's position in the relationship. Gore (1993)

explored this issue further, debating that the empowerer is necessary for either giving voice or silencing the empowered. She explained the danger of this approach as 'cannot[ing] not only a refusal to compromise but also a certainty about the 'proper' approach that leaves little space for tentativeness or openness' (Gore 1993, 102).

Ellsworth (1989) also analysed subjectivity in its relationship with critical agency, empowerment and emancipation, by confronting the perceived incongruence of critical agency and subjectivity. An encounter of rational deliberation through critical agency, she asserted, only leads to the exclusion of 'socially constructed irrational Others' (Ellsworth 1989, 305).

Integral to this focus is removing the empowerer as the *source* of what the oppressed can achieve. This move suggests that empowerers must examine their own experiences and appropriate different voices depending on the power relations and cultural tensions that mediate their experiences (Britzman 1989). Central to this rethinking of the relationship between the empowerer and oppressed is the notion of reflexivity — a notion advocated by supporters of Foucault's work. Reflexivity allows nurses to ask questions such as: 'What kinds of practices are possible once vulnerability, ambiguity, and doubt are admitted?' and 'What kinds of power and authority are taken up and not admitted?' (Britzman, cited in Lather 1992, 127). Also important in developing a reflexive stance is the possibility of challenging contextual issues of subjugated histories and experiences (Ellsworth 1989). This process involves determining how particular interventions used by empowerers lead to the creation of passive individuals and concerns listening 'to those who have been asking others to speak' (Orner 1992, 88).

Before discussing our response to the criticisms of critical social theory and of Foucault's work through a toolbox approach to the research process, we wish to shed light on the constraining tensions of Foucault's work.

CONSTRAINING TENSIONS OF FOUCAULT'S WORK: LACKING A FOUNDATION FOR CHANGE

Foucault's argument that power is not fixed or a force to be possessed, means that researchers are encouraged to explore their own position in the research process and the ways in which their activities may perpetuate particular discourses. The constraining tensions of Foucault's work comprise two major issues: challenging power without political intent and examining the constituted subject.

Challenging power without political intent

Critics working from within critical social theory frameworks have asserted that Foucault's view impedes political action and change, and have positioned their case on his interpretation of truth. One representative of this line of criticism is Taylor (1984), who indicated that Foucault's notion of truth was relativistic because it precludes the possibility of judging one form of truth to be better than another. He also objected to Foucault's association of truth with power. For Taylor, truth is a liberatory concept, which frees individuals from power.

In a similar vein, critical social theorists query the epistemological foundation of Foucault's approach, especially given that he placed little faith, as Fraser (1996) indicated, on the influences of force, domination, legitimation and normative judgements on the notion of power. As claimed by critical social theorists such as Fraser, political change cannot occur if power is contextualised without foundation. That is, it remains difficult to conceive how improvement or change can take place without some vision of what ought to happen. Furthermore, a focus on competing discourses, each challenging one another for domination at any point in time, prevents any sustainable emancipatory change (Fraser 1993).

These criticisms can be seen as attempts to fit Foucault into traditional categories of political theory. According to Taylor (1984), important conceptions of political theory involve a subject who could make decisions, a corresponding notion of truth that transcends specific régimes of power and emancipation as an ultimate goal. As Foucault fails to fit into these categories, Taylor described Foucault's position as nihilistic; his position precludes the possibility of judging one régime of truth to be more important than another. The weakness in these criticisms lies in their failure to see that Foucault's intent was to unravel these traditional conceptions of political theory.

