

The Matrices of (Un)Intelligibility:
Postmodern and Post-Structural Influences in Nursing—
A Descriptive Comparison of American and Selected Non-American Literature
from the Late 1980s to 2015

by

Olga Petrovskaya

BScN, York University, 2006
MD, Omsk State Medical Academy, 1997
Diploma (Nursing), Omsk Medical College #3, 1991

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of

DOCTOR OF PHILOSOPHY

in the School of Nursing

© Olga Petrovskaya, 2016
University of Victoria

All rights reserved. This dissertation may not be reproduced in whole or in part, by photocopy or other means, without the permission of the author.

Supervisory Committee

The Matrices of (Un)Intelligibility:
Postmodern and Post-Structural Influences in Nursing—
A Descriptive Comparison of American and Selected Non-American Literature
from the Late 1980s to 2015

by

Olga Petrovskaya

BScN, York University, 2006
MD, Omsk State Medical Academy, 1997
Diploma (Nursing), Omsk Medical College #3, 1991

Supervisory Committee

Dr. Mary Ellen Purkis, (School of Nursing)
Supervisor

Dr. Anne Bruce, (School of Nursing)
Departmental Member

Dr. Stephen Ross, (Department of English)
Outside Member

Abstract

Supervisory Committee

Dr. Mary Ellen Purkis, School of Nursing

Supervisor

Dr. Anne Bruce, School of Nursing

Departmental Member

Dr. Stephen Ross, Department of English

Outside Member

In the late 1980s, references to postmodernism, post-structuralism, and Michel Foucault started to appear in nursing journals. Since that time, hundreds of journal articles and dozens of books in the discipline of nursing have cited these continental-philosophical ideas—in substantial or minor ways—in nurses’ analyses of topics in nursing practice, education, and research. Key postmodern and post-structural notions including power/knowledge, discourse, the clinical gaze, disciplinary power, de-centering of the human subject as the originator of “meaning,” and the challenge to grand narratives and binary thinking—all found their place on the pages of journals such as the *Journal of Advanced Nursing*, *Nursing Inquiry*, and *Nursing Philosophy* and in a predominantly American journal *Advances in Nursing Science* among a few other periodicals. In my dissertation, I assemble this voluminous body of publications into a “field of study.” Taking a comparative approach to this field, I argue that we can understand postmodern/post-structural scholarship in nursing as characterized by a marked difference between its non-American (in this case, Australian and New Zealand, British and Irish, and Canadian) and American domains.

While each domain is heterogeneous, peculiar features distinguish American postmodern/post-structural nursing literature from its non-American counterparts.

I build on a recent systematic critique of so-called American “unique nursing science” and (meta)theory by Mark Risjord (2010), who surfaced the unacknowledged legacy of the logical positivist philosophy of science on contemporary American nursing conceptions of science and theory. These influences, according to Risjord, have had profound and lasting intellectual impact on nursing theoretical work manifesting in the notions of “unique science,” a caution toward “borrowed theory,” a hierarchical model of theory, the language of metaparadigms, incommensurable paradigms, and so on. These ideas and related practices of theorizing have culminated in what I call the *American disciplinary nursing matrices* that shape the visibility and *intelligibility* of alternative practices of theorizing in the discipline of nursing. I show the ways in which these matrices are consequential for how postmodern and post-structural philosophical ideas are understood, discussed, and deployed (or not) in American nursing literature; indeed, I argue that these continental ideas, vital for nurses’ ability to critically reflect on the discipline and the profession—are *unintelligible* as a form of nursing knowledge within the American nursing theoretical matrices.

Table of Contents

Supervisory Committee.....	ii
Abstract.....	iii
Table of Contents.....	v
List of Tables.....	vii
List of Figures.....	viii
Acknowledgements.....	ix
Dedication.....	xi
“Nursing Knowledge”.....	xii
Chapter 1: Early 21st Century Canadian Nursing at a Theoretical Crossroads: Between American Nursing Theory and British-Australian Continentally-Informed Theorizing.....	1
Chapter 2: Establishing the Field of Study: Postmodern, Post-Structural, and Foucauldian Nursing Scholarship.....	36
Chapter 3: American Nursing Science and Discipline-Specific Theory: In the Grips of Logical Positivism.....	77
Chapter 4: Postmodern and Post-Structural Theory in American Nursing Scholarship: The Limits of Intelligibility. Part 1: S. Gortner, L. Dzurec, P. Reed, J. Watson, and <i>Nursing Science Quarterly</i>	102
Chapter 5: Postmodern and Post-Structural Theory in American Nursing Scholarship: The Limits of Intelligibility. Part 2: <i>Advances in Nursing Science</i> , “Nursing Knowledge” Textbooks, and the Enclave Group.....	134
Chapter 6: Sharpening the Contrast Between Non-American and American Postmodern/Post-Structural Nursing Literature. Part 1: The Focus on Nurse–Patient Relationships and the Holistic Nurse.....	163
Chapter 7: Sharpening the Contrast Between Non-American and American Postmodern/Post-Structural Nursing Literature. Part 2: The Focus on Methodological Forays in our Discipline.....	187

Chapter 8: Conclusion. Significance of this Research. What's on the Map for Postmodern and Post-Structural Nursing Theorizing?.....	217
References.....	246
A General Comment about Appendixes.....	282
Appendix A: Bibliometric Analysis of Postmodern and Post-Structural Nursing Articles Indexed in the <i>Web of Science</i>	283
Appendix B: Table 4.....	303
Appendix C: Table 5.....	308
Appendix D: Table 6.....	310
Appendix E: Selected Earliest Non-American Nursing Articles Citing M. Foucault in the Cumulative Index of Nursing and Allied Health Literature (CINAHL).....	312
Appendix F: Table 7.....	313
Appendix G: Table 8.....	314
Appendix H: Table 9.....	323
Appendix I: Table 10.....	339

List of Tables

Table 1: WoS Search History.....	283
Table 2: Country Addresses of Authors in <i>JAN</i> , <i>NI</i> , <i>ANS</i> , and <i>NP</i>	284
Table 3: Top Twenty-Five Papers Based on Citation Network Analysis.....	293
Table 4: Frequency of Publications that Use the Term <i>Post-Structuralism</i> in Anglophone Nursing Journals in the Cumulative Index of Nursing and Allied Health Literature (CINAHL), January 1987–July 2015.....	303
Table 5: Publisher Information for Nursing Journals in the Cumulative Index of Nursing and Allied Health Literature (CINAHL) that Use the Term <i>Post-Structuralism</i> in Their Publications, January 1989–July 2015.....	308
Table 6: Frequency of Subject Headings for Articles that Use the Term <i>Post-Structuralism</i> in Four Relevant Nursing Journals in the Cumulative Index of Nursing and Allied Health Literature (CINAHL), January 1989–July 2015.....	310
Table 7: Frequency of Articles that Refer to Michel Foucault in Eight Anglophone Nursing Journals in the Cumulative Index of Nursing and Allied Health Literature (CINAHL), January 1987–December 2015.....	313
Table 8: Articles by American Nurses (and Non-American Nurses in American Journals) Referring to Postmodernism, Post-Structuralism, or M. Foucault.....	314
Table 9: References to Postmodernism, Post-Structuralism, and M. Foucault in American Nursing Textbooks.....	323
Table 10: Textbooks and Book Chapters by Non-American Authors (Nurses and Social Scientists Writing in Nursing) Citing M. Foucault.....	339

List of Figures

Figure 1.1 Article Count by Year, up to September 2016.....	287
Figure 1.2. Top Twenty-Five Journals by Article Count.....	288
Figure 1.3.1 Top Twenty-Five Keywords by the Number of Articles where the Keyword Occurs.....	289
Figure 1.3.2 Twenty-Five Most Cited Keywords.....	290
Figure 1.4.1 Twenty-Five Most Productive Authors.....	291
Figure 1.4.2 Twenty-Five Most Cited Authors.....	292
Figure 2.1 Article Count for <i>JAN</i> , <i>NI</i> , <i>ANS</i> , and <i>NP</i> by Year, up to September 2016.....	298
Figure 2.2 Comparison of Keywords in Top Three Non-American Journals, Collectively, and in American <i>ANS</i>	299

Acknowledgments

A project that lasts one-fifth (!) of one's life lived so far—that's what my doctoral journey at the University of Victoria amounts to—has to be made not only enduring but enjoyable. Life's rollercoaster is always in motion: gained and lost pounds, lost and gained confidence, new grey hair, old and new relationships waiting to be sorted out, weird dreams waiting to be interpreted—fragments of memories and sensations left behind as the ride continues.

I feel lucky I met numerous people who made my doctoral journey enjoyable. My earliest acquaintance here in Victoria was Dr. Anne Bruce, whose kind wisdom accompanied me throughout these years. To Anne I owe what is called professional socialization, learning the ropes of the academic trade: relationships with colleagues, student mentorship, graciousness to one's intellectual opponents, thoughtfulness in planning academic study leaves, and, importantly, a disposition to make networking at the conferences so much fun. Anne interlaces all these activities with her sincere curiosity and recognizable laughter. That person is lucky who has shared with Anne occasional moments of Dionysian intoxication!

My supervisor, Dr. Mary Ellen Purkis, with her respect for students' autonomous decision making and her hands-off approach, has always been by my side patiently witnessing episodes of intellectual and emotional turmoil inevitable on such a long path. My interest in French philosopher Michel Foucault stemming from an elective course I took back in 2004 in Toronto, has been nourished by Mary Ellen's and her international "Foucauldian" colleagues' work. I cherish quality time Mary Ellen and I shared in our discussions.

I thank my committee member Dr. Stephen Ross for helping me navigate labyrinths of continental philosophy. Gratitude also extends to other faculty members in the interdisciplinary Cultural, Social, and Political Thought program at UVic (Drs. E. Copley, S. Garlick, and A. Kroker) for opening the doors of their classrooms so that I could benefit from discussions happening there.

Drs. Marjorie McIntyre and Carol McDonald provided invaluable support in my early doctoral years. I like to imagine Dr. McIntyre as a giant on whose shoulders many of her students stand, contributing to the discipline of nursing.

My collegial relationship with Dr. Kathy Teghtsoonian, although brief, has been interesting and informative. I was attracted by Kathy's rigorous thinking shining through in her teaching.

I have been immersed in some aspects of the School of Nursing's life and felt supported by several people, whom I will remember: Dr. Noreen Frisch, School's Director during almost all years of my doctoral program, for her calm and confident demeanor; Ms. Carolyn Hammond and Jill Nicoll for offering a hand; Ms. Jeannine Moreau for being a good sport; Dr. Betty Davis for modeling academic comportment; Dr. Anastasia Mallidou for her first-hand understanding of how difficult it might be for immigrants to appreciate local humor. This list is incomplete as

many more members of the faculty and administrative team extended their encouragements daily through their smile, friendly chat, and even a permission to use their offices.

On-campus studies involved stimulating informal networking with peer doctoral students from various cohorts. I am thankful to all peers with whom my path intersected and whose ideas enriched my thinking about the nursing profession and the discipline, especially a critical-feminist reading circle, the Mixed Methods Club, the Grounded Theory Club, “Betty’s group,” and most of all to (Dr.) Lyn Merryfeather, Coby Tschanz, (Dr.) Kara Schick Makaroff, and Marci Antonio.

These acknowledgements will be incomplete without mentioning the love and support of my immediate family (Mikhail and Bogdan). Their presence ensured that life has never had a dull moment. I am equally thankful for them being close by and for them being away on lengthy trips and thus giving me a chance to *really* focus on my dissertation. (A smiley face goes here.) I also feel appreciative toward my other relatives from whom I am separated by geographical distance and borders.

And last but not least: My heart-felt and high praise goes to Dr. Madeline Walker. I experienced her companionship on so many occasions. I enjoyed Madeline’s poetry—often so disarmingly naked—at her book launch! Her competent editorial assistance has helped to bring this 300-page piece of writing into what I hope is an accessible and well-organized narrative. I also thank Madeline for introducing me to texts on stylish academic writing and on the craft of personal essay, which challenge the binaries “research report/personal story” or “science/literature” by showing that each genre, when done well, can be captivating and by revealing how much “subjective” and “passionate” work transpires (or is hidden) in each genre.

Dedication

To my mother, P. N. P.,
and to the memory of my aunt, a pediatrician and educator, K. I. K.

“Nursing Knowledge” . . .

I will continue to advocate for using nursing discipline-specific conceptual models and theories as the basis for all practical activities in nursing. . . . I will not work directly with nurses who chose to contribute to other disciplines by using the conceptual models and theories of those other disciplines; nor will I praise their efforts as contributions to advancement of nursing knowledge. (Fawcett, 2012, pp. 153–154)

Nursing is often conceptualized as an art and a science, a dynamic balance between aesthetic, humanist and scientific practices. A different approach is to start from the view that nursing is a set of practices or technologies that do not stand in need of unification at a higher level in the form of an all-encompassing belief system or doctrine. From this vantage point the dichotomy between science and spirituality is unhelpful if the object is to better describe the elements of practice in their own terms, rather than in terms of the formation of the subject. Practices of specific derivation are assembled in a number of contexts, the hybrid manner in which this occurs is various and historically contingent, rather than deriving from or depending on a single general explanation or unifying principle. These assemblages of actions form the cultural complex that now constitutes nursing. . . . This allows for a better appreciation of the complexities of modern nursing. (Nelson, 1995, p. 41)

Chapter 1

Early 21st Century Canadian Nursing at a Theoretical Crossroads:

Between American Nursing Theory and

British-Australian Continentally-Informed Theorizing¹

This chapter opens with a personal reflection about my nursing educational experiences in Canada. I relay how I encountered various nursing theories: ways to *theorize* in the discipline of nursing, or ways to produce particular texts consisting of interconnected sets of ideas for the purpose of describing or explaining (aspects of) nursing and thereby helping us understand nursing practice. These encounters, which also extend beyond our discipline into the interdisciplinary realm of critical social and political thought, surfaced the jarring incoherence between the two kinds of theorizing referred to in this chapter's title. One, emphatically, a definition from a nursing text: "Theory—an internally consistent group of relational statements that presents a systematic view about a phenomenon and that is useful for description, explanation, prediction, and prescription or control" (L. O. Walker & Avant, 2011, p. 7). And another, as emphatically, a speculation from a sociology text: "Social theory . . . is the art, if not

¹ As the title implies, and as will be made clear in the dissertation, there is a divergence between conceptions of theorizing (i.e., developing theoretical knowledge) in the discipline of nursing in the US and elsewhere. *Theory development* in American nursing has become a codified activity with an outcome (theory) expected to look in a particular way. In nursing outside the US, the term *theory* has a more interdisciplinary connotation, referring to a scientific theory or a literary theory, as well as to "American nursing theory." Thus, *theorizing* or a process of describing, explaining, and so on, usually has a broader meaning and more informal character in nursing non-American literature. Theorizing, in this broad sense, can include (or can be found in) analyses of findings of empirical studies, philosophical nursing papers, or what is often called theoretical discussion papers. In other words, the term *theory* has a rather fixed meaning in the context of academic nursing in the US, referring to the American nursing theory movement and a plethora of textbooks containing the intellectual product called "theory." In contrast, the term *theorizing* is an absent label; it is not commonly used in non-American literature; it is how *I* call the process and an outcome of analytical activity reflected in many nursing writings.

always the science, of asking the right questions at the risk of irritating the hell out of those who have already settled the matter to their satisfaction” (Lemert, 2009, p. xvi).

Theory as a formal system and theory as critique: In nursing, I met both. With time I realized, however, that it is only the former kind of theories—those couched in the formal vocabulary of “internal consistency,” “relational statements,” and “systematic view” (as in L. O. Walker & Avant, 2011); of “concepts,” “propositions,” “internal dimensions,” and “theory testing” (as in Meleis, 2007); of “concepts,” “theoretical assertions,” and “logical form” (as in Tomey & Alligood, 2006) and/or incorporated within Fawcett’s (2005) “structure of contemporary nursing knowledge”—that nursing theory textbooks recognize as legitimate “disciplinary knowledge.” How can this be the case? This quandary set me on the path of my dissertation research.

Before elaborating on my theoretical encounters and quandaries, I would like to sketch the plan for this chapter. Interwoven with my reflection is a map for the whole dissertation where I walk the reader through the chapters that follow and indicate the main lines of argument. This introductory chapter also includes a section on methodological considerations. I identify broad area(s) of nursing scholarship—philosophical and/or metatheoretical—within which my work might be most usefully situated; common in the humanities, my approach can be alternatively described as textual analysis and “extended essay.” Theoretical notions like *episteme*, *discourse*, and the *conditions of possibility* originating in Foucault’s (1966/1994, 1969/1982) work that helped frame my questions and provided lines for analyses are briefly explained.

Theory’s Predicament

During the five years of my Canadian undergraduate and Master’s nursing education from 2004 to 2008, I took several classes designed to introduce and ground students in the

unique knowledge of our discipline. Course titles invariably referred to *nursing theory* and *nursing knowledge development*. We learned that throughout the 1960s and 1970s American nurse scholars discussed the development of “nursing science” conceived as the body of discipline-specific theories that distinguish nursing knowledge from the biomedical knowledge of physicians. The work of building nursing knowledge over the ensuing decades culminated in an impressive volume of published metatheoretical debates, books authored by individual nurse theorists, and compilations of nursing theories.

Nursing programs at a college and two universities in Toronto, where I was successively enrolled, adopted different nursing theories to guide their curricula. Curriculum of one of the undergraduate programs was based on Sister Callista Roy’s adaptation model (Roy, 1988; Roy & Andrews, 1999). This model used concepts from general systems theory to postulate nursing-specific axioms. Roy’s model conceptualized humans as holistic, adaptive systems and discussed such a system in terms of inputs (stimuli), outputs (e.g., adaptive responses), and control and feedback process. Having the program’s curriculum based on a nursing theory presupposed that the students, when they worked with patients in their clinical placements, would couch clinical nursing observations and patient care plans in the language of that theory.

The other undergraduate program adopted a “caring curriculum” articulated within nursing’s human science tradition (Bevis & Watson, 1989). Several nurse scholars in this program self-identified as “Parse scholars,” after prominent American nurse theorist Rosemarie Rizzo Parse. Again, students’ analyses of clinical encounters (“self-reflective narratives”) were to be written through the conceptual lens of Parse’s humanbecoming theory (Cody & Mitchell, 2002; Jonas-Simpson, 1997; Mitchell & Cody, 1992, 2002; Parse, 1996, 1997). However, the Master’s program employed a different curricular approach. Critical of grounding a graduate

curriculum in a specific nursing theory or philosophy, the program of study nevertheless included a course on nursing theoretical developments, with quite rigorous and challenging assignments.

As the reader shall see in Chapter 3, the phrase *nursing theory* came to signify in American literature, as well as beyond, a set of theories² formulated mostly throughout the 1970s and 1980s³—the theories said to comprise the content of the *unique nursing disciplinary knowledge*. Some thinkers see these theories as a progressive step of building a nursing science in the academy. A more pragmatic perspective (e.g., Davina Allen, 1998; Dingwall & Davina Allen, 2001; May & Fleming, 1997; May & Purkis, 1995; see also Nelson, 2003) sees this work as a “professionalization project,” a dissatisfaction of nursing’s elite members with nursing’s occupational status and their struggle to gain a more influential role for nurses in health care. American nurse scholars have envisioned a nursing science broader than the natural sciences, or, more precisely, broader than “empiricist medical science.” This breadth is variably signaled through multiple “patterns of knowing” articulated in our discipline: aesthetic, personal, and ethical in addition to empirical (Carper, 1978), sociopolitical (White, 1995), and emancipatory (Chinn & Kramer, 2008, 2015); multiple “paradigms” (e.g., Fawcett, 2005; Newman, 1992; Newman, Sime, & Corcoran-Perry, 1991; Parse, 1987), and the view of nursing as a human science (e.g., Mitchell & Cody, 1992).

In the 1960s and 1970s, several influential nurse scholars believed that the autonomy of the nascent discipline of nursing in the academy depended on its status as a unique nursing

²Textbooks on “nursing knowledge” variously distinguish among frameworks, theories, conceptual models, and philosophies. I use the term *theory* in a broad sense to include all these formulations.

³American nursing theory textbooks place the beginning of the nursing theory movement in the 1950s (with the work of Peplau, V. Henderson, and others) and the early 1960s (e.g., Orlando, Wiedenbach). However, Risjord (2010) argues that the appropriation of these early writings into the metadiscourse of unique nursing science happened in the 1970s.

science. Aligned with the dominant mid-20th century philosophy of science, a unique nursing science presupposed abstract theories that neither offer prescriptions for clinical practice nor draw directly from other disciplines. In other words, a conception of science embraced by many (but not all) in American nursing theoretical literature dictated that these theories were neither practically useful for everyday work nor did they conform to theoretical formulations common within other disciplinary fields. (This conception of nursing science is presented in Chapter 3.) Thus, “borrowed” theories were to be treated with caution. Even more comprehensive nursing knowledge textbooks that included chapters on theories from other disciplines (e.g., McEwen & Wills, 2007) left no doubt about the distinction: “Borrowed theory” is to be unambiguously separated from nursing’s “unique knowledge.”

In 2008, I entered a doctoral nursing program at the University of Victoria. Two of the core courses examined the philosophical bases of nursing disciplinary thought on a deeper level than that of undergraduate school. Equally, our course readings spanned the philosophy of science, continental philosophy, and theoretical ideas from the humanities and the social sciences. What I came to know and understand in my previous years of nursing education—that is, nursing disciplinary knowledge comprised of a hierarchy of nursing philosophies and nursing theories, from grand to middle-range to practice theory—has been supported, reinforced, as well as challenged in some ways by my doctoral program. One expectation in the PhD program was that a doctorally-prepared nurse moves away from reciting nursing theories to critically appraising them. Students’ appreciation of the scope of nursing knowledge and nursing science expanded through our exposure to philosophical texts written by nurses (e.g., Polifroni & Welch, 1999; Rodgers, 2005) and by continental philosophers of social science (Crotty, 1998; Sherratt, 2006).

These texts helped to open new vistas of nursing knowledge to me. Most important though, I discovered another kind of theorizing: analyses of nursing practice, clinical or educational, informed by continental philosophical thought. Drs. M. McIntyre and C. McDonald introduced students to a French philosopher Michel Foucault, alongside an American post-structural queer theorist Judith Butler. I learned about the International Philosophy of Nursing Society (IPONS) and attended its conferences. Further, the Banff philosophy conferences organized by the Unit for Philosophical Nursing Research (uPNR) at the University of Alberta became must-attend scholarly events. Dr. M. E. Purkis's longstanding interest in works of Foucault led me to discover the *In Sickness and In Health* group (aka the "Foucauldian group"; *ISIH*). Dr. A. Bruce introduced students to another French philosopher, Jacques Derrida, and his critiques of binary thinking.

These conferences and networks were energizing venues for theorizing, where critique of current political, professional, and practical realities of nursing flourished. The nurse scholars discussed theory, research, and philosophy; clearly, they were engaged in the development of nursing knowledge. The relevance of these understandings *of* practice and their potential *for* informing nursing practice was tangible. Yet, this theoretical discourse did not correspond to the image of theory and theoretical knowledge upheld by the American nursing metatheoretical literature. Most notably, this newly-discovered form of scholarship boldly drew on "borrowed theory" (often of a post-humanist kind) without caution: French theory, science and technology studies, and selected sociological theory. Remarkably, these intellectual tools were used in an unsettling way to examine and critique not only realities of nursing practice but often the assumptions of the American nursing science and theory (e.g., David Allen, 2006; Ceci, 2003;

Drevdahl, 1999a; D. Holmes & Gastaldo, 2002; Lawler, 1991a; Latimer, 2000; May & Purkis, 1995; Nelson, 1995, 2000; J. Parker, 1988/2004, 2004; Rudge, 1998; Traynor, 1996).

Curiously, attending the conferences I noticed that besides several Canadian academics, the nursing networks interested in postmodern (PM) and post-structural (PS) theory include scholars from the UK and some other European countries as well as Australia, but rarely from the US. However, in the 1990s, an American-led group organized the International Critical and Feminist Perspectives in Nursing conferences.⁴ A portion of Chapter 5 brings to the reader's attention a small constellation of interesting PM and PS American nursing publications, produced by what I call an enclave group—nurse scholars participating in the Critical and Feminist Perspectives conferences, several of whom were connected to the University of Washington nursing program.

The majority of nursing PM and PS scholarship, however, has been produced outside the US, most notably by Australian and New Zealand, British and Irish, and Canadian scholars.⁵ In Chapter 6, I acknowledge a great diversity among this work and then focus on two cases of non-American scholarship informed by Foucault's and other social theory: theorizing of the nurse–patient relationship (May, 1990, 1992a, 1992b, 1995a, 1995b) and a history of the holistic nurse (Nelson, 2000). In Chapter 7, I continue to showcase non-American writings informed by PM

⁴ These conferences continued in the first decade of the 21st century, but I could locate only scattered records of these activities. As far as I am aware, around 2015, the University of Sydney Faculty of Nursing and Midwifery began to revive a tradition of these conferences.

⁵ Throughout this dissertation I use the phrase *non-American PM and PS nurse authors* to collectively refer to authors from Australia and New Zealand, the UK and Ireland, and Canada whose publications in nursing literature are informed by PM or PS ideas. Numerically, publications by Australian, British, and Canadian authors comprise a majority of this body of writings; therefore, for convenience, I mention these three groups throughout the dissertation, whereas strictly speaking, this “non-American group” also includes authors from New Zealand and Ireland.

and PS ideas—particularly, methodological forays in our discipline (Cheek, 2000; Latimer, 2003; Rolfe, 2000)—and to contrast this work with its American counterpart.

These primarily British and Australian nurses and/or social scientists interested in nursing practice have read Foucault to show how his work contested established conceptions of history, subjectivity, humanism, power, language, and meaning—and how these ideas are relevant for nursing. They analyzed nursing practice in its contextual and historical complexity. These authors experimented with postmodern approaches to research. In short, selected non-American PM and PS nursing writings reviewed in Chapters 6 and 7 mobilize a Foucauldian ideal of *thinking*—reflection upon limits (Ceci, 2013)—or in other words, a critical reflection of the discipline on itself.

... Returning from the nursing philosophy conferences and delving into the textbooks on nursing theory featuring Roy's adaptation model, Jean Watson's caring theory, or Peggy Chinn's integrated model for knowledge development as well as various metatheoretical compendiums, I struggled to *make sense* of the continental theoretical practices I have just witnessed at the conferences. Or rather, I struggled to make sense of the different ways that the notion of *theory* itself was taken up in the conference papers versus the way it was dealt with in American textbooks.

Curiously, the modes of theorizing displayed in the philosophical nursing conferences (such as IPONS, uPNR, and *ISIH*) were similar to those I observed elsewhere, outside our discipline, in the theoretically-oriented humanities and the interpretive social sciences. That is, nurse-Foucauldians shared a language with the interdisciplinary social theorists, but this language was somehow inadequate to participate in the discourses of *nursing theory*. What I heard at the conferences seemed to align with my experience of reading post-structural writings

within humanities and social science courses, but increasingly it was becoming apparent that it was the theory presented within the nursing classroom that did not seem to speak either to the nursing scholarship presented at the (theory- and philosophy-rich) conferences nor post-structural scholarship presented in the humanities or social science writing I have been exposed to. In other words, what this illustrates is the relative isolation of theory as it is presented within the nursing classroom and circulated through influential American textbooks. Differences in “technical” conceptual repertoires of nursing theory versus social theory (for instance, Foucault-based work) can only go so far to explain this observation. In other words, that some nurse writers operated with the terms like *postmodernism* and *post-structuralism*, to which others were not privy, was not the whole story explaining the lack of translatability between (mostly non-American) post-structural nursing theorizing and the discourse of American nursing theory. After all, as Chapters 4 and 5 establish, some American nurse theorists have read Foucault and written about “postmodernism.” Rather, as I aim to demonstrate in this thesis, the American theoretical discourse has developed (within) particular understandings of the framework of nursing knowledge and its proper elements (e.g., metaparadigm, paradigm, levels of theory, a vision of unique nursing science sealed off from the interdisciplinary theory). Theoretical pronouncements lacking these elements are unintelligible as a kind of *nursing knowledge*, even when concerned with an apparently mutually-relevant subject matter, for example, a nurse–patient encounter. It is from this perspective that the following question gains prominence: Do not perceptive analyses of nursing practice (like that by Purkis & Bjornsdottir, 2006) exemplify nursing theory/theorizing/philosophizing that enrich the knowledge base of the discipline? What I am getting at here is that the article by Purkis and Bjornsdottir is a good example of theorizing

nursing practice, yet, due to the prescriptive format imposed by the American theoretical matrices that fill our textbooks, it is considered outside of the realm of nursing theory.⁶

In “Intelligent Nursing: Accounting for Knowledge as Action *in Practice*,” Purkis and Bjornsdottir (2006) offer an alternative view of a contested notion of “nursing knowledge,” arguing for the limitations of conceptions of nursing knowledge foregrounded by the prominent and polarized perspectives: evidence-based practice and (or versus) nurse’s intuitive and emotional knowing amplified by her healing potential as a human being. Upon this layer of their argument (which is not entirely exclusive to these authors in that similar points have been raised by others), Purkis and Bjornsdottir examine a scenario from a field-study of home care nursing. A theoretical notion of *competing temporalities* drawn from the work of J. Parker, an Australian nurse who writes in the postmodern tradition, and insights from the social studies of science form a basis for the analysis of the scenario. The participants in the home care situation—the patient, nurse, physician, and healthcare system—are teased apart and shown as “embedded in diverse temporalities” (p. 253) that create challenges for “being in the same moment” for various actors. The ever-present ambiguities of practice are shown to emerge in a *particular spatiotemporal context* and can only be negotiated *there*. But what is most important, from the authors’ point, is an understanding of *context* and of what they call dual activation: ethical and effective nursing practice—intelligent practice—demands that the nurse be *activated* by different forms of knowledge and that she *activates*, or establishes, “a context for nursing care *through* knowledge”

⁶ The only American textbook including this article is the fifth edition of Reed and Shearer’s *Perspectives on Nursing Theory* (2009). Still, Purkis and Bjornsdottir’s (2006) paper along with a few other continentally-informed articles in this anthology are so thoroughly embedded in the dominant American “structure of nursing knowledge” with its specific concerns and prescriptions for how theory is developed, that I doubt the intelligibility of Purkis and Bjornsdottir’s *style and substance of theorizing*—accessible yet using an unfamiliar theoretical angle—among a wider American nursing community.

(p. 255; italics in original). “In cooperation with the patient options are explored and the rules within which they encounter one another are set” (p. 255). Purkis and Bjornsdottir offer an understanding of “the operations of knowledge in the practice of nursing” (p. 248), operations that happen outside “the modernist temporality directed towards the future” (J. Parker, 1997, quoted in Purkis & Bjornsdottir, 2006, p. 247).

Arguably, this analysis is a fine case of nursing theory, of philosophizing nursing practice, of enabling the nurse reader to see and think their familiar everyday realities and struggles from a different vantage point—a shift that might open spaces for nurses’ ethical, practical negotiations *in situ* without a promise of attaining transcendence or a heightened moral ground that some nursing theory valorizes. Yet, against the background of American nursing theorizing constructed within the disciplinary theoretical literature, Purkis and Bjornsdottir’s (2006) work—its style, methodological lens, and even the world of nursing practice, though painfully recognizable—is unintelligible as the domain of “proper nursing knowledge.” At best, it counts as an important addition to the *unique* knowledge of nurses, an optional supplement that can help an autonomous nurse to appreciate the “peripheral” context of practice.

It is not that continental philosophy does not figure in the American textbooks and journals. Indeed, “critical social theory” and “phenomenology/hermeneutics” have been embraced as “alternative paradigms” of nursing science. More recently, some American nursing science texts (Chinn & Kramer, 2004, 2011; Meleis, 2007, 2012; Polifroni & Welch, 1999; Reed & Shearer, 2009; Rodgers, 2005) expanded their domain to include postmodernism and post-structuralism. However, this process is selective and uneven. Commonly, continental ideas are characteristically transformed to fit the established intellectual matrices. In Chapter 4, I examine several anthologized and thus better-known American “postmodern” articles. My analysis in that

chapter aims to surface specific mechanisms through which the discourses of nursing science and nursing theory enable and constrain French-informed thought. Overall, in Chapters 4 and 5, I set out an argument that the current American *theoretical* nursing scene grants legitimacy to “nursing theory” rather than PM and PS nursing theorizing that remains largely invisible and as if unreadable within the prevailing intellectual matrixes.⁷

My educational experience as a nursing student in Canada is not representative of all Canadian nursing programs. Courses on nursing theory and nursing knowledge development are included in the curricula of many, but not all, nursing programs. I was taught by some prominent Canadian scholars who obtained their doctoral degrees in the US. They studied with influential nurse theorists and continued to shape the tradition in Canada. Although academic nursing in the UK and Australia is less swayed by North American nursing’s disciplinary developments, metatheoretical literature on nursing science and nursing theory has reached those locales. Some nurse academics from Australia and the UK passionately objected to the imposition of American-style nursing theory onto their respective educational fields (Drummond, 2013; C. Holmes, 1991; Lawler, 1991b) and practice settings (Mason & Chandley, 1990) or patiently analyzed the assumptions and implications of the new models and demonstrated their problematic features (Davina Allen, 1998; Cribb, Bignold, & Ball, 1994; Dingwall & Davina Allen, 2001; Latimer, 1995; May, 1990; Traynor, 1996). Other Australian and British nurse academics embraced various American theoretical formulations (e.g., selected authors in Gray &

⁷ Needless to say, overall, American nursing theory *and* nursing continental theorizing as *forms of scholarship* have been both outnumbered by less-explicitly theoretical types of research. The latter includes clinically, biomedically-focused research as well as various quantitative, qualitative, and mixed-method studies that do not undertake explicitly theoretically-, critically-grounded analyses. Parenthetically, the latter kind of research is also theoretical, albeit in a different way, according to insights from the social studies of science, communication and rhetoric studies, and contemporary philosophy of science—insights presented in nursing literature, for example, by Sandelowski (1993, 2008, 2011) and Risjord (2010).

Pratt, 1991; McKenna, 1997; McKenna & Slevin, 2011; Murphy & C. Smith, 2013). Over the decades, American nursing theory has expanded its sphere of influence. A unique disciplinary “structure of nursing knowledge” similar to Fawcett’s (2005) is even envied by one Irish nurse academic (McNamara, 2010) in the context of the recent transition of nurse preparation in Ireland to an educational setting. Generally however, the presence of nursing theory—and more importantly, of explicit philosophies of science driving the development of nursing theory and the associated understanding of “nursing knowledge”—is the strongest in the US and Canada.

In a sense, my writing arises from a uniquely Canadian crossroads; I am positioned between the influential body of American nursing science *and* (primarily) non-American postmodern and post-structural nursing theorizing. I have one foot in the American *Nursing Science Quarterly* and *Advances in Nursing Science*, the mighty advocates of nursing theory, while my other foot is in Foucault-dense nursing literature: the British *Journal of Advanced Nursing* (where Foucault was first cited) and the two now-Canadian journals, *Nursing Inquiry* (for several years the utmost forum for Foucauldian scholarship; originally Australian editorship) and *Nursing Philosophy* (open to diverse philosophical perspectives; originally British editorship).⁸

⁸ In my argument, this categorization of journals plays an important role. Geographically, one might attempt to categorize journals by the location of the publisher, editor, or preferred readership/authorship. As I explain in Appendix A, the first, publisher-based classification is nearly meaningless in a global market where publishers are multinational corporations. The second, editor-based approach is more promising although some journals have had their editors move the countries (e.g., *Nursing Inquiry* and *Nursing Philosophy*). Finally, the authorship-based grouping provides a more solid ground in the context of my dissertation. As Appendix A (Table 2) makes clear, among four nursing journals leading on the PM and PS nursing scene, it is possible to designate *Journal of Advanced Nursing*, *Nursing Inquiry*, and *Nursing Philosophy* as non-American journals and *Advances in Nursing Science* (as well as *Nursing Science Quarterly*) as American journals.

From this vantage point, both generous and conflicting, I seek to explore the question, Why has the wealth of nursing theoretical work informed by continental philosophy, specifically, postmodern and post-structural, not been recognized as a form of theorizing worthy of the designation, “nursing knowledge”? I aim to show how the enduring intellectual matrices historically formed in American (and quite commonly in non-American) nursing scholarly work organize and direct nurses’ understandings of what constitutes appropriate theory. These intellectual matrices, namely “nursing science”—and its product, “nursing theory”—are grounded upon a logical positivist conception of science.⁹ Only recently has the magnitude of logical positivist influence on key nursing theoretical ideas been fully and systematically analyzed (Risjord, 2010). In Chapter 3, I turn to Risjord’s critiques and summarize his pertinent points. An exposition of the logical positivist influences on nurses’ conception of theory leads to the following conclusion: understandings of theory and theorizing enabled within the discourse of American “nursing science” and “nursing theory” leave certain *continental* theoretical practices (approaches to theorizing, textual products, substantive concerns) outside the frame of intelligibility of “proper disciplinary knowledge.” Or, in other words, American nursing science/nursing theory discourses produce peculiar *matrices of (in)visibility*¹⁰ for those analyses informed by critical continental theory, in this case, by postmodern and post-structural French thought.

⁹ A logical positivist conception of science, as presented by Risjord (2010) and referred to as “logical empiricist conception” by Bluhm (2014) in her reiteration of Risjord’s main points, encompasses the following set of beliefs: a pyramid model of science comprised of hierarchical levels of theory from grand- to practice theory, based on their level of abstraction; theories-as-sentences (less-abstract propositions are derived from abstract laws by a process of logical deduction); a number of metaparadigm concepts guiding the development of a scientific field; science encompasses incommensurable paradigms; and scientific disciplines develop unique theories that do not communicate with “borrowed theories” from outside the discipline.

¹⁰ I explain this notion later in this chapter.

At issue here is not the inclusivity question that might compel us to advocate an addition of diverse forms of scholarship to the body of existing American nursing theory. That is, I neither suggest that “nursing theory” makes room for newer forms of theorizing, nor do I propose that continentally-inspired theorizing fit into the existing and discursively-dominant “nursing knowledge structure” of one or another ilk. On the contrary, I hope that my ideas can contribute to a re-visioning of the established “structure” itself: interrogation of the understandings that ground American “nursing science/theory,” including understandings about form, substance, and assumptions of nursing theory. This re-visioning is necessitated in light of questions raised by nursing’s encounter with contemporary critical social theory/philosophy, by critiques produced in nursing literature (e.g., Davina Allen, 2014; Drevdahl, 1999a, 1999b; Edwards, 2001; Kim & Kollak, 2006; Liaschenko, 1997; Nelson, 2003; Nelson & Gordon, 2004; Paley, 2002, 2006; Risjord, 2010; Thompson, David Allen, & Rodriguez-Fisher, 1992) but largely ignored, and most importantly, by the realities of clinical nursing practice as historical and social processes. This and other conclusions and implications are pursued in Chapter 8.

Methodological Considerations

While Chapter 2 is devoted entirely to establishing the field of my study—postmodern, post-structural, and Foucauldian nursing literature—below I provide additional methodological considerations.

This Research as Metatheoretical

This dissertation continues a relatively long tradition of nurses reflecting on their discipline and the profession—in other words, of nursing’s (meta)theoretical scholarship. This tradition goes back at least to the 1950s, when nursing academic publications proliferated in the US. Metatheoretical nursing work includes, for example, debates on the nature of scientific

disciplines and theory (e.g., Dickoff & James, 1968; Hardy, 1978; D. Johnson, 1959; Meleis, 1987; Mitchell & Cody, 1992; Peplau, 1969/1997; Silva & Rothbart, 1984/1997; Thorne et al., 1998; Wald & Leonard, 1964) and systematic syntheses and evaluation of those debates (e.g., Chinn & Kramer, 2004, 2011, 2015; Fawcett, 2005; Meleis, 1997, 2007, 2012; Parse, 1987; Risjord, 2010). As all those works do, I am theorizing about theory. I do not seek to examine any particular theory, be it any specific American nursing theory or Foucault's work. Rather, I seek to recast the existing theoretical nursing discourses in light of the following questions: How has postmodern and post-structural thought entered nursing scholarship and evolved over the last nearly three decades? What is the relationship between the prevailing disciplinary intellectual matrices and *(un)intelligibility* of continental thought in nursing, particularly in American nursing literature? What are the conditions that produce (in)visibility of continentally-influenced nursing scholarship, specifically that drawing on French theory? In other words, the process and the outcome of theorizing in the context of this dissertation means advancing a critical perspective on the nursing theoretical field.

To respond to the above questions, I am viewing nursing disciplinary literature from two vistas, historical and transdisciplinary. First, the historical vista: I am tracing not only the development of theoretical ideas in nursing (roughly chronologically) but also, to some extent, the conditions and effects of their emergence. This task, whenever possible, relies on and is built upon what I came to identify as landmark nursing texts. One such recent critical and well-informed source is *Nursing Knowledge: Science, Practice, and Philosophy* (Risjord, 2010)—a systematic examination of the last six-and-a-half decades of the American nursing scientific discourse against the backdrop of 20th century debates on the philosophy of science. My own examination of nursing's expressly *non-scientific* terrain inhabited by French theory would have

been much more difficult to accomplish without the clarity provided by Risjord's analysis. Revealingly too, no systematic work has been produced in nursing thus far that, as its main focus, surveys and summarizes continentally-influenced scholarship, its directions, and actors. One partial exception is a recent book *Philosophy of Nursing: 5 Questions* (Forss, Ceci, & Drummond, 2013) that features 24 nurse philosophers, some of whom work in the continental tradition. An excellent primer on major directions of nursing philosophical scholarship internationally (Petrovskaya, 2014a), the book neither explicitly focuses on French-inspired, critical scholarship nor embeds it into the divergent discourses of knowledge development in the discipline of nursing.

If the initial vistas shaping my work are historical, the latter ones are transdisciplinary. Coming in touch with continental philosophy included exposure to disciplines whose scholarship is informed by continental thought. The vital contact happened through the courses and symposia in the interdisciplinary program at the University of Victoria, called Cultural, Social, and Political Thought (CSPT). Such background was instrumental for a more nuanced understanding of nursing continental scholarship.

While a comprehensive treatment of continental nursing scholarship is not a goal for my present research (and I do not write a primer on postmodernism and post-structuralism), I anticipate that this dissertation may provide a preparatory work for such a project (e.g., an anthology of continental nursing scholarship). My goal then is two-fold: to articulate a perspective on nursing scholarship influenced by PM and PS, primarily Foucauldian, theory (i.e., to grapple with my research questions) and to make my audience aware of significant but often unrecognized nursing writings that not only inform my argument but allow us alternative appreciation of nursing disciplinary knowledge and of nursing practice.

I interchangeably refer to scholarship that I examine in my work as “postmodern and post-structural” (PM/PS), “French theory-inspired,” and “Foucauldian.” The basis for such usage will become clear in Chapter 2. Although French thinkers whose work these labels attempt to capture tended to dispute them, I am adopting a term *French theory*, invented in the American academy, to refer to the intellectual current brought from Europe to the US early in the second half of the 20th century (Cusset, 2008). The watershed moment happened in 1966 when a group of leading French theorists presented their work at Johns Hopkins University (Macksey & Donato, 1970). For better or for worse, this and consecutive exchanges between the French and American academy transformed the social sciences and the humanities in the US (Cusset, 2008) and elsewhere. Numerous theory textbooks in sociology, political science, English literature, literary criticism, education and other disciplines reflect those changes. Nurse authors from Australia, Canada, the UK, the US, Scandinavian countries, Brazil, and other places—too many to cite here but who are referenced throughout the chapters—also encountered French theory and brought the novel ideas to bear on nursing issues.

This Research as Philosophical¹¹

So far, I have described my dissertation research as an example of a metatheoretical work. The kind of analysis I undertake, however, has occasionally been categorized in nursing as philosophical (e.g., J. Johnson, 1991). In what sense is it philosophical? Most obviously, perhaps, my genre of an extended argumentative essay is characteristic of nursing philosophical scholarship. While the category of *essay* can be set up in opposition to the category of *research*

¹¹ Throughout the dissertation, no attempt is made to use the term *knowledge* in a rigorous sense accepted in the analytic philosophy—as a justified true belief. My “casual” use is in line with how the term is commonly used in the nursing literature I review. That is, this dissertation is not intended as a philosophical analysis in a vein of Stephen Edwards (2001) or June Kikuchi (Kikuchi & Simmons, 1992, 1993). However, this comment should not be read as positioning my analysis as unsystematic or inaccurate.

report based on an essay's supposedly essential properties—criticality, subversiveness, creativity (Gardner & Rolfe, 2013), I use the term *essay* pragmatically. Guides on the topic of academic writing (e.g., E. Henderson, 2008; Troyka & Hesse, 2012) distinguish the essay and the report as two *relatively* distinct *forms* of academic writing (E. Henderson, 2008, p. 79). Essay varieties include personal, journalistic, argumentative, and research. The purpose of writing and disciplinary conventions direct the writer's choice. In an argumentative essay, the author asserts and defends a claim, with the purpose of persuasion or reaching a compromise. My purpose lies in between: partly to critique a position, partly to draw attention, for instance, to the heterogeneous field of Foucauldian nursing scholarship.

Critical reading, attention to underlying assumptions, and analysis of ideas are common to nursing's philosophical genre (Bruce, Rietze, & Lim, 2014; Edwards, 2001; Forss et al., 2013; J. Johnson, 1991; Kikuchi & Simmons, 1992, 1993; Pesut & J. Johnson, 2008; Rodgers, 2005). This is especially so if one uses the method of textual analysis as opposed to observation or interviews that are usually associated with empirical research.¹² Moreover, parts of my argument explicitly draw on continental ideas such as Foucault's *episteme* and Judith Butler's *intelligibility*. Other sections illustrate continentally-informed works of selected nurse authors, focusing on promises and issues in those writings. In summary, various aspects of my research including its subject matter, methods, and genre may locate it on the diverse arena of philosophical nursing scholarship. Overall, however, situating my work in the broader metatheoretical and/or philosophical arenas seems more fruitful to me than finding an unambiguous label for it.

¹² Although the "philosophical vs. empirical" division is frequent in nursing literature, in the context of my dissertation it is difficult and unproductive to sustain such a division. For instance, the overwhelming majority of continentally-informed nursing scholarship is comprised by empirical studies, identified as qualitative or field research.

Discourse Analysis?

If a reader is leaning toward viewing this study as an example of empirical (text-based) investigation, perhaps she will find in it elements of the discourse-analytical approaches. Approaches to discourse analysis used within and outside our discipline are aptly summarized and critiqued by Michael Traynor (2003, 2006, 2013a). These informative sources are well composed, well referenced, and easily accessible, preempting a necessity to rehearse them here. Although early in my doctoral program I toyed with the idea of discourse analysis and especially its genealogical variety (Carabine, 2001; S. Taylor, 2001) as a potential methodological approach, the actual analytical work pertaining to this study felt more important than an identification of “a methodology” (e.g., as a “philosophy-theory-method” package) at the outset of the study. I have focused on iteratively observing (e.g., at the conferences), reading, and comparing nursing theoretical and Foucauldian “fields,” while concurrently being exposed to the applications of Foucault and other contemporary theory in the humanities and social sciences. Chapter 2 describes in detail how I assembled material for analysis—through searches of electronic databases and hand searches—aiming for a comprehensive set of American PM and PS nursing literature as well as for a selection of non-American (Australian, British, and Canadian) Foucault-informed writings, primarily by the key nurse scholars contributing to this field. The results of these searches are compiled in tables in appendices, as I explain in the next chapter.

How did I go about textual analysis? The analysis brought together diverse *nursing* literature: philosophical, both continental and philosophy of science; American nursing theory; social historical; and research methodological sources. I engaged in a close and systematic reading that attended to the historical context of writing (primarily the ideational context in the

discipline of nursing and the larger academy), discursive positions occupied by individual authors and whole journals, stylistic and narrative features, networks of textual production and circulation (i.e., citation patterns, links between authors, journal and textbook affiliations, and market longevity of nursing textbooks), and effects that the discourses of nursing science generated in American nursing literature and beyond—particular understandings of both critical social theory/philosophy and its nursing counterparts, as well as nurses’ practices of teaching and writing. My reading was also comparative and strove to bring together positions and counter-positions that might benefit from cross-exposure. Occasionally, I turned to theoretical and methods literature from the humanities and the social sciences to contextualize, clarify, or extend a point made in nursing literature.

I read for both *what* texts mean and *how* they mean it. The *what* assumes taking care to understand the author’s perspective (which always exceeds the author’s intent), while also acknowledging that the text is always recast in light of the question I am posing about/to it. The *how* means paying attention to rhetorical strategies, style, genre, and to the effect of persuasion. In addition, my attitude toward “knowledge” contained in the various sources I examined was coloured by the following insight:

Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. Each society has its regime of truth, its “general politics” of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true. (Foucault, 1977/1980a, p. 131)

This attitude invites treating all texts as particular practices of representation and as forms of discourse produced within the webs of power. According to another perspective, analytical procedures should be attuned to three levels of discourse: the micro-level with attention to

rhetorical devices and phrases; the level of dominant, marginal, silent, and competing discourses, their functions, and the speaker's positions within; and the level of social and historical context (Fairclough, 1992, cited in Wilson, 2001, p. 297).

What I find useful, rather than forcing any specific categorization of “the methodology,” is to identify specific theoretical notions that triggered my imagination, felt generative throughout the process, and provided optics through which to establish the field of study and view nursing literature: Foucault's notions of the episteme and the conditions of possibility and Butler's notion of intelligibility.¹³

Foucault's *episteme* and the *conditions of possibility*. In *The Order of Things*, Foucault (1966/1994) explained his intent to “reveal a *positive unconscious* of knowledge: a level that eludes the consciousness of the scientist and yet is part of scientific discourse” (p. xi; italics in original). Thus, the episteme is “the historical a priori that grounds knowledge and its discourses and thus represents the condition of their possibility within a particular epoch” (“Episteme,” Michel Foucault section, para. 1). About a decade later, Foucault (1977/1980b) summarized the notion of episteme thus:

The strategic apparatus which permits of separating out from among all the statements which are possible those that will be acceptable within . . . a field of scientificity, and which it is possible to say are true or false. The *episteme* is the ‘apparatus’ which makes possible the separation, not of the true from the false, but of what may from what may not be characterised as scientific. (p. 197)

¹³ When combining various philosophical ideas, one should take care to avoid “cherry-picking” one's examples or texts in a way that betrays the larger systems to which they belong. Foucault's ideas, for example, are only compatible so far with Butler's (or Derrida's, for that matter) before they conflict, so that combining them or using one to expand upon the other may not be coherent. I thank Dr. S. Ross, my committee member, for emphasizing this point. Indeed, this issue of “cherry-picking” is not uncommon in nursing literature. In my earlier publications (Petrovskaya, 2014b, 2014c), I have acknowledged the challenge for nurse scholars—who might not have relevant background—to work with philosophical and theoretical ideas from other disciplines.

An apparent change in this latter explanation of the *episteme* (Foucault, 1977/1980b) relates to Foucault's shift to the study of "apparatuses" (an apparatus of sexuality; Foucault, 1976/1978) and "disciplines" (penal system, schools, etc.; Foucault, 1975/1995) in his later work. The notion of apparatus allowed Foucault to pursue his interest in the operations of power (see also Foucault, 1971/1984) without, however, abandoning the *episteme*. That is, he extended his focus from the episteme, knowledge, and discursive formations to *apparatuses*, that is, relationships among heterogeneous elements, both discursive and non-discursive (p. 197). By the "non-discursive," Foucault (1977/1980b) meant "institutions," that is, any system of constraint in a society producing "learned behaviour" (p. 197). Responding to the question of whether the institution is itself discursive, Foucault admitted that his analyses do not rely on neatly distinguishing between the two but rather on accepting their interdependence (p. 198).

I suggest that the notion of episteme is particularly fruitful for helping us understand the profound and unrecognized influence that the "structure of nursing knowledge" and the (logical-positivist) conception of theory (e.g., described by Fawcett, 2005, but permeating the American theoretical field) have had on how continental theory is applied in the dominant American theoretical nursing literature. A specific understanding of theory that founds the American structure of disciplinary knowledge (mightily exposed by Risjord, 2010) and a specific understanding of the preferred content of nursing theory as focusing on humanism and holism (performing a strategic function for the discipline, as Nelson, 2000, argues) create the conditions of possibility for what kind of theorizing is accepted as "nursing knowledge."¹⁴

¹⁴I avoid drawing a direct parallel between Foucault's (1966/1994, 1969/1982) archaeological work and my project. For example, Foucault (1966/1994) conceived of the "systems of regularities that have a decisive role in the history of the sciences" (pp. xiii-xiv) on a scale of several sciences (biology, linguistics, and political economy), whereas my project is much more circumscribed.