Foucault's notion about the micropolitics of everyday life is helpful for examining the local power relations of individuals' social and cultural practices. This notion has, however, also been a major site for critique (Allen 1996a; Hartsock 1990; Walzer 1986). The concern is that Foucault's focus on the micropolitics of power shifts importance away from larger patterns of power or domination (Allen 1996b). This position is represented by Fraser (1993) who associated Foucault's notion of power with a number of political implications. She surmised that 'if power is instantiated in mundane social practices and relations, then efforts to dismantle or transform the regime must address those practices and relations' (Fraser 1993,

26). In addition, Foucault's notion rules out 'the view that the seizure and transformation of state and/or economic power would be sufficient to dismantle or transform the modern power regime' (Fraser 1993, 26). Instead, Fraser asserted the importance of making distinctions between large political orientations of power, such as violence, domination and authority.

Integral to this charge is Fraser's (1993) critique of Foucault as an antihumanist thinker who declined to engage in normative discussions about 'what are' acceptable forms of power. Echoing Fraser's criticism, Hartsock (1990) concurred with this difficulty of finding a normative grounding in Foucault's work, suggesting that his notion of power undermines any possibility of social change. For Hartsock, this impasse for change occurs because Foucault's concept of power obscures the importance of gender oppression. In referring to Foucault's network of power relations, she resolved 'power is everywhere, and so ultimately nowhere' (Hartsock 1990, 170). As a possible 'solution' to this situation, Hartsock suggested developing 'an account of the world which treats our perspectives not as subjugated or disruptive knowledges, but as primary and constitutive of a different world' (Hartsock 1990, 171).

A major issue surrounding these critiques of Foucault relates to a misinterpretation of his intentions. Much of this criticism stems from labelling his work as relativist, in which there are no universal standards of right and wrong. These critiques also impute to Foucault a normatively neutral theory, associated with universal truths (Deveaux 1996). Foucault challenged how traditional ways of thinking produce their own dominating tendencies that are more oppressive than liberating. His analysis of social institutions is indeed relativist, which opens up possibilities for unmasking different forms of experience. Sawicki (1991, 101) echoed our views well in this respect:

Foucault wrote from the perspective of a future historian in order to defamiliarize present practices and categories, to make them seem less self-evident and necessary. He attempted to free a space for the invention of new forms of rationality and experience.

The thread of 'defamiliarisation' that weaves throughout Foucault's work instils a vital filament for nursing research. His work provides a useful framework for analysing the complexities and contradictions of discursive practices in the clinical setting.

In addition to the concern of challenging power without political intent, critiques of Foucault's work have focused on the presence and function of the 'constituted subject'.

The constituted subject

Foucault (1980) refuted the concept of the active subject because he considered it as an effect of power–knowledge. Accordingly, he considered that historically located, disciplinary processes enable and constrain individuals to behave in a particular manner. Traditionally, nursing has been regarded as a socially progressive project where nurses attempt to improve the health status of patients. However, this goal of social progression has been difficult to argue within a Foucauldian framework, which supports the idea of the constituted subject as an effect of practices available to nurses.

In her role as a feminist poststructuralist philosopher, Weedon (1992) has attempted to modify Foucault's concept of the subject so that it acquires a more active focus. For Weedon, whilst individuals are unable to control their overall direction, they are still able to choose among the practices available to them. They may consider the implications of various choices, as these are taken up and established into a hierarchical network of power relations. Hence for nurses, where there is incongruence between the subject position offered in a discourse and an individual interest, nurses demonstrate resistance to that position (Weedon 1992). By taking up new subject positions, a nurse may resist certain discourses in order to invent and take up new discourses (Sawicki 1991). An advantage of this activity of taking up new subject positions is that it introduces the possibility of political choice between discourses — an issue that partially addresses concerns about the constituted subject.

CLEARING THE WAY FOR A TOOLBOX APPROACH: ADDRESSING THE TENSIONS BETWEEN CRITICAL SOCIAL THEORY AND FOUCAULT'S WORK

As we sought to appropriate a theoretical framework that would address the concerns of our research endeavours, it became obvious that neither critical social theory nor Foucault's work would be adequate on its own. In view of the various benefits and constraints of each approach, there is considerable merit to adopting aspects of each approach into a particular research study. Although tensions and divergences exist between the contemporary philosophical approaches of critical social theory and Foucault, they, nevertheless, share a number of commonalities. Both approaches seek a transformation of traditional views of society, modernity and reason, leading to

self-understandings that produce social implications. These approaches reject the position of the disengaged, autonomous, rational subject of humanism, and recognise knowledge as a social product embedded in practical contexts. They also perceive that speech and action occur within taken-for-granted contexts, which are historically and culturally contingent (McCarthy 1992).

These approaches also differ in a number of ways. Whilst a critical social theory approach aims to restructure positivist notions of subjectivity and autonomy, a Foucauldian approach situates subjectivity as an effect of power relations. A critical social theory approach seeks to combine a particular context with universal truth, allowing for accounts of origins, structures and tendencies of existing social orders. On the other hand, a Foucauldian approach discounts a compatibility between local context and universal truths (McCarthy 1992).

THE TOOLBOX APPROACH: APPLICATION TO RESEARCH ENDEAVOURS

For our research, the metaphor of the 'toolbox' (Grimshaw 1993, 52) was used to provide guidance in developing an intertwined theoretical and methodological framework of critical social theory and Foucault's work. Tools from each approach were manipulated in ways to take advantage of the benefits and to minimise the effects of constraints. Our research involved an exploration of the forms of knowledge and practices that inform nurse–nurse and nurse–doctor relationships in the critical care setting. Research methods of participant observations, professional journaling, and individual and focus group interviews were conducted with participating nurses in an effort to investigate these relationships, and to develop strategies for improved collaboration.

Our toolbox involved three components. The first component comprised the theoretical framework for our study, which was used to critique the literature. In addressing the literature, we asked the following questions: Which discourses shape nurse–nurse and nurse–doctor relationships? How are relations between nurses and doctors, and among nurses, portrayed in these discourses? What explanations have been offered for patterns of collaboration? Our Foucauldian analysis of literature indicated that most nursing understandings of professional relationships have been based on constructions that reproduce hierarchical relations of dominance. There is little critique of these understandings in explaining the conflicting, contradictory and interdependent nature of professional relationships in the clinical setting.

The second component involved the research process of data gathering and refining, which encompassed the notion of critical empowerment. The hierarchical foundations of medical and nursing structures in hospitals may prevent nurses and doctors from establishing equal, emancipatory and democratic collaboration. As a result, a traditional approach to empowerment, as originally espoused by Fay (1987), was inappropriate. We believed that a more feasible way of appropriating empowerment was for the participants to enter a sustained encounter with their nursing and medical colleagues, and examine how their subject positions may lead to oppressive moments impeding effective collaboration. For example, participants were encouraged to ask questions such as: 'Whose voice is being heard ... ? Whose voice is being left out? Do people feel constraints against speaking? Are all voices equally informed?' (Powers 1996, 212). By addressing issues of reflexivity to the research process, the research group was able to explore the potential problems associated with claiming to represent the views of other nurses, or even expecting that anyone consistently spoke from out of one discourse.

The third component of the study involved research analysis. For the first layers of analysis, the research group was encouraged to make a preliminary analysis of the data using a reflexive approach. During verbal feedback sessions for individual interviews, participant observations and focus group interviews, participants were encouraged to interrogate the issues that were of importance to them. This analysis of the surface layers provided participants with an opportunity to disrupt their taken-for-granted views on the forms of knowledge and practices informing their relationships. This method of analysis was also used by participants to develop and implement strategies aimed at improving collaboration in the clinical setting.

For analysis of the deeper layers of data, we used a Foucauldian framework. In our role as researchers, this form of analysis involved our identification of competing, interdependent and supportive discursive practices, each vying for attention from nurses and doctors who attempted to function in a state of ambience. This process of analysis helped us not to become seduced by dominant, discursive practices that we privileged but, rather, to be aware of the discursive practices that mattered to nurses and doctors. We were also able to interrogate critically our own subjectivities as researchers and how these subject positions affected the research group.