Matrices of intelligibility. A dictionary defines *unintelligible* as impossible to understand (“Unintelligible,” Longman dictionary).¹⁵ In the humanities, over the last 25 years this notion acquired notable theoretical importance (Rodriguez, 2011) as a result of work by Judith Butler (1990). Butler, an American philosopher, feminist and queer theorist, is perhaps best known for her analyses of the social construction of gender. She argues that gendered bodies are understood, made intelligible, against a pervasive cultural background of meanings, a certain signifying system. In the West, “the heterosexual matrix” provides “a grid of cultural intelligibility through which bodies, genders, and desires are naturalized” (Butler, 1990, p. 151). Intelligibility implies access to the subject’s inherent nature.

With the publication of Risjord’s (2010) critique of the philosophical underpinnings of a science of nursing it became possible to appreciate the depth and spread of a logical positivist conception of science within the American theoretical field, which stakes a claim on the entire domain of *nursing* knowledge. This historically-formed and persistent understanding of “proper disciplinary theory” and “nursing knowledge” creates a matrix within which theoretical/theory-informed scholarship is cast as intelligible or otherwise. The most rigorous iteration of this matrix requires that scholarship proved its *nursingness* through assimilating into the “distinctive body of extant nursing knowledge.” My use of parentheses, *(un)intelligible*, signals a double function of this matrix: legitimizing and assimilating those forms of theorizing that adhere to the formal and rhetorical conventions of this matrix, while keeping invisible and as if unreadable other forms of theoretical scholarship.¹⁶

¹⁵The online Merriam-Webster dictionary, recommended by the APA, does not have this word. (A search conducted on July 31, 2016).

¹⁶ Occasionally, philosopher of science T. Kuhn used the phrase “disciplinary matrix” to refer to a constellation of “strong commitment by the relevant scientific community to their shared theoretical beliefs, values, instruments and techniques, and even metaphysics,” an explanation

Analytical Trials and Tribulations

As I progressed through my analysis, I revised some of my initial hunches that did not withstand the test of a close engagement with a wide range of nursing literature. These hunches were my preliminary ideas about the ways continental philosophy has been employed by nurses—the ideas partly based on an exposure to some continentally-informed *empirical* nursing work and partly arising from a perception, common in philosophy circles (e.g., Sherratt, 2006), of *analytic* philosophy being unfriendly toward its continental cousin. These ideas gave rise to two lines of thinking, as described below.

Foucauldian scholarship: Essay versus empirical research report? One of my misconceptions was that continentally-based nursing theorizing *necessarily* loses something of its original beauty, power, and intent when used in the context of *empirical* research studies. Understandably, I have been enamored with the style and prose of original philosophical sources and their appropriation within the humanities, especially literary studies. I shared the humanities' irreverence toward the research-report conventions that produce methodolatry. Ostensibly, it is in the nature of the essay to be creative, critical, and to resist conventions—the qualities that the social-scientific research paper supposedly lacks (Gardner & Rolfe, 2013). However, this image

synonymous with his chief notion of paradigm (Bird, 2013, “The Development of Science,” para. 4). While at a glance this description corresponds to my use of the term *matrix* as a metaphor for American nursing science/nursing theory, I suggest that Foucault's notion of episteme holds a stronger analytical potential for my work. (Besides, the notion of paradigm is a loaded one in both nursing theory and qualitative research.) A similarity between Foucault's episteme and Kuhn's paradigm has been noted by some commentators (“Episteme,” Michel Foucault section, para. 4). However, these commentators discerned differences between episteme and paradigm. For example, paradigm-shifts are the result of conscious decisions, whereas episteme often operates as the “epistemological unconscious” or a “positive unconscious of knowledge” (Foucault, 1966/1994, p. xi). Whereas Kuhn posits the dominance of one paradigm within normal science, Foucault searches for possibilities of opposing discourses within a science. I do not claim a relation to or the influence of Kuhn's writings. To recap, a phrase I use, “intellectual matrices of (un)intelligibility,” is a nod to Foucault's conception of the episteme (and relatedly, his *conditions of possibility*) and Butler's notions, *matrix* and *intelligibility*.

of “essay” as free to roam, to experiment wildly, is deceptive; it obscures the arduous intellectual effort behind the literary style of the essay (e.g., Adorno, 1958/1984; Lopate, 2013; Lukacs, 1974). I am still very much, perhaps even more than before, drawn to the continentally-informed theoretical and philosophical discussion papers, essays, polemics, op-ed pieces and book reviews (that exciting “marginalia”), and innovative forms, but I recognize that these genres *in and of themselves* neither yield closeness to continental philosophy nor are more effective in undermining “conventions.” In other words, the quality of continentally-informed nursing scholarship does not inherently depend on the mode of investigation (textual analysis or an observational study) and presentation style (essay or a social-scientific research report). The effect of this change of mind is that I am paying close attention to all kinds of genres that draw on continental philosophy.

Analytic philosophy contra continental philosophy? The other preliminary idea that did not hold was that the lines of *division* in nursing theoretical and philosophical scholarship—in favour of or against continental philosophy, especially its PM and PS streams—would clearly follow the split between the analytic, British-American philosophy and continental philosophy (Critchley, 2001; Sherratt, 2006). The two particularly heated debates and rejoinders in nursing literature certainly fuel this impression: One is Paley’s (2005a) scathing treatment of the Derrida-inspired “deconstruction” of evidence-based nursing (EBN) by Freshwater and Rolfe (2004). The other is Porter and O’Halloran’s (2009, 2010) reaction to D. Holmes and co-authors’ (Holmes, Gastaldo, & Perron, 2007; Holmes, Murray, Perron, & Rail, 2006; Holmes, Perron, & O’Byrne, 2006; Murray, Holmes, Perron, & Rail, 2007) “postmodernist” polemic against, again, the discourse of EBN—a polemic that grew into the “war on postmodernism” in the hands of Porter

and his co-author. Coincidentally or not, Paley does in fact practice analytic philosophy in the UK, while Porter is a sociologist (formerly a nurse) working in Ireland.

True, some authors' preferences for parsimony and empirical content lead them to discount speculative and poetic writings. A closer look, however, reveals that, on the one hand, these authors educated in the tradition of analytic philosophy or sociology do not direct their outrage against nursing continental writings *per se*, but usually against the tendency by continental *and* other nurse scholars to win arguments by attacking the straw-figure of science/evidence. On the other hand, writers sympathetic to *analytic* philosophy have favourably cited some continental philosophers, for example: Derrida on *meaning* (Paley, 2000a), Heidegger on *being-in-the-world* (Paley, 1998), Foucault on his archeological approach to the study of knowledge (Paley, 2001), and Foucault on *polemic* (Kikuchi, 2008). So rather than supporting the analytic/continental rift in nursing (as a systematic issue), my search identified other structuring ideas in the foundation of nursing discipline (i.e., what I call the intellectual matrices) that have had consequences for a reception of continental philosophical ideas. Most clearly, these structuring lines effected a difference between the American *and* British (and other non-American) nursing intellectual landscapes.

A Commentary about the Structure of the Dissertation

This dissertation can be usefully viewed as an extended essay. Although the arguments I am making appear wide ranging, plenty of signposting throughout and summaries at the beginning and end of each chapter are designed to reinforce the argumentative through-line. American nursing literature claiming PM and PS influences is limited and it is thus possible to provide a nearly exhaustive overview of this body of work (in the chapters and appendices). Because the focus of American nurses who mentioned PM and PS ideas in their writings ranged

from science and philosophy to nursing theory and to research methodology, as reflected in two key theoretical journals, numerous articles, and several textbooks, I scan this wide and diverse terrain in Chapters 4 and 5 devoted to the US literature and then continue in a comparative vein (non-US vs. US) in Chapters 6 and 7. Such a survey by necessity is wide-ranging but reined in nevertheless.

As I acknowledge in Chapter 2 and further explain in the introduction to Chapter 6, the non-American PM and PS nursing scholarship is voluminous as compared with its American counterpart. Having acknowledged this volume, I focus on a few authors selected for their pioneering writings in the 1990s, for their close attention to nursing practice, and for their reference to *American nursing theory*. (That is, unlike several other non-US nurse researchers who produced high quality PM and PS work but did not relate this work to the US discourse of “disciplinary knowledge development,” two selected non-US authors showcased in Chapters 6 were explicitly critical of the disciplinary theoretical developments in the US while positioning nursing practice at the centre of their attention. Their arguments then are particularly important in the context of my discussion, helping to sustain the contrast between American and non-American Foucauldian writings and to question assumptions of American holistic nursing theory.) Several other non-American nurse authors writing in PM and PS vein are cited throughout the dissertation, strategically placed as a counterpoint to American ideas.

A Commentary about a Disciplinary Perspective to which this Dissertation Contributes

Theory-informed nursing research outside the US seems to be at ease cross-communicating with, being enriched by, and even enriching, other disciplinary traditions. In the UK, for instance, examples of such work are collected in a volume by Latimer (2003) that I bring to the reader’s attention in Chapter 7.

In stark contrast, the term *theory* in the US has evolved in the second half of the 20th century to denote a specific field in its own right—the field of unique American nursing theory and metatheoretical writings staking a claim to “disciplinary knowledge development.” The scholars in this field, most prominently Fawcett sought to do exactly the opposite (in contrast to the British model of theoretical and disciplinary cross-fertilization mentioned above). They aimed to separate “nursing theory and research development” into the hierarchical pyramid-like structure unifying all properly nursing scholarship that explicitly *excludes* non-nursing theory. If, in my university library, we walk through the rows of nursing texts, hundreds of textbooks published from the 1960s to the present are the books of American nursing theory and metatheoretical volumes. Although these texts themselves are used only in selected nursing education programs, the sets of ideas about theoretical nursing scholarship—levels of theory, paradigms, caution toward borrowed theory, and inattention to nursing *practice* positioned outside the proper domain of nursing as a *basic science*—promulgated in these texts have a wide purchase across the US and Canada. The phrase *nursing knowledge* has been applied equally narrowly by the authors of these books—and by some North American nurses since the 1970s—to exclusively designate this body of writings.

From my perspective, a particularly urgent concern is the neglected or socially-naïve and romantic status of nursing practice in the field of metatheoretical thinking in the US and Canada. It is not surprising that at the conferences nurse educators from Canada, for example, often share their difficulties with teaching American nursing theory in light of a necessity to reconcile certain prominent ideas (e.g., about the idealized nature of the nurse–patient encounter, caring, and holism) with the realities of nursing practice.

I acknowledge that it might be extremely hard for a nurse scholar from outside the North American discourse of “nursing knowledge development” to appreciate the influence of these discourses of “unique nursing science and theory.” Perhaps like for Michel Foucault (1966/1994), who heartily laughed at a bizarre classification of animals in a “certain Chinese encyclopedia” (p. xv), for nurse scholars far removed from the North American theoretical nursing field, the latter’s structures and classifications seem bizarre, laughable, and easily dismissed. Not so at a geographical locale where I practice nursing in an academic milieu. Yet, I hope that, like Foucault, who started wondering on what ground such a classification of animals was devised (or what “assumptions” led to ordering knowledge in this particular way), we can accept as legitimate a similar question about the “bizarre” categorizations of knowledge and applications of selected continental ideas in American nursing metatheory.

Considering that this American nursing metatheoretical field has sealed itself off from other disciplines, and even from nursing itself, I find it more strategically advantageous to try troubling this field not by taking a theoretical position outside it, but making a perhaps less perceptible move, a smaller maneuver—working from within *nursing theoretical* thinking—and to compare its American and non-American counterparts. My intent is an intervention into the North American nursing metatheoretical field, which is a discursive disciplinary domain in its own right. By taking a view not from nowhere but precisely aligning myself with a view/views of some prominent non-American nurse scholars working with PM and PS ideas, I contrast American and non-American nursing literature. The views of these non-American nurse authors reflect an *absence* of this daunting legacy of American nursing theory and, in my argument, serve as a foil to American PM/PS work. However, this negative space, the freedom of non-

American PM and PS field from the American nursing theoretical legacy, I suggest, might work to hinder the recognition of the urgency of the question I seek to address.

This work of troubling the notion of “unique” nursing knowledge in the *American metatheoretical nursing field* started by Risjord (2010), needs to be furthered. Risjord only focused on “nursing science,” leaving aside those American metatheoretical writings that annex continental philosophy (including PM and PS) and social theory into the field of “unique” nursing scholarship. (As my discussion in chapters 4 and 5 shows, this American move to assimilate PM and PS ideas into the already established nursing metatheory results in a misrepresentation of continental philosophy and effectively renders those philosophical ideas powerless to challenge the status quo.) My research arises from and addresses this field of American metatheoretical nursing writings, specifically its stratum claiming the influence of PM and PS theory. My goal in doing this work is to show *how* these continental philosophies have been seamlessly merged into established ideas; in a way, being “borrowed,” they nevertheless were put in the service of the very body of scholarship promoting unique nursing theory.

That my study will take a comparative turn was not known to me at the outset. I wanted to explore the field of PM and PS, primarily Foucauldian, nursing scholarship, perhaps illuminating some good examples and critiquing misinterpretations. But there was something I could not ignore: a highly idiosyncratic and often bizarre representation of postmodernism and Foucault’s ideas in some of the most influential American nursing articles—and the pervasive and *regular* nature of these (mis)representations. Rather than assuming that this difference is obvious, transparent to nurses reading American theoretical journals or to nurse-“Foucauldians,” I made it my task to surface this difference, analyze it via bibliometric excavation and close reading, and to show streams of established disciplinary ideas and writing practices that lead to

invisibility and unintelligibility of social theory and contemporary continental philosophy in the American nursing metatheoretical field. Thus, my interest has been primarily on the *how* (see research questions in Chapter 1, in “This Research as Metatheoretical”). *How* has contemporary continental PM and PS theory entered nursing literature? That is, via what arguments, positions and counter-positions—in the disciplinary (meta)theoretical literature—did American nurse academics deploy PM and PS theory? To what pre-existing bodies of ideas has this French theory been attached by those nurse academics and to what effect?

In the context of these questions, Risjord’s criticism of unique American nursing science provided me with the strongest (and the only available book-length systematic analysis) response as to *why*—at the level of a textual, rhetorical nursing theoretical field in North America—I have persistently encountered certain regularities in nurses’ thinking about *theories*.

Undoubtedly, underlying these textual and rhetorical practices are historical contingencies of nursing development as a profession and a discipline. As I alluded on page 4 (i.e., “professionalization project”), from a perspective of the sociology of professions (for various angles see Davies, 1995; Strauss, 1966; Witz, 1992), the American nursing theory movement exemplifies a professionalization strategy helping to stake claims to nursing’s unique role in a society, to police the boundaries of the “field” through educational and registration requirements, and to acquire privileges for the members of this profession. Relatedly, the discourses of the “art and science” of nursing can be productively understood as historically competing ideologies of domesticity and professionalism aptly analyzed by nurse historians (Melosh, 1982; Reverby, 1987). Following my discussion of Sioban Nelson’s (2000) argument in *The Care of the Sick* in Chapter 6, I suggest that holistic nursing theory serves the pedagogical purposes of grooming an appropriate professional—a particular ethical persona—exemplifying

the Foucauldian notion of “technology of the subject.” In turn, social historical literature on the politics of nursing knowledge (Dingwall, Rafferty, & Webster, 1988; Rafferty, 1996) reveals a profoundly contingent, opportunistic history of professionalizing nursing, a history riddled with conflict and contradiction.¹⁷ Precisely *because* I find this literature cited in this paragraph so relevant, interesting, and important for nurses (students, academics) in North America, I revolted against those theoretical practices established on *my side* of the Atlantic that perpetuate certain invisibility and unintelligibility of these sociological and historical analyses (analyses that presume the sociality of nursing practice and thus recognize the relevance of social, political, and cultural theory to make sense of nursing practice).

Two brief examples will press my point further. Florence Nightingale, who was ambivalent toward nursing professionalization (Nelson, 2010) and the role of “theory” in nurse training (Vicinus & Nergaard, 1990), is designated within the American nursing canon as “the first nurse theorist” dealing with “environment as one of the four nursing metaparadigm concepts” (Pfetscher, 2006). Next, the “practice turn” in the social sciences (e.g., Latour, Knorr-Cetina) that—outside the US—informed nursing analyses of materiality and social construction of nursing practice, has taken an American nurse theorist Pamela Reed in a completely different direction, to reaffirm nursing human science grand theory (as I discuss in Chapter 4).

Importantly too, I cannot just walk away from these “unique structures” due to the fact that they are still taught in the nursing programs and form a discursive background for many discussions in North American academic nursing literature. It might come as a surprise to some that an influential Canadian nurse academic Sally Thorne, the editor of *Nursing Inquiry*, is a strong proponent of “nursing’s unique core knowledge” in the form of the American theoretical

¹⁷ In Chapter 8, I outline these intellectual directions as important venues for taking forward my present project.

conceptualizations (Thorne, 2013, 2014) while criticizing some nurses' dismissal of this body of ideas and their preferences for "borrowed" theory (Thorne, 2014; personal communication at a workshop and nursing research conference at UVic, March 2016). Another Canadian nurse academic in his recent publication (Garrett, 2016) exploits the theme of American nursing theory, attributing certain "irrational and mystical nursing theory" to the influences of PM and PS theory. This erroneous conflation of selected nursing theory with "postmodernism and post-structuralism" allows Garrett to dismiss *all* these theories and to perpetuate a glib treatment of French theory. In a sense, in this dissertation, I tried to work out a position from which to engage in a counter-argument with scholars like Thorne and Garrett.

To sum up, the notions of the structure of nursing knowledge, paradigms, patterns of knowing, and "borrowed" theory appeared to me as urgent matters in any attempt to make intelligible those alternative robust theoretical perspectives (illustrated in the dissertation with non-American examples as well as with "the enclave" scholarship) not fitting these ideas. In my dissertation, I have opened up the field of American metatheoretical nursing writings to show how intellectual currents within that field produced specific applications of French theory, applications vastly different, in quantity and quality, from those found in non-American nursing writings.

Chapter Summary

In summary, this chapter sets the stage for the exploration of nursing postmodern and post-structural scholarship that unfolds over the next seven chapters. My approach—an extended argument with elements of metatheoretical, philosophical, and discourse-analytical approaches—attempts sensitivity to the historical, textual, and cross-disciplinary contexts. The chapter began with an observation of my situatedness at what I depicted as the Canadian nursing theoretical

crossroads: being exposed to both American nursing theory and non-American continentally-informed, critical theorizing. This situation is generative, but it is also contradictory when considering the claim that American nursing science/theory *encompasses* the knowledge in our discipline. This claim arises from a conception of nursing science based on unrecognized and lasting influences of a logical positivist philosophy of science. In the leading American theoretical nursing literature, this dominant intellectual frame creates a double effect—incorporating certain versions of a “postmodern” scholarship while rendering other readings of French theory nearly unintelligible and as if unworthy of the designation “nursing knowledge.” Outside American nursing science, however, especially in the UK and Australia, and more recently in Canada and internationally, continental nursing scholarship has taken markedly different forms (e.g., methodological, stylistic) and addressed a wider range of issues, including significant critiques of the assumptions of the American nursing theory itself.

Chapter 2

Establishing the Field of Study:

Postmodern, Post-Structural, and Foucauldian Nursing Scholarship

In this chapter, I set the stage for further discussion by explaining my use of terminology, contextualizing postmodern (PM) and post-structural (PS) nursing scholarship, and describing my strategies for assembling the material for the study. This will help the reader to apprehend the contours of the PM, PS, and Foucauldian nursing field that represents the site for my research.

I begin by identifying the most noticeable continental philosophical influences on Anglophone nursing scholarship. After briefly addressing phenomenology and German critical theory, I arrive at PM and PS theory—the focus of my thesis. I discuss what I call “classification troubles.” By this phrase, I mean that carving up nursing intellectual community and literature according to the seemingly commonsense (and useful in some instances) labels, such as “philosophy,” “theory,” “qualitative research,” “nursing” theory and “borrowed” theory, or even “postmodernism” as clearly separated from “post-structuralism,” is counterproductive to an effort to understand the scope of PM/PS/Foucauldian nursing scholarship. Specifically, when nursing scholarship informed by the writings of French intellectual Michel Foucault is categorized in any one of these ways (e.g., in nursing curricula), this conception limits the visibility of PS writings and their potential to critically engage some foundational nursing discourses.

I then comment on the affinity of nursing scholarship to continental philosophical ideas that lend themselves to humanist and moralistic representations of nursing practice. For example, Habermas’s normative ideas about communicative action capable of reducing power imbalances among participants in a conversation and Levinas’s “ethic of the other” have been readily enlisted in nursing literature to support a holistic, caring and person-centred account of the

nurse–patient interaction. In contrast, PS ideas stemming from the stance of theoretical anti-humanism (e.g., de-centering the subject; turning attention from the subjects of the patient and the nurse to discourses structuring their subjectivities; and considering a capillary operation of power) complicate accepted accounts of nursing as a benevolent caring intention. Because of the pervasive humanistic influences in nursing theory, both continental PS work and its rigorous applications in nursing run the risk of being misunderstood or dismissed in our discipline.

The above-mentioned “classification troubles”—when the object of my study is neither confined to strictly philosophical nursing literature nor often clearly labeled as post-structural—necessitate a broad scope for my analysis of nursing literature. The search strategies I employ bring into view the contours of a sizable PM and PS nursing field, where Foucault is cited most frequently. On this first approximation, I note a remarkable difference in nursing scholarship informed by Foucault’s ideas—the difference between American and non-American (in this case, British, Australian, and Canadian) literature.

To recap this introduction, in this chapter I convey my initial observations of the PM and PS nursing field. I talk about how I compiled the literature—my empirical material—for the study. Having compiled it, in this chapter I offer a general overview of that literature, giving readers a beginning sense of the PM and PS nursing field. Most significantly, this chapter signals that it is possible to make distinctions among American and non-American PM/PS nursing writings. In later chapters, I delve into particular components of the larger body of literature to make the basis of these distinctions more evident.

Continental Philosophy in Nursing: A Brief Overview

Continental philosophy is a broad intellectual tradition originating in continental Europe (e.g., Critchley, 2001; Sherrat, 2006; West, 2010). Standard introductions to continental

philosophy bring up its two main features. They contrast continental philosophy with analytic or Anglo-American philosophy (although some authors disagree about the usefulness of maintaining this contrast) and classify the most important directions of continental thought. These directions, in a roughly chronological order of appearance and arising as sets of responses to the ideas of earlier philosophers, most commonly include phenomenology, existentialism, critical theory, structuralism, postmodernism, and post-structuralism (e.g., Critchley, 1999, p. 13).

Continental philosophy, in particular when contrasted with analytic philosophy, can be usefully understood as “rooted in the historical, textual and theoretical modes of analysis” (Sherratt, 2006, p. 10). Rather than revolving around universal concepts that are ahistorical, continental philosophy is attentive to historical context. Continental styles of analysis are sensitive to linguistic tropes and expression. Further, continental philosophy values its beginnings in Greek, Roman, and Christian traditions, keeping this canon in play (Sherratt, 2006) even when undoing its foundations. Moreover, continental philosophical tradition has distinct intellectual concerns. For example, continental philosophy of social science perceives its object of inquiry, society, as “meaningful, often linguistic and historical” (Sherratt, 2006, p. 11). Where does meaning reside? How is meaning created and transmitted? “How is society historical?” (Sherratt, 2006, p. 12)—are some of the central questions for continental philosophers.

Nursing literature reflects nurses’ interest in the work of several continental philosophers. In the 1960s, nurse authors started to suggest that existentialist philosophy was relevant to nursing practice (Riemen, 1986, p. 87). Writings from the 1970s drew on phenomenological themes, such as existential intersubjective relating (Paterson & Zderad, 1976) and existential

advocacy (Gadow, 1980). However, it was in the early 1980s that a kind of phenomenology most familiar to nurse researchers today—conceived of as a *research methodology*—was born.

From the 1980s, writings of German philosophers E. Husserl, M. Heidegger, and H. G. Gadamer and of a French phenomenologist M. Merleau-Ponty were increasingly transformed into a qualitative research methodology, nursing phenomenology, and its varieties (e.g., Benner, 1985; Koch, 1995; Munhall & Oiler, 1986; Oiler, 1982; Omery, 1983; Parse, Coyne, & M. J. Smith, 1985). Phenomenology, as it was transformed into a nursing qualitative methodology, aimed to reveal subjective human experiences by means of lengthy, unstructured interviews. This approach gained a wide appeal among many nurse researchers. The importance of understanding patients' lived experiences and the meanings patients attribute to their illnesses has arisen over the 20th century as nursing's unique goal, presented as transcending the narrow focus of biomedicine. Nursing phenomenological studies helpfully tap into how patients experience and understand their illnesses. More controversial, however, have been nurse phenomenologists' claims to adhere to continental philosophical phenomenology (see criticisms by Paley, 1997, 1998, 2000a, 2005b; Petrovskaya, 2014b, 2014c) and the early attempts by some authors (e.g., Munhall, 1982) to impose a "phenomenological paradigm" as nursing's exclusive approach to inquiry over the methods of "traditional science."

Around the mid-1980s, Frankfurt critical theory, primarily the works of its late philosopher J. Habermas, generated an interest among American (e.g., David Allen, 1985, 1987; Allen, Benner, & Diekelmann, 1986; Hiraki, 1992; Ray, 1992; Thompson, 1985, 1987), Australian (e.g., C. Holmes & Warelow, 1997; Street, 1992), and Scandinavian (Holter, 1988)

nurse scholars.¹⁸ Habermas's ideas injected a fresh critical perspective into nursing science, as the following examples show. David Allen (1985) proposed critical-theoretical scholarship as a valuable form of nursing science complementing already established empirical-analytic and phenomenological-hermeneutic varieties of nursing science. Thompson (1987) connected nurses' recent interest in critical scholarship (Habermasian and feminist) to the growing contradictions in contemporary social and historical contexts, contradictions noticeable in the everyday working lives of many people: a close proximity of different ethnic groups and social classes, the corporate health care industry, and "white middle-class privilege" (p. 30). Thompson advocated for a critique of domination in nursing, that is, of "institutionalized power relations" (p. 27) anchored in gender, race, and class. She invited nurse scholars to bring these discussions into the classrooms.

With the crucial assumption that language mediates social reality, Hiraki (1992) critiqued selected introductory nursing textbooks that depicted nursing practice in a limiting way: as a standardized, technical, and "scientific problem-solving approach" called nursing process (p. 1). She argued that nursing textbooks emphasized the instrumental rationality of nursing coupled with nurses' altruistic values. The textbooks, in Hiraki's analysis, contributed to significant problems: marginalization of the life-world of patients, denial of patients' agency, a lack of attention to practical issues related to communication between nurses and patients (such as conflict of values), and a decontextualized depiction of practice that proscribed critique of institutional relations such as hospital policies.

¹⁸ Over the last three decades many nurse scholars have found useful the work of various critical philosophers—those representing the early and late Frankfurt school as well as P. Freire. Here I only refer to some of the influential, pioneering nursing publications.

In a non-American context, a nurse and sociologist from Ireland, Porter (1994), has reaffirmed the rational, value-based, emancipatory potential of Habermasian ideas for nursing practice by opposing them to what he described as relativism and an inadequate concept of power espoused by postmodern theory (Porter, 1996, 1997).

Considered against the background of a widespread acceptance by nurse scholars (particularly in North America) of the late Frankfurt School of thought, the problematization of Habermas's ideas is rare in nursing literature. Nelson (2000, p. x) and Nelson and Purkis (2004) argue that Habermas's theory of communicative action problematically underpins reflective practice designed by professional regulatory bodies in the UK and Canada as a mandatory mechanism to ensure nurses' continuing competence. These authors point out two problematic shifts disguised by the rhetoric of mandatory reflection: One is a shift of responsibility for nurses' ongoing skill-development from the industry to individual providers. The other is a shift in focus from nurses' clinical performance to their ability to narratively account for their actions and thoughts: "Canadian nursing regulatory authorities have chosen to view competence as the rehearsal of ethical attributes consonant with the professional role, as opposed to the enactment of skilled conduct" (Nelson & Purkis, 2004, p. 247). These authors question the extent to which a reflection can be used as a proxy for nurses' competence.

So far, I have been discussing how in the 1980s and early 1990s nurse scholars began to work with continental philosophical traditions of phenomenology and critical theory. Now, I will turn to more recent continental philosophical traditions, postmodernism and post-structuralism. Because nursing *applications* of postmodernism and post-structuralism is the object of my dissertation, here I will only sketch some of the key ideas commonly associated with these philosophical movements. Selected nursing literature presents credible—although dispersed—

expositions of aspects of PM and PS theories and Foucault's and other philosophers' concepts (e.g., Aranda, 2006, pp. 136–137; Ceci, 2003; Cheek & Porter, 1997; Drummond, 2000 [on Nietzsche], 2001 [on Lyotard], 2002 [on Deleuze]; Fahy, 1997, pp. 27–28; A. Henderson, 1994; Porter, 1998; Springer, 2012; Thompson, 2007; Traynor, 2013a).¹⁹ Thus, the following synopsis is designed merely as a glimpse into some of the key concepts and topics that can be usefully drawn upon in nursing (and that in fact did guide many nursing analyses).

As an intellectual movement, post-structuralism originated in the post-WWII France. Some of the most important theorists are M. Foucault, J. Derrida, G. Deleuze, and J.-F. Lyotard. Notable French feminist post-structuralists are J. Kristeva, H. Cixous, and L. Irigaray. Post-structuralism influenced several academic fields across the world, most notably literary, social, and political theory. Post-structuralism was a reaction against F. de Saussure's linguistics and C. Levi-Strauss's anthropology, the two influential *structuralist* theories that grounded understandings of language and culture on invariant structures. Post-structuralism is characterized by a stance of theoretical anti-humanism—a de-centering of the human subject. In contrast to the transcendental phenomenological subject, the human subject in PS theory is viewed not as the author of her “experiences” but as the product of discourses (i.e., not as an originator of discourses but as their effect). Thus, post-structuralism posits the primacy of language in the construction of human reality. Discourses systematically create the objects of which they speak. However, discourses are not separate from material realities; they include institutional practices and produce material effects. According to Foucault, discourses operate

¹⁹ A peculiar characteristic of some nursing writings that claim to draw on continental philosophy—in this case, PM and PS theory—is a disconnect between often good expositions of philosophical precepts and subsequent analyses that contradict these precepts. (For this reason, I opted to indicate specific page numbers for some articles.) I have written about this issue in relation to phenomenological nursing research (Petrovskaya, 2014b).

within the power/knowledge nexus: Power is understood as regimes of truth coextensive with the kinds of knowledges that it makes possible. Foucault conceptualizes power as capillary, existing conterminously with resistances, and productive (of desires, objects). This view contrasts with the earlier and highly prevalent conceptions of power: power as contaminating the otherwise “power-free” genuine relationships or knowledge; power as held and wielded in a society by a few “powerful” ones at the top of the social hierarchy; and power as suppressing and saying “no.”

Postmodernism is characterized by a suspicion toward the metanarratives of progress based on Reason; of the autonomous, free, and rational individual; and of the grand emancipatory projects promising freedom from oppression. In other words, postmodernism rejects the assumptions of modernism—humanism and a progressive view of history. Postmodernism posits a challenge to the essences (e.g., essential identities) and signals the emergence of the politics of difference. It invites the deconstruction of binary thinking. Postmodernism celebrates the “death of the Author” and the turn to intertextuality, or recognition that authorial intent (the psychology of the individual writer) cannot fix the meaning of the text, which always “cites” other texts and is thus open to multiple interpretations. Clearly, theoretical anti-humanism and incredulity toward the metanarratives of progress and emancipation—the key PM and PS ideas—hold the potential to unravel many of nursing’s conceptions. Throughout the dissertation I examine how this did or did not happen.

A useful starting place to establish the contours of a postmodern (PM) and post-structural (PS) nursing field is to appreciate the circuits of its production and circulation. When did the first references to these philosophical movements and its central theorists appear in nursing literature? What are the key scholarly groups and individual nurse authors applying PM and PS theory?

What kinds of scholarly writing fall within the categories of PM and PS work? Of the French theorists, who is cited most? How does PM and PS scholarship fit within the larger continentally-informed nursing field? I start addressing these questions below and continue throughout the chapters.

In nursing, the first citations of the work of a French philosopher and social theorist Michel Foucault appeared in the late 1980s, two of them in the British *Journal of Advanced Nursing*.²⁰ In the earliest article citing Foucault, Lees, Richman, Salauroo, and Warden (1987) unmask the quality assurance (QA) programs introduced across health care settings in the UK as motivated by the considerations of systems efficiency and the attempts to safeguard professional interests. The authors argue that the demand for standardization inherent in QA promotes a “nursing gaze” (e.g., the breaking down of patients’ issues and lives into small components) analogous to a medical gaze critiqued by Foucault. Another British nurse author, Chapman (1988), utilized Foucault’s notions of power and discipline to analyze the enactment of the nursing professional therapeutic discourse in ward reports. In 1989, in the American journal *Advances in Nursing Science*, Dzurec turned to Foucault’s conception of power/knowledge to pursue a different aim—to reconcile the American nursing academic debates about the legitimacy of a phenomenological paradigm versus traditional, “positivist” paradigm in nursing science. Subsequently, from the early 1990s onward, on both sides of the Atlantic and in Australia, nurse scholars have increasingly embraced French PM and PS thought. Intriguingly, this interest manifested in quantitatively- and qualitatively-asymmetric ways between American and non-American nursing literature. My study surfaces and probes into this asymmetry.

²⁰ To reiterate a point I made earlier, *Journal of Advanced Nursing* is designated as a British journal based on its continuous tradition of a British editorship and on its high record of publishing PM and PS articles written by British authors.

Classification Troubles: Postmodern vs. Post-Structural . . . Philosophy vs. Theory

Referring to continental philosophy of the latter half of the 20th century, I use the terms *philosophy* and *theory* interchangeably. This usage reflects labeling vagaries characteristic of 20th-century continental thought. First, some thinkers like Hannah Arendt steadfastly rejected identification as a philosopher (Stack Altoids, 2013). Others, like Foucault or Derrida, are said to express ambivalence about categories of structuralism versus post-structuralism, or indeed, any categories. Second, the multidisciplinary educational backgrounds of the prominent figures of the French intellectual scene (e.g., history and social science for Foucault, literary criticism for Barthes) confound classification efforts. Finally, an interdisciplinary existence—perhaps a forced exile—of continental theory to the departments of literary criticism, political science, sociology, or cultural studies, specifically, in North America (Cusset, 2008), further complicates the drawing of a clear division between philosophy and theory.

Noteworthy, nursing literature informed by PM and PS writings does not attempt to pin them down as either philosophy or theory; indeed, such attempts would contradict postmodernism's emphasis on blurring boundaries and inverting hierarchies. However, although American metatheoretical and methodological nursing literature displays a range of uses of the terms *philosophy* and *theory* (e.g., Sandelowski, 1993), influential classifications of nursing knowledge have imposed preferred and lasting connotations to these notions. For example, Fawcett's (2005) "structure of nursing knowledge" rigidly defines and distinguishes between philosophy, conceptual models, and theory. Moreover, as my next chapter explains, within this structure, "nursing theory" is valorized while the status of "borrowed theory" (i.e., theories from other disciplines) is precarious. I argue in this dissertation that the American disciplinary matrix

of “unique nursing knowledge” (more accurately, its variations) produce selective visibility and intelligibility for nursing scholarship informed by PM and PS theory.

Similarly, it is unproductive to try to separate relevant nursing scholarship into either postmodernist or post-structuralist camps. A quick survey of nursing journals publishing continentally-informed work reveals that this distinction is rarely drawn by the authors, and when it is, this step does not imply some principled distinction, but is rather a matter of echoing the sources one uses. Commonly, bibliographies in nursing articles and books are composed of multiple sources that a reader conversant with contemporary cultural and social theory can identify as originating from sociology, anthropology, literary criticism, or philosophy, and exemplifying PM and PS theory alongside other kinds of critical theory. Within the same publications, we encounter references to Foucault’s work alongside work of the following social scientists, philosophers, and theorists: Goffman (Davis & Davina Allen, 2007; Martin Johnson & Webb, 1995); Kristeva (Rudge, 1998); Haraway (Rudge, 1999); J. Butler (Crowe, 2000); Latour (Purkis, 2001); and Derrida, Barthes, Lyotard, and Rorty (Rolfe, 2000; Stevenson & Beech, 2001).

In some respect, blurred boundaries between the two “isms” seem acceptable not only to nurses but to scholars in the humanities. For example, short introductions to postmodernism (C. Butler, 2002) and post-structuralism (Belsey, 2002)—with their otherwise specific contents—both address Althusser’s notion of ideology, Barthes’s “death of the Author,” Derrida’s deconstruction, Foucault’s discourse, Lyotard’s grand narratives, and Saussure’s linguistics. Moreover, these two books refer to Freud, Marx, and Levi-Strauss, as well as the notions of text, power, and truth. The overlap between the two movements is evident, and rather than attempting to fully separate them, the authors in nursing and other disciplines focus on what is most

important: How postmodernism and post-structuralism depart from and challenge ideas and practices—both intellectual and material practices—that preceded them in the West. In other words, the attention is on how these “post”(s) opened up new understandings and different practices in spheres of human life as diverse and interconnected as politics, culture, arts, literature, theory, ethics, science, education, and health.

Although humanities literature that focuses on continental philosophy usually differentiates between PM and PS theory, these distinctions rarely enter nursing literature. Nurses commonly draw on a mix of “postmodern” writers, Foucault being chief among those. For this reason, I use the terms *postmodern theory* and *post-structural theory* (PM and PS; or PM/PS) nearly interchangeably throughout the dissertation, unless the subject under discussion demands a clear separation.

A general trend in the US was to refer to theory exported from France from the late 1960s onward as “French theory” (Cusset, 2008). If the type of “blurring” invoked above accompanies a sympathetic reception of PM and PS ideas, there is also a rather unsympathetic view that impatiently labels “all these ideas” as “postmodernist jargon.” In the hands of detractors of French theory, the word “postmodernism” became an all-encompassing and derogatory name. In nursing, we hear echoes of this annoyance with the “postmodernist hoax” in articles by Clarke (1996) and Glazer (2001).²¹

One further caveat about identifying and categorizing PM and PS nursing work relates to a common and often correct assumption that this body of publications exemplifies nursing

²¹ Two other articles, Francis (2000) and Kermode and Brown (1996), while also critical of postmodernism and its relevance to nursing, are more nuanced and offer interesting ideas to consider. For example, Kermode and Brown draw on selected authors in the humanities like Fredric Jameson who rejected postmodernism as the cultural logic of late capitalism, inadequate to grapple with the real political and economic oppressions of a capitalist society.

philosophical scholarship. Emanating from a broad continental tradition, these philosophical movements indeed do find themselves at home in journals like *Nursing Philosophy* or *Nursing Ethics* and among the scholarly groups like the International Philosophy of Nursing Society (IPONS). But this grouping based on *philosophy* kinship will offer us only a limited view onto PM and PS theorizing in our discipline. Studying the membership of IPONS, for example, we quickly learn that only a few nurse members, who self-identified as nurse-philosophers, have explicitly positioned their work in the continental stream (most notably, John Drummond and Gary Rolfe); some other IPONS members have been trained as philosophers in the analytic tradition (e.g., Stephen Edwards; John Paley, and Mark Risjord). But the latter authors, too, find selective continental ideas useful. In other words, French-inspired philosophical scholarship in nursing is not limited to members of philosophical groups.

In fact, a vast majority of nurse authors writing in a PM or PS vein do not self-identify as *nurse-philosophers*. Notably, some of the influential continentally-informed authors in nursing have a background in the social sciences and humanities: David Allen in theatre history and philosophical phenomenology; Joanna Latimer and Sam Porter in sociology; Carl May in economics; Sioban Nelson in history; Judith Parker in psychoanalysis; Trudy Rudge in anthropology; and Michael Traynor in literary studies/English literature.

These authors often forgo typical descriptors like “nursing philosophy” or “qualitative research,” but their continentally-based analyses or critiques do not suffer from this ostensible lack of classification. Further, another small group of Foucauldian nurse scholars, called *In Sickness and In Health*, has spearheaded and continues to organize conferences, which are emphatically interdisciplinary, engaging scholars from nursing, allied health disciplines, the humanities and the social sciences. In nursing, unsurprisingly, we often witness productive

dialogue and collaboration among continentally-based philosophizing and selected sociological approaches (e.g., D. Smith's institutional ethnography, H. Garfinkel's ethnomethodology, and B. Latour's actor-network theory). To recap, in the above discussion, I aimed to complicate accepted positioning of nursing PM and PS theorizing as either "nursing philosophy" or "qualitative research" by pointing out many directions in which this theorizing has entered our discipline and evolved.

French Theory and Nursing: Uncomfortable Bedfellows?²²

At a glance, in our discipline, humanistic and normative strands of continental philosophy enjoy wider recognition and easier acceptance than the anti-humanist, "relativistic" PM and PS theory as well as other continental analyses not easily transformable into a moral rulebook. Ethical propositions of French phenomenologist Levinas (see Nortvedt, 1998, 2001, 2003, as one particularly able supporter) and a communicative rationality outlined by Habermas (e.g., Hiraki, 1992; Holter, 1988; Mill, Allen, & Morrow, 2001; Porter, 1994; Ray, 1992; Sarvimaki, 1988; Sumner, 2001) have never met any doubt or resistance on ethical grounds.²³ In contrast, "postmodernism" and Foucault's work generated a marked reaction against their moral ambiguity (Francis, 2000; Kermode & Brown, 1996; Porter, 1996, 1997) and suggestions to remedy their perceived shortcomings (e.g., Falk Rafael, 1997; Reed, 1995; Watson, 1995). These attitudes amount to a censorship of "borrowed" ideas to ensure their "fit" with nursing's values. Such a preference for a particular kind of theory/philosophy can be traced historically in the American nursing theoretical discourse, as the following section demonstrates.

²² The phrase "uncomfortable bedfellows" is borrowed from Francis (2000).

²³ One exception is Edwards's (2014) scepticism about the necessity of an additional layer of reality, "moral realism," as proposed by Nortvedt.

Early Use of the Term *Philosophy* in American Nursing Science

As early as in 1948 and then in 1952, in the *Nursing Research* journal, authors expressed concerns over rapidly shifting nurses' roles (Risjord, 2010, p. 13). Nurse leaders worried about the clinical nurses' gradual move away from direct patient care to managerial roles and an increasing interference with care by burgeoning technologies. Nurses found particularly troubling that these changes were prompted by social factors beyond nurses' reflective and intentional action (Risjord, 2010, p. 14). Academic leaders envisioned the following solution to this situation: The nursing discipline would formulate a philosophy of nursing that clarifies what nursing practice should be and expresses its essential values. A question *What is nursing?* has become, from the 1960s, an ideological disciplinary anchorage; *the* question for the discipline. In the words of Risjord (2010), the "call for a philosophy of nursing was thus a call to define nursing, to find its heart, and thereby defend a nurse's proper role" (p. 13). Thus, the question *What is nursing?* presupposed a philosophical—not an empirical—answer.

Concerns about the erosion of nursing clinical practice resonate as acutely today as they did six decades ago. Perhaps this historical example reflects a fundamental continuity in the conception of the relation between the nursing discipline and practice, and helps us understand the role of "a philosophy/theory of nursing" in mediating this relationship. Nursing practice, today more than in the past, follows the logic of a capitalist market economy whose interests are removed from an ideal altruistic vision of nursing. This is the context for a certain sense of anxiety or urgency that accompanies the disciplinary call to return to "the foundational question," *What is nursing?*, and to write "new nursing philosophies/nursing theories," that is, to firmly stake a claim about what nursing practice should look like and to counter the problematic realities of practice. Such a conception of a nursing philosophy—as an aspirational statement, an

ideal vision, and a values manifesto—has been shaping the attitudes toward continental philosophy/theory in nursing discourse.

Influential American theoretical nursing literature (Chinn, 1997; Mitchell & Cody, 1992; Watson, 2005, pp. xiii, 3) tends to conceive of a theory/philosophy (of and for nursing) as depicting “what should be” rather than “what is,” “ideal” rather than “real.” This preference for futuristic and hope-imbued theory explains, partially at least, an unrecognized attitude towards philosophies/theories that enter nursing from other disciplines. As long as a “borrowed” theory lends itself to extracting morals from it, it is accepted and assimilated. Think of widely popular (but often simplified) notions of “phenomenology” and “critical social theory” that have been adopted as philosophy statement in some nursing departments. The curricular translations of this philosophy draw student attention to patients’ lived experiences and client empowerment and emancipation. Student nurses are enticed to judiciously use power that their position confers and to “share” it with their patients. Those nurse authors who go further and specify their appeal to critical theory, often cite Habermas. This late Frankfurt critical theory enjoys a good reputation in nursing; its normative character likely explains its popularity.

The difficulty with other strands of continental theory, on the other hand, is that it is neither normative nor prescriptive. Often, it unpacks “what is” without reassuring the reader about a preferred future. Although continental thought is clearly value laden, its values, rather than being humanistic (human-centred; positing human consciousness as the originator of language and meaning), often advocate theoretical anti-humanism. In analyses of nursing practices, the latter stance invites unpacking nurses’ actions and words rather than accepting them at face value. In most illustrative cases, continental theorists doubt human altruistic motives (Nietzsche), the extent of the subject’s agency (Foucault), one’s ability to account for one’s self

(J. Butler), and the fruitfulness of emancipatory action (Lacan). I have witnessed the strain with which nursing audiences encounter a Nietzsche-based critique of the holistic, caring, phenomenological nursing philosophy—the nursing ideology which one critic (Paley, 2002) brusquely compares to *resentiment* of slaves revolting against higher values of nobles. Embracing post-structural thought, we deal with a paradox: Continental theory, being critical, propels us to think, yet the outcome of thinking is “dangerous,” not predetermined. Critical theory (in a broad sense) defies drawing moralistic conclusions.

Thinking, “infected” by continental ideas, may well unravel nurses’ cherished ideologies. Such was the explosive effect of nurses’ discovery of Foucault: Nurses, far from being downtrodden as the literature often portrays them, are in fact powerful agents of the state carrying out its biopolitical agenda (D. Holmes & Gastaldo, 2002). The pursuit of post-structural questioning can lead us into the heart of present-day nursing foundations: In light of post-Enlightenment critiques of reason and the autonomous subject, what is the fate of the nursing conception of the autonomous nurse and patient? (Drevdahl, 1999a; see also Ceci, 2012). Or, what are the implications of Foucault’s and J. Butler’s problematization of subjectivity and account-ability for nurses’ mandatory practice of producing self-reflective narratives as a learning and professional development tool? (Nelson & McGillion, 2004; Nelson & Purkis, 2004). If seriously considered, these questions invite a revision of many core nursing ideals/ideas, especially the pervasive humanistic assumptions of American nursing theory (Mulholland, 1995; Nelson, 1995; Traynor, 2009a).

For some critics, “postmodern” French philosophy outrageously lacks explicit moral, altruistic command and smacks of being an “uncomfortable bedfellow” for nursing (Francis, 2000). Reservations in nursing literature toward French theory can be placed in the context of

this unease. Further, conceiving philosophy (of and for nursing) as an ideal(ized) vision or as a moral compass cannot accommodate anti-humanist and materialist philosophies that confound human agency by positing the co-constituting role of power, discourse, the subconscious, historical contingency, or economic conditions in/on nursing practice. Clearly, the analytic relevance of French theory for understanding aspects of nursing practice can be recognized more fully when a narrow conception of a “proper disciplinary theory/philosophy” is challenged.

Foucauldian Nursing Scholarship in Nursing

This section continues to define the contours of a postmodern (PM) and post-structural (PS) nursing field by addressing the following questions. What journals have been publishing this scholarship and how does the field look, statistically, over the years? What books were written on the subject? What are the key scholarly organizations and individuals promoting this field? In the remaining sections of this chapter I focus on the first question, whereas the two other questions will be picked up in chapters on American and non-American PM/PS nursing scholarship. The first, bibliometric question, will be addressed in the following ways: first, I discuss the bibliometric method; second, in the Appendix A I present bibliometric findings based on the *Web of Science* database; and third, in this chapter I present findings based on the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database, using the keywords *post-structuralism* and *Foucault*, respectively, in two separate (but clearly overlapping) searches. Considered together, these three sets of findings present a handy overview of the broad field of PM and PS nursing scholarship over nearly three decades, from 1987 (when Foucault was first cited in a nursing journal) to 2015.

Bibliometric Method

The method for assembling literature for my study and for making preliminary observations about this body of literature (i.e., nursing scholarship claiming PM and PS influences) involves a numerical description of the subsets of nursing articles and thus may be viewed as a bibliometric analysis.

Bibliometrics: A Brief History

Bibliometrics are commonly defined as “a quantitative analysis of the literature published within a specific field” (Currie & Chipps, 2015, p. 1608). Historically, the first approaches of this kind to published scientific work occurred in the first decades of the 20th century (e.g., Lotka’s law and Bradford’s law described by Andres, 2009), but contemporary commentators typically acknowledge the pioneering role of three figures: Alan Pritchard, Derek J. de Solla Price, and Eugene Garfield. Pritchard (1969), who worked in Britain and the US, offered the term *bibliometrics* to capture “the application of mathematics and statistical methods to books and other media of communication” (p. 349)—a definition widely used today. In turn, Price, a British-born physicist, historian of science, and information scientist who in his later life worked in the US, is known for his theory of the exponential growth of science (Andres, 2009, p. 6; “Derek J. de Solla Price,” Wikipedia, September 2016). Garfield, an American linguist and a businessmen (“Eugene Garfield,” Wikipedia, September 2016), is credited as one of the founders of bibliometrics and scientometrics—“a powerful field within the study of science” (Andres, 2009, p. 3). In the 1950s, Garfield developed the first multidisciplinary *Science Citation Index (SCI)*, a tool to track citations across scientific disciplines and facilitate the dissemination and retrieval of scientific literature (D. R. Smith & Hazelton, 2008, pp. 260–261). The early printed edition of *SCI* was later replaced by a CD-ROM format, and two other indices were added, for the social sciences (*SSCI*) and humanities. A Web-adaptation of these indices led to the

development of the *Web of Science* (WoS). Presently, *SCI*, *SSCI*, and *WoS* all belong to the *Institute for Scientific Information (ISI) Web of Knowledge* of Thomson Reuters (Andres, 2009, p. 56).

To illustrate the multi-faceted character of bibliometrics, I adapt Glanzel's (2003, as cited in Andres, 2009, p. 4) sub-division of bibliometrics into three areas of application: (1) methodology research (bibliometricians who develop and improve infometric techniques and indicators); (2) academic disciplines (scholars who undertake bibliometric studies to describe an area of study); and (3) science policy (policymakers who assess academic productivity and distribute funding). Implicit in this picture are other actors like corporate owners of databases, most notably, Thomson Reuters (Gläser & Laudel, 2007) as well as information technology specialists who develop proprietary or free software (e.g., as discussed in Alfonzo, Sakraida, & Hastings-Tolsma, 2014) used by academics, policymakers, and others.

A growing literature on the topic of bibliometrics focuses on selected areas of application (listed above) and presents metrics and indices used to describe and measure scientific output. Some of these metrics (e.g., citation count, journal impact factor, and h-index) are widely known in academia today in the context of the management of productivity—the processes of tenure and promotion, institutional ranking, and research dollar allocation (area of application (3)). But these indices are also used in bibliometric mapping studies²⁴ to identify top papers, authors, and journals in a scientific field (area of application (2)). Thus, although my focus in this discussion is on the use of bibliometrics for mapping an epistemological field, that is, for describing—

²⁴ Some authors (e.g., Alfonzo et al., 2014) use the phrase *bibliometric mapping* narrowly to refer to a visual display (visual mapping) of the results of a bibliometric analysis. Others use this phrase more broadly, meaning a quantitative description of a field of research (of a body of scientific literature).

mathematically and statistically—a body of academic literature, I inevitably touch upon the topic of evaluation and measurement of individual and institutional academic performance.

Bibliometric Studies: Steps, Components, Tools, Indices

The first step of a bibliometric study is a bibliographic search, typically conducted within an electronic database. Important characteristics influencing the choice of a specific database include coverage (i.e., the extent to which the database includes journals in a particular field) and consistency and accuracy of data. Multidisciplinary databases considered best for the purpose of bibliometric analyses are the *ISI Web of Science (WoS)*, *Scopus*, and *Google Scholar*, although each has its limitations (Andres, 2009, pp. 10, 142–146). In fact, inaccuracy of data (e.g., inconsistent reporting of authors' affiliations in articles, author homonyms, errors on article reference lists) even in these superior databases is a point of contention among bibliometricians (Andres, 2009, pp. 122–123; Gläser & Laudel, 2007, pp. 105–108). In addition to these considerations, the quality of bibliographic searches depends on a thoughtful selection of keywords, inclusion and exclusion criteria, and appropriate filters, as well as on manual checks of retrieved documents, and so on. For this reason, published bibliometric studies often include a librarian among researchers/co-authors (e.g., Alfonzo et al., 2014).

Typically, after a bibliographic record is compiled and appropriately formatted, it is transferred into a software program for analysis. Selected electronic databases such as *WoS* already incorporate tools to explore some bibliometric indices and visualize them. Commonly, however, separate software, either proprietary or free, is used for more extended bibliometric analyses (Alfonzo et al., 2014; Ding, Rousseau, & Wolfram, 2014).

A bibliometric analysis might generate one or more of the following (Andres, 2009; Ding et al., 2014; D. R. Smith & Hazelton, 2008):

- descriptive analyses: temporal evolution of the area of research (the frequency of studies over time), the number of articles by particular authors, the core authors, the number of articles by institutions and countries, geographic trends, the number of articles on a particular topic, the distribution of articles across journals, the core journals, the types of methods reported, the disciplinary source of references within papers
- indicators of author productivity: citation count, h-index, g-index, co-citation analysis

The terms *citation* and *reference* are sometimes used interchangeably, but in the context of bibliometrics they are distinct terms: “A reference is made within a citing document and represents an acknowledgement of another study. A citation represents the acknowledgement received by the cited document” (Andres, 2009, p. 55). Citation-measures range from a simple count of the number of citations received by an author, article, or a journal during a given period of time (Andres, 2009, p. 56) to more sophisticated indices. Most notably, the h-index was proposed by Hirsch in 2005 to “quantify the cumulative impact and relevance of individual’s scientific output” (Andres, 2009, p. 61)²⁵. Co-citation analysis is used to identify clusters of authors with publications in common. This technique is based on an assumption that when two authors are cited in the same document, there is proximity between these two cited publications in terms of content (Andres, 2009, p. 75).

- indicators of journal productivity: impact factor

The journal impact factor was proposed by Garfield and his colleague, Irving Sher, as a means of ranking journals by citation count, rather than by the number of publications (D. R. Smith &

²⁵ Both h- and g-indices are based on citation analysis. “A scientist has index h if h of his or her N papers have at least h citations each and the other $(N - h)$ papers have $\leq h$ citations each” (Andres, 2009, p. 61). The h-index is insensitive to a presence of uncited or highly cited papers and is thus considered a robust index. However, another measure, g-index, has been developed to also reflect highly cited papers (Andres, 2009, p. 68).

Hazelton, 2008, pp. 260–261). The journal impact factor is annually calculated in the Journal Citation Reports (JCR; a product of the *SCD*) for the journals indexed in the *ISI WoS* (Andres, 2009, p. 85; D. R. Smith & Hazelton, 2008).²⁶

- indices and maps of scientific collaborations: collaboration index, co-authorship index, research networks
- co-word patterns and other products of text mining (Ding et al., 2014)

New software for text mining and for creating spectacular 3D displays of research networks are marketed as “reveal[ing] hidden relationships or patterns within large datasets [and as] . . . valuable tools for the assessment of scholarly impact” (Ding et al., 2014, p. vi).

In summary, bibliometric analyses of a field of study (i.e., a body of literature) show the organization and structure of the field by describing and visualizing temporal and geographical trends, research networks, indices of individual and journal productivity, and text patterns. Such mapping has a potential to improve access to information and provide directions for future research by suggesting “uncharted territories” (my words). Depending on the goal of the investigator undertaking bibliometric analyses, this technique can be used to present a purely statistical summary of a set of publications or to take a further step, for example, assess quality and content of these publications. (I have taken the latter approach in my dissertation.)

Limitations and Criticisms of Bibliometrics

²⁶ The journal impact factor is “obtained by dividing the number of citations received by the journal in the current year to items published in the previous two years by the number of [citable] documents published during the previous two years” (Andres, 2009, p. 85). D. R. Smith and Hazelton (2008) write that the selection criteria set by Thomson Scientific for what is considered “citable” articles (e.g., original research vs. opinion item) “represent a bone of contention for many journal editors, given that including or excluding certain categories of article can dramatically affect a journal’s score” (pp. 260–261).

Shortfalls of bibliometrics and steps to overcome these shortfalls are specific to the areas of application of bibliometrics described above. Based on my review of bibliometric literature, it is possible to discuss “technical” issues and issues related to the politics of performance measurement, although ultimately these areas are interdependent. Moreover, both kinds of issues are relevant in the context of bibliometric mapping studies.

Citation count forms the basis for both h-index and other metrics of scientific output of individual authors, on the one hand, and journal impact factor as a measure of journals’ performance (the latter also bearing on individual authors’ standing), on the other hand. Thus, the comprehensiveness and accuracy of data in the databases available for citation tracking is an important issue. Bibliometricians identify challenges related to the poor reporting of institutional affiliations and countries in the articles, which muddles the accuracy of this information. Next, authors with identical names present challenges for accurate retrieval (Lariviere & Macaluso, 2014). Further, author self-citation has been of concern in relation to a potential inflation of citation count. Solutions to these issues are sought by the database companies (e.g., the *ISI Web of Knowledge*) and infometricians aiming for a higher precision in indexing, categorizing, and retrieving these data (Andres, 2009; Gläser & Laudel, 2007; Lariviere & Macaluso, 2014).

Conversion of textual data into a co-occurrence network of terms results in a loss of information, most notably, the loss of context in which the term was used (van Eck & Waltman, 2014).

Journal impact factor too has limitations. Andres (2009) asserts that impact factor, better suited for bench sciences, does not recognize differences between research fields and thus disadvantages non-sciences (p. 125). D. R. Smith and Hazelton (2008) echo this observation in

relation to nursing when they write that top-ranked journals rarely publish articles considered important in nursing, for instance, those focused on nursing education (p. 261).

Databases differ in their journal coverage, that is, in the selection of journals they index. Presently, *WoS*, *Scopus*, and *Google Scholar* are considered more comprehensive databases for scientific publications. Journals indexed in *WoS* have impact factor. However, according to D. R. Smith and Hazelton (2008), relatively few nursing journals actually have impact factors. Indeed, a team of researchers from Canada remarked that *WoS* includes only a limited number of nursing journals related to their area of interest (knowledge utilization)—which puts nursing at a disadvantage in terms of a visibility and impact on the interdisciplinary and international arena (Scott et al., 2010). Thus, researchers aiming for such an effect are advised to publish in high-impact journals (and avoid journals not indexed in the *ISI WoS* and thus not assigned impact factor).

So far, I have been discussing limitations and criticisms of bibliometrics that I named “technical”—those calling for improvement of databases and the enhanced validity of metrics. Another kind of criticism, prominently voiced in nursing publications, relates to the politics of performance measurement in contemporary science and the academy. A major controversy here is the use of bibliometric indices (high citation counts, high h-index, publications in journals with high impact factors) as a proxy for the quality, impact, and influence of one’s work.

These performance-measurement practices and discourses emerged in the political and economic milieu of neoliberal policies, governments’ management of science (Gläser & Laudel, 2007), and the evidence-based movement. Scholars’ tenure and promotion, universities’ ranking, and research fund allocations are increasingly linked with researchers’ and institutions’ output evaluated in terms of metrics. Nurse authors are rightly critical of what some call an obsession

with performance metrics (Hamilton et al., 2014; see also D. R. Smith & Hazelton, 2011).

Commonly, users are advised against using citation analysis as a single indicator for judging the importance of a publication (Andres, 2009, p. 5).

In turn, professional bibliometricians are equally critical of such application of indices. They are scornful about the “amateur bibliometrics” (Gläser & Laudel, 2007, pp. 116–117) used in evaluation research in particular by policymakers, science managers, and academics. An (erroneous) assumption that these indices can stand for “quality” relies on dropping all nuances related to appropriate interpretation of these indices (Gläser & Laudel, 2007, p. 104). These authors are mostly alarmed about the lowering of the methodological standards of bibliometrics in general.

Clearly, both kinds of challenges, technical and political, play out in the context of bibliometric studies seeking to map a specific field of research. For example, name homonyms and author self-citations invite caution in interpreting results. Identification of “top papers” and “top researchers” based on citation count as a sole criterion for evaluation is prone to conflating top status with the quality and influence of the work.

A final constellation of criticisms rarely surfaced in nursing and other literature on the topic of bibliometric utility relates to the unacknowledged role of social-psychological factors such as motivation to cite some work but not other work (MacRoberts & MacRoberts, 2010) and of the social aspects of knowledge production. For example, nurse authors Hamilton et al. (2014) draw attention to the social relations at the heart of knowledge production and call to make visible “social processes of authority, credibility, and prestige” inherent in knowledge development (p. 395).

Application of Bibliometrics in Nursing Research

Perhaps one of the earliest nursing studies that used bibliometric analysis—a dissertation completed at the University of Texas at Austin in the 1990s (D’Auria, 1992)—explored maternal- and child-health nursing research publications. In the new millennium, bibliometrics have been applied to map nursing literature in the areas of knowledge utilization (Estabrooks, Winther, & Derksen, 2004; Scott et al., 2010), military nursing (Currie & Chipps, 2015), genomic nursing research (Williams, Tripp-Reimer, Daack-Hirsch, & DeBerg, 2016), as well as pediatric nursing (M. Taylor, 2006). Other nurses have explored what kinds of publications (e.g., medical articles, nursing research, or gray sources) were cited more frequently in selected maternal/child nursing journals (Oermann, Blair, Kowalewski, Wilmes, & Nordstrom, 2007). Hack, Crooks, Plohman, and Kepron (2010) identified most cited Canadian nurse academics. D. R. Smith and Hazelton (2008), in their overview article, provided a few other examples of citation-based research in nursing.

Traynor, Rafferty, and Lewison (2001) conducted a bibliometric analysis of nursing research papers indexed in a specific UK database of biomedical research. The authors distinguished two broad kinds of nursing publications—those focused on nursing as a profession and those concerned with the nursing of patients. Traynor and colleagues (2001) explained the emergence of the former emphasis by shifts in nursing education and nurses’ interest in constructing their professional self-identity. Further, Traynor (2011) argued that professionalization and related efforts to increase the standing of nursing underpin the growth of nursing research in general and a current turn to bibliometrics to assess the impact of nursing research in particular—both are practices resembling biomedical research activities. In a climate of dwindling research dollar and government’s threats to stop funding the humanities, new disciplines strive for a designation of “science” (Traynor, 2011).

In addition to those individual authors and research teams from the US, Canada, the UK, and Australia whose work is mentioned above, bibliometrics has informed a number of articles published in English language (and indexed in CINAHL) by Spanish, Chinese, and Eastern European nurses.

Bibliometric research is still a new analytic approach for nurses. Those eager to develop bibliometric awareness in nurse scholars raise the rhetorical question, “Can we afford to ignore it [bibliometrics] any longer?” (D. R. Smith & Hazelton, 2011) and discuss various advantages of and approaches to bibliometric analysis of nursing literature (Alfonzo et al., 2014; Hamilton et al., 2014).

The Use of Bibliometrics for my Present Research

In my dissertation, I focus on nursing scholarship informed by PM and PS ideas, by which I mean articles in nursing journals, book chapters, and nursing textbooks that mention the terms *Foucault*, *postmodernism*, and/or *post-structuralism* anywhere in the text. (Later in this chapter I justify my choice of Foucault as a key French theorist cited by nurses.) I turned to bibliometric analysis as an initial step to appreciate the extent of nursing PM/PS literature, identify trends within this academic field, and shed light on my two experiential observations: (a) about a narrow conception of “theory” in American theoretical nursing literature—a conception unreceptive to a theoretical discourse I encountered at the nursing (continental) philosophy conferences; and (b) about the paucity of American representation on the international scholarly nursing groups interested in PM/PS work (refer to Chapter 1 for details).

In this chapter, I present a CINAHL-based bibliometric description of articles published in nursing journals prior to and including 2015. An additional bibliometric analysis was

undertaken in September 2016 using the *WoS* database and an online analytic service. The results of the latter analysis, presented in Appendix A, corroborate earlier findings presented here.

A decision to supplement a CINAHL-based bibliometrics by using the *Web of Science* stems from the perspective that *WoS* is the hallmark database for bibliometric studies (Andres, 2009; Scott et al., 2010). As I explain in Appendix A, both *WoS* and CINAHL have advantages and disadvantages in the context of my research.

The advantages of *WoS* are

- High relevance of the articles due to targeted low retrieval
- Bibliographic record convenient for a meaningful graphic representation
- Bibliographic record convertible into formats required for bibliometric software (specifically, a conversion into Tab-delimited [Win] format is not supported by CINAHL but available in *WoS*).

The advantages of CINAHL are

- High retrieval due to a possibility of searching in all text including reference list (a downside is that there may be up to 60% of irrelevant items and a labour-intensive process of cleaning the dataset)
- A more comprehensive bibliographic record inclusive of editorials, dialogue items, and book reviews.

However, my interest in nursing scholarship that claims PM and PS influences (in articles *and* textbooks) necessitated a much wider search than that currently enabled by electronic databases: I manually searched books and webpages of individual scholars, in particular to achieve a record of American PM/PS nursing writings that is as comprehensive as possible.

I would like to emphasize that bibliometrics suggested some patterns in the literature. However, the most important was the process of analysis through close reading. The latter in itself was a process wherein I made connections, had insights, and generated a larger analytic narrative. My approach then is a generative process rather than a technical one. The result of such descriptive/interpretive/analytic/generative close reading and the insights that emerged in the process constitute my dissertation essay.

CINAHL Search One: *Post-Structuralism* in Nursing Journals

I searched for articles published in nursing journals, in English, which mention post-structuralism when discussing any topic.²⁷ A search of the CINAHL database combining the keywords *nursing* and *post-structuralism* resulted in 739 articles. A further review of these results excluded publications in non-nursing journals and those not related to post-structuralism (i.e., where this term appears only in the title of referenced sources). There were 295 relevant papers, published in nursing journals from 1989 (when the term post-structuralism was first used in nursing literature) to July 2015: 70 in *Journal of Advanced Nursing (JAN)*; 96 in *Nursing Inquiry (NI)*; 33 in *Nursing Philosophy (NP)*; 20 in *Advances in Nursing Science (ANS)*; 11 in *Nurse Researcher (NR)*; 12 in *Journal of Psychiatric and Mental Health Nursing (JPMHN)*; 7 in *Journal of Clinical Nursing (JCN)*; 4 in *Nursing Ethics (NE)*; and a smaller number in several other journals. Table 4 in Appendix B presents a distribution of these articles by journal and year.

²⁷ The CINAHL database was searched with the following keywords: ‘nurs*’ all text AND ‘poststructural*’ all text OR ‘post-structural*’ all text NOT “author index” all text NOT “keyword index” all text NOT “contents” all text NOT “social work” publication exact NOT “mortality” publication exact NOT “health values” publication name. The search was limited to journals in English from 1989 to July 2015.

A glimpse into pertinent journal information will help to map the textual circulation of PM/PS nursing scholarship. According to this search, the term *post-structuralism* first appeared in the article by Dzurec in *ANS* in 1989 (mentioned earlier in this chapter). Established in 1978 in the US, *ANS* accounts for the majority of American articles informed by PM/PS ideas (20 of the total 34).

Only one Canadian (*Canadian Journal of Nursing Research*) and three Australian or New Zealand journals (*Contemporary Nurse*; *Australian Nursing Journal*; and *Nursing Praxis in New Zealand*) appear on the list of nursing journals mentioning post-structuralism (Table 4). These Canadian, Australian, and New Zealand journals account for just a fraction of the entire pool of PS papers—seven articles in total. However, as we will see, this does not indicate a lack of interest in PS ideas among Australian and Canadian nurse scholars.²⁸

The majority of nursing papers informed by PS writers, however, have appeared in non-American journals. The top three journals consistently publishing such papers—*JAN* (70 articles), *NI* (96 articles), and *NP* (33 articles)—were established in 1976, 1994, and 2000, respectively and published by Wiley-Blackwell. The Founding Editor of *NI* was based in Australia (Judith Parker) while the current editor is located in Canada (Sally Thorne). The current editor of *NP* is also based in Canada (Derek Sellman). These observations highlight the role of Australian nurses with the humanities background (e.g., Judith Parker) in advancing, from the 1990s onward, critical nursing discourse informed by contemporary social theory and French philosophy. Current Canadian location of *NI* and *NP*, both of which are open to PM and PS scholarship, has facilitated my personal exposure to the kinds of scholarship promoted in these

²⁸ For example, articles in *Aporia*, a Canadian online nursing journal launched in 2009 at the University of Ottawa, are heavily informed by PM and PS theory, but this journal is not indexed in CINAHL.

journals. (Table 5 in Appendix C lists the publisher information for nursing journals that published PM and PS articles.)

Comparing relevant statistics for the primary non-American and American (i.e., *ANS*) journals, we can see that:

- During 11 years from 1989 to 1999, *NI*, although launched only in 1994, published the highest number of papers (19), followed by *JAN* (15) and *ANS* (5).
- In the following five years, from 2000 to 2004, *NI* (27) and *JAN* (24) led again, while *ANS* and a new *NP* published 13 and 14 papers, respectively. In other journals, like *NR* and *JPMHN* the term post-structuralism started appearing in the early 2000s.
- The following five years, from 2005 to 2009, were a heyday for scholarship employing PS ideas. In total, 94 articles were published, ten more than during the previous five years and almost twice as many as from 1989 to 1999. In the period from 2005 to 2009, *NI* (25), *JAN* (22), and *NP* (14) maintained the level of the previous five years, while *ANS*'s numbers dropped markedly (from 13 down to just 2).²⁹ Over the same period, *NR*, *JPMHN*, *JCN*, and *NE* published a couple of papers each, an increase over previous years.
- A significant change has occurred over the last five-and-a-half years, since 2010. The overall number dropped to 69, with the most noticeable reduction occurring in *JAN* (nine, which is less than half of the previous level)³⁰ and *NP* (five, which is one-third of the previous level). No papers mentioning post-structuralism have appeared in *ANS* since

²⁹ It is unlikely that this reduction in a number of relevant publications in *ANS* relates to any editorial policy change. A recent book coedited by the *ANS* editor, P. Chinn (Kagan et al., 2014), confirms her support for critical theoretical writings and includes American, Australian, and Canadian contributions drawing on Foucault's ideas.

³⁰ A reduction in a number of relevant papers in *JAN* might be related to a shift in journal's interest toward systematic reviews accompanying the strengthening discourse of evidence-based nursing.

2010. In contrast, *JCN* (5), *NR* (4), and especially *JPMHN* (8) demonstrated increased number of references to post-structuralism. As before, however, *NI* led and maintained the record number of 25 articles.

Needless to say, these numeric comparisons make no claim about the quality of PS nursing scholarship.

As the above discussion demonstrates, the number of references to post-structuralism in the leading American journal, *ANS*, differs markedly from the large volume of PS scholarship in British nursing journals. From 1989 to July 2015, the three non-American journals at the top of the “post-structural” list (*NI*, *JAN*, and *NP*) together published 199 papers citing PS philosophical work compared to 20 papers in *ANS*. Moreover, the difference between American and non-American PS scholarship is not limited to these numerical indicators. Papers in *ANS* that mention PS differ qualitatively from their non-American counterparts. The CINAHL database provides a list of *subject headings* describing, or summarizing, all publications in a given set. I used this CINAHL feature to compare subject headings across the groups of articles drawn from the four key journals to get an approximate idea of the difference among the four sets of articles that mention PS. Subject headings for each group of articles are reproduced in Table 6 in Appendix D.³¹

How do the subject areas of PS articles differ among the four journal sets—three with a strong British, Australian and Canadian presence as compared to the American *ANS*? As can be expected, general subject headings like “nursing research,” “philosophy,” and “nursing as a profession” describe several publications across all four journals. In line with key PS concerns,

³¹ Table 6 compares “raw” articles rather than “relevant”: 271 in the three leading non-American journals versus 24 in *ANS*, as per Table 4. The contrast between “raw” and “relevant” papers is explained in the Note to Table 4.

the headings “power,” “language,” and “discourse analysis” designate numerous articles in the four journals (though “discourse analysis” and “power” do not appear in relation to *NP*). Interestingly, “qualitative studies” is a common subject heading for PS papers in *JAN* and *NI*, but is never applied within *ANS*. The most unusual finding is that the subject heading “nursing practice” is applied to 12% of articles in *NP* and 8% of articles in each *JAN* and *NI*, but describes only one *ANS* publication. Similarly, “nurse–patient relations” is the subject of seven papers in *JAN* and six in *NI*, but does not appear in *ANS*. Further, specific clinical areas such as women’s health, gerontology nursing, critical care, health promotion, and mental health and psychiatric nursing are subjects of numerous papers in *JAN* and *NI*, but are rarely addressed in *ANS* (the latter includes only one paper each on anorexia, menopause, and psychiatric nursing). “Nursing evidence-based practice,” discussed in a few publications in *NI* and *NP*, is absent from *ANS*.

On the other hand, certain subject headings, like “feminism” and “critical theory,” but also “nursing science,” “nursing theory,” “epistemology,” and “empiricism,” describe a range of papers across journals, but are most highly visible in *ANS*. For example, the category of “feminism” comprises one-fifteenths of all papers in *NI* and *NP* but a more sizable one-sixth of *ANS* papers. Headings “cultural diversity and safety,” “sexism,” and “politics” also comprise a higher proportion in *ANS*. In a set of 119 *JAN* articles, the heading “nursing theory” describes two articles; whereas in a much smaller set of 24 *ANS* publications, this number is also two. The headings “epistemology” and “empiricism,” present in *ANS*, do not appear in *JAN* and *NI*.

There are limits to interpreting these observations,³² but certain differences between American and non-American PS nursing scholarship become more pointed: the overall number

³² Referring to limits here I mean the following: On the one hand, I try to avoid succumbing uncritically into these categorizing practices. As practices of division or as organizing practices, these CINAHL groupings can be seen in the context of Foucauldian critiques as manifestations

of publications citing PS ideas is ten times smaller in the American journal than in the three non-American journals combined; references to “nursing science” exceed those to “nursing practice” in this sample of *ANS* papers; and topics of feminism, critical theory, and empowerment often accompany discussions of post-structuralism in *ANS*.³³ A closer look at the American nursing intellectual scene, and specifically at the discourse of unique nursing science and nursing theory (Chapter 3), alongside the PS and Foucauldian writings by American nurse scholars (Chapters 4 and 5), will put into context and clarify these initial observations.

The above comparison of the volume of PS papers in English from 1989 to 2015 demonstrates a ten-fold difference between the three leading non-American journals and the leading American journal, *ANS*. But what if American scholars writing in a PS vein simply published in non-American journals rather than in *ANS* or *NSQ*? Table 4 in Appendix B allows a glimpse into geography of authors by colour-coding publications with American addresses in yellow and American journals in green. Forty papers in total indicate American addresses: 18 in *ANS*, five in other American publications, and 17 in non-American journals (including nine in *NI*). Thus, American works account for less than ten percent of the total volume of PS papers in *JAN*, *NI*, and *NP*, collectively (17 of 199). In turn, very few non-American authors publish papers informed by post-structuralism in *ANS* (2 of 20 papers, or 10 %). Chapter 5 will tease apart the kinds of American PS writings contained in *ANS* as opposed to *NI* and *NP*.

of the power/knowledge nexus. On the other hand, however, I find it useful to treat these subject headings as verbal clusters and linguistic markers showing patterns of usage among different journals. A crucial following step here is not to assume that these markers signify the same “meanings” across the authors and journals.

³³ Although American *Nursing Science Quarterly* (*NSQ*) is indexed in CINAHL, the search presented in Table 4 has not produced any *NSQ* publications. References to postmodernism, post-structuralism, or Foucault are extremely rare in *NSQ* and required a separate search within the journal webpage. I address the relevant *NSQ* publications in Chapter 4.

Indeed, the majority of publications in *JAN*, *NI*, and *NP* are authored by nurses from Australia, the UK, and Canada. This finding corresponds to earlier observations in nursing literature. For instance, Gastaldo and D. Holmes (1999) note a preponderance of Australian nursing publications informed by Foucault, which were mostly published in *JAN* and *NI*. Traynor (2006), in his analysis of discourse-analytic studies published in *JAN* from 1996 to 2004, reports that of the 24 reviewed papers, 15 were from the UK or Ireland, seven from Australasia, and one from the US.

CINAHL Search Two: *Foucault* in Nursing Journals

Nurse scholars whose work is informed by PS ideas do not always employ the terms *postmodernism* or *post-structuralism*, but rather cite thinkers commonly identified with these overlapping philosophical movements. Thus, my previous search, while resulting in a large volume of relevant journal articles, might have screened out important examples of nursing work (e.g., sociological analyses, nursing history) that theorize nursing practices in a PS vein without ever applying the shorthand labels for philosophical movements. Excellent examples are the first two applications of Foucault's work presented in *JAN* by British authors Lees et al. (1987) and Chapman (1988).³⁴ These articles were not identified through the previous search because the authors do not describe their analyses informed by Foucault as post-structural; perhaps they simply do not care about philosophical labels. The term post-structuralism first occurred in nursing press in the American *ANS* in 1989, and this *ANS* paper was retrieved in the previous search. In an attempt to capture a variety of analyses, I conducted another search using the

³⁴ Refer to Appendix E for a summary of these two papers as well as a summary of the earliest article explicitly introducing M. Foucault's theory to nurses.

keyword *Foucault* as the most cited PM/PS writer. This search resulted in 1412 articles in academic journals published in English from 1987 to December 2015.³⁵

That Foucault is indeed the most cited PM/PS author is evident from the following comparison. Similar searches for other French theorists generate significantly more modest results: Derrida 205; Lyotard 104; Deleuze 93; Lacan 83; Barthes 53; Kristeva 45; and Baudrillard 27.³⁶ Nurses commonly cite more than one French theorist (e.g., Foucault, Lyotard, and Derrida are frequently cited within the same publication).

More recently, Foucauldian scholarship has grown in popularity in allied health disciplines. This is evident throughout the interdisciplinary journals devoted to social care in the community, public health, women's health, interprofessional care, mental health, and discourses of risk in contemporary health care. In addition, Brazilian and Scandinavian Anglophone nursing journals citing Foucault have become more visible in electronic searches. Finally, nurses increasingly publish in social science journals. However, the present search for Foucault-informed scholarship confirmed that the leading *nursing* journals are the same as identified in my previous search. From 1987 to December 2015, most references to Foucault appeared in the following nursing journals published in English: *JAN* (211), *NI* (170), *NP* (77), *JCN* (76), *JPMHN* (60), *NE* (27), *NR* (19), and *ANS* (18). Table 7 in Appendix F presents a distribution of these articles by journal and year.

³⁵ This CINAHL search employed the following keywords: “nurs*” all text AND “Foucaul*” all text NOT “contents” all text NOT “keyword index” all text NOT “author index” all text NOT “social work” publication exact NOT “mortality” publication exact NOT “sexual & relationship therapy” publication exact NOT “midwifery matters” publication exact NOT “family process” publication exact NOT “physiotherapy” publication name NOT “counselling” publication name. I only included academic journals (i.e., a small number of dissertations was excluded) published in English from January 1978 to December 2015.

³⁶ More important in this example is the relation among these numbers rather than their absolute value. Likely, these numbers include false-positive items, but we can still judge relative frequency.

It must be noted that narrowly focused search strategies generate easily manageable results but are not comprehensive. For instance, the keyword *Foucault* appears in the title or abstract in 49 and 207 academic papers, respectively (as opposed to 1412 in all text). Needless to say, convenience is an inadequate approach to an analysis aiming to understand “the larger picture” and to advance comparisons among bodies of literature. A survey of the abstracts and, when necessary, reference lists of the total pool of 1412 items eliminated the following articles: those from non-nursing journals; miscellaneous items like author indexes and irrelevant book reviews; and articles where neither Foucault’s work is cited nor his ideas are employed, but his name appears on a reference list in a title of a secondary source. This process of exclusion resulted in a final list of approximately 750 papers informed by the work of Foucault.³⁷

At a glance, articles retrieved in the two searches (295 and 750) overlap significantly, yet the Foucault-informed set usefully expands and supplements the post-structural set. Thus, an overview of Foucauldian nursing writings can provide quite an informative picture of PM and PS nursing scholarship. While a complete summary of Foucauldian scholarship is not my aim, this extensive collection of 750 journal papers comprised an important source for my study. I reviewed and read the majority of those works and paid close attention to selected publications.

What was the basis for selection? Once the difference between American and non-American theoretical, including PS, fields started to take shape—experientially at first, as I explained in Chapter 1, and then statistically, as conveyed in this chapter—my interest has been to understand this difference and the intellectual (which connects to the historical and the social) “conditions of possibility” that shaped Foucauldian scholarship in the US as opposed to elsewhere. Thus, my general approach has been to consider a variety of applications of Foucault

³⁷ About 40% of all *post-structural* articles were relevant (295 of 739 in Table 1), whereas 54% of all *Foucault*-informed articles were relevant (750 of 1412).

in nursing, to notice patterns and preferred ways of reading PS theory, and most of all to surface applications of Foucault's work that lucidly illustrate the difference between American and non-American Anglophone Foucauldian scholarship. In subsequent chapters, I will articulate in greater detail the more specific approaches I have employed as I navigated my way through these writings.

The American PM, PS, and Foucauldian nursing field—comprised of journal papers (Table 8 in Appendix G) and references in nursing textbooks (Table 9 in Appendix H)—is relatively modest. Thus, I attempted to create a comprehensive picture by bringing together all those American sources I found. In contrast, non-American Foucauldian scholarship is more voluminous.³⁸ However, it is possible to identify central scholarly groups, conferences, and individuals contributing to that vast field. Thus, I decided to focus on the books and book chapters authored or edited by nurse academics who cite Foucault (Table 10 in Appendix I). Some of these authors are known for their long-standing and productive interest in Foucault's work. Others cite Foucault in a minor way, while drawing on other social theory and philosophy. Still other nurse authors criticize Foucault's ideas. As expected, nurses who published or edited books have also actively contributed to journal publications retrieved through my searches. The basis for selection will become apparent throughout the chapters devoted to American and non-American Foucauldian scholarship.

What I do not address within the scope of this dissertation are interdisciplinary allied health journals as well as Brazilian and Scandinavian nursing journals. I omitted the online *Aporia* journal not referenced in the CINAHL; however, the leading authors regularly

³⁸ It must be acknowledged that PM and PS nursing scholarship comprises only a minor intellectual pursuit in our discipline and that its impact on nursing practice has never been ascertained (and is rather minimal).

contributing in this journal are well published in other nursing literature. Finally, one-off nursing studies citing Foucault are too numerous for my current work as I am interested in painting on a large canvas. The latter group, one-off nursing studies, encompasses several nursing discourse-analytic studies, which have been perceptively analysed and critiqued (Buus, 2005; Traynor, 2006), so when relevant, I draw on these criticisms.

To my knowledge, this ambitious work of bringing together the postmodern, post-structural, and Foucauldian nursing field and distinguishing its American and non-American varieties is the first attempt in the 28 years of nurses' interest in these continental philosophical movements.

Chapter Summary

Nurses in the academy have long used continental philosophical works to inform their writings. The humanistic and emancipatory orientations of phenomenology, German critical theory, and second-wave feminism easily align with nursing's ideals. Another tradition of continental philosophy, post-structuralism, was rejected by some as non-normative and relativist. However, over the last 28 years, a vast field of PM and PS nursing scholarship has developed. The French philosopher most influential in nursing is Michel Foucault. While first citations to his work appeared almost simultaneously in the British *JAN* and American *ANS* in the late 1980s, Foucauldian scholarship³⁹ differs widely in non-American and American nursing literature. The three non-American nursing journals—*JAN*, *NI*, and *NP*—have led in publishing a significant volume of PS scholarship, mostly by Australian, British, and Canadian nurses. In contrast, the

³⁹ There is a common element in both non-American *and* American high quality Foucauldian scholarship. As I demonstrate in the following chapters, this common element is that PM and PS ideas are not subordinated to a priori agendas and concerns, which in the case of nursing writings often manifest as moral and emancipatory narratives, crude anti-science rhetoric, and a safeguarding of the canon of American nursing theory and metatheory.

leading US journal *ANS* contains a much smaller set of papers informed by PS ideas, predominantly by American authors. My thesis aims to explore this asymmetry. In addition, many PS articles in US nursing literature seem to indicate specific concerns unique to the American nursing intellectual scene. To understand these concerns, I turn in the following chapter to discuss conceptions of theory and science in the discipline of nursing in the US, or what I call American intellectual disciplinary matrices.

Chapter 3

American Nursing Science and Discipline-Specific Theory:

In the Grips of Logical Positivism

In the second half of the 20th century, a logical positivist model of science subterraneously influenced the development of the nursing discipline. In this chapter, I summarize a systematic critique of this influence undertaken by Mark Risjord (2010) and thus provide a background to the founding ideas of American nursing science. Over decades and across theoretical literature, these ideas coalesced into what I refer as the historically-produced intellectual frame of reference in our discipline, or a *matrix of intelligibility*. A consensus view of the 1970s in nursing posited that scientific disciplines develop a unique, discipline-specific set of theories; theories necessarily include abstract and general laws; and the testing of a theory presupposes the deduction of hypotheses from the laws (a deductive-nomological, pyramid-like logical structure of theory). To this day, much of American theoretical discourse displays these beliefs. Moreover, it is not decisive for the endurance of these ideas that they are wholeheartedly held or universally shared among American nurse scholars; what matters is a constant circulation of vocabulary/literary tropes and of practices of “knowledge development” stemming from logical-positivist conceptions and indicative of certain conventions in a scholarly community. It appears that nursing writings and genres adhering to one or another version of this intellectual matrix (and that operate with particular formal terminology, i.e., grand theory, middle-range theory, practice-level theory, borrowed theory, metaparadigm, paradigms, or models of knowledge development based on “patterns of knowing”) have been granted the “nursing knowledge” status, making other conceptions of theory as well as practices of theorizing unintelligible forms of nursing knowledge. My dissertation thesis is that this

intellectual matrix has powerfully shaped the reception and evolution of postmodern and post-structural thought in American nursing. After outlining the significance of Risjord's work for my analysis, I turn to examine the scene of the American nursing science drawing on Risjord's ideas.

Significance of Risjord's Work

In this section, I seek to explain why Risjord's critiques warrant center stage in this chapter, what the boundaries of his analysis are, and how I use his argument as a spring-board to develop my perspective. Mark Risjord, a philosopher of science at Emory University, taught graduate nursing courses on knowledge development for nearly a decade (Risjord, 2010, p. xiii), before publishing a systematic analysis of knowledge development in nursing. Previously, Risjord co-edited a volume on philosophy of science in sociology and anthropology (Turner & Risjord, 2007).

How was Risjord's (2010) book received in nursing? Two enthusiastic reviews by British philosophers working and writing in nursing (Edwards, 2011; Paley, 2010) comment on Risjord's rigorous, respectful, and well-articulated critique and endorse his argument. Edwards has only positive things to say about the book, while Paley (2010) expresses one contention—Risjord's "wavering treatment of standpoint epistemology" (p. 218). Risjord employs elements of feminist standpoint epistemology to offer a view of science alternative to the nursing's consensus view: to demonstrate that credible science does not presuppose theories at high levels of abstraction but can begin from the ground of nursing practice. "Much of the time, Risjord's use of 'standpoint' seems to imply 'different angle of vision' rather than 'oppressed and therefore epistemologically privileged position', but it comes and goes," Paley (2010, p. 291) writes. Ultimately, Paley emphasizes the paramount importance of the book.

Another commentator, a Canadian professor of nursing June Kikuchi, agrees with Paley that the claim about the oppressed status of nurses as an epistemological basis for nursing science is questionable (Kikuchi, 2014). Kikuchi's other disagreement concerns Risjord's (2010) understanding of "philosophy of nursing." She observes that for Risjord, the question, *What is nursing?*, is not a philosophical one. That is, an answer to this question lies for Risjord in realities of nursing practice, not in philosophical contemplation and logical argumentation. In contrast, Kikuchi's scholarly efforts have been in arguing the necessity of non-empirically-based philosophical inquiry to answer the *fundamental question about the nature of nursing* (Kikuchi, 1992, 2003, 2013). Of import to my argument is that Kikuchi unreservedly approves of Risjord's rejection of the notion of nursing as a basic science and commends his determination to ground nursing science in the values and problems of nursing practice.

A stronger criticism is levelled against Risjord (2010) by a British professor of mental health nursing, Liam Clarke, in an article "So What Exactly is Nursing Knowledge?" (2011). This author detects circularity in Risjord's argument: confusion about whether nursing will be strengthened by drawing on knowledge of other disciplines or by developing unique, intrinsic knowledge. To illustrate this confusion, Clarke provides a series of quotations from Risjord that appear to alternate between the two positions. However, when we place these quotations back into the context of Risjord's argument, Clarke's misreading becomes obvious. Risjord is clear in his position, supported by contemporary philosophy of science, that a web-like, explanatory coherence view of knowledge that transgresses boundaries of "unique" disciplines trumps the logical positivist conception. It is tempting to suggest that Clarke in fact is sympathetic to the idea of the unique disciplinary knowledge. However, Clarke devotes only one page to a

discussion of Risjord's argument and never openly confronts him on this issue. On the other hand, Clarke's overall argument has some commonalities with that of Risjord:

Nursing is a practice-based activity. . . . Transpersonal nursing models [i.e., the American grand theory] are particularly criticizable in respect of their unworldly character as are also concepts based on shallow usages of physics . . . I argue that sensible measurements of the 'real world' are possible—without endorsing positivism—and that nursing requires little recourse to logically unsustainable claims. (Clarke, 2011, p. 403)⁴⁰

These four responses to Risjord's (2010) book—by Edwards, Paley, Kikuchi, and Clarke—originate from outside the US, that is, from outside Risjord's field of analysis. Inside the US, leading theoretical journals *Nursing Science Quarterly* and *Advances in Nursing Science* as well as widely-known textbooks on nursing theory—whose central assumptions about theory were Risjord's primary target—have been silent about Risjord's work (e.g., Butts & Rich, 2014; Chinn & Kramer, 2011, 2015; Fitzpatrick & Whall, 2016; Meleis, 2012), have given it a tokenistic nod (e.g., Fitzpatrick & McCarthy, 2014, p. 6), or have shrugged off its concerns (e.g., L.O. Walker & Avant, 2011, p. 173, dismiss one of Risjord's earlier criticisms of an approach to concept analysis espoused by these authors).⁴¹ This lack of acknowledgement of important

⁴⁰ Importantly, Clarke makes unfounded claims. This author associates developments in the field of nursing knowledge (i.e., “unworldly theory”) with the influence of Foucault. He also blames “continental philosophy”—not nurses' misrepresentation of it—for some nurse theorists' and researchers' excessive focus on “subjective meanings.”

⁴¹ I was able to locate a single American textbook that cites Risjord (2010) somewhat more substantively. *Philosophy of Science for Nursing Practice: Concepts and Application* (Dahnke & Dreher, 2011) draws on Risjord's distinction between the theory–practice gap as a matter of translation versus relevance (p. 68). This text is explicitly produced for the Doctor of Nursing Practice (DNP) degree existing exclusively in the US as a clinically-based alternative to a traditional, research-based PhD in Nursing degree. Much controversy surrounds the DNP programs, with notable objections from the adherents of the “unique nursing knowledge” perspective. The DNP's explicit embrace of an interdisciplinary rather than “nursing theory-guided” direction in both practice and research explains the authors' easier acceptance of certain of Risjord's claims. An alternative theoretical and philosophical guide for DNP students is *Philosophies and Theories for Advanced Nursing Practice* (Butts & Rich, 2014), which closely follows a “consensus view” of nursing science. This source does not mention Risjord's criticisms.

criticisms in our discipline has been previously noticed in relation to nursing phenomenology (Petrovskaya, 2014b, 2014c) and identified as an intellectual problem in nursing (David Allen, 2013).

What makes Risjord's (2010) analysis worthy of an in-depth exploration? Although explicit critiques of logical positivism (LP) or "positivism" appeared in nursing literature as early as the 1970s and nurse authors since have claimed a distance from this philosophy of science (e.g., David Allen, 1985; Chinn, 1985; Dzurec, 1989; Gortner, 1993/1997; Munhall, 1982; Reed, 1995; Rodgers, 2005; Silva & Rothbart, 1984/1997; Watson, 1995), the following discussion will demonstrate the typical inconsistency between such claims and actual metatheoretical formulations in nursing literature. Risjord's decisive examination detailed the full degree and depth of influence that LP exerted on American nursing scholarship.⁴²

There are, however, specific boundaries to Risjord's analysis that determine the points of my departure beyond his work. He focuses on the domain of "nursing science,"⁴³ namely, on the *theoretical* discourses explicitly identified as "*science*," to the exclusion of other practices of theorizing in American nursing (such as theorizing found in analyses of empirical findings or discussions of various topics, e.g., in Liaschenko [1994, 1997; Liaschenko & Fisher, 1999; Liaschenko & Peter, 2004], Sandelowski [1999, 2000], or Drevdahl [1999b], who do not seek to

⁴² Critique of LP in nursing has taken the following forms: Webster, Jacox, and Baldwin (1981) rejected views of theories as being true or false, science as value free, and the scientific method as the only valid method of inquiry. Meleis (1997) listed the following characteristics of the received view of science contested by nurses: objectivity, deduction, one truth, and generalization. Risjord showed two things: First, that some of these characteristics are not bound to LP and do not have negative implications assigned to them in nursing literature. And second, most important, that other features of LP remain unnoticed in nursing literature.

⁴³ A phrase *nursing science* has accrued a range of meanings in American nursing disciplinary literature. As I explain later in this chapter, most significant for my work is the distinction rarely made between what American nurse *theorists* call nursing science (and what Risjord examined in his book) and what nurse *scientists* (e.g., Gortner, as discussed in Chapter 4) and nurse researchers consider nursing science.

position their work as “science”). Further, Risjord elucidates only *philosophical* influences on nursing, that is, he does not trace the sociological roots—also strong—of nurses’ conceptions of theory. Finally, his analysis presents a composite, robust version of the pyramid image of nursing science and theory, whereas individual nursing writings operate with *elements* of that image, often articulating divergent points of view on “nursing knowledge.” Therefore, my dissertation aims to examine how *non-scientific*, postmodern and post-structural philosophical ideas were received and shaped within the dominant intellectual matrices. Further, tracing sociological influences assists in comparing American and non-American nursing works. I am also interested in teasing apart specific postmodernism-sensitive discursive positions within the broader American nursing knowledge terrain. These three intellectual pursuits take Risjord’s apt argument as a starting point. Drawing on his analysis, I will now present an understanding of science and theory that grounds the American vision of the nursing discipline.

The Formation of Nursing Science

The second half of the 20th century is ubiquitously acknowledged in American nursing history as a period of intensive development in nursing education and research. The decades from the 1950s to 1980s are perceived as an impressive move forward for nursing as a discipline and a profession. The image of a desirable profession that motivated nurses—an image worked out based on analyses of the established professions like medicine in the early 20th century and later reiterated in sociological literature—included, among crucial attributes, a unique body of knowledge (e.g., Dingwall, 1975; Hughes, 1963; Larsen & Baumgart, 1992; Ross Kerr, 1996). As Risjord (2010) retrospectively summarizes, “The drive to create a nursing profession was, perhaps, the most important motive for the rise of nursing research” (p. 8). A path to

professionalize the vocation of nursing would necessarily entail creating the nursing *discipline* as both a field of post-secondary study *and* a unique body of knowledge taught in those programs.

Several factors supported the growth of academic nursing in the latter part of the 20th century.⁴⁴ The US government began funding nursing research focused on the nursing workforce in the late 1940s (Risjord, 2010, p. 11). Shortly thereafter, in 1952, the journal *Nursing Research* was established. An increasing number of nurses were pursuing graduate studies. In the 1960s, nurses commonly earned doctoral degrees in education and biomedical sciences. This was followed by a professional aspiration, in the 1970s and early 1980s, to educate future academics in nursing from a “nursing perspective” (Grace, 1978; Rodgers, 2005, p. 5; see also Gortner, 1991, and Newman, 1972). Understandably, these developments depended upon and further fuelled the idea of establishing nursing research and building the knowledge base of nursing.

The project of building “the knowledge base specific to nursing” was firmly conceptualized, early in the process, as *nursing science* and, moreover, has adhered to a particular model of science. Many academic nurse leaders envisioned nursing as a *basic science*—similar to other sciences in the academy—with its own conceptual apparatus, laws, and subject matter (Risjord, 2010, p. 82). A logical positivist model of science that underpinned this vision dominated the mid-20th century broader academic landscape. At that time, the main tenets of logical positivism, known in the philosophy of science as “the received view of theory,” were widely influential across the natural and social sciences. Adoption—knowingly or otherwise—of the received view by nurse scholars, set the direction for the discipline: “To be a discipline, . . . nursing needed unique theories at a high level of abstraction. These were unified into a basic science by shared concepts and themes (the metaparadigm)” (Risjord, 2010, p. 5).

⁴⁴ A brief summary of professionalization efforts and nursing education reform in the US in the *first* part of the 20th century is found in Risjord, 2010, pp. 9–11.

Historically, logical positivism has not always grounded nursing science. A careful look at early nursing publications allows one to distinguish a shift in thinking about science and theory (Risjord, 2010). In the 1950s, when the notion of nursing science started appearing in the literature, it usually referred to the natural and social sciences that had traditionally supported nursing practice, namely, biological, psychological, and social (Risjord, 2010, p. 12). Nurse leaders like Virginia Henderson called for clinical nursing research based on these sciences. Related to this, when nurse authors referred to theory, they meant “a systematic consolidation of natural and social scientific findings relevant to nursing practice” (Risjord, 2010, p. 12).

From 1930 to 1960, the majority of research related to nursing was conducted by non-nurses at the request of governmental agencies and focused on human resource management and requirement for and cost of services (Gortner, 2000, p. 61). Even in the early years of *Nursing Research*, “studies of the nurse” published in this journal greatly outnumbered “studies of nursing practice” (V. Henderson, 1956, as cited in Gortner, 2000, p. 61). In the early 1960s, federal grants promoted the latter kind of research: studies of “effects of performance of nursing acts on the patient . . . ; effects on nursing of changing patterns of nursing care and changing health needs, and nursing in different illness categories” (Gortner, 2000, p. 61). A retrospective look confirms that since that time these various types of clinical, behavioural, outcome, and evaluation research have been carried out in the discipline (Gortner, 2000, p. 64; Risjord, 2011). From a point of view of nurse academics engaged in these studies, a collective body of this research constituted nursing science. A bifurcation emerged in the 1960s and 1970s: on the one hand, minority group of nurse theorists interested in metatheoretical issues and debating philosophy of nursing science, including prescriptions for research necessarily flowing from or contributing to unique nursing theories, and on the other hand, a majority of nurse researchers

whose practices relied on theories from various other disciplines (see also Risjord, 2011). Moreover, it appears that the taken-for-granted designation of “nursing science” as denoting nursing research has shifted, or has been monopolized, to mean the activities and intellectual output of the former group, nurse theorists (Diers, 1994; see also other chapters in McCloskey & Grace, 1994). The following discussion in this chapter concerns metatheoretical scholarship generated mostly by the authors collectively identified as nurse theorists, philosophers, and metatheoreticians.

Throughout the 1960s, although the idea became widespread that nursing is a scientific discipline in its own right that presupposes theoretical activity, the nature of this activity was debatable. Nurse scholars argued about the relationship between the discipline (i.e., research, theory) and clinical practice as well as the character of nursing theory (Risjord, 2010, p. 20). Several authors (Conant, 1967; Dickoff & James, 1968; Ellis, 1969) independently articulated a set of perspectives that can be summarized as “practice theory,” following Florence Wald and Robert Leonard (1964), professors of nursing and sociology, respectively, from the Yale University School of Nursing. In this view, clinical practice guides research and theory; the discipline is expected to solve problems in practice. Nursing knowledge is “specialized” to the discipline of nursing—it is *nursing* knowledge—because it blends the knowledge from relevant other sciences to address *nursing* issues. Because of its close connection to practice, theoretical activity displays nursing values and goals (Risjord, 2010, p. 21). However, this conception of nursing science was soon to become a minority view.

The change occurred in the 1970s, when, in Risjord’s (2010) words, a “consensus” took place about the way nursing knowledge and the academic discipline of nursing were to be conceived. Although opinions of individual authors might have varied, the agreement (captured

in the most influential publications of the 1970s onward) held that nursing is a unique science with the distinctive, hierarchical disciplinary structure and a corresponding, multi-level picture of theory. As became easier to discern in retrospect, this consensus has followed, often uncritically and without full awareness, the assumptions of logical positivist science. But what is logical positivism? What specific view of science and theory does this philosophical position entail? In what ways has this received view of theory influenced nursing scholarship? And what might be the implications of this influence, within the discipline of nursing, towards alternative ways to theorize? I take a closer look at these questions in the remaining part of this chapter.

As will become evident, the long-lasting effects of the 1970s consensus on nursing *science* have been uncovered by authors whose work I cite, most notably Risjord (2010). The effects of a logical positivist view of theory on explicitly *non-scientific* nursing scholarship (primarily in the US), however, have been eclipsed, partly due to a prevailing, and largely uncritical, conception of nursing as a science.⁴⁵ Yet, I argue in this study, that modeling the nursing discipline upon a logical positivist conception of science also had consequences for how non-scientific intellectual currents—in this case, postmodern and post-structural continental thought—entered and evolved in nursing at the end of the last, and into this century.

A Logical Positivist Conception of Theory

A Note on Terminology

Risjord (2010) began by clarifying key terminology widely used in nursing discussions on the philosophy of science. Logical positivism (or simply “positivism,” or “logical

⁴⁵ I do not seek to endorse a widely-established convention, most notably in American and Canadian literature, to supplement a label “nursing science” with “nursing art.” Serious objections to a conception of nursing professional practice as a science—that do not seek to balance it with “art”—emanate from the UK (Edwards, 1999, 2001; Sellman, 2011; see also Drummond, 2004, p. 529; and selected articles by Rafferty).

empiricism”) is “a particular way of working out the commitments of empiricism” (Risjord, 2010, p. 85). Empiricism is an epistemological position; in other words, it is not an ontological one in that it does not say what kinds of phenomena exist. As an epistemological position, empiricism claims that all knowledge arises from experience, that is, from observation (Markie, 2015, “Empiricism,” para. 1). This view contrasts with rationalist epistemology that posits that knowledge is acquired solely from reasoning and reflection. Further, LP presupposes a specific view of the structure of knowledge, namely, “forming successively more powerful generalizations out of the raw material of observation” (Risjord, 2010, p. 85).

The Vienna Circle

Developed by the scholars of the Vienna Circle, logical positivism (LP) exerted maximum influence in the 1930s and 1940s and then gradually lost the support of philosophers in the late 1950s. The following synopsis provides some details about the Vienna Circle. Any synopsis carries a risk of grossly oversimplifying decades of dense arguments in the philosophy of science. Further, the Vienna group generated highly heterogeneous views on some important points, although with a sufficient overlap to allow me to talk about its doctrines (Uebel, 2014, “Introductory Remarks,” para. 3, 4). The “received view of scientific theories,” critiqued by Risjord (2010), came into prominence after WWII and was closely associated with (although not identical to) the Vienna Circle doctrines (Uebel, 2014, “Selected Doctrines and their Criticisms,” para. 2).

The philosophers of the Vienna circle envisioned a unified science without a distinction between the natural and the social sciences (Uebel, 2014, “Overview of Doctrines”, para. 4). In the early 20th century, this generated protest from German philosophers Wilhelm Dilthey and Edmund Husserl among others.

The Vienna Circle modeled their vision of philosophy on the knowledge claims of logic and mathematics, which “gained their justification on purely formal grounds, by proof of their derivability by stated rules from stated axioms and premises” (Uebel, 2014, “Overview of Doctrines,” para. 2). The central doctrine of LP is called the verification principle. It states that all significant propositions could be reduced to statements about sense experiences or observations. Thus, the meaning of a proposition is the method of its verification. Metaphysics are meaningless, as are any propositions that cannot be verified in a specified way. LP also rejected the knowledge claims of normative ethics (Uebel, 2014, “Overview of Doctrines,” para. 3). LP demanded formalist analyses, that is, analyses “given solely in terms of the logical relations of these concepts and propositions to other concepts and propositions . . . us[ing] the tools of formal logic” (Uebel, 2014, “Verificationism and the Critique of Metaphysics,” para. 10). Next, the LP-inspired, received view of scientific theory posited a theory–observation dichotomy. Theoretical terms have meaning only insofar as they can be transformed, by logically-devised bridge laws, to observational terms. The latter are interpreted, whereas the theoretical terms are not (Uebel, 2014, “Scientific Theories, Theoretical Terms and the Problem of Realism”). Finally, LP viewed science as cumulative and ahistorical.

Various critiques in the philosophy of science pointed out weaknesses of LP. LP cannot account for phenomena such as electrons and black holes because they cannot be directly observed. Famously, Thomas Kuhn’s argument about scientific revolutions offered a competing account of a history of science (Uebel, 2014, “The Vienna Circle and History,” para. 2). Most relevant to my discussion are critiques pointing out the inability of the received view of scientific theory to account for actual scientific practices and theories. The LP conception of theory, also called the syntactic view (“an axiomatized collection of sentences”), has been undermined by the

semantic view (a theory is “a collection of nonlinguistic models”) and both have been challenged by the pragmatic view (a theory is “an amorphous entity consisting perhaps of sentences and models, but just as importantly of exemplars, problems, standards, skills, practices and tendencies”) (Savage, 1990, cited in Winther, 2015, “Introduction,” para. 1). A detailed picture of the received conception of theory as it has played out in nursing is presented in due course in my exposition of Risjord’s (2010) argument.