CONCLUSION

Our goal in sustaining the toolbox metaphor was not to view critical social theory and Foucault's work as two

discrete entities. Instead, we questioned the value of each approach in constructing a practical and relevant focus for nursing research; an approach which supports the heterogeneity that allows the paradigms to rub up against each other, leaving obvious disjunctions and discontinuities (Moss 1996). Contemporary critical feminist writers have appropriated the theoretical approaches of Foucault to power-knowledge, subjectivity and discourse analysis; yet, they have retained interest in working collaboratively to challenge the dominance of some forms of knowledge, practices and structures (Allen 1996a; Bartky 1988; Bordo 1993; Henderson 1995; Luke and Gore 1992; Orner 1992). The toolbox approach provides nurse researchers with a means by which they could use Foucault's work, within a process guided by contemporary critical approaches.

ACKNOWLEDGEMENTS

The authors acknowledge various organisations that provided financial assistance to support the study upon which this paper is based. These include: the Commonwealth Government of Australia, which provided an Australian Postgraduate Award; the Centaur Nurses Memorial Education Trust, which provided a Centaur Scholarship; the Nurses Memorial Centre; the School of Nursing and the Faculty of Health Sciences of La Trobe University; and the Australian College of Critical Care Nurses Inc. Members' Trustees.

REFERENCES

- Allen A. 1996a. Foucault on power: A theory for feminists. In *Feminist interpretations of Michel Foucault*, ed. SJ Hekman, 265–81. University Park, PA: Pennsylvania State University Press.
- Allen DG. 1996b. Knowledge, politics, culture, and gender: A discourse perspective. *Canadian Journal of Nursing Research* 28: 95–102.
- Aronowitz S and HA Giroux. 1991. *Postmodern education: Politics, culture, and social criticism*. Minneapolis, MN: University of Minnesota Press.
- Bartky SL. 1988. Foucault, femininity, and the modernization of patriarchal power. In *Feminism and Foucault: Reflections on resistance*, eds I Diamond and L Quinby, 61–86. Boston: Northeastern University Press.
- Bernstein RJ. 1978. *The restructuring of social and political theory*. Philadelphia: University of Pennsylvania Press.
- Best S and D Kellner. 1991. *Postmodern theory: Critical interrogations*. London: Macmillan.
- Bordo S. 1993. *Unbearable weight: Feminism, western culture, and the body*. Berkeley, CA: University of California Press.