Rejected by the Philosophers of Science, Unwittingly Embraced by Nurses

In fact, “as nurses were discovering and adopting . . . [the logical positivist, received view of theory], philosophers of science were abandoning it” (Risjord, 2010, p. 82). Risjord persuasively argues that the influence of LP on nursing is so entrenched and subtle that its traces are still tangible even in writings of those nurses who explicitly reject this position. Indeed, in the Foreword to Risjord’s book, nursing professor Sue Donaldson confesses that she did not recognize a pervasive presence of LP and was surprised by Risjord’s findings (Donaldson, 2010, p. xvii).

To surface for the reader the unrecognized and deep presence of LP, Risjord (2010) teases out three mechanisms of its influence. The most explicit demonstration of the impact is when nurse authors intentionally and directly advocated the LP conception of science. This, however, has rarely occurred; on the contrary, nurses rhetorically distanced themselves from the pejoratively-tinted “positivism,” especially with the rise of postpositivist critiques in the philosophy of science. All the while, contradicting this rhetoric, nurse authors (e.g., Fawcett, 2005, pp. 4, 19, 23; B. Johnson & Webber, 2010; Newman, 1972, p. 84; L.O. Walker & Avant, 2011) approvingly cite chief philosophical defenders of the received view of theory like Carl Hempel, Ernest Nagel, and Herbert Feigl. Related ideas about theory construction came into

nursing from certain American sociological texts of the 1960s-1970s. Although links between these ideas and logical positivism are not straightforward, the sociologists J. Gibbs, J. Hage, and J. Turner, cited in nursing literature (e.g., Fawcett, 2005; Hardy, 1978; L. O. Walker & Avant, 2011), advocate a particularly-structured, formal theory. However, Gibbs (1994, p. 90) commented that formal theory construction in sociology was short-lived and fell out of favour in the 1970s.⁴⁶

In nursing, on the other hand, those nurse authors swayed by the LP philosophy of science and by formal sociology have gained authority in the discipline. Risjord (2010, p. 97) cautions that the LP influence through citation, although it appears to mostly belong to the historical past, has produced another, philosophical, offshoot. Breathing the air of the positivist theoretical currents in the academy, nurse theorists developed their *own* ideas, that is, not directly traceable to any particular source but rather resembling those ideas “in the air.” Consequently, while the straight adherents of LP have had to grapple with the postpositivist criticisms (e.g., by Kuhn and Laudan), nurses’ “own” scientific ideas often remained immune to those challenges.

What Is a Proper Science and Proper Theory?

According to the LP view, the hallmark of science is the creation and testing of theory:

Scientific theory was supposed to have a particular logical structure: it was a set of abstract and general laws. By specifying values for the variables or other initial

⁴⁶ Risjord (2010) elucidates only *philosophical* influences on nursing science; that is, he does not trace the sociological roots of nurses’ conceptions of theory. For my analysis, however, this lineage is of interest. Worth observing is the difference between a kind of sociology that informed the American nursing science (i.e., sociological formal theory) and a kind of ethnomethodological sociology drawn upon by British-educated nurses (e.g., Davina Allen, Latimer, Purkis), whose writings easily integrated contemporary social theory such as post-structuralism. In Chapters 6 and 8 I pick up the topic of sociological influences on selected American and non-American nursing writings. Interconnected with my seeming attention to the question of form (of a theory) and its ability or inability to integrate postmodern/post-structural philosophy is a more significant concern—the theoretical substance.

conditions, testable hypotheses could be deduced from theory. If the hypotheses conflicted with observation, the theories would have to be modified. Scientific research was thus a matter of theory development and testing. (Risjord, 2010, p. 16)

Nurse scholars set their goal on scientific theory development. Nursing literature documents that they embraced the main tenets of LP and the consequences of this position for understanding scientific disciplines. Risjord (2010, p. 95) teases out those beliefs: Scientific knowledge articulates the fundamental laws of (human) nature. These laws are expressed as axioms, or first principles, of a theory. Within the empiricist framework of LP, scientific knowledge is possible because observational statements can be derived from laws and tested. Scientific theory should possess explanatory power, which means deducing explanations from the laws. Each scientific discipline, like physics, chemistry, and biology, is defined by its own set of theories with axioms and concepts unique to those disciplines. These are characteristics of a basic science.⁴⁷

Further, nursing science accepted two cornerstone assumptions of LP, namely value-freedom of scientific theory and a distinctive logical structure of scientific theory (Risjord, 2010, p. 22). Risjord comments that Lorraine Walker was one of the first nurse authors who clearly introduced these ideas in the early 1970s. L. O. Walker's (1971) argument for value-freedom of scientific theory depended on her separation of the three domains—science, philosophy, and praxiology—each with an independent set of concerns. Philosophy is concerned with *what should be*, that is, the speculative ends of nursing practice; praxiology looks after the practical means of achieving those ends, for example, testing nursing interventions, whereas science is strictly about describing and explaining the current state of affairs. In other words, the value-positing domain of philosophy and the value-free domain of science do not overlap.

⁴⁷ Again, this was a LP vision of science. Actual practices of those sciences did not necessarily coincide with this vision as a historicist philosophy of science (and later, the sociological studies of science) demonstrated.

Another characteristic of scientific theory that L. O. Walker (1971) strongly advocated was its distinctive structure. In technical terms, this is a deductive-nomological structure or the received view of theory (Risjord, 2010, p. 23). Theory consists of several levels; each level of theory is supported by the level below it. Imagine a pyramid: At the imaginary top, theory begins with the most abstract general laws (*nomos*), from which less-abstract propositions are derived by a process of mathematical or logical deduction. Those propositions are tested by observation or experiment. If a low-level theory is disconfirmed, it threatens the levels above, necessitating revision of the higher-level theory. This hierarchical form of theory, upheld in logical positivist science and intimately familiar in nursing, is visually displayed, for example, in Newman (1972) and Fawcett (2005, pp. 4, 20). A pyramid helps us visualize the model of science pervasive in nursing (Risjord, 2010).⁴⁸

Logical Positivist Beliefs in Nursing Science

Definitions of Theory

Risjord (2010) observes that the writings of several noted nurse theorists (e.g., Abdellah, King, Newman, Roy, and D. Johnson) reveal profound influences of the logical positivist, value-free and deductive-nomological vision of science and theory (p. 23). Definitions of theory found in several nursing publications present the most telling examples, as can be seen in the following quotation:

Concepts are connected in a theory by verbal or mathematical statements called propositions. Propositions describe the theoretical linkages between concepts. Two types of propositions are generally found in a theory. Axioms, or initial propositions, are the starting points for derivations; they are not to be tested, but rather taken as givens in the theory. In contrast, postulates, also called deduced propositions or theorems, are statements of supposition regarding the type of relation between the concepts of the

⁴⁸ The contemporary philosophy of science alternatives to the pyramid model of theory are the “explanatory coherence” view of theory and inter-level scientific modelling. These approaches to theory evoke a metaphor of a web, or a patchwork quilt (Risjord, 2010, p. 38)

theory. A theory's explanatory power is found in its postulates. (Fawcett, 1978/1997, p. 717)

Theory appears as a deductive-nomological structure. Risjord devotes a full page to similar quotations from four other authoritative, representative nursing articles from the 1970s.

Noteworthy, when I was enrolled in the undergraduate "nursing knowledge" course in 2004, we learned a similar definition of theory. A view of theory, long rejected in the philosophy of science (e.g., Hacking, 1983; Laudan, 1984/1999; van Fraassen, 1980/1999a, 1980/1999b), still circulates in current editions on nursing disciplinary knowledge.

It might be warranted at this point to reiterate my earlier observation. Likely, the ideas about theory expressed in complicated definitions such as Fawcett's are neither strongly adhered to nor even well understood by the wider nursing audiences. The remarkable endurance of these ideas, however, depends on a constant circulation of this specialized vocabulary in a host of nursing theory guides and anthologies.

Value-Free or Value-Laden?

Risjord (2010) points out the following paradox: While nurse theorists favourably cite mid-20th century scientific views and lay them as a ground for their own theorizing, these nurses' writings expose two incoherencies. First, nurse authors do not always recognize the logical positivist roots of their ideas. For instance, nurse theorists H. S. Kim and C. Roy explicitly denied such influences (Gortner, 1993/1997). Second, despite a positive reference to scientific value-freedom, nurses' theoretical output is thoroughly (though appropriately for nursing) value-laden. The following quotation from Donaldson and Crowley (1978) illustrates the lack of value-neutrality in that the authors clearly prefer certain outcomes when they identify the subject of nursing inquiry:

Concern with the principles and laws that govern the life processes, *well-being*, and *optimum* functioning of human beings—sick or well. . . .
 Concern with the processes by which *positive* changes in health status are affected.
 (Donaldson & Crowley, 1978, p. 113; italics added)

The notions of *well-being*, *optimum functioning*, *positive changes*, and *health* are overtly judgmental; they presuppose clear value commitments (Risjord, 2010, pp. 62–63).

According to Risjord (2010, 2011), another example of a LP-influenced view of science as a value-free endeavour is an erroneous separation of nursing science (empirics) from nursing values (ethics) and a concomitant separation of theoretical knowledge (i.e., discursively formulated empirical knowledge) from practical knowledge (i.e., “aesthetic and personal knowing” as non-discursive know how) epitomized in Barbara Carper’s (1978) hugely influential article “Fundamental Patterns of Knowing in Nursing.” This recurrent and unwitting assertion of the value-freedom of science obfuscates moral and political commitments embedded in nursing (empirical) theoretical work (Risjord, 2010, 2011, p. 500; Yeo, 1989). Risjord (2010) urges that “nursing knowledge must be both normative and descriptive” (p. 55). He uses these examples to stress—against the assumption of value-freedom in logical positivist science—an acceptance of values within postpositivist philosophy and a constitutive role of values in nursing theory and research.

These examples of nursing writings also give rise to another comment. How do we explain the following paradox?: Nursing science literature declares a distance from “outdated positivism,” while at the same time favourably citing this philosophy of science, yet in the next move produces writings that contradict the very ideas cited. It appears that misunderstanding of philosophical ideas, or at least a highly selective reading, has historically accompanied nurses’ engagement with the philosophy of science (Hussey, 2001; Kim & Kollak, 2006; Paley, 2006).

The Structure of Nursing Knowledge

In the foregoing sections, I cited a noted nurse scholar, Jacqueline Fawcett, professor of nursing at the University of Pennsylvania. From the late 1970s, throughout the 1980s and 1990s, and more recently, she has contributed a significant volume of metatheoretical work to our discipline, including her book, *Contemporary Nursing Knowledge: Analysis and Evaluation of Nursing Models and Theories* (2005). Fawcett's authoritative voice and the work of synthesizing and profiling the American nursing theoretical field are commendable and influential (see Slevin, 2003, pp. 161–162, on influence of Fawcett's ideas in the UK). Arguably, Fawcett's work reflects the most robust version of the consensus view of theory. This understanding of theory and elements of the discipline constantly reinforces the idea of a unified and unique nursing knowledge cautious toward “borrowed theory.” Therefore, from the vantage point of my dissertation, namely surfacing the conditions of (un)intelligibility of continental theory in nursing, this influence is problematic.

Fawcett (2005) developed the “structural holarchy of contemporary nursing knowledge” (p. 4). This structure orders all nursing knowledge according to the level of abstraction: from the most abstract conceptual models on top, followed by grand theory, then middle-range theory, to concrete and specific empirical indicators on the bottom. The structure's crown, the four metaparadigm concepts (person, environment, nursing, and health), are said to circumscribe the unique nursing's domain and direct research in the discipline.

Returning to one of the previous points, we recall that “practice theorists” proposed the reverse direction for the discipline, starting *from* clinical practice. In the 1960s, two positions on the “discipline–practice” hierarchy were debated. Several prominent nurse scholars like D. Johnson (1959) and R. Schlotfeld (1960) posited that the *discipline* of nursing would set the

agenda for nursing research and theory development. The initial step in this process is a formulation of a philosophy of nursing, which defines the domain of nursing. Flowing from the philosophy, theories will be developed and tested. These theories will then become an intellectual basis of nursing clinical practice. As mentioned earlier, Wald and Leonard (1964), Dickoff and James (1968), and Ellis (1969) contested this view. They argued for “practice theory”: Problems that arise in nursing practice will prompt research, whose outcome in the form of a theory will be tested and applied to solve those problems. Practice theory was called *situation-producing* because it was envisioned as prescribing nurses’ actions.⁴⁹ In the 1970s, under the perceived pressures to define the domain of a nascent nursing discipline in the academy and to stake out the unique character of nursing research in competitions for funding (Risjord, 2011), the consensus view, of which Fawcett is an influential advocate, has undermined the idea of practice-based theory.

Fawcett (2005) created a comprehensive and unified vision of basic nursing science that presupposes a production of abstract models and grand theories and their subsequent empirical testing (via the process of *theoretical subtraction*). Fawcett clarifies that her “conceptual-theoretical-empirical formalization” permits “theory-generating research (bottom-up) or theory-testing (top-down) research” (Butts, Rich, & Fawcett, 2012, p. 152). In her vision, all research in the discipline is connected, via the bottom-up or top-down processes, to a limited number of

⁴⁹ The practice theorists disagreed on some issues: Wald and Leonard (1964) and Dickoff and James (1968) advocated unique theory. In contrast, Gunter (1962) and Ellis (1968) argued for an acceptance of theories from other disciplines, which would be developed and modified. Dickoff and James were influenced by Dewey’s ideas; thus they objected the value neutrality of theory. However, their writings too exhibited some LP traits like a theory–observation dichotomy (Risjord, 2011, pp. 496–497). Another caveat is that the label “practice theory” as used in American literature is not identical with the use of this descriptor in (largely) non-American theoretical scholarship. The latter often denotes theoretically-informed field studies of nursing practice described in Chapters 6 and 7 (e.g., Rudge, Purkis, Bjornsdottir, Davina Allen, Latimer).

abstract theories unique to nursing. That is, only research that develops or tests *nursing* theory could be considered scientifically proper (Risjord, 2010, p. 26).

Against Borrowed Theory

We can appreciate how this stipulation of a unified nursing science as requiring all theoretical work in the discipline to flow from and/or to feed into its unique grand theories immediately discriminates against what has been dubbed “borrowed theory.”⁵⁰ This position is untenable within the contemporary philosophy of science that posits the “explanatory coherence” view of theory. Theories are

coherent sets of propositions, where coherence is generated by the relationship of questions to answers. Theoretical propositions are answers to questions about human problems or striking phenomena. These answers raise further questions, and the aim of scientific theorizing is to answer these questions in a systematic way. (Risjord, 2010, p. 119)

Thus, according to the coherence view, theories comprise not a pyramid but a web or a patchwork quilt (Risjord, 2010, p. 38). Postpositivist philosophers of science like W.V.O. Quine and H. Putnam rejected positivist beliefs about theories consisting of levels, distinct theories operating with unique concepts, theories independently supported by observation, and a theory–observation distinction (Risjord, 2010, p. 106).

Equipped with postpositivist insights, Risjord (2010) squarely criticizes nurses’ rejection of borrowed theory. The prevailing nursing perspective saw the strength of nursing science in its unique theories and concepts. But this perspective is erroneous; it weakens nursing scholarship. For, “when a scientist draws on a theory that has been confirmed in another domain, she adds the empirical support of that domain to her view” (Risjord, 2010, p. 109). And further,

⁵⁰ A paradox: While claiming that borrowed theory is inconsistent with the nursing discipline, many nurse authors built their theories upon borrowed ideas like general systems theory, complexity theory, or phenomenology of Merleau-Ponty (Kim & Kollak, 2006; Sarter, 1988). In a sense, borrowed ideas were germane to nursing science.

To insist . . . that it [a theory from another discipline] be reformulated in novel nursing terms would be to cut off the support available from existing tests in a variety of domains. The theory would be made unique to nursing at the cost of its empirical validity. (Risjord, 2010, p. 109)

Science is concerned with the empirical validity of theories. If theory is imagined as a web or a quilt, it gets stronger when each thread or piece is connected to theories in other domains (Risjord, 2010).

What are the implications of this understanding of interdisciplinary theory for my argument? A prejudice against borrowed theory has likely been one of the most obvious obstacles to accepting theoretical ideas from outside nursing, most notably from the social sciences and the humanities (see also C. Holmes, 1991). At the extreme, to gain admission into “nursing science,” theories from other disciplines needed to be thoroughly shaped into nursing’s mold, as I illustrate in Chapters 4 and 5. This practice of “theoretical reformulation” can be profoundly problematic. The knotty character of “reformulation,” of assimilating concepts from one theory into another, is underscored by the contemporary philosophy of science literature on the nature of concepts. Risjord (2010) asks: Are concepts “theory-formed” (i.e., their meaning is non-referential and depends on the context of use) or “theory-forming” (i.e., concepts treated as labels for objects or ideas, and developed at the outset, prior to connecting them into theoretical propositions)? In contrast to the latter understanding evident in influential nursing literature that concepts are “building blocks” of theory “clarified” prior to theory construction (e.g., Chinn & Jacobs, 1983; Chinn & Kramer, 2011, 2015; L. O. Walker & Avant, 2011), an answer agreed upon by the current philosophic community is that concepts take their meaning from the theoretical context in which they operate (e.g., Manchester, 1986, p. 248; Paley, 2006, p. 278). Concepts are “theory-formed.” Thus, a process of “theoretical reformulation,” when concepts

from “borrowed theory” are annexed to concepts of extant nursing theory, risks drastically changing the meaning of the (non-nursing) ideas.

Concluding Thoughts

In this chapter, I exposed key philosophical ideas founding the discipline of nursing in the US. I followed Mark Risjord’s (2010) perceptive analysis of the metatheoretical debates that characterized a nascent nursing science. Risjord’s critique reveals the deep and pervasive influence of mid-20th century logical positivist philosophy of science on nursing science. Thus, nursing science is founded upon the following beliefs: scientific disciplines develop a unique, discipline-specific set of theories; a goal of scientific research lies in theory development and testing; theories necessarily include abstract and general laws; testing of theory presupposes deduction of hypotheses from the laws (a deductive-nomological, pyramid-like logical structure of theory); and science is value-free. This image often guides nurse scholars to treat any “borrowed theory,” including continental philosophy, with caution and to re-shape it in terms of extant nursing models. To this day, nursing academic discourse displays combinations of these beliefs. A quick perusal of American theoretical literature (listed in Part One, Table 9 in Appendix H) shows that nursing writings and genres loyal to one or another version of this framework (and that operate with particular formal terminology, i.e., conceptual framework, grand theory, middle-range theory,⁵¹ practice-level theory, borrowed theory, metaparadigm,

⁵¹ Risjord (2010) points out important terminological conflation in nursing literature. Following the received view of theory, many nurse authors define middle-range theory as a middle layer in the hierarchy of scientific theory, between grand- and practice-based theories. Thus, middle-range theory is distinguished by its scope and abstraction. This view has been challenged in nursing literature by Lenz, Suppe, Gift, Pugh, and Milligan (1995). They stated that the midrange status depends not on scope or level of abstraction, but “on the adequacy of [theory’s] empirical foundations” (Lenz et al., 1995, p. 3). This distinction, crucial within the postpositivist philosophy of science, has been lost in nursing literature due to what Risjord dubs as Lenz et al.’s tactical error in a choice of terminology (Risjord, 2010, 2011, pp. 510– 511).

paradigms, concept development, or model⁵² of knowledge development) have been granted the “nursing knowledge” status (see Haynes, Butcher, & Boese, 2004, p. 74 for a typical depiction of the structure of nursing knowledge in an introductory nursing text).

Moreover, these historically-produced intellectual matrices seem to posit a rule: theory is or should be rhetorically couched in the formalized language of the “unique nursing disciplinary structure” (for a recent example in relation to narrative theory, or “Story Theory,” see Prufeta, 2014). I argue that these established pathways of our disciplinary theoretical practices hinder a fuller appreciation of continental theory and continentally-influenced nursing theorizing. Continentally- and other social theory-informed scholarship, both non-American and some American (examples of which are presented in Chapters 5, 6 and 7), *neither* operate with formal terminology such as grand theory, paradigms, or model of knowledge development, *nor* assume such a framework in the background. When a formal, scientific conception of theory dominates our imagination and literature, both continental theory and some of the best examples of nursing theorizing become unintelligible.

The following two chapters will reveal precisely how postmodern and post-structural philosophy was received into the discourse of the American nursing science. I catalogue the

⁵² Three conceptions of a model are discernible and often conflated in nursing literature. One, the LP-influenced, is close to Fawcett’s (2005) *conceptual model* and refers to one of the most abstract and general constructs—an “uninterpreted” theory. Another understanding of models refers to ways in which many nurse authors (e.g., Carter & Kulbok, 1995; Chinn & Kramer, 2015) seem to use the term: as a mind-map, heuristic device, or graphic presentation of main components of theory. Finally, some contemporary philosophers of science consider models *as* theories. Model-building is a primary approach in some natural sciences (Bluhm, 2014; Risjord, 2010). In these scientific models, specificity of factors is the key (see Crigger, 1996, for a nursing example). In itself, the second conception of *models* does not carry the assumptions of LP. Research reports in *Advances in Nursing Science* often include models as a visual display of main components and as an organizing framework. However, the subtle presence of the received view of theory arises when discussions of these models are supported with references to the first view, as in Carter and Kulbok (1995).

reworking of postmodern theories to fit and support extant nursing theories. Commonly, nurse authors emphasize resemblance or the complementary nature of postmodern and post-structural ideas to nursing science. Those continental ideas that appear to challenge some established views are either ignored or *disciplined*, converted into nursing's disciplinary mold.

Chapter 4

Postmodern and Post-Structural Theory in American Nursing Scholarship:

The Limits of Intelligibility.

Part 1: S. Gortner, L. Dzurec, P. Reed, J. Watson, and *Nursing Science Quarterly*

In the American nursing theoretical literature, as well as in several Canadian universities, perspectives on nursing science and theories proper to the discipline, as described in the previous chapter, are quite prominent. These perspectives are not identical but share important commonalities that stem from the same convoluted philosophical influences, as Risjord (2010) demonstrated. These perspectives are maintained by regular editions of long-running textbooks that present nursing science from varying angles—sometimes opposing—but invariably within the intellectual matrices whose recognizable features were addressed in the previous chapter.

Best known are the texts on:

- nurse theorists and their work (Alligood, 2014; Alligood & Tomey, 2010; Tomey & Alligood, 1998, 2002, 2006);
- conceptual models and middle-range theories (Fitzpatrick & McCarthy, 2014; Fitzpatrick & Whall, 2005, 2016; M. Parker, 2006; M. Parker & M. C. Smith, 2010; M. J. Smith & Liehr, 2014);
- the integrated view of nursing knowledge based on “patterns of knowing” (Chinn & Kramer, 2004, 2008, 2011, 2015);
- guides to theory construction (B. Johnson & Webber, 2010; L. O. Walker & Avant, 2005, 2011);
- anthologies of (meta)theoretical publications (Cody, 2006; Kenney, 1996, 2002; Nicoll, 1997; Reed & Shearer, 2009, 2012; Roy & Jones, 2007); and

- compendiums of “contemporary nursing knowledge” (Fawcett, 2005; Meleis, 1997, 2007, 2012).⁵³

This textual production sustains an established field of “theoretical nursing knowledge” and perpetuates particular views of nursing science, nursing knowledge, and theory, as delineated in the preceding chapter.

In this and the following chapter, I undertake a detailed examination of the American nursing literature informed by postmodern (PM) and post-structural (PS) ideas. As argued previously, the influence of PM and PS theories on American nursing scholarship is noticeably less prominent than on Australian, British, and Canadian nursing scholarship. Despite heterogeneity in how PM and PS ideas have been applied in American nursing publications (refer to Table 8 in Appendix G and Table 9 in Appendix H), it is possible to discern recurring practices of knowledge production that afford greater visibility to certain ways of reading PM and PS work, while rendering other ideas undesirable and unintelligible.

I argue that to the degree that PM and PS ideas are shaped to conform to the existing image of “unique nursing science,” they are made visible, that is, embraced within nursing theoretical discourses. However, this visibility comes with a price: highly selective reading and a compromised integrity of continental ideas. On the other hand, theorizing informed by PM and PS theory that does *not* utilize the formal and rhetorical resources of “nursing science” (i.e., language of “levels of theory,” “paradigms,” “borrowed theory”) and does not share the ideological aims of the latter (i.e., an endorsement of a “holistic nurse” as a preferable ethical persona; the professionalization project; advancement of nursing’s metanarrative in place of metanarratives of “medical model” and “traditional science”) remains unintelligible, as it were,

⁵³ In Table 9 (Part One), Appendix H, I summarize references to postmodernism, post-structuralism, and Foucault in these American nursing theory textbooks.

and outside of the “nursing theory/nursing knowledge” domain, as my survey of authoritative textbooks listed above reveals.

In Chapters 4 and 5, I use various representative examples of American nursing writings referring to postmodernism, post-structuralism, and/or Foucault. These examples are drawn from a comprehensive (to the best of my knowledge) pool of American academic nursing literature citing Foucault and/or claiming PM or PS perspectives (refer to Appendices G and H for a list of these American publications). The question that guides my analysis is, in what ways have these authors reacted to or incorporated PM and PS ideas? I will elucidate the positions of individual nurse scholars and theoretical nursing journals. To understand these scholars’ and journals’ deployment of PM and PS thinking, I provide relevant intellectual context. In some cases, as with the work of Reed, unraveling her ideas requires several pages. In other cases, my writing is concise: whenever well-informed and relevant criticisms of PM nursing writings already exist that corroborate my observations—as with Watson’s work—I unapologetically draw on these criticisms. (As explained in the introductory chapter, one of the goals of my dissertation is to highlight important, but ignored or dismissed, criticisms that question established truths of nursing disciplinary discourses.) My discussion presents contrasting or overlapping discursive positions carved out within the matrices of American nursing science. Within those discursive positions, what sense could be, and has been, made of PM and PS ideas? In turn, what are those approaches to theorizing in our discipline and ways of reading Foucault that are less visible and teeter on the edge of intelligibility within the American intellectual matrices?

**Susan Gortner’s “Nursing’s Syntax Revisited:
A Critique of Philosophies Said to Influence Nursing Theories,” 1993:**

Foucault as a Philosopher of the Month

Although Susan Gortner only mentions Foucault once—dismissingly,—I opted to present her position at length. As an American scholar promoting rigorous biological and behavioural research in nursing, she was concerned with a proliferation of what some nurse authors proposed as alternative “scientific paradigms” (namely, phenomenology, critical theory, and feminism) in nursing theoretical literature. My aim in starting with Gortner’s writings is to suggest that American insistence on linking broad theoretical writings on the nature of nursing (including those informed by social theoretical and continental philosophical ideas) with the project of nursing *science* (understood in a specific way) has foreclosed, or delayed, possibilities for engaging with continental philosophy as the object of the humanities. Beginning with Gortner’s writings also helps to unearth contradictory meanings of the notion *nursing science* in American academic nursing.

So closely have the notions of “nursing science” and “nursing theory” intertwined in the American discourse of “disciplinary nursing knowledge” circulated through multiple editions of theory textbooks and through the journals *Advances in Nursing Science* and *Nursing Science Quarterly*,⁵⁴ that it is difficult, in the early 21st century in Canada, to recognize the existence of alternative conceptions and practices of nursing *science*. In fact, this latter conception of nursing science predates the consensus view of science and theory of the 1970s sustained by the nursing

⁵⁴ I underline these words to emphasize the degree to which American nursing *theoretical* field is coterminous with the notion of science, as opposed to, say, the humanities. Our everyday use makes these journal titles so familiar that we do not question what is meant by the term “science” in American theoretical discourse and what this linkage of nursing theory with science enables or proscribes.

theory literature, and can be traced back to the vision of science that underpinned the Nurse Scientist program of the 1960s, when US federal funding enabled nurses to train as researchers in biological and behavioural sciences (Gortner, 1991, 2000). Susan Gortner, a professor of nursing at the University of California at San Francisco from 1978 to 1994 (died in 2006), was the first nurse scientist to serve in the late 1960s and early 1970s in the federal agency that supported nursing research (Gortner, 1991, 2000). Her scientific background as a nurse researcher in the field of cardiology as well as her understanding of interdisciplinary scientific research have informed her perspective and writings on nursing science. Gortner's perspective, aligned with the postpositivist philosophy of science as a critique of logical positivism—a view that reflected many other nurse researchers' (as opposed to some nurse theoreticians') understanding of science throughout the 1980s and 1990s—has been out of sync with the consensus view.

The consensus view, as Risjord (2010) demonstrated, is thoroughly grounded in the logical positivist philosophy of science, but does not recognize this influence. This creates a challenge for the reader wishing to excavate *alternative* views of nursing science. Indeed, how can the alternative be identified if both the consensus view and its alternative energetically reject logical positivism? The well-known metatheoretical and theoretical nursing literature that *denies* logical positivism and rhetorically distances itself from this outdated philosophy, in fact, according to Risjord, *exemplifies* positivist influences. The features of “positivistic” philosophy that are commonly castigated in nursing literature are reductionism, realism, objectivity, and quantification. These features are said to characterize biomedical and behavioural research. Although Gortner is explicitly *post*positivist in her discussions of science and her choice of sources, and she points out that it is erroneous to associate “quantification” with positivism (Schumacher & Gortner, 1992), her empirical focus, her assumption of reality as an essential

ground for scientific activity, and her advocacy for the biological-behavioural research have positioned her squarely in the “positivist camp,” an adversary of the unique nursing science.

An essential ingredient of the lack of congruence between Gortner’s position and the consensus view of nursing science was Gortner’s high esteem for practice theory. She writes, “The field of practice must figure prominently as the empirical source of many theoretical models, and as the setting for their subsequent verification” (Gortner, 1975/1997, p. 695). However, what she observes in nursing is far from her expectation: “the empirical work and the theoretical or rational work (the development of theory) occurred on parallel and nonintersecting planes” (Gortner, 1983/1997, p. 292). Research in nursing as a practice profession should be guided by a question: What are the outcomes of nursing care for patients? “Note the key words,” Gortner (1975/1997) writes, describing her vision of nursing science, “patient and effect. This is the critical nucleus of patient care research” (p. 696). Gortner’s advocacy for empirical, practice-informed theory positioned her unfavourably on a theoretical stage dominated by grand theory.

No surprise, Gortner was reluctant to grant the status of science to the abstract theoretical activity that arose in nursing from the 1970s. In 1999, Gortner gave a keynote address at the 50th Anniversary of the School of Nursing at the University of California at Los Angeles about the past and future of knowledge development in nursing (Gortner, 2000). It is striking how the history of nursing science she presented, if contrasted with the history familiar to us through the “nursing theory” literature, sound as if they were histories of two different, minimally-overlapping disciplines! Her seven-page overview of the milestones of nursing science includes *two sentences* on what many consider the preferred, or even the only, story of nursing science:

With this momentum and influx of prepared scientist nurses, some of whom had been exposed to philosophers in their graduate programs, came debate about the nature of nursing science, what should be the prevailing world view and research approach. We spent a great deal of time speaking and writing to empiricism, phenomenology (later

hermeneutics), critical theory, and feminism, to name but a few. Postpositivists, of which I am one, were maligned for speaking to the components of “good science” such as credibility, reproducibility, and rigor. (Gortner, 2000, p. 64)

Conspicuously, no mention of “nursing theory” or “conceptual models” is made. Naming journals launched in 1978, she mentions only two, *Research in Nursing and Health* and *The Western Journal of Nursing Research*, leaving out the leading theoretical journal, *Advances in Nursing Science*. Earlier, Gortner (1980/1997) distinguished science, “the body of codified understanding of the natural universe and of human social and individual behavior,” from research, “the tool of science” (p. 266). Yet, as she makes clear in her keynote, to talk about nursing science means to talk about nursing research that contributed significantly to solve problems encountered in clinical nursing practice (Gortner, 2000). Gortner’s depiction contrasts with the following logical positivist conception of science: “the body of scientific knowledge [as] the product includ[ing] scientific terminology and definitions, propositions, hypotheses, theories, and laws. . . . [that] articulat[e] the logical foundations of scientific knowledge” (a philosopher Rothbart in Silva & Rothbart, 1984/1997, pp. 296–297). Opposing this logical positivist understanding of science as a hierarchical, foundational structure of elements at differing levels of abstraction—an understanding that surreptitiously took root in nursing theoretical discourse—Gortner offered a counter-voice questioning nursing’s “scientific” directions.

In the 1980s, American nursing theory rejected “traditional science” with its scientific method in favour of holistic, idealist, and subjective nursing theory and philosophy and phenomenological research (Gortner, 1990/1997; Paley, 2002). In short, “science [was] cast against humanism and hermeneutics” (Gortner, 1990/1997, p. 200). The humanistic focus of nursing was thought to be threatened by and incompatible with the scientific method (e.g.,

Munhall, 1982). Gortner (1983/1997) responded: “I argue against the position that research methods must be compatible with disciplinary philosophy, whatever that is. No other profession has had such a stringent requirement” (p. 292). Without controversy, the nursing profession espouses humanistic values of caring. But a belief that nursing’s philosophy should guide and direct research strategy is misguided, Gortner (1990/1997, 1993/1997) rightly insisted.⁵⁵

Gortner (1993/1997; Schumacher & Gortner, 1992) attempted to convince her opponents that contemporary empiricism was not what they thought it was, that it had moved past logical positivism, and already operated on a plane of assumptions claimed desirable in nursing science. Postpositivist science is non-foundational as it rejects absolute sources of knowledge. It embraces values positing that there are no theory-neutral facts. Both quantitative and qualitative data are valid forms of evidence. Scientific realism accepts *unobservable* entities posited in scientific theories as real (i.e., the “metaphysical turn” in the philosophy of science). An emphasis has shifted from verification, or a concern with the origin and foundation of knowledge, to justification of knowledge claims, that is, evaluation of evidence brought to bear on them. Many postpositivists recognize that the belief in universal laws is erroneous. With these arguments, Gortner attempted to rectify misconceptions about science.

According to Gortner (1990/1997, 1993/1997), these misconceptions in nursing metatheoretical literature lead to extreme subjectivism promoted through the so-called alternative “scientific paradigms,” which she sets out to interrogate. In addition to phenomenology and hermeneutics, the alternative paradigms include critical theory and feminist ideas, all introduced

⁵⁵ This ostensible requirement of compatibility owes to the entrenched notion of paradigms, extracted from Kuhn’s writings, and remaining in nursing despite critiques of *paradigm* in the philosophy of science. Interestingly, Gortner’s writings prefigure more recent critiques (Paley, 2000b; Risjord, 2010; and some of Sandelowski’s work) of the entrenched paradigmatic thinking and its attendant requirement of coherence among a researcher’s philosophy, ontology, and methods.

into American nursing literature from the 1980s onward. Gortner's (1990/1997) engagement with these relatively novel ideas touches upon the possibilities they offer; for example, hermeneutics assist in the "intersubjective consensual validation [of meaning] by participants" (p. 202) whereas critical theory applies to "situations of social interaction involving authority and power" (p. 203). Foucault figures only tangentially in Gortner's (1993/1997) writings when she dubs him a "philosopher of the month" (p. 362), alongside Kuhn, Laudan, Habermas, and Toulmin, and identifies these philosophers' ideas as partially responsible for nurses' misunderstanding of contemporary empiricism.

The bulk of her discussion, however, revolves around concerns legitimate within the framework of Western science (to which many nurse theorists appealed as well): Without scrutiny by the community of scientists, how can we accept "self-understandings and self-theories . . . as warranted evidence and thus as measures of 'truth'" (Gortner, 1990/1997, p. 201)? Can understanding facilitated by a hermeneutic analysis be taken as the sole criterion for explanation? (p. 203) Understanding is indispensable for the clinician, but the goal of science is to provide prescription for practice. Thus, explanation should be grounded in causal inference. Explanation remains one of the foundational premises of science. Next, some feminist writers advocate "knowing through intimate attending" (Gortner, 1990/1997, p. 203). But the scientific requirement of generalizability and reproducibility highlights limitations of this idiosyncratic "knowing."

It is within this context of nursing metatheoretical discussions, when continental ideas, including those introduced by Foucault, were presented as alternative *scientific paradigms*, that Gortner's (1993/1997) unsympathetic reaction should be placed. For science is already self-correcting, and any purported advantages of the "new science" are unconvincing for her. Above

all, Gortner (1990/1997, 1993/1997) writes that as *substitutes for scientific method*, critical theory, feminism, and phenomenology/hermeneutics, praised as subjective and idiographic, are unsatisfactory in terms of meeting assumptions of scientific realism (research findings refer to the real world and may or may not be true) and explanatory power (not only accounting for a given event but generalizing to other events of the same set).⁵⁶ I suggest that Gortner's well-informed criticism of "nursing science" and its alternative paradigms is not directed at continental philosophy. It is rather the case that nursing literature stretched continental philosophical ideas too far from their original context—for example, posited them as a substitute for the scientific method. Then what Gortner is opposing in her article is not continental philosophy per se, but a presentation of continental philosophy as a substitute for the scientific method.

Although Gortner only mentioned Foucault in passing, I presented her position at length. As a scholar promoting rigorous biological and behavioural research in nursing, she was concerned with a proliferation of alternative "scientific paradigms" in nursing theoretical literature. Foucault's work was to be avoided because it signalled the postmodern relativization of scientific truth. We will see below that other nurses, who also extracted this idea from Foucault's writings, have done so from completely different theoretical positions and put PM ideas to different uses. Gortner's work is interesting for another reason as well: She participated

⁵⁶ Admittedly, Gortner's depiction of science does not seem to acknowledge feminist criticisms of science like those presented by Sandra Harding (1986/1999, 1995). Instead, Gortner focuses on *nursing* papers in *ANS* that introduced feminist ideas into nursing in the 1980s. This American feminist nursing literature tends to draw eclectically on various strands of feminist theory often without making important distinctions among them. I believe that Harding's and other scientists' (e.g., Haraway, D. Smith, Heckman) robust feminist critiques of science must accompany readings in philosophy of science in nursing programs. This lack of acknowledgement of feminist critiques of science by Gortner, however, does not invalidate her appraisal of "alternative scientific methods" in nursing.

eruditely in both—largely non-overlapping—conversations in academic nursing, that of “traditional science” (used as a belittling term in nursing theory literature) and “nursing science/nursing theory.” At the very least, Gortner’s treatment of Foucault and other continental philosophers raises a question about the benefits, for the discipline of nursing in the US, of presenting continental philosophy as an alternative *scientific* modality as opposed to as an evolving theoretical conversation in the humanities (including the latter’s criticisms of science, be it medical science or nursing science).

**Laura C. Dzurec’s “The Necessity for and Evolution of Multiple Paradigms
for Nursing Research: A Poststructuralist Perspective,” 1989**

Laura Dzurec sought to address American metatheoretical debates, which in the 1980s focused on the types of “knowing” and “paradigms of science” suitable for the discipline. Conflicting perspectives of “positivism” and “phenomenology” can be reconciled, Dzurec suggested (1989), by casting them, respectively, as dominant and subjugated knowledges à la Foucault. In this way, novel phenomenological, qualitative nursing research can be recognized on a par with well-established quantitative research. Dzurec’s call for a diversity of nursing scholarship struck a chord with some North American, especially Canadian nurse academics who rejected the methodological and theoretical divisiveness in the American academy (Stajduhar, Balneaves, & Thorne, 2001; Thorne et al., 1998; Thorne, A. D. Henderson, McPherson, & Pesut, 2004) and advocated “critical multiplism” instead (Letourneau & Allen, 1999).

Dzurec’s (1989) publication was the first to draw on PS ideas and Foucault’s notion of knowledge/power in American nursing literature. It has been favourably commented upon for both its endorsement of intellectual pluralism and its foregrounding of a PS perspective. Consequently, her contributions appeared in edited textbooks, *In Search of Nursing Science*

(Omery, Kasper, & Page, 1995) and an anthology *Perspectives on Philosophy of Science in Nursing* (Polifroni & Welch, 1999). Turning our attention to the format of the textbook, which can be treated as a monument to ideas recognized and accepted as the most important and lasting in the discipline, I should note that these American texts were the earliest to include sections explicitly labeled “postmodern philosophy of science” in nursing.

One uniting feature of these textbooks is their firm positioning of postmodern and other continental philosophy in the realm of *science* (a rather problematic undertaking brought to the reader’s attention in my analysis of Gortner’s work). The other commonality between these texts is the display of a commendable spectrum of theoretical/philosophical perspectives in nursing science—empiricism, pragmatism, phenomenology and hermeneutics, feminisms, critical theory, and post-structuralism—without attempting to reduce or synthesize these perspectives under the rubric of “distinctive disciplinary knowledge.” Admittedly, however, the goal pursued by Polifroni and her co-authors (Packard & Polifroni, 1991/1999) is to move the discipline closer to an identification of “a fundamental question” (p. 503) or “THE central question in the science of nursing” (p. 505, capitals in original)—a project echoing the ambitions of the consensus view of unique nursing science.

Polifroni and Welch’s anthology (1999) includes three articles addressing postmodernism: Dzurec (1989), Reed (1995), and Watson (1995). The latter two papers became American classics of “postmodern nursing science,” oft cited in journals and books and repeatedly anthologized. As such, they continue to set the stage of what counts as PM theory within the discourse of theoretical nursing knowledge in the US. It is to these two nurse authors that I now turn.

**Pamela Reed’s “A Treatise on Nursing Knowledge Development
for the 21st Century: Beyond Postmodernism,” 1995**

Pamela Reed, a professor of nursing at the University of Arizona, is known for her writings on knowledge development in nursing as well as her role as the lead editor for the last two editions of the anthology *Perspectives on Nursing Theory* (Reed & Shearer, 2009, 2012). She is the author of the middle-range theory of self-transcendence (e.g., in Fitzpatrick & McCarthy, 2014). How does Reed envision scientific theory? The image of nursing theory assumed in her writings resembles the pyramid-like structure of nursing knowledge described by Risjord (2010). The metaparadigm concepts determining nursing’s unique domain, levels of theory based on their abstractness, and scientific explanation consisting in subsuming empirical observations under a higher-level theory are recurrent themes throughout her work (Reed, 1995, 2006a, 2006b, 2008). In another publication, Reed describes a process of a “deductive reformulation using developmental theories” (Reed, 1991), which approximates steps of logical deduction of theoretical propositions from higher-level theories. In short, the pyramid structure of theory—a legacy of logical positivist philosophy of science (Risjord, 2010)—permeates Reed’s perspective on nursing knowledge.

In contrast to those scholars who envision the growth of nursing knowledge primarily through grand theories, however, Reed’s focus has consistently been on “practice-based theory” (Reed, 1996, 2006a, 2008) and a “practitioner as theorist” (Reed, 2008). What does she mean by “practitioner as theorist”? Reed articulates a “model of knowledge production” originating not with a theoretician but with a practitioner. Her assertion, “to theorize is to think abstractly and make links between the empirical and conceptual” (Reed, 2006a, p. 37), is quite uncontroversial on the face of it. To produce a theory, “the nurse applies creative insight and knowledge to

generate and prioritize potential explanations for the problem at hand. . . . [T]he experience or observation occurs first, followed by generation of hypotheses or potential explanations” (Reed, 2008, p. 319). That is, having obtained data from patient interactions, a practitioner should “integrate theoretical thinking with [these] data . . . to develop knowledge” (Reed, 2006a, p. 37).

And another iteration of Reed’s ideas:

The nurse’s observations become the fundamental theoretical units, which are spiraled up drawing in relevant theories. Theoretical explanations are then *peeled out* from what the nurse has observed. The resulting theory is applied, tested, and transformed into nursing knowledge in the crucible of nursing practice. (Reed, 2008, p. 316; italics in original)

Embedded in this vision are assumptions about the empirical observation as separate from and prior to any conceptual/theoretical frame, about the source of “the conceptual,” and about the form a final product should take.

Reed’s first assumption, a fact-theory distinction, was challenged by the well-known humanbecoming scholars Gail Mitchell and Debra Bourne (2006) on the pages of *Nursing Science Quarterly*. Mitchell and Bourne rejected a possibility of “atheoretical practice” implied by Reed’s insistence that “observation occurs first” and then theoretical knowledge is “peeled out from practice.” Practice always already reflects implicit or explicit “values, culture, and conceptual thinking” (p. 117), argued Mitchell and Bourne. In her rejoinders, Reed does not directly address this challenge, although elsewhere Reed (1995, 1996, 2000) too emphasizes the shift in the philosophy of science from value-neutral to value-laden observations (i.e., a refutation of the possibility of atheoretical “facts”).

In relation to the form that a theory should take, Reed seems to suggest the following: “up the spiral” thinking is a requirement, which leads to a nursing theory “at some level of [abstraction]” (Reed, 2006a, p. 37). We can see that Reed does not depart from the pyramid image of science, only that she advocates theories at the lower level of abstraction, peeled out

from practice and then possibly worked up the ladder of abstraction. A further caveat is that the metaparadigm concepts (the crown of the pyramid) and paradigms, or philosophy of nursing, play an important role in Reed's vision of theory supposedly derived from practice. Reed (1995, 2006b) appears to suggest that "the concepts" from the "extant theoretical and conceptual models" such as M. Rogers's science function as "the corrective" for the kinds of "facts" that can be legitimately drawn from practice in a process of theorizing. In this way, their philosophical differences notwithstanding, both Reed's *practice-based theory* and Mitchell and Bournes's *practice-guiding grand theory* authorize what a practitioner and/or theorist can *think/see*: Sifted through the conceptual net of extant nursing theory, will not the "facts" of nursing practice be predetermined? (For example, accounts of nursing practice generated in light of M. Rogers's science of *unitary human being* will be conducted in terms of energy fields.) Most notably, will not these ostensibly practice-based accounts/theories be stripped of "the social" (e.g., a non-romantic view of the nurse–patient interaction and an organizational context) that intrudes into nursing practice but is excluded by the "extant" American theoretical frameworks the nurse scientists are advised to use? (Drevdahl, 1999a; Purkis, 1994, 2003).⁵⁷

Let us now examine how Reed theorizes postmodernism for nursing. Her position diverges from the more stringent one that treats interdisciplinary theory with great caution, as a potential threat for nursing's unique field. For Reed, continuous nursing knowledge development and what she refers to as the clarification of philosophical foundations of nursing science depend

⁵⁷ Reed is not explicit about how this process of practice-based theorizing would look. The notion of a corrective that I introduced here is discussed below in this chapter. Reed does not provide any examples of the external corrective, but her formulation of the "metanarrative" (see below) seems to be devised with such a purpose in mind. American nursing theories, including those singled out by Reed as suitable "correctives" for nursing theorizing, treat sociological concepts in a colloquial way (if at all) (Kim & Kollak, 2006). Thus, problematically, any empirical "social facts" and conceptualizations of nursing practice enabled by contemporary *social theory* simply fall outside of (Reed's) vision enabled by the "nursing-specific spectacles."

on the ability of nurse scholars to recognize paradigmatic shifts in broader philosophical thinking and to revisit, or undertake a “reformulation” of extant nursing knowledge. Therefore, she spearheads the idea of a critical examination of the scientific ideals in light of postmodern challenges. In Reed’s application, however, these challenges do not trouble the established conception of “nursing science,” theory, and practice. The following paragraphs will explain how this is so.

Reed uses the term “postmodernism” in several articles (1996, 2006b, 2008), starting from the 1995, “A Treatise on Nursing Knowledge Development for the 21st Century: Beyond Postmodernism.” Citing social science literature on postmodernism, in addition to Foucault and Lyotard, Reed (1995) lists PM novelties: a rejection of a single meaning of reality; an incredulity toward grand theories and other metanarratives; a suspicion toward truth and progress; a coupling of knowledge (“meaning”) and power; a denial of an essence of human beings; and the dissolution of universals (p. 71). The word “deconstruction” appears on the list along with platitudes that “the focus of study is text” and “meaning derives from the relationship between the text and the reader” (p. 72). This sketch of “postmodern theory,” although not uncommon in nursing and other professional disciplines, is unhelpfully broad-ranging and superficial to provide an adequate snapshot of specific concepts. Claiming to draw on work of American pragmatist philosopher R. Rorty, Reed concludes her survey of postmodernism by positing the “shift from concern over the truth of one’s findings to concern over the practical significance of the findings” (p. 72).

Reed’s (1995) new “framework for knowledge development” for the 21st century includes important components with potentially wide appeal in nursing. In the spirit of postmodernism, she calls to “transcend the . . . dichotomies” of “research and practice, inductive

and deductive reasoning, qualitative and quantitative data” (p. 72). She observes that the schisms between scientific inquiry, nursing philosophy, and practice are problematic, and the framework aims to link them. (We have already examined Reed’s conception of practice-based theory as a mechanism she suggested for uniting nursing theory and practice.) Reed appeals to “postmodern thought” in order to “blur . . . the distinction between the nonempirical and empirical, theory and fact” (p. 74). What do these aspirations amount to? Reed undertakes a series of “reformulations” aimed at “broadening” the notion of the empirical: the *new empirical* affirms “personal stories” on a par with “biologic indicators” and legitimizes nursing “nonempirical conceptual innovations” such as M. Newman’s and D. Orem’s theories as examples of empirical scientific work (p. 74). Further, she identifies that the PM influences on the philosophy of science call for a critical examination of the nurse scientist’s assumptions. “But critique alone is not enough,” Reed (1995, p. 75) adds immediately after suggesting the usefulness of critical reflection. Following this statement, the next section of the article has a subheading: “Beyond the Critique: A Neomodernist View.” Rather than capitulating to the postmodernist challenges and overthrowing modernist ideas “about high theory or universal ideals” (p. 76), Reed seeks to modify modernism within a new framework of neomodernism.

Reed (1995) alludes to the common contention that postmodernism is non-normative and thus cannot serve as a substantive foundation for the nursing profession and a discipline. This limitation—that the postmodern “critique [of nursing science] cannot serve as its own external corrective” (Reed, 1995, p. 75)—is perceived as deeply problematic by Reed. She proposes a solution: “the nursing scientist’s critique process [should] be linked to a substantive overarching ‘ideal’ or metanarrative” (p. 75). In this way, nursing’s “perspectives and values . . . that distinguish nursing knowledge and the caring application of that knowledge” (p. 76) are

preserved. She names two “metanarratives,” nursing philosophy and nursing practice, as regulating how far critiques can reach. But what are these two “metanarratives” that Reed entrusts with an ultimate governing authority over a critical discourse? Before answering this question, I take a brief detour.

Central to our further exploration into what the appeal to postmodernism accomplishes in Reed’s work is her view of science as consisting of paradigms. In American nursing science, paradigms are ubiquitous. In Reed’s work their place is pivotal. However, this omnipresence of paradigms both in nursing theory and nursing research has wide-reaching negative consequences for nursing scholarship, as critics pointed out (Paley, 2000b; Risjord, 2010). A critique of this obsolete view of science is an important thread in Risjord’s (2010) analysis. Kuhn’s work popularized the term *paradigm* far beyond the philosophy of science, with a perspective that science operates based on paradigms. One of the most lasting meanings of the term, as used by Kuhn, views paradigm as a “package” that encompasses philosophy, theories, and the corresponding methods. All components inside the paradigm cohere, but there is no coherence between the paradigms (i.e., they are incommensurable). Post-Kuhnian philosophers pointed out debilitating limitations of a paradigm-based conception of science. In addition to presenting an erroneous understanding of how science works, insulated paradigms imply the impossibility of criticism across them, which is a limitation for any intellectual field (Risjord, 2010).

Reed (1995) refers to the first “metanarrative” as *nursing philosophy* and uses this phrase interchangeably with two other notions, nursing worldviews and paradigms. Nurse scholars have articulated several “philosophic systems . . . such as . . . Parse’s totality and simultaneity

paradigms;⁵⁸ Newman’s particulate-deterministic, interactive-integrative, and unitary-transformative worldviews; and Fawcett’s reaction, reciprocal interaction, and simultaneous action worldviews” (Reed, 1995, p. 77). Medicine and psychology developed their respective paradigms too, as did other sciences, Reed claims. She then touches upon polarized positions in nursing literature about the desirability of such a paradigmatic diversity in nursing. While postmodernism eschews “the wholes and the unities” and while many authors support a paradigmatic diversity, Reed (1995) leans toward a preferred “metanarrative”:

The metanarrative of human developmental potential, transformational and self-transcendent capacity for health and healing, and recognition of the developmental histories of persons and their contexts. . . . [This view is] congruent with the philosophic ideas expressed in Newman’s unitary-transformative paradigm and Parse’s simultaneity paradigm. (p. 78)

This “nursing philosophy” then is a “metanarrative” that Reed (1995) puts forth as an expression of nursing’s overarching values. We can recognize the influences from developmental psychology that inspired Reed’s theory of self-transcendence, as well as her gesture to emphasize the congruence between these ideas and the selected extant nursing paradigms. As part of a new value-based neomodernist framework that presumably “incorporates both modernist and postmodernist philosophies” (p. 70), this “metanarrative of nursing philosophy” serves, in Reed’s words, as “an external *corrective* of choice” (p. 78; italics added) for critiques of nursing science.⁵⁹ Although elsewhere Reed declares that “neomodernism champions an ongoing critique

⁵⁸ A nurse theorist R. R. Parse, the author of the humanbecoming theory, who previously put forth these two paradigms (her own theory fell within the simultaneity paradigm), has recently set her theory as a separate, third entity, humanbecoming paradigm (Cody, 2015).

⁵⁹ Reed is not explicit about how this “corrective” it supposed to work. As I understand it, the nursing’s metanarrative in the form of selected grand theories is proposed by Reed as legitimating what criticisms of nursing ideas can be accepted and what should be rejected as compromising the nursing’s “foundational” ideas/ideals. I interpret Reed’s recourse to neomodernism as an attempt to safeguard the established body of American nursing theory.

. . . [of] metanarratives” (2006b, p. 37), I suggest that setting “external correctives” for critique functions as a censorship and limits the scope and substance of criticism. At the same time, positioning the above expression of “nursing’s values” as the “metanarrative” functioning as the *corrective* suggests that the assumptions underpinning the above quote themselves safely escape postmodern contestations of, most notably, humanism, progress, and the metanarrative of (nursing) science.

Reed’s (1995) discussion of the other “metanarrative,” nursing practice, includes an affirmation of the link between science and practice in a way that moves beyond grand theorizing to advocate what she calls in her other publications practice-based theory, an idea not uniformly accepted among nurse theorists. Reed appeals to postmodernism to support her focus on “practice”: “In postmodernism, the ultimate locus of meaning is the culture or context of the object of inquiry” (p. 80). However, as in the above example when the endorsement of criticism was cut short with a hasty comment that “critique alone is not enough,” a tentative opening onto the “culture and context as something external to the person” (p. 80) is shut with a reminder that “the patient [is] a context of health and healing. Human beings’ inner healing nature cannot be dismissed. . . . Patient [can be viewed] as environment” or as inseparably coexisting with it (p. 80). As I suggest in Chapters 6, 7, and 8, recognition of “culture and context”—as agential in their own right, as preceding the individual, and as constituting social practices—is necessary to fully appreciate the nature of nursing practice. This is an insight from non-American continentally-informed nursing scholarship (e.g., Davina Allen, 2015; Latimer, 2003; May, 1990; Nelson, 2003; Purkis, 2003; Traynor, 2013b) and a few American “outsiders” in the world of nursing theory (e.g., David Allen, 1987; Drevdahl, 1999a, 1999b; Liaschenko, 1997;

Sandelowski, 2003a; Thompson, 1992). Reed's supposedly PM conception of "context," however, does not allow such an expanded appreciation of nursing practice to emerge.

In her discussion of the "metanarrative" of nursing practice, Reed (1995) contests a PM disinterest in "conceptualiz[ing] the whole" (p. 81) and reinstates the importance of nursing conceptual models. "The nursing conceptual models are a mechanism of translating the metanarrative of nursing practice for knowledge development" (pp. 80–81). We already encountered this idea when I delineated Reed's vision of practice-based theory, specifically, her proposal for conceptual resources "drawn in" to link with the "observations" from nurse–patient encounters. As I commented before, an account of practice, *translated* through extant nursing models and theories, constructs "practice" in a highly specific, limited, and some would suggest, problematic way (e.g., Drevdahl, 1999a; Latimer, 2003; May, 1990; Purkis, 1994, 1997, 2003). In Chapters 6 and 7, devoted to exploration of non-American PM and PS scholarship, I provide especially striking counter-examples of how these theoretical insights can inform understandings of nursing practice.

So, what can be said to recap my analysis of Reed's (1995) turn to postmodernism and beyond, to neomodernism? What has been heralded as an attempt to transcend dichotomies in the name of postmodernism ironically reinforces some of the protracted binary oppositions in nursing: the "traditional modern" science versus nursing science; social science paradigms versus nursing unique paradigms; unitary-transformative nursing paradigm (for instance) versus other nursing paradigms. Next, the PM critical ethos is acknowledged only to be neutralized within the "neomodernist framework." "Metanarratives" in the form of nursing paradigms and extant conceptual models are explicitly re-affirmed. What is more, they are positioned beyond reproach, as the "external correctives to the critique of knowledge development" (p. 81).

“Metanarratives” legitimize what counts as valid theory and critique in American nursing science and what can be seen/thought as nursing practice. Finally, despite a glimpse of “context” warranted by postmodernism, “environment” is inflected in Reed’s version of nursing theory in such a way that the bottom line, the ultimate “phenomenon of concern to nursing” is “the patient’s experience of health and healing” (p. 80). Although this nursing imperative is undeniable, the way this “phenomenon” is expressed in nursing theory and affirmed by Reed, explicitly excludes the socially-constructed nature of “experience” (e.g., the nurse–patient interaction as a social accomplishment and as embedded in a wider organizational and historical context) and at the same time assumes that a nurse has an unproblematic access to that “experience.”

Reed’s “neomodernism” dismisses inconvenient insights of postmodernism. The PM philosophy embedded within the intellectual matrices of American nursing science serves the maintenance function for the canonical conception of unique nursing knowledge and the pyramid view of nursing theory.

Jean Watson’s “Postmodernism and Knowledge Development in Nursing,” 1995

Another paper anthologized in Polifroni and Welch (1999), in addition to those by Dzurec (1989) and Reed (1995), is authored by Jean Watson, a professor of nursing at the University of Colorado. Watson was named “one of the most prestigious nurse theorists of the 21st century” (Cox, 2000, p. 102). She founded the Caring Science Institute at her university and published prolifically from the late 1970s onward. In her books, Watson elaborates, revises, and expands her vision of nursing as the science of caring, or human caring science. In the 1980s she postulated the 10 carative factors, the first of which, for example, identifies the importance of “the formation of a humanistic-altruistic system of values” (Watson, 2005, p. 2). Watson (2012)

describes her theoretical orientation as arising within a “phenomenological existential-spiritual realm” (p. x). Commentaries on her work identify humanistic, existential, and transpersonal psychology as well as certain Indian and Chinese philosophies as the most important influences on her thinking (Sarter, 1988). Watson’s Eastern-inspired belief in the inner self, or soul, as the most powerful source in human existence (Sarter, 1988, p. 56) helps us place in context important notions in her work: the “unity of mind/body/spirit/nature/universe” tempered by the centrality of a “spirit-to-spirit connection” occurring within the “unitary field of consciousness” (e.g., Watson, 2005, p. 6).

Varied classifications of Watson’s work reflect ongoing attempts in American nursing science to underscore the importance of formal properties of disciplinary theory. Thus, within Fawcett’s (2005) structure of the disciplinary nursing knowledge Watson’s theory of human caring is placed alongside the works of Orlando and Peplau as a middle-range theory. Surveys of nursing theory (e.g., Alligood, 2014) categorize Watson’s work as a “philosophy and theory of transpersonal caring.” Watson’s theory is viewed as fitting into the human science tradition in nursing (Mitchell & Cody, 1992). These examples illustrate the paramount concern, within the American metatheoretical field, with the appropriate levelling and paradigmatic fit of theory.

Watson’s metatheoretical comments provide yet another illustration of the kind and function of theory upheld within the American nursing science. Caring science is proposed as the disciplinary foundation for the nursing profession (Watson, 2012). Nursing theories articulated within this science explicate “the ethical, philosophical, moral values, the world view, and lens one holds” (Watson, 2012, p. xi). Watson believes that metaphysical nursing systems nourish the profession: that her abstract writing on the ideal of caring can serve as a protective shield against the harsh realities of clinical nursing practice. She writes: “when things are so bad, we long for

something else, for what might be, rather than succumb to what is” (Watson, 2005, p. xiii). The three interrelated themes listed here—nursing theory/philosophy as a foundation for the profession, as the ethical world view, and as an ideal, timeless “core” transcending the “trim” of nursing realities (Watson, 2005, p. 3)—are common tropes in American nursing theoretical literature.

I now turn to examine Watson’s ideas on postmodernism in her 1995 article, “Postmodernism and Knowledge Development in Nursing” and in the 1999 book *Postmodern Nursing and Beyond*. Although Watson’s (1995) scope of bibliographic references is wider than that of Reed (1995), that is, Watson cites Derrida, Foucault, Saussure, commentaries on Lacan, Said, and American feminist PM scholar of education Lather, Watson’s deployment of postmodernism and its implications for nursing science strikingly resemble those proposed by Reed.

At the outset, Watson (1995) equates the *modern* with “traditional, empiricist” science. She then emphasizes the crisis of modern science occasioned by certain PM ideas, which she links to the nursing’s human science paradigm. Watson’s argument moves through three steps. She addresses the “shadow side of postmodernism: deconstruction” (p. 61), then moves “into the light of postmodernism: reconstruction” (p. 62), to ultimately rest in “nursing’s most ancient and contemporary extant caring-healing-health knowledge and practices” (p. 63). In more concrete terms this means the following: The “shadow side” of postmodernism has precipitated “a void and moral confusion” (Watson, 1995, p. 20). The center falls apart, leaving no epistemological and ethical foundations for nurses, a situation assessed by Watson as engendering rampant relativism. Thus, she concludes that the moral compass of nursing—contained in the work of the human science scholars M. Rogers, Newman, Parse, and her own—is needed more than ever.

This précis shows how PM theory is employed by Watson to strengthen the position of a specific branch of “unique disciplinary knowledge,” rather than to interrogate its foundations in the spirit of French theory.

Parts of Watson’s writing can be described as poetic and metaphysical, for instance, when she invites “an awakening of human consciousness towards a deeper spiritual dimension of one’s humanity” (Watson, 2005, p. 913), and this style is prominent in her 1999 book, *Postmodern Nursing and Beyond*. This work has been praised as moving, challenging, and spiritually inspiring (Cox, 2000), but not all commentators share such a view. Paley (2000c), appraising Watson’s book for the discussion of PM ideas like the mistrust in metanarratives (the metanarratives of myth and religion as much as that of science), a questioning of Reason, the politics of difference, polyvocality, and the play of signifiers—that shook the academy in the 1990s—instead discovers a grandiose metanarrative of “new age nursing” (p. 82). Paley quickly realizes that in Watson’s book, “‘postmodernism’ is just a convenient, if totally inappropriate, peg on which to hang some unorthodox notions” (p. 82).⁶⁰ If these troubles created by postmodernism across the social science and humanities disciplines are not the center of Watson’s attention, then what does her “postmodernism” accomplish?

As in Reed’s approach, the turn to postmodernism in Watson (1995, 1999) accomplishes the following ideological work: The structure of the article itself reinforces the idea of progress, of the movement from darkness to light; certain nursing paradigms and concepts (e.g., self-transcendence, holism) are valorized not only over “the traditional science” but also over other nursing paradigms and concepts (e.g., adaptation, linearity); and selected nursing theory is

⁶⁰ It must be noted that Paley’s (2000c) critique is far from bashing Watson’s (1999) ideas wholesale. Rather, he points out the book’s indiscriminating mixture of ideas and a complete avoidance of the reputable academic sources that can actually *support* some of Watson’s claims.

reinstated as a moral foundation for the profession. Cursorily acknowledging the PM challenges to dualisms, universal ethics and metanarratives, Watson (1995) posits nursing science as an anti-Western-science metanarrative of “caring ethic” a la New Age (Paley, 2000c).

Following Reed’s (1995) and Watson’s (1995, 1999) “postmodern” writings, a new platitude has emerged in some textbooks on American nursing theory and nursing research (e.g., chapter by Clarke in B. Johnson & Webber, 2010; L. O. Walker & Avant, 2011): contrasting “modern,” traditional, positivist, quantitative (read: backward) science with “postmodern,” qualitative, subjectively-orientated science/inquiry.

The prominence in the nursing theory literature of the anti-(“traditional”)-science sentiment reinvigorated by “postmodern” writings has provoked a reaction in defense of science *and* against French theory. “Postmodern nurse theorists,” Glazer (2001) writes with derision, “[are] citing an impressive-sounding array of philosophers as supporting their abandonment of Western science” (p. 200). However, for a reader familiar with contemporary French theory it is clear that Glazer’s attack against postmodernism is misplaced: some nurse theorists’ (e.g., Watson’s) over-simplistic view of science is matched by their equally over-simplistic representation of postmodernism.⁶¹ Equally, criticism of “postmodern ideas” by some Canadian scholars (e.g., Mackay, 2009; Stajduhar et al., 2001) in fact turn out to be directed not at this continental philosophical movement but at the extreme subjectivization and relativization of “truth” in American *nursing* grand theory. In other words, those Canadians attacked caricature images of postmodernism found in some American nursing literature.

⁶¹ Thompson (2002) correctly points out Glazer’s (2001) mistaken generalization that all postmodern nursing scholarship is lacking in rigour.

Nursing Science Quarterly

In 1988, Rosemarie Rizzo Parse, a prominent nurse theorist and an originator of the humanbecoming school of thought, then a professor of nursing at Hunter College in New York (later at Loyola University Chicago), opened the first issue of *Nursing Science Quarterly (NSQ)* by laying out the journal's intellectual boundaries: "It will focus on the publication of original works related to theory development, research, and practice, which *tie directly to the knowledge base as articulated in the extant nursing theories and frameworks*" (Parse, 1988, p. 1; italics added).

In keeping with its mandate, one of *NSQ*'s primary achievements over the years has been promoting nursing as a basic (as opposed to "applied") science whose goal is to encourage discipline-specific theorizing. This positions *NSQ* as the voice *par excellence* in the (to use Risjord's vocabulary) consensus discourse of nursing theory in the US. An attitude toward "borrowed theory" upheld within this conception of nursing science is outlined in the previous chapter. Perhaps the clearest expression of this highly negative attitude can be found in W. Cody's (1998) response to some nurses' growing interest in interdisciplinary "discourses from orthodox Marxism to radical feminism" (p. 44). One of Cody's objections against "critical theory" as a guide of nursing practice rests in the absence of nurses' effort to connect critical theory borrowed from sociology to extant nursing frameworks. Quite predictably, references in this journal to ("borrowed") PM and PS theory and Foucault's work can be counted on the fingers of one hand.

What are the discursive conditions of possibility that enable (partial) recognition of PM/PS/Foucault in *NSQ*? How was PM and PS "packaged" in order to gain acceptance onto the pages of this journal? We have already encountered Watson's "Postmodernism and Knowledge

Development in Nursing” published in *NSQ* in 1995. This version of “postmodernism” avoids any critical engagement with binaries, metanarratives, and politics of difference and serves to reaffirm the “cosmic caring” metanarrative of (Watson’s vision of) the nursing’s human science tradition. Other references to PM and Foucault in *NSQ*, described below, are equally entangled within the conception of unique science and discipline-specific theory.

Topaz, Troutman-Jordan, and MacKenzie (2014) conceive of postmodernism as an evolutionary stage in the process of metatheoretical development (a la Reed, 1995), which is subsumed by the next, developmentally-superior stage. Topaz et al. follow this trope when presenting a middle-range nursing theory of successful aging, called gerotranscendence, which, according to authors, replaces weakness-based, functionalist theories of aging de-centered in the wake of PM critiques of ageism. (What makes the theory of gerotranscendence a *nursing* theory is “derivation” of some components of this theory from Roy’s adaptation model.) Similar to my point in relation to Reed’s article, Topaz et al.’s evolutionary reading of PM as a mere stage effectively positions their theory as if outside of (postmodern) questioning of the contemporary societal discourses constructing “successful aging” as an ideal (O’Rourke & Ceci, 2013).

In another article in *NSQ*, titled “Power, Right, and Truth: Foucault’s Triangle as a Model for Clinical Power,” Polifroni (2010) proposes “a model of power . . . consistent with the worldview in the 21st century for nursing practice” (p. 8). Polifroni, operating under a similarly limited understanding of *nursingness* of nursing theory, embeds Foucault’s notion of power within two conceptualizations of power by nurses: Chinn’s PEACE framework (Praxis, Empowerment, Awareness, Cooperation, and Evolvment) and Barrett’s nursing theory of *power of*. According to Barrett, power is “the capacity to participate knowingly in the nature of change characterizing the continuous patterning of the human and environmental fields” (Caroselli &

Barrett, 1998, cited in Polifroni, 2010, p. 11). Foucault's notion of power is imagined by Polifroni as a "triangle of power, right, and truth": "If power is everywhere and it is inextricably connected to knowledge and truth, which are essential rights for all, then all individuals have power" (p. 11). Combining Chinn's, Barrett's, and Foucault's "conceptualizations," Polifroni proposes a model of clinical power for nurses. "Picture two triangles—the outer, . . . with power at the base and right and truth on each arm, within which is a second triangle called clinical power, with relationship and awareness on its arms" (Polifroni, 2010, p. 12). "Power [in Foucault] becomes emancipatory as knowledge and truth are discovered and disseminated" (Polifroni, 2010, p. 11).

This example vividly illustrates how nurse authors transform "borrowed" ideas into the "discipline-specific" models. If anything at all can be said about such a strange exercise, it is that an outcome of these mental gymnastics is the stripping of Foucault's ideas of their meaning: contradicting his capillary image of power, certain kinds of relationships and situations (presumably, an ideal nurse–patient interaction) are hailed as fundamentally and unquestioningly benevolent arrangements—such as relationships built on "love and not dominance" (Polifroni, 2010, p. 10). This is a stark misrepresentation of Foucault: the power/knowledge nexus is transformed into a claim that more knowledge equals more power in Polifroni's liberal humanist rendition.

Ironically, I found only one instance when "continental philosophy" and Foucault are granted a full autonomy in *NSQ*. Mitchell and Cody (2002) discuss the hostility with which the human science nursing tradition has been met in mainstream nursing and contrast it with the welcoming recognition of human science continental philosophers like Heidegger, Gadamer, and Foucault in other disciplines in the American academy. Thus, my exposition of the applications

of PM, PS, and Foucault in *NSQ* has come full circle: I started with Cody's (1998) uncompromising position toward "borrowed theory," a position requiring that in order to become useful, borrowed ideas should undergo a conceptual transformation in the fire of "extant nursing theory" (as illustrated in Topaz et al. and Polifroni). And I concluded with Mitchel and Cody's (2002) clear demarcation of Foucault's "proper" place *outside* of the nursing's disciplinary pyramid.

Chapter Summary and Concluding Thoughts

In this chapter, I started examining deployments of postmodern and post-structural theory in American nursing literature. A "traditional" nurse scientist dismissed Foucault as a "philosopher of the month," as one of those philosophical imposters attempting to relativize the legitimacy of scientific truth (Gortner, 1993/1997). Gortner's objection to continental philosophical schools presented in American nursing literature as alternative *scientific* paradigms, however, invites the following observation, which surprisingly has not been seriously attended to in nursing. This observation concerns nurses' persistent claim of scientific status for the kinds of scholarship that are better understood as humanities-type inquiry and theorizing, a conception that can facilitate useful interdisciplinary dialogues and enrich the discipline of nursing (see also C. Holmes, 1991a; Thompson, 1985).

The humanbecoming scholars expressed if not an outright rejection of Foucault and other critical theory, then a firm placement of Foucault outside of the unique nursing knowledge (Mitchell & Cody, 2002). Foucault and other continental philosophers exemplify "borrowed theory": useful, but "the other." To transform borrowed theory into proper nursing scholarship, nurse authors (e.g., Polifroni, 2010) have undertaken a "reformulation," linking Foucault's "conceptions" with the "extant nursing theories and frameworks."

As I discussed in the previous chapter, an understanding of the relationship between *theory* and *concept* displayed in such “reformulation” or “derivation” approaches has been criticized (Paley, 2006; Risjord, 2010). These approaches are one of the clearest contemporary incarnations of the logical positivist understanding of language and theory. The end result of such intellectual projects is the stripping of continental ideas of their specific, context-bound meanings.

Those American nurse theorists who engaged with PM and PS ideas have thoroughly assimilated them within their respective well-established theories and “worldviews.” The process of assimilation has taken two predominant forms: selectivity and addition. I briefly explain each. Often-cited and anthologized work by Watson (1995) and Reed (1995) embraces aspects of postmodernism allowing an ongoing rejection of the metanarrative of medical science. However, no parallel interrogation of the (metanarrative of) unique nursing knowledge occurs. Moreover, the latter is rhetorically repositioned at the higher evolutionary level (called neomodernism or caring science) transcending “postmodern criticisms.”

The other form of assimilation is done by addition. A plurality is proposed whereby no theory, approach, paradigm, or method need be rejected (Dzurec, 1989). This view of knowledge development is widely shared in our discipline. Indeed, recognition of intellectual diversity is a hallmark of academic nursing, serving the discipline well. When this can become problematic, as sometimes happens in nursing literature, is when the notion of incompatible paradigms of science is deployed to seal off “coherent packages of philosophy-theory-methods” from “outside” criticism.

As I suggested in Chapter 2, a journal leading in PM and PS scholarship in the US is *Advances in Nursing Science*. In the next chapter, I offer an understanding of this journal’s role

in the discourse of American nursing science and show how this role shapes kinds of PM and PS writings in this journal.

Chapter 5

Postmodern and Post-Structural Theory in American Nursing Scholarship:

The Limits of Intelligibility.

Part 2: *Advances in Nursing Science*, “Nursing Knowledge” Textbooks,
and the Enclave Group

In this chapter, I continue my exploration of American nursing literature that claims to draw on postmodern (PM) and post-structural (PS) concepts. The primary focus in this chapter is *Advances in Nursing Science (ANS)*, a journal well respected for its broad theoretical scope and critical orientation. It is in this journal that we encounter (in the American context) a diversity of papers informed by French theory and American feminist writings. However, as I illustrate in this chapter, despite *ANS*'s openness to continental philosophy and interdisciplinary theory, this journal has developed its preferred narrative, nursing as emancipatory practice, which shapes what kinds of continental philosophy are usually discussed on the pages of *ANS* and how philosophical ideas including post-structural are applied. Thus, I point out the continuity with the previous chapter. That is, the majority of publications in *ANS* and a plethora of American “nursing knowledge/nursing theory” textbooks (also addressed in this chapter) exhibit patterns similar to those identified in the preceding chapter: superficial reading of PM and PS theory and enduring attempts (manifesting to various degrees) to marry French theory with the two overarching agendas: a) the perpetuation of the metatheoretical nursing discourse that presupposes the established conception of American theoretical nursing knowledge and b) the contribution to the discourse of “emancipatory nursing.”

In this chapter I also showcase the work of a loosely connected group of American nurses, whom I call the *enclave group*, distinguished by their insightful applications of

continental philosophy. A modest number of American nurse authors publishing in *ANS* (as well as in non-American nursing journals) applied PM and PS ideas in a well-informed way that differs from other applications examined in these two chapters. Significantly, publications by the enclave scholars are distinguished by their critical analysis of American nursing science/nursing theory. Remarkably, these writings have not become part of widely-circulated “nursing knowledge” textbooks. (Refer to Tables 8 and 9 in Appendices G and H, respectively, for a list of American nursing literature that claims PM and PS influences.) Thus, this chapter continues an examination of American nursing PM and PS scholarship to deepen our awareness of the profound influence of the American conception of “nursing knowledge” on the intelligibility of interdisciplinary theory. The American nursing disciplinary matrices continually produce unintelligibility of continental philosophical and social-theoretical strands not amenable to the discourses of “nursing science” and “emancipatory practice.”⁶²

As in the previous chapter, I begin with providing relevant context about the journal and its editor, Peggy Chinn, whose unwavering leadership influenced American nursing science in distinctive ways. What might seem like a long lead-up to a discussion of PM and PS scholarship in *ANS* is meant to add details to our understanding of the American theoretical nursing scene.

Postmodern and Post-Structural Theory in *Advances in Nursing Science*

The Journal

⁶² Not only do the intellectual matrices passively exclude certain philosophical ideas making them marginal and invisible, they also actively produce unintelligibility via an “additive,” cumulative mode of inclusion. Only that which is both included into the matrix and made alike with its other elements, is legitimated and gains intelligibility. It seems that as long as the American intellectual matrices (the structure of nursing knowledge a la Fawcett, the patterns of knowing a la Chinn, the models of theory development a la L. O. Walker and Avant) dominate the discipline’s theoretical imagination, contemporary continental philosophy/social theory will remain in a lose–lose situation in American theoretical discourse.

In 1978, three nursing journals were launched in the US: *Advances in Nursing Science* (ANS; with a broad theoretical mandate), *Western Journal of Nursing Research*, and *Research in Nursing and Health*. As discussed previously, in the late 1970s, *theoretical* discourse in the discipline had been firmly positioned as a “nursing science” project. Worth noticing is the demarcation of this latter domain of “nursing science” from that of “nursing research” (i.e., of a kind deemed suitable for nursing *research* journals). It is still a largely unexplored question in nursing of how these historical divisions have contributed to the understandings of the notion of theory and the guises and uses of theory in science, research, and scholarship in our discipline.

Since its inception, ANS has prospered under the editorship of Peggy Chinn, then professor of nursing at Wright State University in Ohio and presently Professor Emerita, University of Connecticut. When one leafs through the ANS archives, it becomes clear that the topics and directions set out in its first issue, titled *Practice-Oriented Theory*, have influenced the journal’s long history. Alluding to the prevailing theoretical discourse in nursing about levels of theory, the inaugural issue identified the journal’s focus on practical applications of nursing models, on the derivation of “practice-level” theories from the more abstract ones, and on the formulation of theories that remain close to the world of nursing practice (as opposed to grand theories). This focus challenged the understanding of nursing as a *basic* science (e.g., J. Johnson, 1991), while still maintaining a sympathetic eye on nursing theories and promoting metatheoretical discussions.

The first issue of ANS included Fawcett’s (1978/1997) paper “The Relationship Between Theory and Research: A Double Helix.” As I have indicated in Chapter 3, Fawcett’s articulation of the structure of scientific theory, concepts, and conceptual models is possibly the most illustrative manifestation of the logical positivist influence on the nursing discipline. Further, her

vision of proper discipline-specific research as “directed to one of two goals—theory building or theory testing” where *theory* refers exclusively to nursing-specific theory (Fawcett, 1978/1997, p. 720)—solidifies a line separating “nursing science” focused on the discipline-specific theory/research from *other* nursing research, for example, housed in the two American research journals named above. Fawcett’s paper in the premiere issue of *ANS* has undoubtedly contributed to the lasting influence of these ideas.

Another article in the first issue of *ANS*, Barbara Carper’s (1978) “Fundamental Patterns of Knowing in Nursing,” famously delineated “empirics, aesthetics, ethics, and personal knowing” as distinctive yet overlapping ways in which nurses *know*. The influence of this publication on broader nursing scholarship is difficult to overestimate; its fortunate, perhaps strategic, placement at the forefront of a leading American theoretical nursing journal ensured that the four original patterns of knowing and their subsequent extension (e.g., Chinn & Kramer, 2008, 2011; Jacobs-Kramer & Chinn, 1988/1997; White, 1995) have steered the journal’s course of advancing nursing science. Many authors have situated their own thinking within one or another “pattern.” Laying out four diverse patterns of knowing as a foundation for ensuing academic discussions has allowed *ANS* to promote an image of inclusive and integrative nursing science. For instance, the journal devoted separate thematic issues to nursing diagnosis, nursing intervention, and “physiological variables”—topics rejected in some nursing quarters for mimicking medicine. *ANS* addressed with equal interest “ethics and values” and philosophy of science; holistic health and nursing informatics; quantitative research and phenomenological research (e.g., Benner, 1985), among other topics. It is noteworthy that Chinn also appropriated and modified the four original patterns of knowing into a framework for her well-known co-authored book on nursing knowledge development and evaluation (e.g., Chinn & Kramer,

2004).⁶³ Later in this chapter I return to this book to examine its references to postmodernism and post-structuralism.

In addition to an image of *integrative* science built upon diverse ways of knowing and focused on practice-oriented theories, nursing science emerges in *ANS* as having a high regard for “models” and “frameworks,” albeit not of a grand type. In other words, there are preferred rhetorical strategies or specific ways to talk about nursing science employed across many publications in *ANS*. These linguistic preferences reflect a belief about the desired goals of theoretical activity in the discipline of nursing in the US—ideally, the goal is creation of formal(ized) models that can be given a theorist’s name and then, for instance, deployed to guide curricular and organizational designs. Thus, in the first issue of the journal, Chinn and Jacobs (1978) propose a *model* for theory development in nursing. The importance of formal(ized) models and formal theorizing is consistently emphasized by Chinn elsewhere (Kagan & Chinn, 2010; Kagan, M. C. Smith, & Chinn, 2014, p. 3).

I suggest that one effect of such an emphasis on “frameworks” and “models” (a conception of “model” commonly assumed in *ANS* is discussed in Footnote 43 in Chapter 3) is the codification of specific textual or knowledge-construction practices that privilege a clear identification of theory or methodology that is announced in the article’s title. The latter approach is seen at work in many *ANS* publications, as can be gleaned from the following three examples: “A Practice Theory Approach to Understanding the Interdependency of Nursing

⁶³ This book is now in its ninth edition (Chinn & Kramer, 2015). Jonas-Simpson (2004), a humanbecoming scholar, in her review in *NSQ* identified Chinn and Kramer’s conception of nursing science grounded in “ways of knowing” rather than in existing nursing conceptual frameworks such as the humanbecoming theory as a limitation of this otherwise commendable text. For an alternative criticism of Chinn and Kramer’s depiction of nursing knowledge, particularly their separation of “empirics” from “ethics” and a proposal of empirical ways to evaluate “personal” and “ethical” knowing, see Risjord (2011, pp. 500–501).

Practice and the Environment: Implications for Nurse-Led Care Delivery Models” (Bender & Feldman, 2015), “The Quality-Caring Model ©: Blending Dual Paradigms” (Duffy & Hoskins, 2003), and “Reconceptualizing Vulnerability: Deconstruction and Reconstruction as a Postmodern Feminist Analytical Research Method” (Glass & Davis, 2004). These titles signal their belonging to the discourse of “nursing knowledge” by mobilizing the American disciplinary jargon of theory placed at a specific level (e.g., practice theory) and paradigms (in the former two examples) and of a composite methodological orientation where “deconstruction” is (compulsorily) balanced with “reconstruction” as a positive end-point of analysis (in the latter). This codification of particular kinds of linguistic tropes reinforces what counts as legitimate theoretical discourse in the discipline.

An important feature of *ANS*, positioning it apart from a narrow vision of a “unique” discipline cautious toward borrowed theory, is that *ANS* welcomes publications based on interdisciplinary theory. Particularly noticeable are the two theoretical leanings of the journal—feminist and critical theory—which seem to parallel explicit life-long values of Chinn, the journal’s editor. It is not accidental that the first issue of *ANS* features an article by Jo Ann Ashley, professor of nursing at Wright State University in Ohio. Chinn later identifies Ashley as her teacher and a noted feminist, and she often cites Ashley’s book, *Hospitals, Paternalism, and the Role of the Nurse* (1976). This book is “a critique of a patriarchally defined medical system that systematically exploits women as patients, wives, and nurses” (Chinn, 1995, p. 274). In the early 1980s Chinn co-founded a Radical Feminist Nurses Network, Cassandra, described as a voice of struggle for equal rights for women (Chinn, n.d., “Projects” tab, “Cassandra”). A version of feminism that Chinn upholds “values and endorses women, critiques male thinking, challenges patriarchal systems, and focuses on creating self-love and respect for all others and

for all forms of life” (Chinn, 1987/1997, p. 135). She has steadfastly maintained her thesis about the insufficiency of merely “gender-sensitive knowledge” asserting that “at this point in history, women’s experience must be a central focus in order to begin to reach a point of integrating female and male experience” (Chinn, 1987/1997, pp. 133–134). Further, Chinn conceives of feminist theorizing as an explicitly optimistic project urging that an integral part of emancipatory, social justice struggles in the nursing profession is the preservation of hope among nurses in the face of the technocratic, inhumane health service provision and an articulation of an ideal vision of nursing practice (Chinn, 1997; Kagan et al., 2014, p. 1). Chinn’s (1995, 1999; Wheeler & Chinn, 1984) position confronting male dominance and patriarchal oppression of women and aiming for liberation of women’s voices have inspired many followers in our discipline.

The following passage by Chinn (1999) passionately weaves together a preferred image of nursing:

Nursing’s plans, visions, and dreams for health care appear in many forms. . . . The dreams reflect what is associated with the feminine—yearning for a context or environment that promotes health, healing, and wholeness; recognition of the importance of time spent with another human being nurturing and encouraging growth and healing; valuing a kind of caring that affirms the uniqueness and individuality of every experience; holding and protecting the person’s rights, culture, and values. . . . The reality of what nurses face in practice reflects a system that arises from philosophical viewpoints that have typically eschewed that which is feminine. Nurses are left to dream their dreams, hope for what might be, and ultimately to forsake, even forget, that which could rise to their passion to act (p. 464)

This imagery, with its futuristic, hopeful orientation and the centrality of the uniquely-women’s or “the feminine” experience, has become a defining thread of nursing feminist discourse in *ANS*. In contrast, publications that problematize the notion of caring in light of class and gender societal dynamics and thus complicate the assumption of women’s universal experience (David Allen, Allman, & Powers, 1991; McCormick, Reimer Kirkham, & Hayes, 1998) and that

question the supposed singularity of “women’s voice” (e.g., by suggesting that American nursing theory claiming to present “all nursing” obscures the class, gender, and ethnic background of its authors; Thompson, 1992) are a minority in the American feminist nursing literature.

Considering Chinn’s unequivocal anti-patriarchal feminist stance and a focus on praxis defined as “professional practice directed by and toward social justice goals and outcomes—which include reflexivity, action, and transformation” (Kagan et al., 2014, p. 1) moved by emancipatory aspirations, it is not surprising that *ANS* became *the* venue for American scholarship based on Habermas’s critical theory (I provided several examples in Chapter 2), Freire’s liberation pedagogy, and selected feminist writings. It is in the pages of *ANS* too that (mostly American) nursing works identified by the authors as postmodern and post-structural have appeared. At least 28 papers in *ANS* refer to PM or PS theory, often citing Foucault (Appendix G, Table 8). The first reference to post-structuralism in *ANS* was made by Dzurec (1989) when she drew on Foucault’s notion of subjugated knowledges to advocate “multiple paradigms for nursing research” (I discussed this articles in the previous chapter).

It might appear that the problematic conception of a scientific discipline as a pyramid has been avoided in the discourse of nursing science in *ANS* by the journal’s explicit focus on “practice-oriented models” and an acceptance of theories from other disciplines. But is this so? True, the vision of nursing science in *ANS* has been open to interdisciplinary influences. Rather than rejecting borrowed ideas, the journal recognized their potential for enriching nursing scholarship. Further, the journal’s emancipatory agenda “asserting that all persons, regardless of hierarchy, status, or privilege, should have full access in sharing awareness and participating in social processes” (Kagan et al., 2014, p. 1) has influenced just what kind of borrowed theory is most relevant, namely emancipatory strands of feminism and critical theory of Habermas and

Freire. At the same time, *ANS*'s explicit focus on middle-range and practice theory is still grounded in a level-of-abstractness conception of theory. Understandings of what constitutes a concept, a process of concept analysis, metaparadigm as a unifying focus of the discipline, and procedures for deriving middle-range theories, all commonly displayed in publications, echo the logical positivist and formal-sociological influences. The practice of foregrounding the author's "theoretical framework" and the jargon of models and paradigms continually reinforces what counts as legitimate theoretical discourse in nursing.

A Scoping Review of Postmodern and Post-Structural Work in *ANS*

A survey of PM and PS papers in *ANS* reveals a diversity of application of these continental philosophical ideas by (mostly American) nurse scholars. We find discussions of pedagogical approaches (Ironsides, 2001), clinical pathways (Georges & McGuire, 2004), and leadership styles (Reinhardt, 2004). However, references to PM, PS or Foucault in these articles as well as in several other (Bent, 1999; Cotton, 2003; Kendall, Hatton, Beckett, & Leo, 2003) are quite marginal and often ill-informed.

In the following review (based on material assembled in Table 8, Appendix G), I move through numerous examples: papers focused on specific health conditions, writings advocating epistemic diversity in our discipline, and methodological discussions of "postmodern feminism." I aim to show how these applications of PM and PS ideas in *ANS* reinforce established concerns of American nursing science (e.g., contesting "traditional" science and medicine in a heavy-handed manner) or contribute to the discourse of "emancipation" within the extended, integrated framework of "nursing's ways of knowing." Notably, these ways of reading Foucault do not challenge established beliefs of American "nursing knowledge" but conform to them. I then contrast this collection of papers with a few other *ANS* Foucault-informed publications by

Drevdahl (1999a; 2002), Powers (2003), Cloyes (2006), and Phillips (2001; Phillips & Drevdahl, 2003) that I position *outside the matrix* based on their critique of some of the key concepts founding American nursing science.

Foucault = nursing epistemic diversity + emancipation of Women. Two *ANS* papers with a clinical focus drawing on Foucault's notion of discourse show how medical, social, and cultural discourses of menopause (Dickson, 1990) and anorexia nervosa (Hardin, 2003a) powerfully shape women's experiences of these conditions. Doering (1992) counters existing power relations between medicine and nursing. Further, echoing Dzurec's (1989) pioneering paper, a recurrent Foucault-inspired theme is contrasting "dominant" versus "marginal discourses" in nursing science—namely, empiricism versus phenomenology (Dzurec, 2003) or Enlightenment science versus postmodernism (Georges, 2003)—and an invitation to embrace "epistemic diversity" (Georges, 2003) or "multiple ways of knowing" (Dzurec, 2003). In different ways, these papers contest the notion of a single truth, namely, the medical model or scientific method whether on the hospital unit or in the nursing classroom, and advocate a recognition of the multiplicity of approaches.

These examples (and other discussed below) are a marked "improvement" on the kinds of "PM" writings examined in the previous chapter. First, Foucault's critique of the clinical gaze made nurses aware of the fragmenting effects of such a gaze and encouraged an exploration into how nursing's approach might be different. Similarly, Foucault's argument that science can be understood as an enhancement of power rather than as a disinterested search for truth heightened nurses' vigilance about the potential effects of "dominant science" on other "ways of knowing" in nursing. Second, these examples drawn from *ANS* undoubtedly find their counterparts in writings by non-American nurses, particularly critiques of medical discourses in relation to a)

how individuals make sense of and experience their illnesses; and b) how nurses are socialized to think about nursing. And third, among these examples of *ANS* papers we will not find such extravagant deployments (and misrepresentations) of PM and Foucault's ideas as we encountered in the writings of Watson (1995, 1999), Reed (1995), and Polifroni (2010). However, the authors' application of PM and PS ideas in the majority of *ANS* papers that I examine in this section in some ways continues the practices we encountered in the previous chapter, namely, a shallow reading of PM and PS literature with the purpose of enhancing epistemological discourses already established in the American nursing science, most notably, a contestation of traditional science and medicine.

Another kind of "postmodern" discussion found in *ANS* involves the notion of emancipation articulated with references to feminism (Falk Rafael, 1997; Glass & Davis, 1998; Ogle & Glass, 2006), Habermas (Falk Rafael, 1997), or Freire (Hall, 1999). Below I show how postmodernism and Foucault figure in the nursing research methodologies described by the authors as advancing the goal of emancipation.⁶⁴

This is how nurse researchers perceive the emancipatory mechanism of their PM feminist approaches: oral history interviews will expose patriarchal power relations and empower nurse participants to transform their realities of public health nursing practice (Falk Rafael, 1997) or women-nurses participating in the study will speak from their experience and find their voice (Glass & Davis, 1998). The authors explain that PM and PS literature guides their methodologies

⁶⁴ Although the number of *ANS* papers that refer to both feminism and PM/Foucault is very limited (i.e., I list four papers here, of which three are authored by non-Americans), I go to some length in my discussion of feminism. This is because the discourse of feminism is highly visible in *ANS*. Put another way, I am curious about the disjuncture between the long history of feminist discourse in *ANS* (since at least the early 1980s nurse authors in *ANS*, e.g., MacPherson, 1981, cite feminist literature) and the paucity of *PM/PS* feminist writings in this journal. Indeed, it is only in the work of the enclave group nurses where the PM variety of feminism is taken up in a robust way.

in the following ways: helping to reject positivistic notion of universal truth and be attuned to “multiple subjectivities and truths,” to give voice to disadvantaged groups (some authors begin with a “feminist premise” that women are oppressed in patriarchal societies such as ours), and to build an egalitarian researcher–participant relationship and avoid imposing researcher’s interpretation on participants’ views.

When these *ANS* publications advance a *postmodern feminist* perspective what they usually mean is *not* a postmodern *wave* of feminist theory or third-wave criticisms of the preceding essentializing varieties of feminist practices. Rather, with a few notable exceptions (e.g., Drevdahl, 1999a; Phillips, 2001), this perspective amounts to a (second-wave) feminist *add-on* to Foucault’s ideas without an attempt to think through serious contradictions between these theoretical positions. In other words, nurse authors propose emancipatory feminist theory as a supplement to a non-normative and non-agential theorizing of power in Foucault’s earlier work. What this “addition” accomplishes is the preservation of “the subject” of feminist theory (a Woman, a nurse) and her “authentic voice” while recognizing a “multiplicity of women’s truths” seen as a sign of postmodernism. What this “addition” ignores is the scepticism expressed by PM, PS and post-human feminist theorists about the very conception of an authentic female subject.

Alternatively, some nurses more readily accept Foucault’s later work seen as reinstating human agency and its role in social transformation, thus creating a point of synergy with Habermas’s theory (e.g., Falk Rafael, 1997). When late, “agential” Foucault is used by nurse authors, a *corrective* is still required for his postmodern “euro- and androcentric perspective. For this reason, feminist theories provide a useful counterbalance” (Falk Rafael, 1997, p. 37). Those *ANS* discussions (Glass & Davis, 1998; Ogle & Glass, 2006) better informed by interdisciplinary

feminist debates, particularly disagreements *within* the feminist movement generated by the PM politics of difference, still pivot around constructing an “integrated” solution able to take into consideration both the anti-oppression, “emancipatory impulse” and PM attention to differences.

These works described by the authors as “PM feminism” thus cohere with the preferred readings of feminist theory prevalent throughout the journal’s history. This established American feminist nursing discourse in *ANS* has been successful in advancing several important goals, most notably, striving to retrieve that which is unique about women’s experiences. Nurse authors have done this through unmasking what they have presented as inherently masculine scientific ideals of “power, control, instrumentation, . . . logic, objectivity, hard data” said to contradict many values of women-centred science (Chinn, 1985/1996 p. 48); recovering the old gynocentric scientific practices from the male-dominated, patriarchal Western scientific tradition; articulating unique nurses’ ways of knowing in the health care system colonized by technology and biomedicine; and reclaiming feminist, “femicentric” approaches to nursing research from “critical social theory”-guided approaches “developed by men in a period of history when androcentrism dominated academic thought” (J. Campbell & Bunting, 1991/1999, p. 411). The concurrent line of thought in some nursing feminist writings in *ANS* has been an emphasis on a desirability of “idealism” and optimism understood as promoting “hope for a better future for women and for all” (J. Campbell & Bunting, 1991/1999, p. 416). These nursing feminist writings commonly published in *ANS* focused on sharpening, strategically or unwittingly, the binaries of androcentric/gynocentric and masculine/feminine. Arguments in wider feminist literature reprinted in nursing textbooks (e.g., Fox Keller, 1978/1999) about a highly problematic tendency to ascribe an inherent masculinity to science (and medicine) do not appear to have troubled the discourse of feminism in *ANS*. In addition, some nurses’ focus on a separatist version of

feminism has obscured any serious attention to the world of interdisciplinary feminist theory with its multiplying directions of empiricist feminism, standpoint epistemology, and PM feminism among others.

Cursorily, Chinn (1995) acknowledges a presence in nursing literature of a variety of feminist influences: liberal feminism concerned with legal rights for women, “critical social feminism” problematizing the assumptions of women’s universal experience based on recognition of class and ethnicity categories alongside the category of gender, ecofeminism establishing a parallel between patriarchal exploitation of women and nature, and PS feminism described by Chinn as concerned with deconstructing gender dichotomies presented in language. Despite this variety, Chinn identifies “cultural feminism” focused on experiences of women and aiming at women’s emancipatory liberation from patriarchal and oppressive forces as most closely aligned with nursing’s goals.

Clearly, these various directions in American nursing feminist discourse developed under an interdisciplinary influence. Sandra Harding (1986/1999), a scientist and feminist critic of science often cited in nursing literature, writing in the mid-1980s, usefully summarized two key directions in broad American feminist literature that emerged as alternatives to strongly criticized Western science: postmodern feminism (e.g., drawing on nonfeminist critics of the Enlightenment science such as Nietzsche, Derrida, Foucault, Lacan, Rorty, and Gadamer) and the feminist standpoint. Harding (1986/1999) writes

At its best postmodernism envisions epistemology in a world where thought does not need policing. It recognizes the existence today of far less than the ideal speech situation, but disregards (or fails to acknowledge) the political struggles necessary to bring about change.⁶⁵ The standpoint tendency attempts to move us toward that ideal world by

⁶⁵ This statement can be contested by pointing out actual political engagement of several French theorists. However, Harding expresses a prevailing sentiment that indeed represents postmodernism as politically uncommitted.

legitimizing and empowering the “subjugated knowledges” of women. . . . It fails nonetheless to challenge the modernist intimacies between knowledge and power, or the legitimacy of assuming there can be a single, feminist story of reality. (p. 403)

Continental philosophers whom Harding calls nonfeminist postmodernists have pointed out a constitutive link between power and knowledge as well as the problematic nature of metanarratives claiming to speak on behalf of all. These central insights complicate some feminist images of the world characterized by a democratic ideal of (women’s) communicative rationality where all women can exercise their unrestrained “voice” and speak from a unified perspective. Harding argues that feminism will benefit from keeping these contradictory tendencies in play and refusing to choose either of them. In other words, in contrast to feminist projects that seek to stabilize the analytical categories of feminist theory, she perceives their instability as a necessary condition for theoretical projects, if they are to be of any practical significance, to be able to account for the social experiences of women in contemporary world.

So when a qualifier *postmodern* is added to *feminism* in *ANS*, it is still the futuristic-optimistic and the “uniquely women’s” strand of feminism (exemplified in the above block-quotation from Chinn, 1999) that emerges in these writings. Foucault is simply added as a coat of paint on a fixed picture of (second-wave) feminist nursing ideas. His theory does not destabilize any of the categories of nursing feminism in a way Harding, in the above quotation, described they did in wider feminist theory. As well, no attempt is made by nurse authors to keep the contradictory lines of feminist thought in play, but the opposite tendency—to integrate them, to devise a *coherent* framework where the emancipatory telos dominates.

I would like to suggest that the legitimacy of a “PM feminist” theoretical discourse in *ANS* often seems to depend on a compulsory welding of (conflicting) theoretical positions of anti-patriarchal feminism (a line of thought well established in *ANS*, e.g., David, 2000) and of

postmodernism. That postmodernism would be equally incredulous of metanarratives of “traditional” science *and* of the notion of patriarchal domination presupposing a generic identity of an (oppressed) female nurse, female patient, and female nurse theorist is not the kind of insight generated in PM feminist writings in *ANS*. In other words, what I am getting at here is that feminist theory in *ANS* is mostly represented by second-wave feminism, although it is rarely acknowledged as such. Explicit criticisms of this theoretical position by the later generations of feminists (e.g., PM and posthumanist feminists) are a rare occurrence in this journal. At a glance, not only *ANS*, but American nursing literature at large circulates second-wave, emancipatory feminist ideas while PM feminism is rarely acknowledged in a meaningful way (for an exception see Rodgers, 2005, p. 167; Sandelowski writing on technology [2002; Barnard & Sandelowski, 2001]; and the enclave scholars Drevdahl, 1999a, 1999b; Phillips, 2001; Thompson, 1992).

Thus, the majority of *ANS* papers claiming PM and PS orientation hardly depart from the well-established concerns in American nursing metatheory to establish nursing science as separate and different from Western science and medicine. What distinguishes PM and PS writings in *ANS* from those in other American nursing literature (discussed in the previous chapter) is that in *ANS*, a number of articles link Foucault’s ideas to a version of feminism positing the subject of a female nurse engaged in emancipatory praxis against the oppressive patriarchal medical model and in a benevolent empowerment of her patients.

Outside the matrix: Interrogating the notions of the person, empowerment, and experience. In contrast to papers in *ANS* claiming PM and PS orientation and reviewed thus far, we find a few analyses distinguished by a perceptive reading of PM and PS theory and dealing with a set of questions starkly removed from the above-identified concerns. I would like to describe this reading of PS work as open-ended in a sense that it does not seek to conform to

established discourses of nursing knowledge, but rather, in a spirit of scholarship *and* in a spirit of radical French influences, seeks to reread the (Western, white, middle-class) nursing theoretical canon. Rather than aiming to fortify the theoretical discourses of nursing science and of feminist methodologies as they are conceived in other *ANS* publications, these analyses turn their critical attention precisely to those established ways of thinking.

Drawing on PM feminist criticisms of the unitary self, essentialism, agency, and subjectivity, Drevdahl (1999a) challenged nursing's conceptualization of the person. She put on trial not only the grand narrative of Western medicine but equally the grand narrative of "the whole generic person" of nursing theory. "The unitary human being, in the end, only comes about through the suppression and denial of differences," Drevdahl (1999a, p. 4) asserted. Much nursing theory, she explained, has been written from the position of a White, middle-class person, and thus its appeal to the whole generic person disregards interactions among the individual's race, class, and sex. "Nursing ideas and theories do not, and cannot, exist outside of class, race, political, and other social processes. Yet, these processes curiously are absent from the discipline's conceptual frameworks" (p. 5), wrote Drevdahl. Further, an egalitarian conception of the nurse–patient relationship does not recognize a constitutive role of power. Individualistic assumptions of nursing theory mask systematic, institutionalized oppression. "Nursing theorists have offered little information about how the social or cultural is constituted, how it is to be understood, or how the social or cultural information collected about the person is to be [interpreted]" (p. 4). Thus, Drevdahl does not attempt to assimilate PM feminist ideas to the existing understandings of the person as a nursing metaparadigm concept, but rather she undermines the foundational assumptions about this concept operative in nursing theories.

Drevdahl and others went beyond pointing out the limitations of current theoretical conceptions. Applying Derrida's notion of binaries and Foucault's conception of power/knowledge, they analyzed "the complexities of language in relation to race" and advanced an anti-essentialist understanding of gender and race as constitutive elements of nursing practice (Phillips & Drevdahl, 2003, p. 17). In another paper, Drevdahl (2002) problematized a romantic vision of "community" common in nursing literature. She invited readers "to see the contradictions of community—that is, community being both home (a location of refuge, similitude, and familiarity) and border (a place of peril, difference, and unfamiliarity)" (pp. 9–10).

Penny Powers, another American author, problematized the notion of *patient empowerment* held in high regard in nursing literature and posited as an ideal for nursing practice (despite disagreements about how empowerment is achieved due to conflicting conceptualizations of power itself). P. Powers observed that empowerment is overwhelmingly assumed to be successful when the patient's actions align with nurses' goals. But how is this different from coercion, Powers asked. Of course, a nurse acts without direct force, in line with her professional codes of ethics, but her professional responsibility nevertheless compels her to "empower" the patient towards a *certain* end. P. Powers relied on Foucault's ideas to tease out what empowerment entails. The nurse is involved in the practice of governmentality, explained by Foucault as governing the conduct of others (Powers, 2003).

Methodological papers by Phillips (2001) and Cloyes (2006) are informed by Foucault's theorizing of power/knowledge and J. Butler's work on gender. Phillips (2001) studied discursive constructions of masculinity to understand and challenge male violence. Refreshingly, the author viewed this phenomenon as social, and as such, mediated through language. (Male)

subjectivities are understood as discursively, culturally produced and a result of performativity. Phillips analyzed media narratives and interview data using current methods of social psychology sensitive to feminist PM theorizing of subjectivities. Significantly, the author implicitly challenged naturalistic notions of maleness and femaleness prevalent in feminist writings in *ANS* and invited nurses to understand nursing practices as socially embedded.

Cloyes (2006) described her approach to analyzing interview texts generated during her ethnographic study on a prison unit for offenders with severe mental illness. She treated

interview data as texts that are, like other genres of discursive production, rhetorically powerful acts. . . . where people signify, negotiate, and perform identity and agency in a local, highly specific context: a prison control unit that is characterized by an intersection of psychiatric and prison discourse. (p. 89)

Cloyes drew attention to the socially-grounded textual production of both interview texts and research reports, and thus foregrounded issues of discourse, re-presentation, and interpretation involved in any (social) practice of research. This stance, Cloyes claimed, allowed her to avoid two issues. One is the simplistic adherence to the words of participants, whereby the “critical paradigm” of nursing research involving marginalized groups “sanctifies” the “voice” and “experience” of research participants as a mechanism to ensure research ethics. The other is the opposite—further marginalization of research participants. Cloyes enlisted Foucault’s notion of the care of the self as an ethical position of the researcher—“the relation one has to (and with) oneself” (p. 88)—as enabling her to “present an account of prisoners diagnosed with mental illness [in such a way] that emphasizes their agency and participation in control unit discourse” (p. 95).