- Britzman DP. 1989. Who has the floor? Curriculum, teaching, and the English student teacher's struggle for voice. *Curriculum Inquiry* 19: 143–62.
- Carr W. 1986. Theories of theory and practice. *Journal of Philosophy of Education* 20: 177–86.
- Carr W and S Kemmis. 1994. *Becoming critical: Education, knowledge and action research*, 2nd edn. Geelong, Vic.: Deakin University.
- Cheek J and S Porter. 1997. Reviewing Foucault: Possibilities and problems for nursing and health care. *Nursing Inquiry* 4: 108–19.
- Cox H, P Hickson and B Taylor. 1991. Exploring reflection: knowing and constructing practice. In *Towards a discipline of nursing*, eds G Gray and R Pratt, 373–90. Melbourne: Churchill Livingstone.
- Davies C. 1995. *Gender and the professional predicament in nursing*. Buckingham, England: Open University Press.
- Deveaux M. 1996. Feminism and empowerment: A critical reading of Foucault. In *Feminist interpretations of Michel Foucault*, ed. SJ Hekman, 211–38. University Park, PA: Pennsylvania State University Press.
- Diamond I and L Quinby. 1988. Introduction. In *Feminism and Foucault: Reflections on resistance*, eds I Diamond and L Quinby, ix–xx. Boston: Northeastern University Press.
- Dreyfus HL and P Rabinow. 1982. *Michel Foucault: Beyond Structuralism and Hermeneutics*. Chicago: University of Chicago Press.
- Ellsworth E. 1989. Why doesn't this feel empowering? Working through the repressive myths of critical pedagogy. *Harvard Educational Review* 59: 297–324.
- Fay B. 1987. *Critical Social Science: Liberation and its limits*. Cambridge: Polity Press.
- Fealy GM. 1997. The theory–practice relationship in nursing: An exploration of contemporary discourse. *Journal of Advanced Nursing* 25: 1061–9.
- Foucault M. 1977. *Discipline and punish: The birth of the prison*. London: Penguin Books.
- Foucault M. 1980. *Michel Foucault. Power/Knowledge: Selected interviews and other writings, 1972–1977*. Brighton, England: Harvester Press.
- Foucault M. 1990. *The history of sexuality. Volume one: An introduction*. London: Penguin Books.
- Fraser N. 1993. *Unruly practices: Power, discourse and gender in contemporary social theory*. Cambridge: Polity Press.
- Fraser N. 1996. Michel Foucault: A 'young conservative'? In *Feminist interpretations of Michel Foucault*, ed. SJ Hekman, 15–38. University Park, PA: Pennsylvania State University Press.
- Fraser N and L Nicholson. 1988. Social criticism without philosophy: An encounter between feminism and post-modernism. *Theory, Culture and Society* 5: 373–94.
- Gavey N. 1989. Feminist poststructuralism and discourse analysis: Contributions to feminist psychology. *Psychology of Women Quarterly* 13: 459–75.
- Giroux HA. 1983. *Theory and resistance in education*. London: Heinemann Educational Books.
- Giroux HA. 1992. *Border crossings: Cultural workers and the politics of education*. New York: Routledge.
- Giroux HA. 1993. Literacy and the politics of difference. In *Critical literacy: Politics, praxis, and the postmodern*, eds C Lankshear and PL McLaren, 367–77. Albany, NY: State University of New York Press.
- Giroux HA and P McLaren. 1989. Introduction: Schooling, cultural politics, and the struggle for democracy. In *Critical pedagogy, the state, and cultural struggle*, eds HA Giroux and PL McLaren, xi–xxxv. New York: State University of New York Press.
- Gore J. 1992. What we can do for you! What can 'we' do for 'you'? Struggling over empowerment in critical and feminist pedagogy. In *Feminisms and critical pedagogy*, eds C Luke and J Gore, 54–73. New York: Routledge.
- Gore J. 1993. *The struggle for pedagogies: Critical and feminist discourses as regimes of truth*. New York: Routledge.
- Grimshaw J. 1993. Practices of freedom. In *Up against Foucault: Explorations of some tensions between Foucault and feminism*, ed. C Ramazanoglu, 51–72. London: Routledge.
- Grosz E. 1994. *Volatile bodies: Toward a corporeal feminism*. Bloomington, IN: Indiana University Press.
- Habermas J. 1971. *Knowledge and human interests*. Boston: Beacon Press.
- Habermas J. 1973. *Legitimation crisis*. Boston: Beacon Press.
- Haraway D. 1997. *Modest witness*. New York: Routledge.
- Hartsock N. 1990. Foucault on power: a theory for women? *Feminism/Postmodernism*, ed. LJ Nicholson, 157–75. New York: Routledge.
- Henderson DJ. 1995. Consciousness raising in participatory research: Method and methodology for emancipatory nursing inquiry. *Advances in Nursing Science* 17(3): 58–69.
- Jordan G and C Weedon. 1995. *Cultural politics: Class, gender, race and the postmodern world*. Oxford: Blackwell.
- Kermode S and C Brown. 1996. The postmodernist hoax and its effects on nursing. *International Journal of Nursing Studies* 33: 375–84.
- Lather P. 1991. *Getting smart: Feminist research and pedagogy with/in the postmodern*. New York: Routledge.
- Lather P. 1992. Post-critical pedagogies: a feminist reading. In *Feminisms and critical pedagogy*, eds C Luke and J Gore, 120–37. New York: Routledge.