Published in *ANS* and intelligently informed by PM and PS ideas, these few papers can be contrasted with other applications of French theory in *ANS*. In these few papers, the practice of theorizing adheres neither to a discourse of unique nursing science nor to a discourse of

emancipatory praxis founded upon the naturalized image of a nurse. (Yet moral and ethical concerns of these PM writings are evident, addressing an ever-present quibble about the incompatibility of Foucault and nursing.) More than that, the articles challenge these two cornerstones of the theoretical discourse in *ANS*. Rhetorically, by not exploiting the tropes of models, levels of theory, and (meta)paradigms to legitimate their place within the “disciplinary structure of nursing knowledge,” the authors demonstrate an alternative practice of theorizing in the discipline of nursing in the US. Substantively, by interrogating the foundational assumptions of nursing theory and the language of “experience” in nursing research (e.g., the nature of the person, the nature of nursing represented in American nursing theory as an ahistorical, non-social entity transcending the realities of gender, race, class, and power in nurse–patient relations) the authors engage in the politics of disciplinary knowledge production. In other words, they expose “nursing foundations” as rooted in specific assumptions and thus as contestable; in a post-structuralist vein they attempt to de-naturalize the category of “foundational disciplinary knowledge.”

My scoping review of the application of PM and PS ideas in the US leading theoretical nursing journal *ANS* demonstrates a marked diversity of topics, genres (e.g., argument, methodological discussion), and the effects of drawing on Foucault’s work. Beyond any doubt, in the first decade of the 21st century, *ANS* was a leading American nursing voice for critical scholarship including PS writings. Notably, in January 2003, a thematic issue of *ANS* was devoted to *Critical and Postmodern Perspectives*. Several publications mentioned in the preceding paragraphs (i.e., Dzurec, 2003; Georges, 2003; Hardin, 2003a; Phillips & Drevdahl, 2003) appeared in that issue. This attention to interdisciplinary French theory in an American nursing science journal is a reason for enthusiasm. However, the “nursing knowledge” field in

the US relies heavily on and is reproduced through a plethora of textbooks. Of great interest in my research is the effect produced (or not) by PM and PS discourses in the American nursing theoretical literature. A way of gauging this effect might be by tracing a level of recognition granted to these ideas in the wider nursing metatheoretical literature. Below I shift my focus from *ANS* as a leading American journal attentive to PM and PS ideas to see how these ideas circulate in reputable and multi-edition textbooks on “nursing knowledge” (refer to Part One in Table 9, Appendix H, for a list of key textbooks).

Postmodern and Post-Structural Theory in “Nursing Knowledge” Textbooks

Starting with their sixth edition of *Integrated Knowledge Development in Nursing*, Chinn and Kramer (2004) acknowledge “poststructuralist approaches” among “emerging trends of knowledge development,” alongside “interpretive and critical approaches” (p. 38). Varieties of critical theory are summarized thus: “Critical feminist theory centers on issues of gender discrimination. Critical social theory focuses on class issues as they perpetuate unfair educational, political, and other social practices. The ‘critical’ focus points to a need to undo and remake oppressive social structures” (p. 40). Next, a paragraph on postmodernism comments on the term’s lack of clarity and presents postmodernism as de-centering the scientific (modernist) method and instead advocating a pluralism of methods. A paragraph on post-structuralism ends with the following synopsis: “Critical language and discourse analyses that uncover how language functions to perpetuate systems of oppressions and domination are important new dimensions to nursing knowledge” (p. 40). In the eighth edition, Chinn and Kramer (2011) add to the coverage of “trends in knowledge development” a paragraph on deconstruction: “Deconstruction involves making explicit and coming to understand that certain features of text . . . cannot be warranted as a basis for truths. In this way, deconstruction is useful for undermining

language and social contexts that promote inequities and injustices” (p. 51). In this edition, the authors delineate an additional “pattern of knowing,” called emancipatory, central to and interrelated with the other four “patterns,” empiric, ethical, aesthetic, and personal. In a new chapter on emancipatory knowing, Chinn and Kramer sketch its facets: Habermas’s three fundamental human interests (technical, practical, and emancipatory), Freire’s liberation theory, and the post-structuralism of Foucault.

Thus, in the context of Chinn and Kramer’s well known and long-running books, PM and PS theory is tamed as an “addition” rather than a critical weapon able to disturb the intellectual status quo within nursing science. In the year 2004, after 15 years of Foucault-informed British and Australian nursing scholarship as well as some high quality American work, the influential American textbook presents these approaches as “new.” Indeed, not a single non-American nursing book (see Table 10 in Appendix I) is mentioned in *Integrated Knowledge Development in Nursing* (e.g., Chinn & Kramer, 2011) as an illustration of their synopsis of postmodernism and post-structuralism, and only one non-American article is mentioned among a few American ones. As my analysis in this chapter has already shown, PM and PS ideas are noticed to the extent that they are useful to counter medical science and “oppression and domination”; indeed they are integrated into the framework of nursing’s “patterns of knowing” under a new structural element named emancipatory praxis. Taking account of new developments (and Chinn can be commended for her interest in critical nursing scholarship in and outside American nursing theory), the book adopts a cumulative approach to the development of knowledge: the “foundational” ideas in the book remain immune to PM and PS challenges.

Perhaps following Chinn and Kramer’s (2004) lead, other monographs and guides on nursing theory have also “noticed” PM and PS nursing scholarship. This “noticing” amounts to

endorsing Reed's (1995) and Watson's (1995) application of postmodernism to denounce Western science, while carrying on with the strengthening of the pyramid model of nursing knowledge (as seen in B. Johnson & Webber, 2010, and L. O. Walker & Avant, 2011). Another prominent nurse scholar, Afaf Meleis (1997, 2007, 2012), surpasses Chinn in her breadth of reviewed sources: Meleis's bibliography lists British, Australian, and Canadian Foucault-informed articles. However, in the text, she warns that the "alternative approaches to knowledge" such as critical theory and feminism are "not a substitute for nursing theory" (Meleis, 1997, p. 157). "Such frameworks," Meleis (1997) stresses, must "maintain[. . .] the integrity of the basic ontological beliefs that have historically guided nursing practice, for example, holism, integrated responses, and relationship with environment" (p. 45). An anthology *Perspectives on Nursing Theory* by Reed and Shearer (2009) is the only partial exception in how it presents PS nursing work. This anthology includes some Foucault-informed papers by non-American nurses (D. Holmes & Gastaldo, 2002; Purkis & Bjornsdottir, 2006; Rolfe, 2006; Stevenson & Beech, 2001). However, these four articles address nursing issues through the lens of contemporary continental philosophy, but this distinctive perspective is not explicitly signalled by the editors. On the contrary, these few "outsiders" are assimilated within the framework of American nursing metatheory among 72 papers; arguably, this framework over-determines potential readings of continentally-informed pieces. In other words, Foucauldian nursing scholarship becomes unintelligible because it is neither made explicit nor is there any prompt by the editors about how certain ideas in these papers create tension with the dominant discourse presented in the book.

We have seen in the previous chapter that two other American nursing anthologies, Kasper et al. (1995) and Polifroni and Welch (1999), submerge PM and PS theory in the context of "postmodern nursing science." The above section in this chapter outlines the kinds of

references to PM and PS in long-running, multiple-edition American textbooks. PM and PS theory is deployed to support the established theoretical discourses: to denounce the medical model and the scientific method and to legitimate the multiplicity of paradigms. Chinn and Kramer's references to the philosophical movements of PM and PS are embedded in the expanded view of "integrated science," and thus perform an additional role to create a theoretical foundation for nursing's emancipatory social justice agenda. In other words, a way PM and PS theory is represented in American textbooks on nursing theoretical knowledge limits French theory's radical potential. PM and PS ideas are contained within the established intellectual concerns of the field and are not permitted to undermine the established discourse of nursing science and assumptions of nursing theory. Those rare papers that do undertake a well-informed Foucauldian and postmodern feminist (e.g., Butlerian) criticism of the philosophical foundations of American nursing science are invisible (i.e., smaller number of citations; not anthologized in nursing theory texts; not mentioned in treatises on nursing knowledge) or unintelligible (i.e., vulnerable to misinterpretation due to their lack of conformity, both rhetorically and substantively, to the disciplinary matrices of unique nursing knowledge).

The textbooks I have reviewed form the backbone of theoretical discourse taught in several undergraduate and possibly graduate nursing programs across the US and Canada. In chapters 3, 4, and 5, I elucidated the unacknowledged foundations of this discourse that instill vigilance toward "borrowed" theory and impose limits on critiques with the price of perpetuating the insularity of the nursing canon. Exclusion of the radical critiques of nursing theory in these books is consequential for how nursing students are initiated into the world of theory in nursing and how an impossibility of disagreement with established canons is modeled.

In the foregoing sections I explored how PM and PS ideas, many of which initially appeared in *ANS*, have been taken up in nursing theory textbooks widely circulated in the US and Canada. This comprehensive survey of textbooks (see also Appendix H) shows that criticisms of subjectivity, language, and power based on perceptive readings of PM and PS theory in a small set of *ANS* papers that I described as located “outside nursing intellectual matrices” have had *no* effect on a wider understanding of this French theory in American nursing scholarship and, even more importantly, *no* effect on the conception of nursing theory in the American discourse of unique nursing science.

It is noteworthy that these few papers are all connected to an identifiable network of American nurse scholars, which I will now describe.

The Enclave Group

Several American nurse scholars whose work I have singled out as providing insightful readings of PM and PS theory (i.e., Cloyes, Drevdahl, Hardin, Phillips, Powers) are all connected to the Nursing Program at the University of Washington. Four of these authors in their publications acknowledge the supervisory assistance of David Allen, an influential American nurse scholar. As early as mid-1980s, Allen began introducing into nursing theoretical literature Habermas’s work, hermeneutics, and feminist theory. Throughout the 1990s, he was instrumental in establishing and co-convening the annual International Critical and Feminist Perspectives in Nursing conference.

Another nurse scholar, Janice Thompson, then a professor of nursing at the University of Southern Maine, has played an important role in spearheading this conference and contributing to the discussions informed by postmodern feminist thought in relation to the politics of

difference. To help the reader appreciate the avant-garde thinking of this scholar, I will summarize her earlier paper in *ANS* (Thompson, 1985).

Thompson (1985) invites nurses to advance nursing science beyond both empiricism of Hempel much criticized by nurses *and* historicism of Kuhn and Laudan well-respected by nurses. She identifies both of these philosophy of science perspectives as comprising “a distinctly American view of the situation in contemporary philosophy” (p. 60), suggesting that *continental* philosophy carries an unexplored potential for nursing scholarship. Thompson introduces the antifoundationalist ideas of Habermas and Gadamer that undermine the dominant view of a legitimate science espoused in nursing literature. Drawing on these philosophical works, Thompson urges nurses to expand their horizons of scholarship. The most striking move, which sets Thompson’s critique apart from common assaults on “empiricism” to elevate “nursing theory” and even more informed views that recognize benefits of the historicist tradition in science, is her use of the antifoundationalist continental ideas to *critique* nursing theory. Although Thompson’s critique is partly directed against the “scientific method of nurse scientist program” (an approach advocated by nurse scientists like Gortner, as we have seen), it is equally aimed at nurse theorists’ attempts to define foundations of nursing, for example, through concept analysis. Prefiguring some aspects of Risjord’s (2010) critique, Thompson’s paper, written 25 years earlier, recognizes nursing “conceptual schemes” like Roy’s, Orem’s, Rogers’s, and Parse’s as part of the logical empiricist legacy and rebukes the pyramid image of foundationalist science (p. 62). Refreshingly, Thompson does not thrash science, but seeks to highlight the practical dimension of rationality in science (p. 64).

During the same year, in the nursing journal *Image*, David Allen (1985) similarly drew on Gadamerian hermeneutics and Habermasian types of rationality to introduce “alternative

models of science that emphasize understanding and emancipation” (p. 58). Tracing Allen’s publications over the last three decades, we can witness his articulate attempts to intervene in American nursing theory. Strategically deploying the tropes of “nursing science,” he introduced ideas capable of undermining the very theoretical project such conceived. Allen engaged in a kind of dance or balancing act in attempting to be heard in “nursing science/nursing theory” circles while trying to challenge their understanding of science and theory.

The publications of these American nurses whom I have loosely linked into the enclave group arise from a spurt of activity that can be traced back to the influence of Allen and/or Thompson (e.g., their doctoral supervision) and connected to the “hub” at the University of Washington. In the early 2000s, these authors actively pursued publication opportunities in the UK-based nursing journals—*Nursing Inquiry*, *Nursing Philosophy*, and *Journal of Advanced Nursing* (Allen, 2006; Allen & Cloyes, 2005; Allen & Hardin, 2001; Cloyes, 2007; Hardin, 2001, 2003b, 2003c; Phillips, 2005). These papers continued PS critiques of “whiteness” in nursing and of the notion of meaning and the language of experience widely accepted in nursing literature. The majority of publications by these scholars fell between the years 2001 and 2007, in all four leading theoretical journals, mostly in *NI*.

In the American *ANS*, references to postmodernism, post-structuralism, or Foucault effectively disappeared after 2010.

Concluding Thoughts

Continental philosophical ideas and writings, selectively taken up by American nurse scholars, have produced interesting intersections with nursing metatheoretical and “nursing theory” discourses. The most surprising observation that triggered my dissertation research was a relative invisibility of PM and PS ideas in the US nursing literature as compared to French

theory's much wider reception and acceptance in other English-speaking countries. American nurse authors seemed to engage with French theory less than their non-American counterparts and to engage differently (as the next two chapters further demonstrate).

In this chapter, I continued to survey the intersections between influential nursing metatheoretical perspectives and broadly PM ideas, initiated in Chapter 4. The question answered in this chapter was, How have PM and PS sensibilities, tangible across academic fields in the last decades of the 20th century, played out in American nursing scholarship, particularly in the leading theoretical journal, *ANS*?

Locked in the discourse of nursing science (and moreover, the unacknowledged and unrecognized view of science trapped in logical positivism), the viability of PM and PS ideas in the US nursing literature has been severely limited. It is ironic that when American nurse academics gathered for the first theory conference in 1967, it was only a year after French theory entered the US and started its consequential journey from the Johns Hopkins University humanities conference. Hidden in literature departments, French theory did not have much chance to intersect with nurse scientists in the 1960s–1980s. But even when a discourse of nursing theory overlapped with discourses of nursing research and philosophy (e.g., as reflected in pluralistic, integrative conception of nursing science in *ANS* or in *Perspectives of Nursing Theory* anthology), these intersections between nursing theory and interdisciplinary theory were strictly codified by nursing writing conventions and the prevailing rhetoric of “nursing science” and “theoretical frameworks.” A strong and lasting focus on ideas of oppression and emancipation screened out theoretical perspectives sceptical of such intentions. The most interesting and rigorous nursing PM and PS works questioned foundational assumptions of

nursing theory, but were seemingly powerless to disturb the status quo in the best-known “nursing knowledge” texts.⁶⁶

⁶⁶ A recent textbook on “emancipatory nursing,” edited by American authors Kagan et al. (2014), provides a peculiar common ground for several nursing perspectives: for some scholars of the enclave group (Drevdahl, Phillips), Canadian and Australian Foucauldian scholars (Perron, Rudge, Gagnon), and American nurse theorists and metatheoreticians (M. C. Smith, Watson, Chinn, Meleis). This commonality, however, is founded upon specific exclusions dictated by the goal of “emancipation” and discussed in this chapter: PS ideas are assimilated as long as their point of application is the topic of male violence against women or the nurses’ ethical self-work enabling them to speak truth to power. Overall however, this anthology is a step in a right direction. It is a better way of presenting PS and Foucault-informed nursing scholarship than through synthetic projects such as those by Roy and Jones (2007) or Chinn and Kramer (2011, 2015).

Chapter 6

Sharpening the Contrast Between Non-American and American Postmodern/Post-Structural Nursing Literature.

Part 1: The Focus on Nurse–Patient Relationships and the Holistic Nurse

In this and the following chapters I present examples of Foucault-informed non-American nursing scholarship. I chose these examples because of their significant difference from the majority of nursing PM and PS writings presented thus far. Indeed, my aim is to sharpen the contrast between the writings generated outside the US and their American counterparts discussed in the previous chapters. But before I focus on these British, Australian, and Canadian examples, I briefly recap the American PM and PS nursing field to remind the reader of its key characteristics.

If one was to create a detailed table of all PM, PS, and Foucault-informed nursing writings and to carefully register the main areas of concern addressed in these writings, one would notice, first of all, that American nurses rarely turn their attention to contemporary French philosophy specifically and social theory more generally.⁶⁷ When they do, references to postmodernism, post-structuralism, or Foucault in American nursing literature, particularly in textbooks, are overwhelmingly embedded in discussions of the philosophy of nursing science. These discussions mentioning Foucault are intertwined with, or encompass, references to the history of the Western philosophy of science on the one hand and epistemological categories of nursing knowledge (e.g., the structure of knowledge and ways of knowing) including discipline-specific nursing theory on the other. However, contrary to what might be expected, Foucault and other PM and PS theorists figure in these discussions not as critics of ideas debated within

⁶⁷ I provide a detailed overview of American PM, PS, and Foucault-informed nursing scholarship in the previous two chapters and in Tables 8 and 9 (Appendices G and H respectively).

unique nursing science or its philosophical assumptions.⁶⁸ Rather, Foucault appears as an apologist for the established discourses of nursing science. Moreover, these deployments of PM and PS ideas in American nursing literature are remarkably uniform. They seek to reinforce, in an ill-informed and crude manner, anti-“positivistic science” and anti-“biomedical model” rhetoric already well-established in the American nursing theoretical discourse. By selectively drawing on PM criticisms in the social sciences, namely, capitalizing on the idea of epistemological pluralism while screening out challenges posed to (nursing) metanarratives, American nursing writings seek to safeguard nursing metanarratives, specifically the canon of grand theories. Paradoxically, too, postmodernism, post-structuralism, and Foucault are laid as one of the cornerstones for a new(er) nursing metanarrative, that of emancipation. These “Foucault”-informed theoretical developments, especially as they are presented in American textbooks on nursing knowledge and nursing theory, are placed in an intellectual context of the philosophy of nursing science mixed with the Western philosophy of science, whose history and key ideas nurses describe with various degrees of accuracy and insight. Such contextualization of PM and PS theory in the philosophy of *science* common in American theoretical nursing discourse obscures, perhaps even effectively sequesters, another perspective—that of continental philosophy, from which Foucault and other PM and PS theorists can be read to a different effect.

In Chapters 6 and 7 I showcase selected examples of a different kind of nursing scholarship informed by PM and PS theory where nurse authors view these intellectual movements, implicitly or explicitly, in the context of *continental philosophical* influences upon the humanities and social sciences. These examples are drawn from non-American nursing

⁶⁸ With the exception of the enclave scholars described in Chapter 5 and selected non-American contributors in Kim & Kollak (2006). In addition, a few other American nurse scholars who occasionally cite PM feminist literature and/or Foucault such as Liaschenko and Sandelowski contribute to the discourse of nursing knowledge in a critical rather than laudatory way.

scholarship. What all these examples have in common is that they serve to highlight what is missing in American nursing writings. In other words, they unwittingly “fill,” and thus make visible, significant lacunae in the *American* PM and PS nursing field—that intellectual content never thought worthy of attention by American nurse theorists or unable to gain intelligibility within American nursing’s disciplinary matrices. This “unintelligible content” includes Foucault-informed analyses of *nursing practice*; of holistic nursing theory; and methodological discussions, specifically addressing ethnographic research of nursing practice. (The topic of methodological discussions informed by PM and PS ideas is taken up in Chapter 7.) In other words, whether we agree or disagree with specific arguments and points of view presented by non-American writers in these applications of PM and PS ideas (and my allegiances are made clear through my exposition of these writings below), the American nursing intellectual field has not produced anything comparable to these high quality non-American applications.⁶⁹ Put another way, my point is to show how continental-philosophical contextualization of PM and PS theory (not subordinated to the interests of American nursing science but aligned with the contemporary humanities and social science disciplines) has opened up new ways of conceiving nursing practice and the knowledge informing those practices as well as the knowledge generated through (or arising out of) those practices. Before presenting three cases of non-American PM and PS scholarship (and contrasting them with relevant American writings), I provide a few additional details about this substantial area of nursing literature.

⁶⁹ To reiterate my previous footnote, in American nursing literature, PM and PS continental philosophical/theoretical critiques of nursing theory and/or methodological discussions have been undertaken by the enclave scholars described in Chapter 5, by some American nurses with the humanities background (e.g., Liaschenko and Sandelowski), and by non-nurses in one interdisciplinary and international collection on nursing theory (Kim & Kollak, 2006).

The first references to Foucault occurred almost simultaneously in the late 1980s in the British *Journal of Advanced Nursing (JAN)*; Lees et al., 1987; Chapman, 1988) and in the American *Advances in Nursing Science (ANS)*; Dzurec, 1989). Over the ensuing nearly three decades hundreds of articles, and numerous book chapters, anthologies, and monographs in English cited Foucault and other French (and sometimes American) philosophers working in PM and PS traditions. The overwhelming majority of these publications were by non-American nurses and appeared in three journals: *JAN*, *Nursing Inquiry* (established in 1994 under Australian editorship and with a strong initial Foucauldian focus), and *Nursing Philosophy* (established in the year 2000).

Non-American Anglophone nursing scholarship informed by PM and PS theory is voluminous and diverse in its coverage of substantive areas, its methodological approaches as well as in its quality. My aim in this and the following chapters is not a content- or thematic survey of this body of literature. Clearly, over three decades of reading Foucault, nurses have applied his ideas to examine various facets of nursing practice (clinical, research, education, administration, regulation) across a range of settings (hospital, community and home care, psychiatric and mental health, corrections, university nursing programs, regulatory colleges, governmental agencies) as well as across a range of clinical populations. A few surveys already provide a sense of the breadth of application of Foucault's ideas in nursing. Specifically, Gastaldo and D. Holmes (1999) reviewed 27 publications that explicitly draw on Foucault's work and were written by nurses in English (the bulk of the publications), Portuguese, and German. Gastaldo and Holmes pointed out a range of Foucauldian nursing critiques addressing the areas of nursing science, intensive and acute care, chronic renal illness, psychiatry and mental health, and the nurse-patient relationship. Buus and Hamilton (2016), in a systematic

review of published studies of hospital documentation (i.e., records nurses make in patient charts) illustrate how Foucauldian concepts of power/knowledge and surveillance have been used by researchers to make sense of nursing documentation practices. Moreover, we can expect to find similarities and overlaps among publications in non-American and American nursing literature. For instance, the American nursing theory movement has influenced disciplinary thinking well beyond the US. Thus, the language of paradigms is not unique to American PS writings. Another example: PM/PS feminism is the topic of several papers in non-American nursing journals (e.g., Aranda, 2006; Aston, Price, Kirk, & Penney, 2012; Crowe, 2000; Crowe & Alavi, 1999; Fahy, 1997; Francis, 2000; Huntington & Gilmour, 2001; Manias & Street, 2000; Siebold, 2000). Some of these authors (e.g., Fahy, 1997; Huntington & Gilmour, 2001; Manias & Street, 2000, p. 58), despite their recognition of the tensions between certain feminist positions and PM criticisms, tend to preserve the “Self” of the essential subject and link Foucault to the emancipatory agenda rather unproblematically (similar to selected *ANS* papers examined in the previous chapter). Furthermore, admittedly, applications of PM and PS concepts in nursing (both within and outside the US) are of uneven quality, likely reflecting various backgrounds of nurse authors who are conversant in varying degrees with the relevant philosophical and theoretical traditions. Throughout Chapters 6 and 7, I contrast the social-theoretical (e.g., sociological) and historical sophistication of the best non-American PM and PS writings with the sociological and historical naiveté of other nursing sources I review. However, the pyramid model of nursing science is a distinctively *American* way of conceiving disciplinary knowledge and theory, and thus non-American PM and PS scholarship—with all its diversity of subject matter and of quality—is not focused on the preservation of American unique nursing science.

Some non-American nurse academics, in contrast to American ones, understood Foucault's insights sufficiently well to caution against specific (mis)apprehension of his work. This stream of publications (produced by those non-American nurse academics who understood the subtleties of Foucault's ideas) discernible in non-American nursing literature (e.g., Cheek & Porter, 1997; Porter, 1998; Porter & O'Halloran, 2009)—but non-existent in the US nursing discourse—comprises the critical appraisal of the suitability of Foucault's ideas for the discipline of nursing and pointed criticisms of selected nursing PM and PS scholarship. We recall that in *ANS* and some American “nursing knowledge” textbooks (Chinn & Kramer, 2011, 2015; Falk Rafael, 1997; Glass & Davies, 1998), the conflicting perspectives of German critical theorist Habermas and French PS theorist Foucault (and similarly conflicting perspectives of the second-wave feminists and Foucault), particularly their divergent conceptions of power and subjectivity, are combined rather cavalierly within the emancipatory agenda. These problematic uses of Foucault's ideas have not been pointed out by critics in the American theoretical discourse. In contrast, outside the US, an Irish nurse and sociologist Sam Porter, among others, articulately cautioned against such readings of Foucault. An issue with treating Foucault on a par with other critical theorists such as Weber, Marx, and radical feminists (most notably those challenging the medicalization of the female body) was directly addressed by Porter (Cheek & Porter, 1997). He rightly points out the dissolution of the subject in Foucault's theory: the very subject—autonomous and susceptible to empowerment—central to modernist-humanist critical theories. My specific interest in highlighting Porter's work is his warranted rejection of a simplistic fusing of Foucault with emancipatory/empowerment agenda, a common practice in “non-enclave” American nursing literature.⁷⁰

⁷⁰ Similarly, several other non-American nurse authors pointed out the tensive relationship between

Having set a comparative structure for my discussion with a few short points, I now turn to my more extensive cases of PM, PS, and Foucault-informed scholarship. The present chapter focuses on two cases: theorizing of the nurse–patient relationship (May, 1990, 1992a, 1992b, 1995a, 1995b) and an examination of the holistic nurse through a historical lens (Nelson, 2000). The following chapter addresses PM and PS methodological forays in our discipline (Cheek, 2000; Latimer, 2003; Rolfe, 2000). When presenting these cases, I restate and substantiate my claim that the American PM and PS nursing field did not generate equivalent analyses or generated them within a limited scope. Summarizing high-quality exemplars of non-American PM and PS work, I draw attention to how these authors embed Foucault’s ideas in the context of selected sociological traditions or of historical research—those specific academic domains already broadly informed by continental philosophical concerns—rather than in the context of Western philosophy of science *and* American philosophy of nursing science. This angle of non-American scholarship opens new vistas for understanding nursing practice and nursing knowledge as socially- and historically-contingent phenomena.

Theorizing Nurse–Patient Relationships

A cross-journal comparison of subject headings that describe “post-structural” nursing articles (Table 6 in Appendix D) led me to a curious conclusion: a number of PS papers in non-American journals *JAN* and *NI* (which effectively means non-American PS scholarship) have as their focus nurse–patient relations. In contrast, not a single PS paper in American *ANS* (which effectively means American PS scholarship) has this focus. Although nurse–patient interaction (NPI) and nurse–patient relationship (NPR) are highly relevant both as the very fabric of clinical nursing practice and a legitimate topic of disciplinary study, as well as the site where, from a

Foucault’s stance and emancipatory projects (Aranda, 2006; Rolfe, 2000, p. 155; Traynor, 1997).

Foucauldian perspective, power manifests and subjectivities are fabricated, the American nursing literature that explicitly cites PM and PS theorists has (with rare exception) directed its attention elsewhere, foregoing the study of NPI and NPR.⁷¹ From 64 articles informed by PM and PS writings and authored by American nurses and/or published in American nursing periodicals (compiled in Table 8, Appendix G), only two—by Gadow (1999/2009) and Benner (2004)—referred to, or attempted to theorize, the nurse–patient encounter.

Sally Gadow (1999/2009), in her philosophical discussion of the “postmodern turn in nursing ethics,” expressed an important idea about how the notion of meaning was understood by contemporary social theorists who wrote about human life in postmodern times. The notion of meaning itself is not guaranteed in the postmodern world. “Ethically, we are on our own, without a metaphysical warrant from either religion or reason” (Gadow, 1999/2009, p. 576). The implication of this insight for nursing practice, Gadow wrote, is that the meaning of a patient’s illness or meanings of a nurse–patient encounter are not a priori truths that the nurse will access either in a detached, “objective” way, or a hermeneutic, “subjective” manner. Rather, these meanings are contingent on relational narrative; that is, the selves of the nurse and the patient do not pre-exist their encounter but arise in the process (Gadow, 1999/2009).

Although the term *relational* is common in contemporary nursing academic discourse, Gadow’s (1999/2009) article is perhaps a rare example hinting at the key feature of relationality in a PM sense—the disappearance of the humanistic subject as the autonomous self-identical actor. Yet it is precisely this humanistic conception of the nurse and the patient that implicitly or explicitly grounds the entire canon of American nursing theory. Even occasional insertions of

⁷¹ A few American nurses not pursuing a PM/PS theoretical route (most notably Liaschenko, 1997, and Lowenberg, 1995, 2003) have analyzed the nurse–patient relationship from other theoretical perspectives.

Gadow's paper in past editions of American anthologies of theoretical and metatheoretical nursing work (such as Cody, 2006; Kenney, 2002; Reed & Shearer, 2009) did not seem to trigger any reconsideration of the notion of the humanistic subject in American nursing literature including its PM and PS variety.⁷²

Another American nurse theorist, Patricia Benner (2004), selectively cited Foucault in the context of her writing about the ethics of nurse–patient encounters but did not go as far as to analyze nursing practice in light of Foucault's ideas on power and subjectivity. Instead, she limited Foucault's input within her critique of the dehumanizing clinical gaze of medicine, while praising nurses' role in retrieving “the person” behind the patient through nurses' humanizing language. This approach, according to a Canadian Foucauldian nurse scholar Purkis (1994, 2013; Purkis & Bjornsdottir, 2006), fails to recognize the nurse–patient encounter as a contentious site of power. Benner's position drawing on Foucault's critique of the clinical gaze in relation to medicine is not new; it is shared across a range of theoretical perspectives in our discipline. A rejection of the reductionist medical gaze serves to elevate the humanizing and holistic nurse–patient relationship (NPR) as an aspiration of contemporary nursing practice. But it is precisely this ideal of NPR that has been ignored in American PM and PS literature. In contrast, in non-American scholarship, NPR and nurse–patient interaction offered rich opportunity for Foucauldian analyses. I now turn to summarize one such well-argued and pioneering example.

⁷² Likely, the opposite is the case. Writing style and emphases in Gadow's work (e.g., 2000) are highly reminiscent of the era of English romanticism with its deep divide between science and poetry (Paley, 2004) and thus her work lends itself to be received as another example of anti-science, humanistic nursing theory. Interestingly, Nelson (2000) critiques Gadow's work as representative of the American holistic nursing theory movement. However, Nelson (2000, p. 212) refers to Gadow's early writings on “existential advocacy” and “clinical subjectivity,” not to Gadow's paper I examined.

In the 1990s, nursing and sociology journals published a series of papers by a British social scientist Carl May based on his doctoral study of bedside nursing practice. The study involved observations of nursing practice on acute-care wards in a Scottish hospital and interviews with nurses working there with terminally-ill patients. May draws skilfully on Foucault's work to theorize nurse-patient interaction and relationships.⁷³

May (1990) begins with examining how nurses tended to conceptualize nurse-patient relationships (NPR) and/or interaction (NPI) in their empirical studies of and theoretical writings about nursing practice. For his analysis, May divides selected literature into two types based on the researchers' conception of NPI and NPR: technocratic or contextual. In studies of the first type, researchers conceptualize NPI as the communicative action controlled by the individual nurse. The nurse is depicted as being able, by following a prescribed set of steps, to achieve a desired goal in the NPI. May calls this type of theoretical attitude of the researcher *technocratic* because it directs attention to technical aspects of the interaction (such as its duration as well as the nurses' immediate behaviour and linguistic strategies to manage patient encounters). Findings of these empirical studies consistently demonstrate the brevity and task-orientation of NPI as well as nurses' conversational tactics to maintain control over verbal interaction. Researchers, who declared their belief in the importance of interpersonal relations between

⁷³ Although May is not a nurse, my rationale for focusing on his work includes the following: a) It is the *earliest* example of Foucault-based analysis of nursing practice published in nursing journals with international circulation (*JAN* and *International Journal of Nursing Studies*); b) It spans a series of publications as opposed to being a one-off application of Foucault's work; c) The author's social scientific background facilitates his well-informed reading of Foucault's work, a characteristic that cannot be assumed in all nursing writings; d) The focus of his research is nursing practice—a topic nearly absent in American nursing theoretical literature; e) His work avoids crude anti-science rhetoric that plagues many PM/PS nursing writings; and f) His approaches to theorizing health care practices (in the 1990s and more recently) are not well known in North American nursing, but can offer a useful model of fundable *and* theoretically-informed, interpretive research projects.

nurses and patients, explain these somewhat disillusioning findings by focusing solely on the dyadic encounter between nurse and patient: Nurses' negative stereotyping of their patients or nurses' self-defense against occupational stress are responsible for the inadequate quality of NPI. (It is important to notice that May does not want to minimize the significance of these phenomena in nursing practice; his aim is to contrast this technocratic outlook commonly employed in research with what he calls contextual perspective.) The technocratic outlook presupposes considerable autonomy of the nurse, much exceeding that which nurses can reasonably exercise in their practice. May locates this conception of nurse–patient interaction in “nursing theory” that delineates what practice *should* be like and that influences nursing education and research. May is not explicit about the kind of “nursing theory,” but he likely alludes to the theoretical prescriptions of nursing process and nursing diagnosis exported from the US and implemented throughout the UK hospitals in the 1980s.

This technocratic attitude of researchers to nurse–patient interaction (NPI) is contrasted by May (1990) with the *contextual* attitude to NPI. Rooted in social and social psychological theory, this approach recognizes the fundamentally social nature of the interaction. In May's words, the NPI is constituted within an organizational context and the occupational cultures of nurses and others on the ward. Dyadic interaction is an outcome of its social organization. In other words, the nurse–patient interaction/relationship is an example of a social, collective accomplishment.⁷⁴

⁷⁴ May acknowledges that even though this understanding of NPI moves away from the dyadic view, it still remains within the bounds of local context, for example, negotiations among different professional groups and patients. May is somewhat vague on this point. I speculate that what he has in mind is another sociological perspective, the so-called macro perspective, which transcends both a micro-level of the dyad *and* a meso-level of organizational context and instead looks at the economic conditions. Debates among proponents of these differing perspectives in sociology are well documented (e.g., Porter, 1998).

May (1990) recognizes that *both* groups of researchers, technocratic and contextual, are motivated by a similar desire to enhance nurse–patient relationships, to move them away from the “body parts that need fixing” type of encounter to a more humane process. What, however, is different are the *effects* produced by writing (about) nursing practice in those particular ways. The very ability of the nurse to engage in a meaningful relationship with the patient is socially organized: determined by organizational context. But the technocratic attitude of some nursing theory, focused on the individuated action, does not allow this understanding to emerge. May finds the contextual approach to the study of nurse–patient relationships more useful than the technocratic one. Specifically, he proposes the value of inductive theorizing rooted in the sociological perspective of symbolic interactionism and perhaps informed by Foucault’s concepts.

Writing about nurse–patient relationships (NPR), May (1990) alludes to another analytical line that he develops more fully in his other publications—the importance attached to the NPR in contemporary nursing. Connected to nursing’s professionalizing efforts, this emphasis on NPR signifies a break with nursing’s previous narrow focus on the physiological, a focus aligned with the domain of medicine. It is clear from May’s tone, however, that he is far from romanticizing nursing’s professional ideology that “fabricates” a new NPR (May, 1990, p. 311). Bringing Foucault’s notion of power/knowledge to bear on his analysis, May (1990) points out the process of the “reconstitution of patients ‘needs’ and psychosocial problems, through which a technical vocabulary emerges containing new signs and symptoms” (p. 312).

May identifies this professional ideology as the discourse of holism dominating American nursing theory. The shift toward holism was part of a program of nursing professional differentiation from medicine and closure from incursions by other allied health occupations

(May & Fleming, 1997). American academic nurse leaders envisioned the professionalization of nursing as depending on a construction of “unique” knowledge—most notably, in the form of holistic nursing theory—as differentiated from biomedicine (May & Purkis, 1995). The strictly biomedical way to “apprehend the patient” (May, 1992a, p. 589) as a biological entity was augmented by new techniques of individualization and surveillance to apprehend the patient as a psychosocial entity. Thus, May problematizes the holistic nurse–patient relationship as a site of production of the patient’s “real” self.

May (1992a) analyzes holistic practice, or individualized attention to the whole person—a discourse that in nursing literature carries an unquestionably positive and desirable connotation—in light of Foucault’s ideas about the processes of subjectification as a contemporary mechanism of power in health care institutions. In the context of individualized holistic care the patient is encouraged to become an “experiencing” subject, to produce and disclose her inner dispositions and identity. A “talk” between a nurse and a patient is a crucial site for the production of confessing subjectivities. Following Foucault, May (1992a) writes:

power is not an objective phenomenon, but rather a quality of the discourses and practices activated with social relationships, and as such exists only in the moment of its exercise. . . . Foucault insists on the importance and vitality of pastoral power as a quality of the relationship between institutions which rely on surveillance and their subjects. (p. 596)

A nursing ideal of individualized care is to be achieved through “talk” in the context of the NPR, which retrieves a patient’s authentic self by inviting the patient to account for her social and psychological “problems” (May, 1995a). However, May refuses to accept a commonsensical explanation for this shift toward individualized holistic nursing. Instead, he interprets psychosocial nursing care as “surveillance, or monitoring, of the intimate disposition of the subject [which] is a key mode of exercising power” (May, 1995a, p. 557) in nursing practice.

Taking into consideration the actualities of social organization of nursing practice, May (1995b) points out pragmatic issues with the holistic model of nursing care—in particular the unreasonable expectation that nurses produce “authentic relationships” with patients. Professional discourses, most notably nursing theory, although not meant to speak to the empirical realities of practice, nevertheless place demands on nurses’ conduct. Nursing theory (May, 1995b, cites Newman and Parse) is a sophisticated conceptual apparatus imposing implicit prescriptions for, and supplying understandings of, nurse–patient encounters in the context of increased “individualization” of care.

May agrees that individualized care based on “knowing the patient” often provides an ethical base for humane provision of health services (May, 1992b, p. 482). However, he wants to destabilize the romantic vision of the nurse–patient relationship said to provide access to such “knowledge.” The patient is “known” through the deployment of the clinical gaze, both medical *and* nursing, which is how power manifests. Further, May points out some unacknowledged practical obstacles to nurses’ *work* of producing “good” personal relationships with patients. On the one hand, nurses themselves can resist attempts to “know” patients. On the other hand, a patient can remain silent when a nurse asks, *What kind of person are you?*, thus denying the nurse’s legitimacy to ask such a question. May argues that those nurses theorizing the NPR need to consider the practical problems that are negotiated—by both nurses and their patients—when nurses attempt to get to “know” their patients (May, 1992b).

In summary, this example of May’s work of theorizing nurse–patient relationships through the lens of Foucault’s concepts denaturalizes a conception of this relationship as a power-free encounter controlled solely by the nurse’s benevolent intent and valorized in the trope of “knowing the patient.” Power manifests through the nurse’s gaze, surveillance, “talk,”

and through the patient's resistance to legitimate the nurse's gesture to retrieve the "whole," authentic subject of the patient.

I would like to conclude this first case of non-American PS scholarship by highlighting one of its key—but perhaps not immediately obvious—characteristics that creates even sharper contrast with handling of PS theory in American nursing literature. An important *condition of possibility* for sophisticated application of Foucault's ideas in May's and other non-American writings presented in this chapter lies in the authors' conception of nursing practice as a *social* activity (not ahistorical, acontextual, and individuated intentions and acts) and the authors' dexterity with conceptual tools developed in the social sciences such as sociology, which can produce interesting and rigorous understandings of nursing. Many great Australian, British, and Canadian examples of nursing PM and PS theorizing (e.g., compiled in Table 10 in Appendix I) presuppose nursing as socially- and historically-contingent practices—an assumption not evident in the majority of writing by their American counterparts.

Nurse scholars' appreciation of the relevance of contemporary social theory for understanding nursing practice or, at the very least, their assumption that nursing is historically and socially contingent provide fertile soil for PM and PS nursing scholarship, as is evident in many non-American examples *and* a few American ones (e.g., by David Allen, Drevdahl, Liaschenko, Sandelowski, and Thompson). On the other hand, simply claiming some tenuous link to one or another sociological perspective among "paradigmatic origins" (e.g., Meleis, 2007, p. 336) of a nursing theory neither guarantees a rigorous application of this sociological perspective nor provides an adequate "bridge" for the nursing theory to consequently be revised in light of revisions that the claimed sociological perspective undergoes in its "home" discipline.

A relevant example in the context of my discussion of NPI will be drawn from Afaf Meleis's impressive monograph *Theoretical Nursing: Development and Progress* (1997, 2007). Meleis (1997, 2007) classifies selected American nursing theories as belonging to the "interaction school of thought"—based on nurse theorists' view of nursing "as supporting and promoting interactions with patients" (Meleis, 1997, p. 114)—and identifies sociological perspectives of systems theory and symbolic interactionism as having influenced these nursing works. However, on a closer examination, these nursing theories have been criticized by a German nurse scholar Wied (2006) as eclectic and vague in their application of sociological concepts of systems and interactions, as failing to consider the ongoing developments in sociology, and, importantly, as having lost a *sociological* angle, that is, an assumption of, as well as the implications flowing from, the socialness of nursing practice and nurse–patient interaction. Thus, the supposedly interaction-focused (in the sociological sense) nursing theories of Peplau and King, all present an unacknowledged individual-focused bias, which encourages a humanistic view of NPI as an unmediated exchange of two or more autonomous consciousnesses (Wied, 2006).

This imprecision and the reification of sociological concepts in American nursing theories originally informed by sociological perspectives, and a lack of exchange between this body of nursing scholarship and subsequent developments and debates in the social sciences including PM and PS influences on those non-nursing disciplines, may provide a clue to the source of the pervasive cumulative style of American treatises on "nursing knowledge" (including Meleis's texts). In this style, new social-theoretical and philosophical ideas are enthusiastically added to the old nursing disciplinary matrices rather than wielded to pry those matrices open for a critical interrogation. A list of long-running editions of nursing theory

textbooks compiled in Table 8 (Appendix H) provides several examples of such treatment of PM and PS theory by American nurses.

The Holistic Nurse Through a Historical Lens

Whereas Risjord has scrutinized nursing theory as a scientific artefact, other authors have approached American nursing theory with similarly searching intent, but through different spectacles.⁷⁵ Sioban Nelson is a nurse historian, whose book *A Genealogy of Care of the Sick: Nursing, Holism, and Pious Practice* (2000) offers an explanation for the immense popularity of spiritual concerns in contemporary professional (and what is considered secularized) nursing, concerns captured in the emphasis on holism and humanism present in much nursing theory. I will summarize Nelson's thesis before moving on to connect her argument with the topic of my study.

How has the figure of the holistic nurse come to dominate the discursive field of nursing in the second half of the 20th century, especially in American theoretical literature? What are we to make of a widespread pedagogy that demands nursing students to "listen" to patients' calls for spiritual healing and promote their spiritual growth, on the one hand, and to look inward and work on their own spiritual resources in a higher quest for self-actualization, on the other? Why have the humanistic ideals of American nurse theorists gained a widespread acceptance? Nelson poses these questions and looks for answers in a 2000-year history of the care of the sick in the West. This long look enables her to challenge the conventional historical account of modern professional nursing. According to the latter, secular nursing practice, emerging in the second half of the 19th century, has shed the legacies of the religious nursing orders, most notably the

⁷⁵ Whereas Risjord is vulnerable to anecdotal and *ad hominem* accusations of not being a nurse and thus not getting the salt of nursing theory, the author to whom I turn here (Nelson), arguably exhibits more sensitivity to "the salt of nursing." I would suggest it is disingenuous to think that well-informed critical appraisals of canonical nursing texts result from a lack of nurse's identity.

Christian imperative of *agape* or “love of strangers” (Nelson, 2000, pp. 8–9). Moreover, in this conventional depiction, the contemporary humanist/holistic nurse appears as the pinnacle of nursing’s professional evolution. It is this depiction that troubles Nelson.

Aided by theoretical notions of *technologies of the self* from Foucault (Nelson, 2000, pp. 49–50) along with *habitus* and *personae* from Marcel Mauss (pp. 5–7), Nelson argues that contemporary nursing’s interest in spiritual concerns is part and parcel of the Christian ethos that founded the care of the sick throughout two millennia. The term *ethos* denotes sets of practices, ways of relating to oneself, techniques of working on oneself, or self-culture (Pierre Hadot’s notion of *askesis*; Nelson, 2000, p. 7). *Christian ethos* refers to ways to transform oneself into the instrument of God. As a two-way road, Christian ethos works to redeem the soul of the cared for while accruing virtue for the soul of the carer. No doubt, the ways in which this Christian ethos manifests have changed over time, and no linear, integrated history of those processes can be told. One of the most obvious shifts is the rejection of religious vocabulary; in Nelson’s view, however, this shift should not mask the continuity of the essentially Christian concern for the souls of the sick, “evident in both the theoreticians’ schemata and the practice manuals alike” (pp. 4–5). In contemporary nursing, the “self-evident” ethical holistic (and spiritual) ideal is embodied by the “single . . . persona—the humanistic nurse” (p. 6). Challenging the self-evident nature of such a belief, Nelson insists that this professional persona with her holistic ethical department is a specialized product of the *habitus* of nursing, “comprised of a complex of habitual modes of thought, habits of body and soul, plus their modes of transmission and relation to specific social settings” (p. 5). So rather than viewing the holistic-humanistic imperative as a high point in the evolution of the secular nursing profession, Nelson proposes another answer to the question she raised.

According to Nelson's (2000) analysis, the holistic ethos of nursing reflects an abiding, if hardly ever self-conscious, attempt to instill a particular ethical deportment (through self-transformation techniques) into nurse recruits; to *train* today's nurses in the (Christian) ethos of *agape*—in a liberal academy that otherwise is mostly concerned with knowledge and technical skills. The prominence of holistic-humanistic American nursing theory owes much to the anxiety-generating idea that nursing will be reduced to “mere technical knowledge and skills” if academic nursing preparation does not instill caring as an unquestioned virtue, the value of the patient's and nurse's self-transcendence, a search for meaning, and spiritual growth. Nelson suggests that nursing theory be viewed as a response to a serious concern, even a dread, that nursing, the *vocation* of care for the sick, can be conceived as only a technical skill; that a nurse, for example, can come to regard it solely as a means of financial sustenance.

Once American nursing moved to the liberal academy after World War II and nursing practice in hospitals was increasingly technologized, nurse scholars (in what is commonly depicted as a counter-dehumanizing effort) began to articulate the body of holistic nursing science based on a loosely defined “humanist philosophy.” Nelson cites the themes of interpersonal human relations, the caring moment, patient-centeredness, and the wholeness of the person (both patient and nurse). From the 1960s, such an emphasis on humanistic values has been a crucial part of professional nursing's self-image. The figure of a holistic nurse—“a foil for the impersonal and segmented medical gaze” (p. 11) who views the human being as an irreducible entity needed to be rescued from the uncaring environment—is an aspiration to be held out to nursing students and for them to grasp. One of the curricular instruments to achieve a desired nursing ethos is reflective journaling, which, Nelson argues, functions as a new technology of the self.

But there is more to Nelson's argument than the intent to link the holistic ethos of secular nursing to the old Christian imperative of agape and to complicate the naturalized humanistic, patient-centered philosophy of nursing. Perhaps what she finds the most irksome throughout the holistic-humanistic literature is the "colonization" of the influential nursing academic texts by highly idealized and transcendent accounts of nursing practice. These accounts, Nelson argues, valorize the holistic nurse—one for whom agape becomes nothing less than a way of life, who continually works on oneself to achieve spiritual immediacy with her clients. Valorizing the ideal of the "whole" nurse and her spiritual ethos, these accounts elide mundane depictions of nurses' daily and nightly realities and mask the fact that not all nurses and patients strive for "transcendent caring moments."

What does all this have to do with my interest in nurses' receptivity to continental philosophy? In responding to this question, I would like to start by imparting two points pertinent to my analysis. First, both Nelson's (2000) and Risjord's (2010) analyses offer something like a breakthrough in our understanding of American theoretical nursing writings. And these two analyses valuably complement each other. Comprising the body of a unique nursing science, several well-known works of American nurse theorists are collectively known as holistic and humanistic. As described above, Nelson examines the colonization of nursing's academic field by themes of holism and humanism in American nursing theory. A set of writings examined by Nelson partially overlaps with those examined by Risjord (e.g., Carper, Chinn & Kramer, King, Meleis, Neuman, Reed). But if Risjord looked at the tropes of science and structure of theory from a perspective of the philosophy of science (an appropriate move considering that nurse theorists regard their work as scientific and cite philosophers of science), Nelson reads this body of texts for their ideological, professional content. Risjord studies "the packaging" (and that's

why he takes care to distinguish early writings by Peplau, V. Henderson, and Wiedenbach as “philosophies” in a colloquial sense from later nursing theory that aspired to the status of “science”), Nelson examines the message, the valorization of the ethical ethos of a holistic-humanistic nurse. And here I come to the second point, crucial to the case I am making.

I suggest that nurses do not (necessarily) read nursing theory (NT) as science; many of them simply do not have the philosophy of science background essential to understand and evaluate NT *as* scientific theory. Nurse educators read American theory as poetry (Tschanz, 2005, p. 110); “beyond and beneath the words” in a sense of going beyond specific words to look for resonances with one’s emotions, memories, and thoughts (Doane & Varcoe, 2005, p. 108); ideology; “religion of nursing” (Dickoff & James, 1971/1997, p. 59); “nonrealist nursing ontologies” (Flaming, 2004); and “philosophizing” in a colloquial sense of the term (Thorne, 2014, p. 81).⁷⁶ If we agree with this statement, then Nelson’s analysis clarifies how nursing audiences (educators, scholars, students, and perhaps some practitioners in clinical settings) read American NT, what they find there, and why they value it: as a powerful technique to cultivate ethical deportment in nursing students. This might be a legitimate purpose, had it not been for some thorny issues. First, the edifying, ideological purpose of NT is neither explicitly

⁷⁶When nurse theorists claimed the domain of philosophy as a suitable scholarly identification for their work, they had troubles. The tendency of American nurse theorists to appropriate the word philosophy to refer to their work has been criticized as imprecise and confusing (Risjord, 2010). That “philosophy” is simply a vague descriptor for a demarcated body of nursing theory (NT), and the latter has no substantive relation to philosophy, is supported by another observation: scholars like Gadow and Liaschenko, both nurses *and* philosophers by education, although anthologized in more inclusive American NT collections, are excluded from Tomey and Alligood’s canon of *theorists*. Further, if outside the US, PM and PS theory has been applied within social analyses of nursing practice as well as prompted methodological and philosophical reflection—and the Foucauldian theoretical field grew as part of nursing *philosophy*—in the US, unique NT is separate from (mainstream) research and philosophy (as a discipline). Thus a possibility of Foucault’s ideas to influence American NT via interdisciplinary exchange with philosophy was minimized.

acknowledged nor evaluated as the best possible strategy to teach nursing students moral values of caring and empathy. (Another option might be “nursing humanities,” that is, liberal arts education based on great novels as Rorty suggested. This perspective has been contested by others, but my goal is to show that there are alternatives for the inculcation of humanistic values.) Second, over the last half-a-century the voluminous and growing body of NT writings has strongly established itself in our discipline, especially in the US and Canada, as an epistemological field of “nursing knowledge” constituting an appealing and accessible model for replication (in fact, an outdated scientific model as Risjord demonstrated) and legitimating what counts as worthy intellectual endeavour and product. The problematic influences imposed by this model (what I called the American intellectual matrices) on how nurses, especially nursing students, are encouraged to understand and apply contemporary continental philosophy and social theory (or rather are discouraged to use it as an example of borrowed, anti-humanist, androcentric ideology) are surfaced throughout my thesis. I claim that the central issue related to the American discourse of “nursing knowledge” is that it produces invisibility and unintelligibility of practices of theorizing in our discipline based on contemporary interdisciplinary social philosophy and theory, *as these are practiced in the humanities and the social sciences*.

If Risjord’s (2010) analysis suggests that proper nursing theory has been (mis)conceived by many nurse scholars particularly in the US as having an axiomatic structure, lending itself to one of the logical levels, linked to the nursing metaparadigm, and preferably not borrowed, then Nelson’s (2000) work, in a complementary manner, suggests that proper nursing theory has been (mis)conceived as obliged to carry an ideological, edifying message. In this image, nursing theorizing should capture the holistic, spiritual, humanistic, and transcendent—all which aids in

the process of introspection and self-transformation, always with a twin goal to help the client in a process of transcendence. It is not a big leap to speculate that if a nurse reader looks only for such a message, chances are much continental and social theoretical scholarship will be overlooked as relevant nursing knowledge. I indicated in Chapter 2 that certain strands of continental thought fit with this agenda and thus nursing has been more receptive to those. The challenge, however, is that the most radical kinds of continental thought, what in North America has been dubbed French theory (Cusset, 2008) but not limited to it, not only is a poor fit with humanist ideology but undermines its assumptions. We have seen precisely this in Nelson's study that unravels the "whole" nurse with the aid of French theoretical armoury.

Concluding Thoughts

In this chapter, I illustrated two prominent examples of application of Foucault's ideas in nursing literature generated outside the confines of American nursing science and nursing theory. Located outside the American nursing disciplinary matrices *and* drawing on continental philosophical influences in the context of rigorous research traditions (in sociology and history, respectively), these examples of Foucauldian nursing scholarship by Carl May and Sioban Nelson critically engaged holistic American nursing theory. These authors problematized a widely accepted holistic ideal as a superior ethical stance and as a model of practice that valorizes "knowing the patient" as an egalitarian and self-evident configuration of the nurse-patient relationship. As far as I can tell, these (non-American) criticisms of the theoretical holistic movement are invisible in American nursing literature: I have not encountered citations

to their work summarized in this chapter in any of the American anthologies or surveys of “nursing theory and nursing knowledge” I reviewed (as listed in the Appendices G and H).⁷⁷

⁷⁷ On the other hand, Margarete Sandelowski (1998a, 2002, Barnard & Sandelowski, 2001), who is not recognized as a “theorist” by the nursing canon despite her perceptive theoretical writings on technology, did cite May’s work and some Australian nurses who theorize in a PM vein. Indeed, Sandelowski’s writings on technology are so thoroughly postmodern in spirit (she avoids the label *postmodernism* while favouring posthuman feminist or “cyborg feminist” literature)—that is, dismantling the binary oppositions—that her work too remains unintelligible within the American disciplinary matrices.

Another comment related to this chapter’s content: American PM and PS nursing field has not generated comparable analyses of the holistic nurse–patient encounter as a preferred ethical compartment or as an extension of the clinical gaze into the psychosocial sphere. Among all American-authored publications citing PM and PS literature in nursing journals and textbooks that I reviewed (Table 8 and 9 in Appendices G and H, respectively) only *one* article (Drevdahl, 1999a) explicitly criticized the notion of the “whole person” that grounds much nursing theorizing.

Chapter 7

Sharpening the Contrast Between Non-American and American Postmodern/Post-Structural Nursing Literature.

Part 2: The Focus on Methodological Forays in our Discipline

In this chapter I continue my discussion of non-American PM and PS nursing scholarship, particularly the ways in which these continental movements influenced methodological reflections in nursing research. Similar to the examples in the previous chapter, the works addressed here were authored by some of the influential nurses (and social scientists studying nursing practice), who were the pioneers introducing ideas of Foucault, Derrida, Lyotard, and other French philosophers into nursing literature throughout the 1990s.

However, this chapter differs from the previous one in an important way. If May's (e.g., 1990, 1992a, 1995a) and Nelson's (2000) writings were the sole *non-American* objects of the two cases comprising Chapter 6, then my goal in the present chapter is more complicated. Not only do I seek to compare American and non-American methodological writings informed by PM/PS ideas, I also examine *multiple* non-American PM/PS methodological nursing sources and attempt to formulate some distinctions among them. As I explain in more detail in due course, a pivotal point, around which I locate the distinctions among diverse methodological reflections, can be identified as the degree of researchers' adherence to, or distance from, the conventions of the American qualitative research movement as articulated by education scholars Norman Denzin, Yvonne Lincoln, and Egon Guba in *their* chapters in the *Handbooks of Qualitative Research* (1994, 2000, 2005).⁷⁸ I argue that those nurse researchers drawing on PM and PS ideas who do *not* operate under the assumptions of "critical and postmodern paradigms of qualitative

⁷⁸ The *Handbooks* are 1000+ page volumes and include many contributions who do not write within the framework outlined by the *Handbook* editors.

research” a la Denzin, Lincoln, and Guba (or other similar conceptions about incommensurability of PM inquiry with “modernist empirical methods”) but embed their PM and PS research in theoretically-rich contemporary social sciences—sociology, anthropology, or linguistic studies—generate more theoretically-sophisticated and socially- and historically-sensitive analyses of nursing.⁷⁹

Before I turn to this comparison among selected non-American authors (the bulk of this chapter), I survey *American* PM and PS methodological nursing literature in pursuit of the main line in my dissertation—a contrast between American and non-American PM/PS nursing fields.

PM and PS Theory in American Methodological Nursing Literature

American methodological nursing literature is characterized by a limited application of PM and PS theory to inform nursing research—a gap suggesting the “unintelligibility” of these French theories in the context of qualitative nursing inquiry in the US. A common genre of nursing scholarship is the methodological discussion paper or a reflection on theoretical underpinnings and methods of inquiry, particularly gaining prominence with the qualitative research movement since the 1980s–1990s. The field of PM and PS nursing research is no exception. However, a marked asymmetry characterizes American and non-American nursing methodological writings informed by PM and PS ideas. PM and PS ideas have been used by only a small number of American nurse researchers conducting empirical studies, who mostly turned to selected Foucault’s ideas to inform their analyses of interviews (Cloyes, 2007; Dickson, 1990; Hardin, 2003a; Mary Johnson, 1998; Kako & Dubrosky, 2010; Nosek, Kennedy, &

⁷⁹ Indeed, the phrase *qualitative research* is used in different ways in nursing literature and by itself should not raise red flags. For example, I position one of the books I examine in this chapter, Latimer’s (2003) *Advanced Qualitative Research for Nursing*, outside of the American qualitative research movement specifically as conceived by Denzin, Lincoln, and Guba.

Gudmundsdottir, 2010; Phillips, 2005; Powers, 2002; SmithBattle, 2003, 2009).⁸⁰ An even smaller number of American nurse researchers applied Foucault's ideas in their *methodological* reflections (David Allen & Cloyes, 2005; David Allen & Hardin, 2001; Arslanian-Engoren, 2002; Cloyes, 2006; Hardin, 2003b; Phillips, 2001; Powers, 1996)⁸¹. Not surprisingly, the majority of these researchers belong to the enclave group. One of these scholars, Powers (2001), has also authored a book on discourse analysis. Outside of this small circle of stimulating PM and PS nursing scholars, these continental ideas have produced negligible interest among American nurse researchers. A well-known textbook by Munhall presents yet another example of such "unintelligibility" of PM and PS theory in the context of American qualitative nursing research. Chapters on postmodernism in relation to qualitative research (Dunphy & Longo, 2007; Longo & Dunphy, 2012) only go as far as to echo typical American "PM" themes: pairing postmodernism with feminism and critical theory under the rubric of "critical science" concerned with social justice and advocating freedom from rigid rules in the conduct of research.

Non-American PM and PS Methodological Nursing Writings

vis-à-vis the Qualitative Movement

In contrast to a limited uptake of PM and PS theory in American methodological nursing literature, a large field of non-American PM, PS, and Foucauldian nursing scholarship has developed around methodological issues of nursing research. In nursing literature outside the US, PM and PS theory has provided an analytical lens and the conceptual tools to examine *both* nursing practice via field- and other qualitative studies (e.g., as May's work demonstrates) *and* researchers' assumptions and approaches guiding their studies. In short, non-American nursing

⁸⁰ Table 8 in Appendix G lists more such articles, but here I only cite those drawing on PS ideas in a well-informed and substantive way.

⁸¹ Of interest too is that of these seven articles only two were published in *ANS*, while the rest in non-American nursing journals.

literature abounds with methodological reflections of nurse researchers claiming PM and PS approaches. For my analysis, I mainly focus on three nursing research books, which reflect pioneering work by influential scholars: Julianne Cheek's (2000) monograph *Postmodern and Poststructural Approaches to Nursing Research*; Gary Rolfe's (2000) anthology with a substantial author's introduction, *Research, Truth, and Authority: Postmodern Perspectives on Nursing*, and Joanna Latimer's (2003) edited anthology *Advanced Qualitative Research for Nursing*. Collectively, these texts illustrate a wide range of methodological concerns prompted by the continental movements of postmodernism and post-structuralism among social scientists and nurse researchers outside the US (such as attention to the notions of text, representation, selves, the role of the Author/researcher, the nature of writing, discourse, and the constitutive role of language)—concerns rarely raised by American nurse researchers. Prior to examining these non-American books, however, I would like to introduce another aspect of my discussion: My parallel goal in this chapter is to theorize differences among these textbooks and locate the origin of these differences in the authors' respective (often implicit) positioning in relation to the qualitative research movement growing in the US from the 1980s and forged by its strong proponents Denzin, Lincoln, and Guba. Through a creation of an overarching framework of "paradigms of qualitative inquiry," these non-nursing scholars brought together several approaches from established interpretive research traditions in the social sciences, newer professional disciplines, and interdisciplinary fields, and they re-branded those approaches (theories, methods) as an explicit field in its own right, and even as a discipline, of qualitative research.⁸²

⁸² My attempt to trace early textbooks explicitly advancing "qualitative research" as stated in their titles resulted in a list of books published from 1967 to early 1990s and authored by mostly American scholars: sociologists adhering to a broad school of symbolic interactionism (e.g., *The*

I argue that depending on whether and how nurse researchers (whose work informed by PM and PS theory I examine but also many PM and PS research articles beyond my immediate focus) positioned⁸³ their writings in relation to this American qualitative movement, particularly the idea of qualitative paradigms, often made a difference in nurses' application of PM and PS ideas (e.g., rigour, perception of a range of stylistic possibilities, and foci for PM and PS analyses). Specifically, I argue that those nurse researchers who do *not* operate under the assumption of the American “critical and postmodern paradigms of qualitative research” à la Denzin and Lincoln but embed their PM and PS research in contemporary writings in relevant contemporary social sciences generate more theoretically-sophisticated and socially- and historically-sensitive analyses.

I suggest that elucidating these differences can help nurses become better-informed readers of nursing PM and PS research as well as broaden horizons for nurse researchers by showcasing examples of rigorous and interesting nursing research—particularly ethnographic field-studies of nursing practice in the traditions of contemporary sociology and anthropology—that are sometimes invisible due to their avoidance of locating themselves in the “qualitative

Discovery of Grounded Theory: Strategies for Qualitative Research by Glaser & Strauss, 1967), some nurses (e.g., *Nursing Research: The Application of Qualitative Approaches* by Field & Morse, 1985; *Qualitative Nursing Research: A Contemporary Dialogue* by Morse, 1991), and some educators (e.g., Hammersley, a British educator). The earliest of these texts that were published during the 1970s, although cited in nursing literature, by themselves would not have generated the qualitative movement that today is an indispensable component of the academic nursing and other disciplines. Nothing can compare in influence with Denzin, Lincoln, and Guba's higher-order work of bringing all these perspectives together and re-branding them into “paradigms of qualitative inquiry.” Of interest is the recent invention of another buzzword, “*post-qualitative*” *methodologies*, advocated by St. Pierre (2011), Denzin and other American academics in education to demarcate what they call “PS methodologies” in education research from the “conventional qualitative methodology” on the grounds of their “incommensurability.” For an example of “post-qualitative PS” research in education see Guttorm (2016).

⁸³ This positioning can be deliberate and conscious—or taken for granted and unwitting. I accept that nurse authors may be unaware of alternatives to the mainstream qualitative approaches to nursing research.

paradigms” and in “qualitative nursing methodologies.” Moreover, such appreciation of theory-informed empirical research crucially enhances our understanding of contemporary nursing practice and provides conceptual material for context-sensitive theorizing in our discipline.

Having identified the framework of qualitative paradigms as able to produce decisive differences for nursing PM and PS research and prior to my main discussion of the non-American textbooks, I turn to provide a background to this influential American concept and point out its problematic character.

Denzin, Lincoln, and Guba’s Idea of Qualitative Paradigms

Denzin, professor of sociology, communications, and humanities at the University of Illinois, and Lincoln, professor of higher education in Texas, can be credited with promoting—through a series of authoritative handbooks they edited (1994, 2000, 2005, 2011)—the field of qualitative research that presupposes “competing paradigms.” The notion of paradigm in relation to qualitative research seems to have originated in Lincoln and Guba’s (1985) *Naturalistic Inquiry* and furthered in *The Paradigm Dialog* (Guba, 1990).⁸⁴ Guba’s biography in the first edition of *Handbook of Qualitative Research* (Denzin & Lincoln, 1994) says that he is an education professor with a background in quantitative inquiry from the mid-20th century University of Chicago. The following description reads: “For the past 15 years, he has studied paradigms alternative to the received view and has formed a personal commitment to one of these: constructivism” (Denzin & Lincoln, 1994, p. 637). Thus, surreptitiously, Kuhnian *paradigms* influential in the 1970s in the American academic context have again entered nursing literature! This time, however, we are confronted with a paradigmatic conception of science not

⁸⁴ I came across a title of a British research textbook that appears to be an earlier counterpart to these American developments: *Human Inquiry: A Sourcebook of New Paradigm Research* (Reason & Rowan, 1981).

as part of the American nursing theory and “nursing science” discourse (a conception whose problematic nature is discussed in Chapter 3 following Risjord, 2010, and in Chapter 4 following Gortner, 1993/1997) but as part of a discourse of “qualitative research.”

I would like to make clear that the *Handbooks* are impressive volumes including a range of American, British, Australian, and international scholars across the social science disciplines, not all of whom operate with the terminology or under assumptions of Kuhn-inspired paradigmatic vision of science. However, one should not underestimate the role of pieces written by the *Handbook* editors, namely their introduction that sets the tone and the chapter “Competing Paradigms in Qualitative Research” (Guba & Lincoln, 1994), a framework consistent throughout the *Handbook*’s history. The introduction (Denzin & Lincoln, 1994) sets forth qualitative research as the *field*—heterogeneous, yet crystalized into a coherent “framework”; contrasts it with quantitative research; outlines “the five moments of qualitative research”: “the traditional period, the modernist phase, the phases of blurred genres and of a crisis of representation, and the current, postmodern moment” (pp. 7–11)⁸⁵; distinguishes four “interpretive paradigms” (positivist, postpositivist, critical theory encompassing Marxism and feminism, and constructivist) with their corresponding criteria, form of theory, and type of narration (p. 13)⁸⁶; and specifies three “generic activities” inherent in the qualitative research process—*ontology*, *epistemology*, and *methodology* (p. 11, italics in original). The authors explain that these terms denote “the biographically situated researcher” within a particular “interpretive community”

⁸⁵ The third edition names eight moments, adding postexperimental inquiry, the methodologically contested present, and “the fractured future, which is now” (Denzin & Lincoln, 2005, p. 3).

⁸⁶ The second edition of the *Handbook* adds the fifth, participatory, paradigm (Lincoln & Guba, 2000, p. 168). Of interest is that references to Kuhn’s work are dropped starting from this edition of the *Handbook*; however, paradigms keep multiplying.

distinguished by the belief system,⁸⁷ a triad of ontology-epistemology-methodology, specific to that community (p. 11). These statements can be easily recognized by many nurses as familiar truisms about qualitative research *and* also (as a result of preceding arguments in my thesis) as ideas stemming from an outdated view of science as consisting of incommensurable paradigms (Kuhn's vision, once revolutionary, but since criticized by philosophers of science and others)⁸⁸.

The second edition of the *Handbook* (Denzin & Lincoln, 2000) sets qualitative research not just as the field but as "the discipline." In a sense, this move amounts to cutting off the new "discipline," qualitative research, from theoretical traditions that historically evolved in the academy. Instead, attention is shifted to ensuring coherence of the researcher's approach with the assumptions of a chosen paradigm, a process that risks amounting to methodolatry, a sterile concern over "method(ology)." Moreover, the *Handbooks* are structured around binaries of quantitative/qualitative research, modernist/postmodern paradigms, and anti-(positivist)-science rhetoric coupled with a valorization of the subjective voice. In the later editions, the editors try to bridge the "quant/qual" distinction, but they still reify the binary.⁸⁹ (As I will illustrate shortly, Latimer's, 2003, textbook avoids this problem.)

I would like to reiterate my point that actual research practices of scholars conducting qualitative inquiry vary greatly and scholars may forego the paradigmatic framework. However,

⁸⁷ Curiously, these belief systems underlying "qualitative paradigms" are likened to metaphysical and religious beliefs. That is, a conversation between paradigms is said to resemble posing "a Catholic question to the Methodist community" (Denzin & Lincoln, 2000).

⁸⁸ In the second edition, Lincoln and Guba (2000) write that paradigms can be cautiously blended. Most notably, the positivist paradigm fits with postpositivist, whereas "interpretive/postmodern critical theory [fits] with constructivist inquiry" (p. 174).

⁸⁹ This paradigm-related understanding of the process of inquiry as well as an ongoing practice of perpetuating the "quant/qual" binary have been criticized by Sandelowski (2001, 2008, 2011, 2012) and Paley (2000b) among others. Nelson (2003) and Sandelowski (1993, 1998b, see also 2007) also criticized a misplaced obsession of some qualitative research literature with "validity criteria."

in various convoluted ways, an understanding of qualitative research as entangled with the notion of paradigms and their incommensurability, simplified anti-science and anti-realism rhetoric, a search for logical coherence among “ontology, epistemology, and method,” specifically articulated “validity criteria,” and a shift toward subjective “reflective” writing—key features consistently promulgated in many nursing sources—have shaped nursing PM, PS, and Foucault-informed scholarship, both in American context and beyond. A connected point is that permutations of these interrelated ideas of incommensurable paradigms, of “modernist” research being inherently positivist, and of “postmodern research” liberating a multiplicity of subjective meanings have saturated wider academic fields. In other words, even if the American proponents (Denzin, Lincoln & Guba) of these ideas are not directly cited, similar ideas might have entered nursing methodological reflections beginning from the early 1990s from many sources.

Two Directions of Non-American PM and PS Methodological Nursing Writings

Two major directions can thus be discerned in non-American nursing methodological literature related to PM and PS research: a) establishing PM/PS approaches as separate entities breaking from previous intellectual traditions and incommensurable with them—a perspective encouraged, for instance, by “paradigms of qualitative inquiry” (Denzin & Lincoln, 1994, 2000, 2005) and b) grounding research practices and methodological reflections exclusively or primarily in the ethnographic traditions of anthropology and sociology (or in material culture studies, linguistic studies, science and technology studies), that is, avoiding a rhetoric of incommensurable paradigms, or even “qualitative research,” as set forth by Denzin and Lincoln’s chapters in their famous *Handbooks*. While neither of my examples illustrates the first direction tout court, I intend to show elements in Cheek’s (2000) and Rolfe’s (2000) books that recreate

the effects of paradigmatic thinking. In turn, the second direction will be explicated with references to Latimer (2003).

Imagined as a tree, both directions share a common trunk: They problematize a (modernist) inquirer's assumptions about the nature of the knower, the nature of the research field, the nature of truth, and the nature of (textual) representation. Where these directions run apart are their metaphorical roots—namely, their intellectual provenance—and their branches—namely, their conceptions of good research practices including reporting conventions. Below I examine the ways in which nursing methodological discussions in the three textbooks directly rely on, or echo (or not), Denzin and Lincoln's conceptions, and I reflect on the implications of these choices for the *intelligibility* and quality of PM and PS nursing writing.

Cheek (2000) and Rolfe (2000)

A monograph *Postmodern and Poststructural Approaches to Nursing Research* (2000) by Australian sociologist Julianne Cheek includes chapters devoted to “postmodern thought” exemplified by the work of Foucault and “poststructural thought” exemplified by writings of Derrida. The latter is firmly tied to the notion of *text* in the following way: “the concept of text . . . is central to poststructural analysis and the concept of health care as textually mediated—that is, health care as shaped by and as shaping texts representing aspects of health care practices” (Cheek, 2000, p. 39). Cheek's overview of PM and PS theory presents a particular translation of these French ideas, packaging them into explicit qualitative research approaches for nurses: discourse analysis and deconstruction. She provides example of her own PM/PS research, a study of the media construction of toxic shock syndrome.

An echo of the qualitative research movement a la Denzin and Lincoln resounds in Cheek's “how to” guide in her deliberate effort to create and solidify the category of

“postmodern and poststructural qualitative research.” She cites these Americans when describing postmodernism and post-structuralism as “philosophical positions that privilege ‘no single authority, method or paradigm’” (Cheek, 2000, p. 4). Elsewhere, Cheek (2004) rejects a fixed, rule-bound conception of discourse analysis as “method” and highlights a variety of definitions of *discourse*, yet her placement of discourse analysis as a “qualitative methodology” remains unchanged.

Key presuppositions of PM/PS research on Cheek’s account are: A challenge to modernist beliefs about the possibility of representing reality, speaking for others, making truth claims, and attaining universal essential understandings. PM researchers recognize multiple voices and embrace multiple methods. Postmodernism is incredulous toward (the metanarrative of) Western science with its scientific method, and thus PM research deconstructs progress in science.

An overlapping conception of PM research underpins Rolfe’s (2000) book. However, if Cheek’s (2000) interest was in articulating PM/PS discourse analysis as a qualitative method, Rolfe eschewed all paradigms—quantitative and qualitative—as severely constrained by the straightjacket of *science*, whether the scientific method of the natural sciences or, equally, the methods of the social sciences. Rolfe resents Western modernist science’s pretensions to have privileged access to truth and to legitimate its truth claims by referring, in a circular manner, to its authority. Drawing on writings of American pragmatist philosopher Rorty and French philosopher Lyotard, Rolfe contests science as the only path to truth. Although Rolfe (2000) cites one of Denzin’s books to confirm the postmodern “challenge to the authority . . . of empirical scientific research” (p. 71), Rolfe’s notion of paradigms is likely not derived directly from the American qualitative movement. The mutually-exclusive nature of scientific and PM

paradigms—an important idea in Rolfe’s book—is usually conveyed by Rolfe through his use of synonyms: incommensurable language games, a notion borrowed from Wittgenstein (pp. 58, 61) and, most prominently, competing narratives (Rolfe cites Lyotard).⁹⁰ Rolfe follows Lyotard’s epistemological exploration of the “postmodern condition” to fittingly express “incredulity” toward all metanarratives (Lyotard, 1979/1984; cited in Rolfe, 2000, p. 31). Rolfe’s specific application of this idea amounts to sharply demarcating and contrasting “the metanarrative of science” and “little narratives” and moreover, to clearly privileging the latter, in the spirit of postmodernism, as he explains. Importantly, by “little narratives” Rolfe means individual subjective stories. Thus, when Rolfe rejects the metanarratives of “scientific research” including quantitative and qualitative, he clears a path for what he calls “writing as research,” that is, “writing reflectively from our own experience” (p. 104). Rolfe shares that he is inspired by French literary critic Barthes, whose dictum of the “death of the Author” is key for Rolfe, and a philosopher Derrida, whose writing style Rolfe holds as a model of PS work in its unrestrained, rule-bending, and method-denying quality. A figure of a PM/PS nurse researcher, then, emerges from Rolfe’s imagery as a scholar not interested in “empirical research” (i.e., modernist, scientific, instrumental) but immersed in just *writing*—putting down ideas without method or clear aim to explore the depths of one’s thoughts (pp. 40, 106). This is said to be a democratic

⁹⁰ Another of Rolfe’s (1999) publications clarifies his objection to Kuhn’s notion of paradigm. Rolfe interprets Kuhnian paradigms as simply succeeding one another in a chronological trajectory. In this view, “PM paradigm” can be conceived of as *following after* “modernist paradigm”; the emphasis here is on temporal succession. Arguing against this view, Rolfe (1999) applies Lyotard’s conception of postmodernism as a critical reflection upon—and rejection of—modernist assumptions. “Postmodernism is not a critique or replacement for the modernist paradigm, but a challenge to the very notion of paradigms,” Rolfe writes (1999, p. 668). My cautious use of the term *paradigm* to summarize Rolfe’s (2000) position (I am well aware of Rolfe’s Lyotardian stance) allows me to surface Rolfe’s belief about the *incommensurability* of “PM research” with “modernist research.” In other words, Rolfe gets rid of *paradigms* yet capitalizes upon a central characteristic of a paradigm-based view of research, namely *incommensurability*.

model of research, accessible to all nurses, which does not prioritize academic nurses over clinical practitioners (p. 68). To recap, for Rolfe (2000), PM research is characterized by “a rejection of the positivist-empiricist epistemology, a privileging of subjectivity, a focus on reflexivity, an emphasis on local and contingent knowledge, and . . . a questioning of the power hierarchy between researcher and researched” (p. 148).

Both books, by Cheek (2000) and Rolfe (2000), undoubtedly present pioneering PM and PS works in nursing. These authors undertake some of the earliest *book-format expositions* and *summaries* of key ideas of selected French philosophers for nursing audiences. Cheek’s book is designed as a guide on how to write a qualitative research proposal and how to systematically collect data for a study of media discourses. In turn, Rolfe’s contribution to PM nursing scholarship, in this book and elsewhere, lies in his ability to convey the *pleasure of text* (a la Barthes and Derrida; see also Rolfe, 2000, p. xv) and in his persistence in demonstrating the relevance of French literary theory for nursing. Reading widely in the humanities (and encouraging nurses to do the same), Rolfe (e.g., Gardner & Rolfe, 2013; Rolfe, 2009) in his multiple articles explores the notions of writing, text, and essay as possible formats for nursing research. Moreover, part of Rolfe’s (2000) book is organized as an anthology of five articles selected by the author from nursing journals to illustrate PM perspectives on nursing research. These perspectives are diverse, and Rolfe skilfully teases out the points of agreement and disagreement among his own and others’ viewpoints. For instance, he problematizes attempts to uncritically assimilate Foucault with a feminist emancipatory agenda (p. 155) and, in another case, questions the necessity to position postmodernism as a “new science” (pp. 131–132).

However, Cheek’s (2000), but especially Rolfe’s (2000) respective arguments rely on the construction (in a non-Derridean manner) of a rather dramatic contrast between two entities:

modernist science and PM research. For example, Rolfe's discussion tends to present a simplistic image of empirical research. Thus, on one side Rolfe places modernism, the Enlightenment project, positivism, traditional research approaches in sociology and psychology, technical rationality, and the scientific method, all of which, according to the author, are based on a conception of a "single absolute truth." On the other side he places PM research with "a multitude of 'truths'" and "as many constructions of the truth as there are people in the world to construct it" (p. 3). Rolfe's understanding of "empirical research" is narrow and equated with (post)positivist science and instrumental rationality. Such an equation risks misrepresenting both empirical science and PM inquiry. In relation to the former, Rolfe's misrepresentation of science and the scientific method have garnered warranted corrections from Cave (1998) and Paley (2005a). In relation to postmodernism, Rolfe contributes beneficially to the promotion of continental philosophical work as an alternative to dominant types of nursing scholarship, but—problematically—screens out, and even denies, a possibility of *empirical* research coupled with *theorizing*, for instance, fieldwork or case studies, informed, methodologically and analytically, by PM and PS thought. Indeed, certain of Rolfe's comments about social science reveal his seeming sociological naivete (Rolfe, 2000, pp. 2, 13).⁹¹

⁹¹ Rolfe's (2000) discussion of K. Walker's (1995) article presents a curious illustration of Rolfe's rather narrow vision of proper PM/PS research. Walker, an Australian author, theorizes the oral or narrative culture of nursing by drawing on the work of a "deconstructive" literary theorist Hillis Miller. Rolfe applauds Walker's focus on narrativity and his critique of the hegemony of science. (One of scientific projects Walker critiques here is "nursing science" in the form of "American nursing theory.") However, when Walker embarks on a process of theorizing the narrative culture reflected in nurses' conversations and fittingly employs a relevant literary theory with its specialized vocabulary, Rolfe considers this move as antithetical to the PS stance (p. 84). Rolfe's objection flows from his emphatic rejection of a "single meaning," whereas, according to Rolfe, Walker's attempt to explain how narrative works interferes with such a properly PS belief. In other words, researcher's attempts to *analyze* narratives and understand what they mean in the context of nursing practice diminish the *reader's* job "to read her own meaning into [them]" (Rolfe, 2000, p. 106).

In summary, Cheek (2000) and Rolfe (2000) tend to present PM and PS theories as lending themselves to the unique research approaches positioned as anti-(modernist)-science.⁹² Their writings presuppose the quantitative/qualitative binary; however, Cheek explicitly advocates for discourse analysis as a qualitative methodology, whereas Rolfe attempts to extricate PM nursing research from any *science*, quantitative or qualitative.

Some issues with the “qualitativization” of PM and PS research. A widely accepted and seemingly innocuous “qualitative methodology” framework has played into how certain sophisticated research traditions from other social science and humanities disciplines (e.g., history), which do not frame their intellectual projects in terms of qualitative methods, have been misinterpreted and marginalized in the discipline of nursing (Nelson, 2003; see also Maggs, 1996). A problem with this, as Nelson (2003) explains, is that such a designation has shifted nurses’ attention toward the misguided notions of validity and away from “the very task of history,” which is “the connection between historical data and the social context” (p. 215). This crucial connection relies on the two-way communication between nursing history and relevant branches of the discipline of history. When the two-way communication is arrested by setting up a “unique” rubric of a “historical qualitative nursing method,” nursing historiography becomes a Whiggish history⁹³ written from ideological concerns of today (Nelson, 2003). Similar arguments hold for PM and PS nursing scholarship and underscore a necessity of its connection to the humanities and social science disciplines rather than its isolation within Denzin and Lincoln’s problematic “critical qualitative/PM paradigm” or similar conceptions of

⁹² However, in another place in his book, Rolfe (2000) moderates his claim: “postmodernism is not arguing *against* empirical science, but instead its privileged position as the ‘one story’” (p. 44, italics in original).

⁹³ Whiggish history is “an approach to historiography that presents the past as an inevitable progression towards ever greater liberty and enlightenment” (“Whig History,” n.d., para. 1)

incommensurability of PM ideas with theory-informed empirical research traditions in the social sciences.

Another example of the problematic nature of channelling PM and PS research as a “critical qualitative paradigm” à la Denzin and Lincoln is presented by some nursing journal articles (written by non-American and a few American nurses) claiming a Foucauldian discourse-analytic approach. This nursing literature that refers to Foucault’s notion of discourse often consists of elaborations of discourse analysis (DA) as a more or less formalized research method. Conceptions of discourse and DA differ widely in nursing literature, usually depending on the immediate theoretical and methodological sources nurses draw from (e.g., Cheek, 2000, is commonly cited). This framework of qualitative research shapes applications of PM and PS theory in nursing, sometimes in problematic ways. For example, Foucauldian DA is discussed as a *qualitative* methodology by Crowe (2005), Cheek (2004), and Stevenson (2004).⁹⁴ It has become an expectation, and perhaps a preoccupation, that reports of qualitative studies are judged on questions like “Has the interpretative paradigm been described clearly? Are the data gathering and analysis congruent with the interpretative paradigm?” as illustrated by Crowe’s (2005, p. 61) discussion of a methodology of DA. When these questions are perceived as the hallmark of qualitative inquiry, researchers’ attention is directed to convincing the reader of the logical links among “ontology-epistemology-method” rather than to theorizing and contextualizing findings, which remain under-theorized and at the level of the words of participants.

Buus (2005) observed that discourse-analytic nursing research, including those approaches described as Foucauldian, resemble mainstream qualitative research based on

⁹⁴ See Buus (2005) and Traynor (2006) for an overview and critique of nursing DA studies. Traynor (2003, 2013a) is sceptical about the formalization and reification of PS concepts.

interviews. According to Buus (2005), these research reports focus on the *exposition* of Foucault's ideas (theoretical frontloading), but, because these reports are based on a limited number of interviews and on a micro perspective, they do not attend to the social and political context in analyzing and presenting findings (p. 27). Yet it is precisely the attention to the social and historical context that sets Foucauldian DA apart from other forms of linguistic analyses.

To summarize, three nurse scholars with a particularly good grasp of Foucauldian nursing scholarship (Buus, 2005; Nelson, 2003; Traynor, 2003, 2006, 2013a) have exposed serious issues related to converting PM and PS theory into a qualitative methodology, a trend they observed across nursing literature. For one, these nurses criticize some researchers' practice of loading the front part of the research report with what those researchers believe should be a coherent account of "ontology-epistemology-method-validity criteria" at the cost of leaving the study findings (often gleaned from interviews, those individual "little narratives" extolled in some PM writings) under-theorized. The other issue is the severing of a PM and PS "qualitative research method(ology)" from an ongoing exchange with relevant disciplines and thus with the impetus and theoretical tools these disciplinary traditions provide. Yet these contemporary intellectual tools can benefit nursing research. They can assist researchers to theorize the "subjective" interview material within the social, political, and historical context—a move corresponding to the PM and PS de-centering of the metanarrative of human consciousness as an "Author" of its experience and "knowledge."

Concluding thoughts to my analysis of Cheek (2000) and Rolfe (2000). In the above discussion, I drew primarily on two textbooks by Cheek (2000) and Rolfe (2000) to illustrate what I articulated as the first direction in non-American PM and PS nursing methodological literature. Returning to my tree metaphor, I view the conceptions of PM/PS research discussed in

this section as (wittingly or otherwise) rooted in the soil saturated with a paradigmatic vision of science and research. The branches of this metaphorical tree, then, produce some recognizable fruits.

One effect relates to setting Foucauldian discourse analysis as a separate qualitative method unhinged from sociological and linguistic research traditions, an idea widely taken up in nursing literature. Well-informed criticisms by other nurses pointed out some problems accompanying such uptake of PM and PS theory: An absence of theoretically-sophisticated attempts to contextualize and historicize research findings and, instead, a substitution of this component with accounts of how the researcher meets “validity criteria.” Equally problematic, these conventions often resulted in prioritizing participants’ “subjective” meanings. I am far from suggesting that this is how Cheek (2000) herself envisioned or conducted DA studies. Rather, constellations of specific ideas in nursing and non-nursing literature beginning mostly in the 1990s influenced a growing group of nurse researchers who courted “PM research approaches.”

Further, some nurses’ conception of the practice of research as unfolding within incommensurable qualitative paradigms or non-overlapping language games accomplishes the following: The “critical/postmodern paradigm” is clearly demarcated from the “(post)positivist paradigm” that ostensibly encompasses “modernist science” and the scientific method. Rhetorically, the methodological writings of this variety accomplish identity work—structuring the field of “postmodern (qualitative) methodology” and opposing it to “science.”⁹⁵ As often

⁹⁵ Interestingly, these attempts to delineate and solidify the “PM perspectives in nursing research” based upon anti-science rhetoric (and I do not suggest a pejorative intent on the part of Cheek or Rolfe) have a strong parallel in how PM theory was employed in American nursing (meta)theory. Perhaps one difference is that American theory built its identity as unique *science*

happens with identity work premised upon the crude production of “the other,” in these formulations science comes forth as a simplified, ahistoricized entity. This point, about a straw-figure depiction of science, is an objection raised—quite justifiably—by analytical philosophers of science writing in nursing (e.g., Hussey, 2004; Paley, 2004) against “postmodern” nursing scholarship. Interesting to observe, PM/PS methodological reflections collected by Latimer (2003)—to which I turn shortly—have *not* generated similar objections from science-conscious commentators.

In Rolfe (2000), PM and PS ideas are presented as primarily suitable to reject “traditional science,” privilege subjective reflexivity and local knowledge, and rhetorically challenge the researcher–researched power imbalances. Such images of PM and PS theory, possibly signalling admirable goals, translate well into nurse researchers’ *accounts* of their “methodologies,” but represent a weak tool to help nurse researchers appreciate the relevance of PM and PS ideas for analysis of nursing practice, and moreover, threaten to leave *nursing practice* outside the realm of PM/PS sensibility.

Despite these limitations that can accompany PM/PS qualitative nursing research and suggestions that some ways of working with French theories are better than others, I would like to emphasize the positive side. This heterogeneity of applications of PM and PS theory has been generated in *non-American* nursing scholarship. American nursing research literature, on the other hand, has neither appreciated these non-American methodological works nor produced comparable analyses (with an exception of a small circle of publications by the enclave group).

(occasionally enlisting PM tools to this end), whereas Rolfe sought to dismantle all kinds of scientific discourse with extensive help of French and Rortean postmodernism.

Latimer (2003)

British nurse and sociologist Joanna Latimer (2003) commissioned a series of methodological papers from British, American, Australian, and Canadian authors, mostly nurses, whose work Latimer presents as “*advanced* qualitative research” (italics added). These methodological reflections all arise from theory-informed (PM and PS ideas are one influence among many) empirical research sensitive to the social nature of nursing practice.

PM and PS influences traverse the book: May, Savage, Rudge, and Latimer cite Foucault in their separate chapters (Rudge also cites PM feminist literature in her ethnographic and discourse-analytic exploration of burns care nursing); Purkis draws on Lyotard as does Latimer; co-authors J. Parker and Wiltshire focus on story and narrative in nursing using Kristeva’s notion of abjection among other theorists; and Sandelowski encourages nurses to study the material culture of nursing and finds Haraway’s ideas useful. In her chapter “A History of Small Things,” Nelson employs Foucault, Lyotard, and Barthes. Traynor’s exposition of discourse analysis surveys a battery of texts by French PM and PS philosophers, American literary critics in the PS tradition of deconstruction, and social scientists known for their influential work on discourse analysis. My foregoing discussion in this chapter was informed by Traynor’s (2003) and Nelson’s (2003) papers from Latimer’s collection, whereas in the following paragraphs I zoom in on two other authors in her collection.

A British sociologist Carl May (2003), whose other work was discussed in Chapter 6, here analyzes the politics of health care evaluation research (ER). He observes that ER is commonly assumed to involve a straightforward application of research techniques, particularly interviews. Drawing on a range of concepts from Foucault, May politicizes the field of qualitative ER as imbued with practices of power (e.g., interviews as confession and instruments

of subjectification as well as of governing others' conduct). Whereas the interview technique is typically encouraged as a way to bring forward voices of participants, May cautions that such naturalization of ER disguises its potential to extend corporate control over human actors.

Canadian nurse scholar Mary Ellen Purkis analyzes an example of an interaction between a nurse and a family she observed in the “field,” that is, in an immunization clinic while conducting ethnography of public health nursing practice. Purkis’s concern is how nursing practice appears static in many qualitative research reports due to those researchers’ poor choice of theory to guide their understanding of nursing practice. Theories that do not account for practice as an “active and knowledgeable social accomplishment” (p. 35) created by several actors and do not take seriously analysis of verbal communication (e.g., “argumentative moves” that a nurse makes to convince a mother of a child to accept her “grounds”; Purkis cites Lyotard) often result in findings that are of limited use—they do not help clinical nurses to reflect critically on their practice. In contrast, Purkis advocates specific theoretical perspectives (e.g., sociologist Goffman’s work, anthropologist Fernandez’s writing on identity, and PS conception of power) as better suited to represent a dynamic nurse–patient encounter.

Thus, Latimer’s (2003) anthology presents some well-informed applications of PM and PS theory in the context of empirical (ethnographic, discourse-analytic, and historical) studies of nursing practice. These applications provide a stark contrast to both hardly-existent American PM/PS nursing research and the first, qualitative-paradigmatic, direction of non-American PM/PS methodological nursing literature (e.g., Cheek, 2000; Rolfe, 2000).

Conditions of possibility: Exposing intellectual roots of methodological reflections in Latimer (2003). Of interest to me is to discern those sources that inform writings collected by Latimer in order to continue to advance my argument that certain intellectual influences (when

understood well by researchers) enable high-quality PM and PS nursing scholarship.

Contributors to Latimer's book conceive of nursing practice as constituted by social and material processes occurring in particular historical contexts, hence the sources tend to emanate from social sciences along with continental philosophy. Initially, however, I will remark on the general *absence* of one problematic influence in Latimer—that of Denzin, Lincoln, and Guba's qualitative paradigms.

Denzin and Lincoln's influences in Latimer's book. In Latimer's (2003) book, a few contributors cited selected chapters from Denzin and Lincoln's *Handbooks*, but only Gerrish (2003) and Savage (2003) referred to chapters authored by these Americans themselves. The character of these references clearly illustrates the tense relationship between perspectives collected in Latimer on the one hand and Denzin and Lincoln's view of qualitative research on the other.

Once Guba and Lincoln's (1994) "competing paradigms" made their way into a methodological discussion by Gerrish (2003), this nurse researcher found herself in a position to argue her way out of Guba and Lincoln's sophistry. Confronted with the latter's assertion that PM and PS perspectives are anti-realist and stand in sharp contrast to the maligned realism—meaning that the researcher should drop the outdated assumption that the world exists independent of our perception of it—Gerrish expends significant energy to find a legitimate label for her ontological and epistemological stance, "subtle realism" (Gerrish, 2003, p. 82).

To illustrate the second instance, I quote Savage:

Ethnography has been the subject of lengthy debate. For some such as Lincoln and Denzin (1994), its traditional form has been influenced by the principles of realism and assumptions about the privileged nature of the ethnographer's gaze. In contrast, contemporary forms of ethnography recognize the possibility of multiple 'realities', and the complexity of the relationships that exist between the researcher and the researched. Others doubt that the history of ethnography has been marked by discreet phases of

positivism and modernism but instead ‘there has been a repeated dialectic between what might be thought of as a dominant orthodoxy, and other, centrifugal forces that have promoted difference and diversity’ (Atkinson et al., 2001). (Savage, 2003, pp. 57–58)

Savage’s synopsis is a perfect illustration of methodological disagreements in the social sciences (e.g., Atkinson, 1997, 2005, 2015; Atkinson & Delamont, 2006; Atkinson & Silverman, 1997) that are largely unrecognized in nursing research literature. Paul Atkinson is a respected British social anthropologist favourably cited by more than a half of Latimer’s contributors. Clearly, Atkinson is critical toward Denzin and Lincoln’s attempts to divide ethnography into “incommensurable” periods. This incredulity toward Denzin and Lincoln’s conceptions, then, seems to characterize a view of qualitative research (specifically, the ethnographic tradition) advanced in Latimer’s book.

Important influences in Latimer’s book. I will now list significant theoretical sources that inform papers in Latimer. As expected, those nurse researchers whose focus of inquiry are stories, narratives, and discourses rely on American and French literary theorists. Nelson is a nurse historian—hence her fluidity with writings in the discipline of history. One chapter is based on psychoanalytic theory including works of Freud, Klein, Douglas, and Kristeva. The contemporary field of science and technology studies produced many works of interest to several nurses in Latimer. This list already conveys the spirit of postmodernism and post-structuralism: the PM and PS void left by the de-centered subject with her fractured identities has invited nurses’ attention to discourses, the psyche, and the agential technology and other material artefacts.

Ethnographic influences from anthropology and sociology. But possibly the strongest root that enables several nurse researchers in Latimer (2003) to confidently approach the study of empirical realities of nursing practice while drawing on a variety of PM and PS ideas is these

researchers' link with the tradition of ethnography as practiced in contemporary anthropology and sociology. As I emphasized in the previous chapter, the assumption of nursing as a *social* practice co-constructed in a particular historical, political, economic context is a starting point for all nurse researchers in Latimer's book. Contemporary continental philosophy and social theory provide the insights necessary for trying to fathom our human condition today. In relation to ethnography, contributors in Latimer variously draw on sociological traditions of symbolic interactionism (e.g., Goffman) and ethnomethodology (e.g., Garfinkel)⁹⁶ as well as on interpretive and PM anthropology (e.g., Geertz, Rabinow, Clifford and Marcus). Below I summarize pertinent debates in anthropology to illustrate concerns animating the ethnographic reflections in Latimer's volume.

Fieldwork is the defining component of ethnographic approach in the disciplinary traditions of anthropology and some branches of sociology. (Hence nurses' attention to the "field"—the clinic, the hospital ward, and other places where nursing practice can be observed.) In the 1980s, some academic anthropologists advanced experimental anthropology—an emergent interest in *textual* issues of the production of ethnographic texts in the old discipline enshrined in established practices of observing and presenting "other cultures" (Clifford & Marcus, 1986). Attention to such literary devices as allegory and polyvocality characterized this emergent interest, which arose from a recognition of the partiality of truths and of a shifting perception of the practices of description, interpretation, and representation of "the other" as mechanic processes of the accurate mirroring of "reality" toward a fuller appreciation of the role of linguistic construction amidst the *crisis of representation*. These "literary therapeutics" (Marcus,

⁹⁶ In a nutshell, ethnomethodology (*ethnos*, people; *methodology*, the study of methods) is the study of methods people use in their everyday life for understanding and producing the social order in which they live.

1986) for the discipline of anthropology were explicitly influenced by the PM and PS philosophies of Barthes, Derrida, Lyotard, and Foucault and the applications of these works in American literary theory.⁹⁷

Not all anthropologists, however, were as enthused by the experimental “textualization” of ethnography (Rabinow, 1986). For example, Rabinow (1986), one outspoken critic, highlighted an already existing strong focus in anthropology on the issues of interpretation, the focus which effectively complicated previous ethnographic naïve realism. Moreover, he questioned whether the socio-political, material conditions of the production of ethnographic texts—perhaps the key concern for Rabinow—can be effectively accounted for by literary experimentations. Rabinow’s sympathetic criticisms were not aimed at the PM and PS influences in the discipline of anthropology. Quite the opposite, he described how Foucault’s conception of power has informed his own ethnographic fieldwork. (Indeed, Paul Rabinow is known to nursing audiences as an influential commentator on Foucault and an editor of several collections of Foucault’s work.) To summarize, certain American anthropological schools in the latter decades of the 20th century have embraced various PM and PS ideas.

According to Clifford (1986, p. 23), these trends in *anthropology* had their *sociological* counterparts developed within established traditions of ethnomethodology and linguistic analysis and, moreover, exemplified by Giddens’ program that combines both the macro-focus on social structures and the micro-focus on individual agency and by Bourdieu’s theory of practice.

Concluding this detour into anthropology, I would like to highlight a loose network of texts,

⁹⁷ These French authors, in particular Barthes and Derrida, have influenced both Rolfe’s (2000) thinking, as I addressed above, and the anthropological tradition informing some nurse authors in Latimer (2003). This interest in issues of representation and textuality was a manifestation of a broader “linguistic turn” in the social sciences. However, a decisive difference between Rolfe’s ideas and those in Clifford and Marcus’s (1986) book lies in Rolfe’s belief about “incommensurability” of PM/PS theory with empirical research.

theories, and concerns similar across diverse schools of anthropology and sociology, which influenced the field studies of nursing practice conducted by a number of non-American nurse researchers and described in Latimer (2003).

Researchers whose papers comprise Latimer's (2003) volume drew their inspiration, aside from PM and PS philosophy, from several anthropological and sociological sources as well as writings by such scholars as Atkinson and Silverman—all sources that already assimilated PM and PS ideas (e.g., the post-Enlightenment critiques of autonomous rationality, truth as a correspondence, universal and essential subjectivity, and value-free knowledge) and applied them to challenge previous understandings in academic research and to articulate the implications of these criticisms for the practices of empirical social research. This intellectual provenance of nursing scholarship ensured that the latter was thoroughly theoretical, readily opened to insights from contemporary French philosophy, and rooted, at least partially, in the respective disciplinary traditions, which are continually evolving—a certain promise of the possibility of the ongoing contestation of ideas.

The tree's branches: Some qualities of methodological reflections in Latimer (2003).

I would like to highlight a few interesting and consequential features of methodological reflections in Latimer's (2003) book: scepticism toward the "psychologized subject"; avoidance of binary oppositions; a confident practice of interpretation; the "inseparability" of theory, research, and practice; and encouragement of certain stylistic features of research reports.

All authors in Latimer explicitly or implicitly caution against research accounts that naively or romantically privilege the constituting role of the human subject (patient, nurse, researcher)—a humanistic perspective that ignores the material, discursive, social, and historical constitution of human subjectivity. Consequently, nursing practice (and research practice) is

approached as an inherently social process relying on relations among humans, material objects, and discursive formations. To take one example, Purkis posits “the radical separation between what nurses take to be their work and the actual work they are accomplishing” (p. 35). The relationship between a nurse and a patient then appears not as a self-evident fact, but “an active and knowledgeable social accomplishment” (p. 35).

Nurses and social scientists contributing to Latimer’s volume rely much less on the rhetoric of a crude opposition to the methods of the natural sciences than, for example, other nurse authors (e.g., Cheek, 2000; Rolfe, 2000) or American nurse theorists. On the contrary, contributors to Latimer’s book confidently practice the German-rooted science of *Verstehen*, of understanding and interpretation. They do not adopt an outdated paradigmatic view of science where the logical “alignment” is sought among philosophical presuppositions and methods. Methods are various techniques of data generation suitable across a range of approaches. Where these “qualitative” researchers’ presuppositions come to the fore is not in a demonstrative rejection of a “quantitative paradigm” but in what Sandelowski (2011) elsewhere called an “attitude” of the researcher manifesting via those theoretical perspectives (tools of the researcher) that inform analysis of numerical, textual, and other forms of data. In other words, methodological reflections in Latimer *consist* of showing *how* a theory was brought to bear upon “empirical findings,” where the latter in turn were shaped by (could enter the domain of intelligibility *as findings* due to) a specific theoretical lens. That is, theory is not *applied* to a pre-established “qualitative” research methodology like “ethnography,” “grounded theory,” or “phenomenology.” Rather approaches to research are designed along the lines of the disciplinary traditions (e.g., sociology, anthropology), taking into account contemporary theoretical debates in those disciplines.

Studying methodological reflections in Latimer's (2003) book, I catch myself noticing that their authors do not need to convince the reader of the "double helix" (a la Fawcett), that is, inseparability of theory, research (i.e., methodology), and practice. The link between theory and research is addressed in the previous paragraph. In relation to practice, empirical research showcased in Latimer focuses directly on nursing practice, on its temporality, spatiality, embodiment, and concrete historical locatedness as those are created within the social interactions (among humans and non-humans) and (re)presented through linguistic practices of human actors.

When findings are well theorized, the structure of the research report changes. Stylistically, a research report does not require a "front-loading" of "methodology"/"theory" because the "findings"/ "analysis" are already through-and-through theoretical—a quality of "thick description" prized in qualitative research.⁹⁸ All these insightful analyses (postmodern /post-structural or otherwise) of nursing practice live and breathe theory in the very "description"/ "analysis" of "empirical facts." Thus, the quality of those reports does not depend entirely on a presence or absence of a separately marked "methodology" section (contrary to some attempts in nursing to police a format of a research report as indicative of its quality). To summarize, although these methodological reflections do not operate with the vocabulary or under the assumptions of "qualitative research paradigms" commonly evoked in nursing literature, they present sophisticated exemplars of nursing PM and PS research.

Final Remarks to my Discussion of Methodological Literature

The two directions of non-American methodological nursing scholarship informed by PM/PS theory are diverse: for instance, various sources inform nurses' approaches—from

⁹⁸ One particularly compelling example of such reporting style is work of Davina Allen, another British nurse and sociologist.

Denzin and Lincoln's qualitative research texts to sociological and anthropological literature. Regardless of an uneven quality of these writings, nurses outside the US at least grappled with methodological issues in light of PM and PS shifts. In contrast, methodological reflections comparable to Cheek (2000), Rolfe (2000), and Latimer (2003) are nearly non-existent in American nursing literature. I have argued that the researchers' assumption of a socio-historical nature of nursing and their dexterity with the theoretical tools of the social sciences provide important *conditions of possibility* for high-quality PM and PS research.

Concluding Thoughts to my Analysis of Selected Non-American PM/PS Nursing Scholarship in Chapters 6 and 7

In this and the previous chapter, I illustrated PM and PS nursing scholarship generated outside the American nursing disciplinary matrices *and* drawing on continental philosophy and selected traditions in the humanities, sociology, and anthropology to analyze nursing practice and inform nursing research.

These applications of PM and PS theory can be summarized with the metaphor *via negativa*⁹⁹:

- They do not deploy the discourse of nursing science or unique nursing theory
- They do not seek to locate their projects within the “structure of disciplinary knowledge”
- They do not seek to protect this structure from being unravelled by PM and PS conceptions of meaning and language
- They do not seek to preserve the assumptions of “nursing theory” from being unravelled by the post-humanist conceptions of power and subjectivity

⁹⁹ I thank Dr. Madeline Walker for offering this term.

- They do not (or do not necessarily) seek to legitimate nursing knowledge by recourse to the binaries of nursing/medicine, care/cure, or PM research/positivist scientific method
- They do not subsume Foucault under the emancipatory agenda (and treat such attempts with caution)
- They are not wary of “borrowed” theory (such as continental philosophy, sociology and anthropology, history) but embrace these influences as necessary for theoretical rigour in the discipline of nursing.

This summary of features not present in non-American PM and PS nursing scholarship exposes a sharp contrast between some of the best examples of Australian, British, and Canadian PM and PS nursing scholarship and their American counterpart where these features inhere (save for the small number of works mostly by the enclave nurses). This summary also lays bare the elements of the American nursing theoretical matrices—those elements mightily contributing to continuing invisibility and unintelligibility of PM and PS continental philosophy and non-American PM/PS scholarship in American nursing literature.

Chapter 8

Conclusion. Significance of this Research.

What's on the Map for Postmodern and Post-Structural Nursing Theorizing?

In this dissertation, I sought to explore nursing scholarship informed by postmodern (PM) and post-structural (PS) continental philosophical writings, particularly by the work of French theorist Michel Foucault. I surfaced significant differences between how American and non-American Anglophone (here Australian/New Zealand, British/Irish, and Canadian) nurse scholars worked with PM/PS ideas over the last nearly three decades. I argued that in the context of American theoretical nursing literature the influence of PM/PS ideas was limited: not only did American nurses rarely turn to continental theories of postmodernism and post-structuralism, but they overwhelmingly embedded these ideas in a specific intellectual framework—the *matrices* of nursing science and nursing (meta)theory. I focused on how these intellectual matrices severely constrained the visibility and intelligibility of PM and PS insights in the majority of American nursing literature.