- Lather P. 1999. *From competing paradigms to disjunctive affirmation*. Montreal: American Educational Research Association.
- Latimer J. 1998. Organizing context: Nurses' assessment of older people in an acute medical unit. *Nursing Inquiry* 5: 43–57.
- Lauder W. 1994. Beyond reflection: Practical wisdom and the practical syllogism. *Nurse Education Today* 14: 91–8.
- Luke C and J Gore. 1992. Women in the academy: Strategy, struggle, survival. In *Feminisms and critical pedagogy*, eds C Luke and J Gore, 192–210. New York: Routledge.
- McCarthy T. 1992. The critique of impure reason: Foucault and the Frankfurt School. In *Rethinking power*, ed. TE Wartenberg, 121–48. Albany, NY: State University of New York Press.
- McHoul A and W Grace. 1993. *A Foucault primer: Discourse, power and the subject*. Carlton, Vic.: Melbourne University Press.
- McLaren PL. 1992. Collisions with otherness: 'Traveling' theory, post-colonial criticism, and the politics of ethnographic practice — the mission of the wounded ethnographer. *Qualitative Studies in Education* 5: 77–92.
- McLaren PL. 1994. *Life in schools: An introduction to critical pedagogy in the foundations of education*, 2nd edn. White Plains, NY: Longman.
- Mohanty CT. 1994. On race and voice: Challenges for liberal education in the 1990s. In *Between borders: Pedagogy and the politics of cultural studies*, eds HA Giroux and P McLaren, 145–66. New York: Routledge.
- Moss P. 1996. Enlarging the dialogue in educational measurement: voices from interpretive research traditions. *Educational Researcher* 25(1): 20–28, 43.
- O'Loughlin M. 1992. Engaging teachers in emancipatory knowledge construction. *Journal of Teacher Education* 43: 336–46.
- Oakley A. 1998. Experimentation in social science: The case of health promotion. *Social Sciences in Health* 4: 73–89.
- Orner M. 1992. Interrupting the calls for student voice in 'liberatory' education: A feminist poststructuralist perspective. In *Feminisms and critical pedagogy*, eds C Luke and J Gore, 74–89. New York: Routledge.
- Patton P. 1979. Of power and prisons. In *Michel Foucault: Power, truth, strategy*, eds M Morris and P Patton, 109–47. Sydney: Feral Publications.
- Powers P. 1996. Discourse analysis as a methodology for nursing inquiry. *Nursing Inquiry* 3: 207–17.
- Sawicki J. 1991. *Disciplining Foucault: Feminism, power, and the body*. New York: Routledge.
- Skelton R. 1994. Nursing and empowerment: concepts and strategies. *Journal of Advanced Nursing* 19: 415–23.
- Street A. 1992. *Inside Nursing: A critical ethnography of clinical nursing practice*. Albany, NY: State University of New York Press.
- Street A. 1995. *Nursing replay: Researching nursing culture together*. South Melbourne: Churchill Livingstone.
- Taylor C. 1984. Foucault on freedom and truth. *Political Theory* 12: 152–83.
- Traynor M. 1997. Postmodern research: No grounding or privilege, just free-floating trouble making. *Nursing Inquiry* 4: 99–107.
- Walzer M. 1986. The politics of Michel Foucault. In *Foucault: A Critical Reader*, ed. DC Hoy, 51–68. Oxford: Basil Blackwell.
- Waterman H, C Webb and A Williams. 1995. Parallels and contradictions in the theory and practice of action research and nursing. *Journal of Advanced Nursing* 22: 779–84.
- Weedon C. 1992. *Feminist practice and poststructuralist theory*. Cambridge: Blackwell.