In the following few pages I reiterate the main lines of my argument. I then elaborate on the significance of my doctoral thesis for nursing education, practice, and research. As part of this discussion, I suggest areas for future research—ideas that arose in the process of my inquiry but exceeded my present focus. I conclude this chapter with a brief commentary about the current state of nursing PM/PS scholarship and about some contextual factors shaping the PM/PS nursing discourse—observations helping interested nurse readers to map the (unpredictable) future of this heterogeneous field of nursing scholarship. I now proceed to summarize my research by starting with a historical excursus.

Dissertation Summary

The first citation to Foucault's work appeared in the British *Journal of Advanced Nursing* (Lees et al., 1987) closely followed by the first mention of post-structuralism in the American *Advances in Nursing Science* (Dzurec, 1989). In the 1990s, many nursing journal papers¹⁰⁰ and selected textbooks (mostly outside the US) referred to postmodernism and post-structuralism. These references ranged from detailed expositions of key PM and PS concepts such as discourse and power to brief parenthetical references to Foucault's critique of the clinical gaze. In 1994, the launch of *Nursing Inquiry* journal greatly encouraged Foucauldian (and other theoretical)

¹⁰⁰ Thinking of the entire body of nursing scholarship during the decade of the 1990s, very few papers—in the context of the whole—take up PM/PS ideas. In my estimation, based on the CINAHL search supplemented by hand searches, before year 2000, slightly over one hundred journal articles mentioned Foucault: at least 100 in non-American journals (mostly *JAN* and *NI*) and a handful in the American journal *ANS*. (This “American” number does not include papers in *International Journal of Nursing Studies [IJNS]* and *Scholarly Inquiry for Nursing Practice [SINP]*). These two journals did not come up in my CINAHL searches; retrieving electronic copies of papers required a different strategy and sometimes was not possible. However, many interesting articles cited in my dissertation, including those citing Foucault, come from these journals. Established in 1963, *IJNS* has been geared to the international nursing audience, focused on research, and not engrossed in the American nursing theory movement. In the 1990s, *IJNS*'s articles by Purkis (1994), Cheek and Rudge (1994), and Kermode and Brown (1996) cited Foucault or referred to postmodernism. In a period from 2000 to 2015, *IJNS* published 12 papers that refer to postmodernism/post-structuralism; all written by non-American nurses. More recently, *IJNS* appears to have shifted away from theoretical and philosophical papers toward publishing systematic reviews, randomized trials, and metasyntheses. In turn, *SINP* was established in 1987 and renamed in 2002 as *Research and Theory for Nursing Practice*. An interesting and unique feature of this journal is that responses accompany most articles. It seems that in the 1990s, *SINP* was a meeting place between British and American nursing perspectives as well as between American perspectives. Examples of the former include May and Purkis (1995) vis-à-vis Lowenberg (1995) on the nurse–patient relationship; Bjornsdottir (1998) vis-à-vis Liaschenko (1998) on language and power in nursing practice; and Paley (2000b) vis-à-vis Sandelowski on paradigms in qualitative research. Examples of the latter include Liaschenko (1997) vis-à-vis Chinn (1997) on the nature of feminist theorizing and Drevdahl (1998) vis-à-vis Thompson (1998) on the notion of “community.”

nursing writings.¹⁰¹ Continental philosophical nursing scholarship including its PM/PS streams has also been actively promoted in the latter half of the 1990s by Scottish nurse-philosopher John Drummond through the International Philosophy of Nursing conferences. In the American context, throughout the 1990s, a small group of scholars mostly connected to the University of Washington nursing program advocated critical, feminist, and PM approaches to nursing scholarship—via their publications and conferences. The turn of the century was marked by an increasing visibility of PM and PS nursing scholarship outside the US through publication of several books, a launch of a new journal, and a formation of scholarly groups: books on the topic of PM nursing research (Cheek, 2000; Rolfe, 2000); a historiography informed by Foucault's notion of *care of the self* (Nelson, 2000); an edited collection theorizing the body in nursing (Lawler, 1998); a textbook surveying social theory, including PM and Foucault's work, and their relevance to nursing practice (Porter, 1998; although the author reveals his critical position toward Foucault's ideas); the launch of *Nursing Philosophy* journal with a broad philosophical mandate, which became an official publication of the newly-formed International Philosophy of Nursing Society in 2003 at a conference with the same name; and the formation of another international group, *In Sickness and In Health*, with a strong Foucauldian focus. In the *American* theoretical nursing context, the turn-of-the-century years were also marked by two noticeable publications focusing on postmodernism and post-structuralism. One was an anthology of philosophy of science in nursing (Polifroni & Welch, 1999) with a chapter on “postmodernism and nursing science” comprised of papers by American nurse theorists Jean Watson (1995) and Pamela Reed (1995) and the earliest American PS article by Laura Dzurec (1989). The other American advance was a thematic issue of *Advances in Nursing Science* in 2003 devoted to

¹⁰¹ As far as I am aware, two Australian nurses, Judith Parker and Sioban Nelson, played an important role in the establishment of *Nursing Inquiry*.

critical and PM perspectives. Close attention to these and other examples of nursing work citing PM and PS ideas will quickly lead a nurse reader to notice significant differences between non-American and American writings. The American literature is characterized by far fewer relevant publications, a tendency to amicably lodge PM/PS notions within the discussions of philosophy of science and American philosophy of nursing science and nursing theory, and a marked ignorance of non-American PM/PS nursing work (despite the latter's critical attention to American nursing science and nursing theory).

I am writing from a Canadian context of the early 21st century. Conducting my historical overview, I have yet to remark upon PM and PS nursing scholarship generated in Canada. Although in the late 1980s the Faculty of Nursing, University of Alberta, founded the Institute for Philosophical Nursing Research, its focus, at least in the first half of the 1990s, did not include continental philosophy. My familiarity with this Institute (more recently, Unit) and its conferences began in the year 2010, when PM and PS theories were no-stranger to many conference presenters. The Canadian context is a conflicting—and also generative—locale if one thinks about the theoretical nursing field. Canadian nursing programs at the undergraduate and graduate levels introduce students—admittedly, not uniformly and not necessarily—to a variety of theoretical and philosophical perspectives including American nursing theory, Western philosophy of science, philosophy of nursing science, and various continental philosophical movements from phenomenology to post-structuralism. Exposed to these multiple perspectives in the course of my studies, and interested in PM and PS continental philosophy, I noticed a jarring difference between how American nurse scholars (particularly, the domain of American nursing science and nursing theory) applies PM/PS ideas and how Canadian and other non-

American nurse scholars do that. To understand this difference, I undertook my dissertation research.

As I commented above, in the American context PM and PS ideas were overwhelmingly embedded—explicitly or implicitly—in a specific disciplinary framework. This framework, what I call the American nursing *matrices*, was established in the discipline of nursing in the US from roughly the 1960s onward and solidified in the 1970s–1980s, when the consensus view accepted a particular conception of science (as unique, discipline-specific, comprised of incommensurable paradigms, with a few metaparadigm concepts guiding knowledge development) and a particular conception of theory (located at various levels of abstraction, comprised of concepts, the “building blocks,” that can be “clarified” at the outset of the process of “theory construction”). Risjord (2010), an American philosopher of science who delved into nursing metatheoretical literature, demonstrated that these conceptions of science and theory (permeating nursing literature to this day) were rooted in mid-20th century logical positivism and its later criticisms, for example, by Kuhn, but that all these views have long been rejected and superseded by subsequent ideas in the philosophy of science.

Risjord (2010) surfaced the unacknowledged and entrenched legacy of the logical positivist conception of science on American nursing metatheory. At the time that Risjord was publishing his critique of nursing’s historical engagement with philosophy and theory construction, nurse theorists expressed a contradictory but consensual view that a positivist legacy manifests as the use of the scientific method and a reductive view of human beings. Countering this stance, Risjord argued that logical positivism manifests quite differently: as the very infiltration of the American (meta)theoretical nursing writings with a particular image of theory. Building on Risjord’s argument, I discern the following “formalized” images of theory

common to American nursing science. Theory that is aligned with a corresponding “paradigm” to properly guide research. Theory whose intelligibility and credibility relies on the explicit delineation of “concepts,” their “interrelations,” and “assumptions.” Theory that in some cases needs the rhetorical orthopedics of the “double-helix structure” of theory/research to convince the audience of the theory’s “inseparability” from research. Theory that is explicitly announced and named in the paper title so that no mistake is made about the author’s “theoretical orientation.” Theory that is fitted into the “big cause” discourse (such as humanistic science or social justice) to guarantee theory’s place among the proper “nursing knowledges.” Theory whose “ethical currency” is made obvious through converting it into a “framework” to “guide practice.” Bringing together insights of Risjord (2010) and Nelson (2000), two strong critics of American nursing theory, but occupying very different theoretical positions,—my distinctive analytic move—I argued that theoretical writing/theorizing of nursing practice rhetorically or ideologically not conforming to these precepts risk remaining not only invisible but also unintelligible.

Throughout the chapters, I walk the reader through various permutations of these American nursing matrices: Fawcett’s “the structure of nursing knowledge”; *Nursing Science Quarterly*’s unequivocal position that any “borrowed” theory should be connected to extant nursing models and theoretical frameworks in order to count as “nursing knowledge”; Reed’s advocacy for theories generated from practice in such a way that “metanarratives” in the form of nursing’s human science should provide the values guiding the process; and Chinn’s model of knowledge development derived from Carper’s “ways of knowing” that promotes integration among various elements of nursing knowledge from grand theories to practice theories and that incorporates critical, feminist, and PM/PS nursing scholarship under the new “emancipatory way

of knowing.” Throughout the chapters, I focus on how these intellectual matrices severely constrain the visibility and intelligibility of PM and PS insights in the majority of American nursing literature. PM and PS ideas are read highly selectively to strengthen anti-(medical)science rhetoric and to support humanistic and emancipatory agendas (vaguely and eclectically conceived, from a theoretical point a view) of knowledge generation. In other words, the discipline of nursing itself, its knowledge-generation activities, and the American philosophy of nursing science—these are the concerns of many American publications deploying PM/PS ideas. In contrast, the non-romantic understanding of nursing *practice* and the *critical* evaluation of the canon of “nursing science and nursing theory”—two contributions that PM and PS theory is so capable of (as I illustrated with the examples on non-American nursing scholarship of the 1990s)—fall outside of and are rendered unintelligible by the dominant disciplinary matrices in the US context. Indeed, those American nurse philosophers and researchers who apply PM and PS theories outside the context of “unique nursing theory,” for example, the enclave group, become visible on the “nursing knowledge” terrain only when their writings are connected to some larger metanarrative such as “emancipatory praxis” (e.g., Kagan et al., 2014).

As far as I am aware, my thesis is the first systematic attempt to bring together the vast field of PM and PS nursing writings generated over nearly three decades, from 1987 to 2015. My specific focus was on comparing American and non-American (Australian, British, and Canadian) PM/PS nursing work. Whereas I undertook a nearly comprehensive overview of American writings, I focused on a few pioneering and prominent non-American examples. This perspective allowed me to create and sharpen the contrast between these two bodies of writings, but also, significantly, to demonstrate the heterogeneity within them. Thus, the American enclave group, especially David Allen’s mentees in the early 2000s left behind “nursing science” with its

“paradigms” and just focused on PM feminist and PS ideas in relation to issues of nursing practice and nursing research. In turn, to highlight the heterogeneity of non-American PM/PS field, I pointed out selected criticisms of Foucault’s work and of some PM nursing scholarship (Porter, 1994, 1996, 1997; Porter & O’Halloran, 2009, 2010). On another note, I suggested that nursing research reports and methodological reflections informed by PM/PS ideas can be located in differing proximity to the rhetoric of “qualitative paradigms” or similar ideas about the incommensurability between “PM approaches” and empirical research. To conclude this summary, I anticipate that my discussions throughout the dissertation will contribute to a better understanding of various practices of theorizing in our discipline.

Significance for Nursing Education and Clinical Practice

I think that the relationship between the substance of my thesis and clinical nursing practice is mediated by the process of education of nurses. In other words, although the topic of my research and my arguments do not affect clinical nursing practice directly, their relevance lies in the ideational realm—in how nurses think about and understand their role, practice, nursing knowledge, and the profession. This realm, consequential for nurses’ conduct, is part and parcel of nursing education. For this reason I discuss the significance of my research for education *and* practice within the first subsection, representations of nursing practice in nursing theory. Two other subsections address this work’s potential contribution to nursing education through (a) invigorating critical discourse and (b) cautioning about the intellectual blinders unwittingly imposed by curricular structures, respectively.

Representations of Nursing Practice in Theoretical Accounts: Same Goal Different Means?

It is quite uncontroversial to say that regardless of a specific perspective, different theoretical formulations of “nursing” pursue a similar goal—to help bring about better quality,

more humane nursing practice. These theoretical pronouncements, however, differ in the means by which they hope to actualize this ideal. And this difference in means is not inconsequential—it generates effects for how nurses are socialized (textually, ideologically) into the world of nursing, how they are guided to describe their work to themselves and others, and what they take as legitimate professional concerns as opposed to an interfering “white noise.”

The ultimate nursing “truth” understood and conveyed by disciplinary theoretical discourses (as diverse as American nursing theory, nursing philosophy of analytical leanings, or continental philosophy of nursing)—is that nursing practice at its best cannot be reduced to either a biomedical focus or economically-driven technical efficiency. Nursing “caring” theorists, “unitary-transformative” theorists, “holistic” theorists, nurse phenomenologists, nurses drawing on Ancient Greek philosophers, and those influenced by critical or PM/PS theory—with all their legitimate theoretical (and hence practical-ideological) disagreements—share this truth.

Historically, in the American context, much nursing theorizing arose from an anxiety around shifting nurses’ roles and a desire to arm nurses with an ideological perspective that would enable them to stand the patient-centered ground amidst the countering priorities of profit-driven health care. (This concern arguably provides a strong current impetus for teaching nursing theory.) For instance, this focus on the *person* (person’s meanings of her experience as lived) as the highest priority of nursing practice seems to ground G. Mitchell and W. Cody’s (1992) insistence on the “unitary” nature of human beings opposed to “physical and psychological subsystems” reductionism. To these scholars, this position is uncompromising: Nurses either hold a unitary view (or a holistic view, in other theorists’ terminology) as the highest value of professional nursing or subscribe to biomedical reductionism. The belief is that nurses’ values, such as the holistic ideal, enable nurses to withstand the corrupting demands of the workplace:

“Nurses cannot switch their very beliefs according to the nature of the practice situation” (Mitchell & Cody, 1992, p. 57). However, Risjord (2010, p. 151) retorts that, contrary to such a tenacious view, he can freely reconcile treating his daughter as a whole autonomous person while washing her scraped knee with an antimicrobial soap, as biomedical knowledge instructs. Risjord is right, and yet there might be something else at stake behind Mitchell and Cody’s insistence, which many nurses would recognize. I refer to the awareness of how easy it is to give up one’s (i.e., nurse’s ideal and perhaps idealistic) ground under the pressures of the system. Examples of acquiescence common on a hospital ward are well known, for instance, from insights offered by institutional ethnographic studies: “nursing the chart” rather than nursing the patient (MacKinnon & McIntyre, 2006) or unquestioningly accepting the priority of “moving” patients through the system faster (Rankin & M. Campbell, 2006). A question arises: Does the canon of American nursing theory offer theoretical tools to help nurses understand, “get through,” and question the current realities of nursing practice? Is an “ideal vision” of nursing (e.g., Watson, Chinn) capable of analysis, for example, of *how* nurses get “enrolled” into managerial technologies of efficiency and effectiveness (Rudge, 2013)?

An intractable issue with the “ideal vision” offered by some well-known nurse theorizing is that it presents an ahistorical and acontextual image of nursing: a view of nursing practice as an insular, caring, patient-centered encounter where a benevolent nurse empowers clients; a view of holistic nursing theory as an evolutionary pinnacle; and a view of “nursing inquiry” as hostile toward biomedical “positivism” or at least comprising a unique “knowledge paradigm” coexisting, but incommensurate, with other “paradigms.” This fixed image lies at the “foundation” of the nursing disciplinary knowledge.

It appears that nursing writings and genres adhering to one or another version of this intellectual “foundation” (and that operate with particular formal terminology, i.e., grand theory, middle-range theory, practice-level theory, borrowed theory, metaparadigm, paradigms, or models of knowledge development based on “patterns of knowing”) have been granted “nursing knowledge” status, making other conceptions of theory as well as practices of theorizing unintelligible forms of nursing knowledge. As I have argued, this domain of “unique nursing science” is highly problematic on two grounds—as a conception of science rooted in the outdated logical positivist view (Risjord, 2010) as well as a professional ideology of holism presenting the holistic nurse as a preferred ethical persona (Nelson, 2000) and a holistic nurse–patient relationship as an unproblematic and power-free access to “the real” person who is to be known (May, 1992a, 1992b, 1995a, 1995b).

My research brings into the spotlight another kind of theorizing in our discipline. The radical potential of PM and PS French theory—its conceptual toolbox—has been embraced by non-American and some American nurses (whose work I examined) to think through questions of nursing practice, nursing research, and nursing history. Their theorizing did not seek to transcend the “realities” of nursing practice in search for some idealized “disciplinary core,” but rather paid close attention to the socio-political context of everyday practice.

The theoretical accounts of nursing practice that I singled out as particularly interesting examples of nursing scholarship informed by PM/PS ideas attempt to reach nursing students not through indoctrination or a metaphysical conversion—technologies to enhance modern subjectivity (Nelson, 1995)—but through alternative mechanisms. These include presenting nursing practices as hybrid activities (involving human actors and technology; “human” and

technical skills) not requiring unifying metaphysical narratives¹⁰²; teaching nurses to think, examine assumptions, and raise questions—broadly the task of philosophy; inviting nurses to understand the realities of nursing practice as socially accomplished processes involving many actors, technology, professional cultures, organizational context, and wider socio-economic factors. These theoretical attempts de-familiarize commonsense perceptions of practice and ask why it is so difficult to carve out time for an “ideal caring moment,” how “getting to know the patient” is not always a benevolent move, how texts (e.g., guidelines, health records) direct nurses’ attention, and who is entitled to speak on matters of health and illness. But, importantly, the answers offered in these theoretical accounts stay away from romantic or moralistic terms and from making “medical model” a villain. I believe it important for nursing students to be introduced to this body of theoretical work in our discipline.

The Focus on Critical Theoretical Nursing Discourse

One explicit goal of my dissertation was to bring into view robust criticisms generated in our discipline and challenging influential theoretical ideas. The American nursing theoretical literature turns a blind eye not only toward continental and social theory as useful for nursing practice and scholarship, but also toward any critiques directed at nursing theory—critiques from analytic philosophical perspectives (Edwards, 1999, 2001; Kikuchi, 2003, 2008; selected chapters in Kim & Kollak, 2006; Paley, 2001, 2002, 2006; Risjord, 2010) or continental philosophical and social-theoretical perspectives (Davina Allen, 2014; Drevdahl, 1999a; Drummond, 2013; selected chapters in Kim & Kollak, 2006; Mulholland, 1995; Nelson, 2000; Purkis, 1994, 1997). American nursing theory textbooks such as the famous multi-edition volume *Nursing Theorists and Their Work* (Alligood, 2014; Alligood & Tomey, 2010; Tomey &

¹⁰² As Nelson (1995) insists in her quote that I used to open my dissertation.

Alligood, 2006) is an important source that initiates nursing students into the world of theory (Paley, 2006). However, the image of theory held out to nursing students is serenely uncritical and thus lacks scholarly quality (Paley, 2006). My thesis draws upon several books that critically examine established disciplinary ideas—books by Davina Allen (2015), Forss et al. (2013), Kim and Kollak (2006), Latimer (2003), Nelson (2000), Risjord (2010), Sandelowski (2000), and Thompson et al. (1992). It seems that these criticisms do not enjoy the status they deserve—as an important component of nursing curricula. I sought to highlight these texts that I believe can invigorate and add quality to theoretical discussions in the nursing classroom.

The notion of American nursing (theoretical, disciplinary) matrices of (un)intelligibility has been a central thread throughout my dissertation. We can think about these matrices not only as certain mental habits of thinkers but as practices that produce textual effects—codified ways to generate knowledge and write about nursing. I argued that not only do these matrices passively exclude certain philosophical ideas, thus making them marginal and invisible, they also actively produce unintelligibility via an “additive,” cumulative mode of inclusion. (The additive mode refers to a simple accumulation of new ideas and “patterns of knowing” in a spirit of “multiple-ism” without a revision of the established beliefs.) Only that which is both included into the matrix (or versions of matrices) and made alike with its other elements, is legitimated and gains intelligibility as “nursing knowledge” in American nursing *theoretical* journals and textbooks on nursing theory. It seems that as long as the American intellectual matrices (the structure of nursing knowledge a la Fawcett, the models of theory development a la L. O. Walker and Avant, the integrative conceptions of nursing science) dominate the discipline’s theoretical imagination, contemporary continental philosophy/social theory will remain in a lose–lose situation in American theoretical discourse.

Another point I would like to make relates to the theoretical robustness of some nursing analyses, specifically a curious inability of some *nurse authors* to fully press the implications of PS theoretical anti-humanism. Doing my research, I often observed that nurse authors who offered critical readings of nursing issues (e.g., Foucault-based analyses) were nevertheless compelled—often unwittingly, perhaps following disciplinary conventions—to produce a “happy ending.”

A case in point is a critique of clinical supervision in the UK by Freshwater, Fisher, and Walsh (2015). Clinical supervision is a quality improvement mechanism requiring nurses to reflect on clinical situations through conversations with an experienced colleague (Freshwater et al., 2015). These authors fittingly applied Foucault’s notions of surveillance and confession to reveal the Panopticon nature of clinical supervision. Then, however, the authors turned to contrasting two kinds of nurse: the “artificial person” (p. 8), who resists those “reflexive” opportunities likely because she has internalized the institutional climate of suspicion, and a preferred kind, the “autonomous individual” (p. 8). The latter nurse is also immersed in this institutional climate, but readily engages in conversations with a clinical supervisor (who happens to be a psychotherapist trained in humanistic psychology) to critically evaluate how those institutional discourses have colonized nurse’s authentic caring self.

Indeed, Foucault’s work implicates nursing in the “sciences of Man,” in the disciplinary practices, and in the exercise of governmentality (that flows from nurses to patients and from nurse supervisors to rank-and-file nurses)—all techniques of exercise of power in modern Western societies. Thus, some writings based on Foucault’s ideas, such as by Freshwater and colleagues, appear to convey nurse authors’ discomfort, perhaps unavoidable, considering the above claim. This article and other similar ones, despite the authors’ apparent alignment with

Foucault, reflect the stronghold of humanistic ideals in the authors' conceptions of the "helping professions" or at least an obligation to optimistically posit a "more critical and authentic nurse." Echoing these observations, Traynor (2006) commented on a tendency of nurse researchers engaged in discourse-analytic studies to read Foucault's work in a humanistic vein.

In contrast to these selected *nursing* works, some social scientists and humanities scholars (or nurses with background in these fields) studying nursing practice (e.g., Davina Allen, Latimer, Nelson, Paley, Risjord, Traynor) are able, in my view, to hold a more theoretically-robust and less flattering mirror to our discipline and profession. I perceive this as the strength of these authors' analyses.

Awareness of Limitations of Curricular Categories

The commonsense curricular divisions such as "(American) nursing theory" or "qualitative research" along which nursing courses are designed may leave aside a sizable and important body of writings, specifically continental nursing philosophy and nursing history. The main purpose of my research was to understand how the intellectual landscape of the nursing discipline has shaped, and continues to shape, a recognition and reception of continental philosophical scholarship, specifically nursing writings informed by PM and PS theory. Within this scholarly landscape, I attended to the distinctive (but sometimes overlapping) discourses of nursing science, qualitative research, and nursing philosophy. I argued that certain assumptions and discursive constructs mobilized within American conceptions of theory leave little room for continentally-informed nursing scholarship, particularly those ideas skeptical of humanistic and emancipatory agendas. Continental theorizing in nursing produced numerous clinically-significant and textually-interesting analyses. They, however, may not fit the frame of nursing science and nursing theory, qualitative research reporting, or certain forms of nursing

philosophy. This creates problems for all parties: Nursing continental theorizing remains at the margins, which prevents a robust critical engagement with this branch of scholarship (including the necessity to address the ongoing issue of its theoretical rigour or accurate reading of philosophy). On the other hand, established “nursing knowledge” remains largely immune to continental philosophical criticisms. I sought to draw attention to the intellectual blinders imposed by curricular rubrics so that a less rigid categorization of scholarship can be embraced, and the writings hitherto “unintelligible” can find their way into course syllabi.

Significance for Nursing Research

Informed Reading of PM/PS Research

A detailed analysis of nursing literature informed by PM/PS theory, particularly of its American stream as contrasted with selected non-American works, enables nurse readers to appreciate this field of nursing scholarship and to understand it in the context of other disciplinary ideas. In other words, I attempt, through my argument, to create better-informed readers and researchers in our discipline.

Future Directions for Nursing Research

A close study of non-American PM/PS scholarship. As I remarked throughout the thesis, nurse authors outside the US have embraced a wide range of PM and PS concerns and a significant body of publications exists. I primarily focused on the Foucauldian theme in Australian, British, and Canadian nursing literature of the 1990s and early 2000s. Future research (undertaken by others or myself) can examine a wider pool of non-American publications: informed by the work of philosophers Lyotard, Deleuze, Derrida, Agamben, Kristeva, and

others;¹⁰³ generated in other countries such as Scandinavian; and written more recently, for example, in the last decade. I believe that this research will be especially interesting and important if it embeds relevant nursing work in the larger contexts of French philosophy or nursing disciplinary ideas.

Understanding conditions of possibility for PM/PS nursing scholarship. *Why was American and non-American PM/PS nursing work so different, particularly in the 1990s?* I asked in my research. Contrasting American and non-American PM/PS nursing literature, I was interested in understanding those intellectual (and possibly other) forces that enabled certain readings of Foucault while making his other ideas unintelligible. I argued that the American disciplinary matrices of “nursing science and nursing theory” conceived in specific ways proscribed a more robust continental philosophical nursing scholarship in the US; these matrices thus created specific conditions of possibility for PM/PS nursing work.¹⁰⁴ On the other hand, in

¹⁰³ In this dissertation, I primarily focused on Foucauldian nursing scholarship. Examples of Foucault-informed writings that I singled out as particularly good applications of PM and PS concepts mostly arise from a context of empirical research be it ethnography or discourse analysis. On the other hand, work of other French philosophers such as Agamben and Deleuze and Guattari has also informed *philosophical* writings in our discipline (e.g., Drummond, 2000, 2001, 2002). Drummond (2002) follows Deleuze and Guattari and explains the notion of *philosophical concepts* (as contrasted with scientific) thus: philosophical concepts are not subject to verification of their truth or falsity, but they help us “‘think the event’ called nursing” (p. 222).

¹⁰⁴ Those nurses whose work I position within the *matrices*—that is, those who clearly framed their work as “nursing science and nursing theory” like Reed (1995), Watson (1995, 1999), and Polifroni (2010), or those advocating epistemic diversity like Dzurec (1989) and Georges (2003), or those pursuing “emancipatory ways of knowing” like Chinn—produced either over-simplified or caricature representations of postmodernism, post-structuralism, and Foucault, as I have shown in Chapters 4 and 5. The enclave group, in their work, maintained distance from “unique nursing science” but has nevertheless been involved in the discourse of nursing theory through their publications in *ANS* and some anthologies of “nursing knowledge” (Thompson, 2007, in Roy & Jones, 2007). These well-informed readings of Foucault and PM feminist literature by the enclave nurses were likely unintelligible within the matrices—their meaning overdetermined by the “PM” work listed in the previous sentence. On the other hand, those rare American nurse scholars aptly doing the very PM work of contesting binary oppositions like Sandelowski (1999, 2002, Barnard & Sandelowski, 2001), have *not* claimed the PM territory. Indeed, the term

the 1990s (the period I examined primarily) in Australia and the UK these American developments did not dominate, whereas interesting nursing writings informed by PM/PS ideas proliferated. In addition to focusing on the American intellectual matrices of nursing science, I started to think about other conditions of possibility for PM/PS nursing work (e.g., nurses' assumptions of socialness of nursing and their employment of sociological perspectives—as summarized below), but I had to leave a more detailed exploration of this and other factors for a later time. Now I will share these ideas as opportunities for future research.

What difference does the kind of sociological theory make for nursing scholarship? In this section, I first provide a brief overview of how I already started to address this question on the pages of my dissertation and then, in lieu of building a bridge to future explorations of this question, I offer another comparative case of sociological influences on nursing scholarship and of their unrecognized importance as conditions of possibility shaping the kinds of theoretical knowledge developed in the discipline.

Extending Risjord's (2010) examination of philosophical influences on American nursing metatheory, I pointed out specific *sociological* references permeating influential "nursing knowledge" textbooks: formal sociology as espoused by Americans Turner and Hage. These perspectives, disfavoured in sociology after the 1970s, are alive in current nursing theory discourse in the US. Other social-theoretical concepts such as *systems* and *interaction* have

postmodernism has been tainted in the US and Europe in the late 1990s by what is sometimes called the "Sokal affair" (Cussett, 2008, pp. 2–7; Rolfe, 2000, p. 45). I will not delve into this topic here, leaving it for a future opportunity. Suffice to say is that echoes of the Sokal affair are heard in nursing in Glazer's (2001) criticisms of certain American nursing theory that somehow became associated with "postmodernism." (Indeed, some American nurses like Koerner, 1996, associated nursing theories said to be informed by quantum physics with the "postmodern worldview.") What we are dealing with, then, is a tangled knot of misreadings and criticisms of PM and PS theory—an "affair" that might have kept some nurses from stepping onto this minefield. However, these are my speculations as I have not encountered in *American nursing* literature any references to Sokal's publications.

evolved in the social sciences (Wied, 2006) but are reified in nursing theories. In contrast, as I outlined in Chapters 6 and 7, prominent non-American theorizing of nursing practice (and selected American writings) assumes, often explicitly, that nursing is a set of social practices contingent upon their historical, economic, and cultural context. To understand “nursing,” then, these authors fruitfully draw on the ethnographic research tradition, relevant perspectives from the social sciences, and contemporary continental philosophy. These researchers’ positive regard for social theory and dexterity in applying its conceptual tools has been an important condition for high quality nursing work informed by PM/PS concepts. Future research can offer additional insight into how the intellectual provenance of established nursing ideas produces differing theoretical and practical effects (thus denaturalizing some “foundational” nursing disciplinary perspectives), for example, as I demonstrate in the following case.

Meleis, the author of one of the prominent American treatises on nursing theory (Meleis, 1997, 2007), endorses conceptions of theory presented in the book by an American philosopher Abraham Kaplan *The Conduct of Inquiry: Methodology of Behavioural Science* (1964). This book is a philosopher’s (of science) view of the research methodologies in the behavioural and social sciences. Kaplan’s book received mixed reviews from the sociological community in the 1960s. The book was critiqued for its rejection of the scientific method, for a confused treatment of explanation and prediction, and for understanding theory as a product of “creative imagination” having nothing to do with reality (Adler, 1965, p. 127). Other reviews, written from a clearly different sociological perspective, recognized American pragmatist influences on Kaplan’s thinking behind his central distinction between logic-in-use (a pragmatist view) and reconstructed logic (formal logics view). Kaplan emphasized the “instrumental value of methodologies of science in the making, a value that turns on the subject matter and the

problems of the science rather than on any regularization of a methodological framework” (Rucker, 1965, p. 136). In short, Kaplan objected to “formalism” in science. Yet another reviewer, Aaron Cicourel (1965), writing from a perspective of ethnomethodology, welcomed Kaplan’s exposition of *understanding* as contrasted with *prediction* in the social sciences but observed a specific limitation of Kaplan’s position. A question that occupied Cicourel was, How do social actors, in their actual practices, reconcile both “reconstructed theory” and “theory-in-use”? Both kinds of theory, or “logic,” Cicourel (1965) wrote, rely on taken-for-granted intersubjective common-sense knowledge—knowledge that the social science can elucidate in the study of the everyday practices.

This overview is groundwork for future analyses of *conditions of possibility* that will seek to delineate divergent views of science and theory within nursing scholarship explicitly or implicitly stemming from various sociological schools. Meleis (1997, 2007) and other nurse authors (e.g., Chinn & Kramer, 2011, p. 159; Munhall & Oiler, 1986, p. 14), were undoubtedly inspired by Kaplan’s critique of the scientific method and his enthusiasm for the role of creativity in theoretical practices. Kaplan’s emphasis on the subject matter and the problems (of science) rather than on a construction of frameworks has likely motivated Meleis’s (1987) famous call to develop a “passion for substance” in the discipline of nursing. Setting an example, in her research Meleis formulates “situation-specific” theories with a narrow focus on specific patient populations (Im & Meleis, 1999). However, whether American nurse theorists draw on Kaplan’s work or on other sources for theory construction, they seem to prefer the rhetoric of conceptual frameworks.

In contrast, nursing ethnomethodological scholarship (e.g., Davina Allen, 2015; Chapman, 1988; Latimer, 2000; Purkis, 1996, 1997, 2003)—a methodological tradition to which

Cicourel's work belongs—theorized everyday situations in nursing practice and offered understandings of social interactions between nurses, patients, and others while forsaking the rhetoric of “frameworks” and avoiding a misconception that only a “formal framework” is the proper product of nursing science.

Interesting, but not surprising in light of my argument, is a claim of British nurse historian Anne Marie Rafferty, mostly known for her study of politics of nursing knowledge in Britain and Wales at the end of the 19th and the first five decades of the 20th century (Rafferty, 1996). Writing in 1995, she delved into some literature that I examined in my research—British social-scientific research in/on nursing and, as she puts it, (American-led) “search for some rarified and purified essence of nursing knowledge” (p. 141.)—and arrived at a conclusion that my dissertation echoes. Rafferty (1995) argues for

a strong coalition of nursing with its former nineteenth century ally, social science, in the continuing struggle for change within nursing and health care policy. . . . [N]urses need to join forces with sociologists and economists in striving to shape the agenda for health services research and provide the evidential basis for health policy transformation more generally. (p. 141)

I recognize that this represents a view unpopular among many nurses, particularly in the context of American unique nursing science cautious toward “borrowed theory.” There may be many challenges to Rafferty's vision, but this promising possibility should at least be kept in play in the discourses of nursing knowledge.

It goes without saying that care should be taken not to essentialize “sociology” as a homogenous field or assign inherent critical potential to its theories and methods. Indeed, sociology taught in nursing curricula is not necessarily of a critical ilk or perceived as relevant (Cooke, 1993; Gastaldo & D. Holmes, 1999). However, non-American and selected American writings that I highlighted in my dissertation as high quality scholarship seem to successfully

avoid the problem of reification and essentialization. Foucault's ideas are deployed in these nursing writings as tools to help us understand nursing practice, history, and research as social phenomena having temporal dimensions. This means that they do not essentialize or valorize a particular theory, either nursing or interdisciplinary. As nursing changes, contemporary social and political theories most sensitive to the present historical context will be more useful, in a sense of offering conceptual tools relevant to the changing socio-historic context (context which inevitably affects nursing practices and nurses' roles)—an understanding required for an informed and critical action. I think the kinds of nursing theorizing I showcased in Chapters 6 and 7 are open to such revisions—a crucial difference from the nursing theory presented in the American nursing knowledge textbooks.

Academic climate of nursing's entry into the academy. Another condition of possibility for nursing theoretical work is the changing intellectual climate in the academy at large. The growth of the academic discipline of nursing in the US in the 1950s–1970s has coincided with the waning but still influential role of the logical empiricist philosophy of science and Kuhn's criticisms of this view—ideas nurses relied upon to formulate a philosophy of nursing science (Risjord, 2010). However, in Australia and the UK other intellectual currents prevailed in the academy at large when nursing moved to higher education later in the 20th century. A social history of “politics of nursing knowledge” in the latter half of the 20th century might be a fascinating study.

That an *Australian* nurse was the first to *explicitly* introduce Foucault to the nursing audiences on the pages of *JAN* (A. Henderson, 1994) is not surprising considering the noticeable interest Australian nurse academics displayed toward critical philosophy (German and French) while also “trying on” American nursing theory. Australia and New Zealand were ahead of

Canada and the UK in the reforms of nursing education that resulted in a transfer of pre-licensure, or undergraduate, education to a tertiary, university sector. This process was uneven and lengthy, occurring in Australia mostly in the 1980s (Nelson, 2000, p. 20), in Canada roughly during the 1990s, and in the UK in the late 1990s and into the 21st century (Rolfe, 2000, p. xi). The creation of academic nursing programs inevitably led to the emergence of an interest in theory and research among new nursing faculty. Australian nursing publications from the 1990s offer a glimpse into the diverse theoretical grounds of its authors. In fact, bibliographies reveal their authors' enviable familiarity with the debates in the American humanities and social sciences such as feminism/postmodernism debates (e. g., Heslop, 1997). As early as in 1991, French philosophers were cited in an edited Australian textbook on "professional issues" (Gray & Pratt, 1991) and in a study of the *body* in nursing by a nurse sociologist Lawler (1991a). But the most significant and lasting contribution to Foucauldian scholarship in our discipline occurred in 1994—the launch of *Nursing Inquiry*, led by Australian nurses with the humanities background Nelson and J. Parker. As this paragraph clearly shows, the academic nursing landscape in Australia differed markedly from that in the US. As Gastaldo and D. Holmes (1999) speculate, "the limited influence of nursing models and theory in Australia [as compared with North America] has left room for nurses to explore more interdisciplinary theoretical perspectives, such as Foucault's" (p. 233). To summarize, curricular decisions and "politics of nursing knowledge" in different countries emerge as a powerful condition of possibility for kinds of theoretical knowledge deemed important for nursing students and encouraged by the discipline of nursing. This topic will benefit from further exploration.

General receptivity to contemporary continental philosophy in different countries.

Various commentators, in nursing and beyond, pointed out historically-produced differences in

“political consciousness” (my phrase) among citizens of different countries. For example, German and British Marxism is said to be frowned upon in the US, whereas Australia is described as a hot-bed of critical theory. In nursing context, Perron and Rudge (2016) observe that in the mid-20th century the development of nursing knowledge in the US has been influenced by the (limiting) scientific model as well as a sociological perspective of structural functionalism. Extending Harding’s (2006), who is a feminist philosopher of science, criticism of the rejection of ideas of Freud and Marx by American philosophy of science, Perron and Rudge observe that, similarly, in nursing “dangerous knowledge such as Freudian and Marxian thought was cast aside” (p. 47).¹⁰⁵ This might be the topic for further interdisciplinary exploration.

Summary

The importance of my dissertation for nursing research lies in its potential to enhance nurse readers’ and researchers’ “literacy” when dealing with nursing and social scientific studies

¹⁰⁵ According to Perron and Rudge (2016), emancipatory and feminist ideas were latecomers to nursing. Three nursing works, all originating in the US, are cited by Perron and Rudge as examples of the latter—David Allen (1985), an early publication by Annette Street, and Kagan et al. (2014). My dissertation certainly supports Perron and Rudge’s observation about kinds of theory unintelligible in the US nursing theoretical scholarship (e.g., Freudian and Marxist). The forms of critical knowledge “external to nursing” were “subjugated” in our discipline (Perron & Rudge, 2016, p. 54). However, my research complicates this somewhat simplistic contrast between American “early/uncritical/scientific scholarship” and the “recent/emancipatory/radical” works generated in the American context. Specifically, within nursing “emancipatory paradigm” (Chinn & Kramer, 2015) some kinds of theoretical analyses run the risk of being ignored. Partly, this might be an inevitable process—each knowledge creates its ignorance(s). But here we deal with another issue, which bypassed some streams of the non-American PS work (as my examples in Chapters 6 and 7 demonstrate) and of which Perron and Rudge seemingly are not aware. The issue lies not (only) with “ideological conservatism” (i.e., of the traditional nurse scientists) in a sense of a conscious decision to censor specific theory as Perron and Rudge imply in relation to Freud and Marx—but with an inability to “notice,” to read theory as “intelligible” within the intellectual matrices of American “nursing science” (including its “emancipatory pattern” actively advanced in *ANS*) composed of language of “paradigms,” “theoretical frameworks,” and “levels of theory.”

informed by PM/PS theory. It also points to venues for future research: studying the intellectual provenance of American nursing theory as compared with non-American theorizing (particularly, the kind of sociological theory informing each); a social history of the politics of nursing knowledge in Australia, the UK, Canada—where nursing entered the academy more recently than in the US; and an analysis that situates nursing critical scholarship within the larger political and intellectual context in different countries.

Reinvigorating the *Social* in Nursing Scholarship: Pathways Ahead for Theorizing Nursing

In this section, I comment on the spirit of contemporary PM/PS nursing scholarship (new vigorous research programs in Canada; changing relationships with American nursing theory; lesser visibility of earlier British sociology-informed work; new interdisciplinary ventures; and a shift to interview-based qualitative research) and some of the challenges and possibilities I see for this field.

Any attempt to summarize Foucauldian nursing scholarship after the year 2000 should not overlook the features that set it apart from the previous decade. Certainly, we see continuity in selected scholars' work. For example, Rudge and her students, colleagues, and co-authors continue to productively engage with a variety of social theory, often in the context of ethnographic and discourse-analytic studies (e.g., Rudge & Holmes, 2010). Ceci and her colleagues (Ceci, 2006; Ceci, Bjornsdottir, & Purkis, 2012) leads a program of empirical research informed by actor-network and practice theories and Foucault's insights. New scholars (e.g., Springer, 2011, 2012; Springer & Clinton, 2015) have taken up Foucault's ideas. We also witness the emergence of individual programs of research actively (if not aggressively) pursuing PM and PS methodological/theoretical approaches. The most illustrative example is the corpus of publications by D. Holmes, professor of nursing from the University of Ottawa, and several of

his doctoral students, mentees, and/or colleagues—Perron, O’Byrne, McCabe, Gagnon, Jacob, St-Pierre and others (e.g., Holmes, Jacob, & Perron, 2014; Holmes, Rudge, & Perron, 2012). Holmes (n.d., “Dave Holmes: Abstract”) describes aspects of his work as a “program of empirical research dedicated to marginalized populations.” He is attracted to the work of Foucault and Deleuze and Guattari and claims that “concepts such as power, discourse and resistance [. . .] [inform] the production of radical, ‘nomad’ nursing research” (Holmes, n.d., “Dave Holmes: Abstract”). Holmes’s name first appeared in *NI* in 1999 in “Foucault and Nursing: A History of the Present” (Gastaldo & Holmes, 1999) and in *JAN* in 2002 in “Nursing as Means of Governmentality” (Holmes & Gastaldo, 2002). Indeed, Holmes is one of the founding members of the *ISIH* and the founding editor of the online journal *Aporia*. Holmes’s writings have generated heated polemics in nursing literature and beyond (Porter & O’Halloran, 2009, 2010; Sandelowski, 2003b). Moreover, the kind of PM and PS scholarship exemplified by these Canadian authors, unlike earlier Australian and British counterparts, does not usually take as their intellectual backdrop, or as their opponent, American nursing theory. On the contrary, collaborative projects are united by the “emancipatory praxis” rubric (Kagan et al., 2014).¹⁰⁶

Indeed, the imperatives of the 1990s have changed in the 2000’s and 2010’s. Foucault’s ideas played an important role in writings by British authors May and Latimer. These authors strongly emphasized the social nature of nursing—a quality missing in American formulations of “nursing science.” As these British social scientists shifted towards other projects, always excitingly theoretical, but not necessarily Foucault-based, and as the pressure to implement American nursing theories as practice and education models has waned—lessening the relevance of criticisms of this American body of literature—the earliest and important stream of Australian

¹⁰⁶ Refer to Chapter 5 for my discussion of a current focus on emancipatory praxis in American nursing literature.

and British Foucauldian nursing scholarship has become less noticeable. Further, some current theoretically-robust empirical studies of nursing practice informed by continental ideas (Ceci & Purkis, 2010; Ceci et al., 2012) have moved to an interdisciplinary terrain and to high-ranking sociology journals. This participation of nursing scholarship in larger scholarly debates attests to the quality of nursing work; it also demands high literacy from nurse educators to make such strong examples of nursing scholarship “intelligible” for nursing students.

Next, “qualitative research methodologies,” mostly interview based, are often methodologies of choice in nursing. These researchers are likely to employ Foucault’s ideas in ways very different from those examples described in Latimer (2003). Specifically, we might see less ethnographic research (complications with ethics review process play a role here), less fluency with relevant social theoretical perspectives, and reduced focus on historical context and material culture of nursing—if researchers shift to the more expedient thematic analyses of interviews.

Overall, according to my bibliometric analyses, the Foucauldian nursing scene has been shrinking over the last five years. Particularly, the number of relevant papers dropped markedly in those journals that led in publishing this kind of work, for instance, in *JAN*. Only *NI* sustains its interest in Foucault-based manuscripts. Simultaneously, however, other nursing journals such as *Scandinavian* and *Brazilian* publish more Foucault-informed studies.

These observations likely reflect the plight of philosophical nursing scholarship in the rhetorical climate of evidence-based nursing practice (EBP).¹⁰⁷ We can speculate that as nurse researchers are expected to bring in research funds to demonstrate their ranked value within their

¹⁰⁷ Not incidentally, the rhetoric of EBP and of the intellectual climate it fosters have been a focus of many Foucault-based criticisms—of various degrees of sophistication—in nursing literature and beyond (e.g., Freshwater & Rolfe, 2004; Holmes et al., 2007; Porter & O’Halloran, 2009; Purkis & Bjornsdottir, 2006; Rolfe, 2000, 2013; Traynor, 2002, 2009b).

discipline, their choices of research methodologies will not likely include philosophical work. Another factor related to the ebbs and flows of interest in PS methodologies such as discourse analysis are journals' shifting agendas, mandates, and intellectual priorities. At a glance, over the last years, *JAN* has shifted toward publishing more systematic reviews and EBP-related items while a number of critical discussion pieces in this journal decreased. In contrast, *JPMHN* assumed a more visible position in publishing PS/DA/Foucault-informed papers. In 2007, this journal's editor Dawn Freshwater underscored the importance of analysis of discourses in our discipline. *NI* has faithfully remained a primary Foucauldian forum for two decades, while also increasing a proportion of works on critical realism more recently.

It is difficult to claim a direct connection between the decrease of Foucauldian scholarship and an increase in systematic reviews in *JAN*, which promotes its mandate as focused on EBP and systematic reviews. However, the climate of EBP certainly plays a role in the politics of nursing knowledge. Criticizing the overemphasis on systematic reviews in nursing knowledge development, Annemarie Jutel (2012) raises a broader point about influence of journal policies on the kinds of scholarship in the discipline:

Journal content in our discipline reflects . . . the impact that journal policies have in shaping that which the profession judges worthy of publication. Journals have significant power to mould what they contain, even more so now in the day of manuscript management software which includes required form fields that an author cannot skip: an abstract must be structured, a method identified, an article category designated. But beyond the mechanics of manuscript control, the more powerful the journal, the more powerful its ability to influence the presentation and even the epistemologies of nursing knowledge. And, the power of the journal is also based in the review article. (pp. 54–55)

This climate presents a challenge for PM and PS nursing scholarship as well as for a wider philosophical nursing field. To face this challenge, perhaps the strongest contribution will come from nurse educators and researchers' awareness of outstanding nursing work discussed in my dissertation as well as from profiling national and international nursing philosophy groups such

as uPNR, IPONS, and *ISIH*. My research is a step in this direction surfacing the work of alternative theorizing that has remained more or less inexplicit in the discipline of nursing.

References

- Adler, F. (1965). Kaplan: The conduct of inquiry. Book review. *Social Forces*, 44 (1), 126–127.
- Adorno, T. W. (1984). The essay as form. (B. Hullot-Kentor & F. Will, Trans.). *New German Critique*, 32, 151–171. (Original work published in German in 1958)
- Alfonzo, P. M., Sakraida, T. J., & Hastings-Tolsma, M. (2014). Bibliometrics: Visualizing the impact of nursing research. *Online Journal of Nursing Informatics*, 18(1).
- Allen, D. (1998). Record-keeping and routine nursing practice: The view from the wards. *Journal of Advanced Nursing*, 27(6), 1223–1230.
- Allen, D. (2004). Ethnomethodological insights into insider–outsider relationships in nursing ethnographies of healthcare settings. *Nursing Inquiry*, 11(1), 14–24.
- Allen, D. (2006). Whiteness and difference in nursing. *Nursing Philosophy*, 7(2), 65–78.
- Allen, D. (2013). David Allen. In A. Forss, C. Ceci, & J. S. Drummond (Eds.), *Philosophy of nursing: 5 questions* (pp. 1–5). Copenhagen: Automatic Press/VIP.
- Allen, D. (2014). Re-conceptualising holism in the contemporary nursing mandate: From individual to organisational relationships. *Social Science & Medicine*, 119, 131–138.
- Allen, D. (2015). *The invisible work of nurses: Hospitals, organisation and healthcare*. London: Routledge.
- Allen, D. G. (1985). Nursing research and social control: Alternate models of science that emphasize understanding and emancipation. *Image: The Journal of Nursing Scholarship*, 17(2), 58–64.
- Allen, D. G. (1987). The social policy statement: A reappraisal. *Advances in Nursing Science*, 10(1), 39–48.
- Allen, D. G., Allman, K. K., & Powers, P. (1991). Feminist nursing research without gender. *Advances in Nursing Science*, 13(3), 49–58.
- Allen, D., & Cloyes, K. (2005). The language of ‘experience’ in nursing research. *Nursing Inquiry*, 12(2), 98–105.
- Allen, D., & Hardin, P. (2001). Discourse analysis and the epidemiology of meaning. *Nursing Philosophy*, 2(2), 163–176.
- Allen, D., Benner, P., & Diekelmann, N. (1986). Three paradigms for nursing research. In P. Chinn (Ed.), *Nursing research methodology: Issues & implementation* (pp. 23–28). Rockville, MD: Aspen Publishers.

Alligood, M. R. (Ed.). (2014). *Nursing theorists and their work* (8th ed.). St. Louis, MO: Mosby Elsevier.

Alligood, M. R., & Tomey, A. M. (Eds.). (2010). *Nursing theorists and their work* (7th ed.). Maryland Heights, MO: Mosby Elsevier.

Andres, A. (2009). *Measuring academic research: How to undertake a bibliometric study*. Oxford: Chandos Publishing.

Aranda, K. (2006). Postmodern feminist perspectives and nursing research: A passionately interested form of inquiry. *Nursing Inquiry*, 13(2), 135–143.

Arslanian-Engoren, C. (2002). Feminist poststructuralism: A methodological paradigm for examining clinical decision-making. *Journal of Advanced Nursing*, 37(6), 512–517.

Ashley, J. A. (1976). *Hospitals, paternalism, and the role of the nurse*. New York: Teachers College Press, Columbia University.

Aston, M., Price, S., Kirk, S. L., & Penney, T. (2012). More than meets the eye. Feminist poststructuralism as a lens towards understanding obesity. *Journal of Advanced Nursing*, 68(5), 1187–1194.

Atkinson, P. (1997). Narrative turn or blind alley? *Qualitative Health Research*, 7, 325–344.

Atkinson, P. (2005). Qualitative research: Unity and diversity. *Forum: Qualitative Social Research*, 6(3), 1438–5627.

Atkinson, P. (2015). Rescuing interactionism from qualitative research. *Symbolic Interaction*, 38(4), 467–474.

Atkinson, P., & Delamont, S. (2006). In the roiling smoke: Qualitative inquiry and contested fields. *International Journal of Qualitative Studies in Education*, 19(6), 747–755.

Atkinson, P., & Silverman, D. (1997). Kundera's immortality: The interview society and the invention of the self. *Qualitative Inquiry*, 3, 304–325.

Barnard, A., & Sandelowski, M. (2001). Technology and humane nursing care: (Ir)reconcilable or invented difference. *Journal of Advanced Nursing*, 34(3), 367–375.

Basford, L., & Slevin, O. (Eds.) (2003). *Theory and practice of nursing: An integrated approach to caring practice* (2nd ed.). Cheltenham: Nelson Thornes.

Belsey, C. (2002). *Poststructuralism: A very short introduction*. New York: Oxford University Press.

- Bender, M., & Feldman, M. S. (2015). A practice theory approach to understanding the interdependency of nursing practice and the environment: Implications for nurse-led care delivery models. *Advances in Nursing Science*, 38(2), 96–109.
- Benner, P. (1985). Quality of life: A phenomenological perspective on explanation, prediction, and understanding of nursing science. *Advances in Nursing Science*, 8, 1–14.
- Benner, P. (2004). Current controversies in critical care. Seeing the person beyond the disease. *American Journal of Critical Care*, 13(1), 75–78.
- Bent, K. (1999). Seeking the both/and of a nursing research proposal. *Advances in Nursing Science*, 21(3), 76–89.
- Bevis, E. O., & Watson, J. (Eds.) (1989). *Toward a caring curriculum: A new pedagogy for nursing*. New York: NLN.
- Bird, A. (Fall 2013 Edition). "Thomas Kuhn." In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy*. Retrieved from <http://plato.stanford.edu/entries/thomas-kuhn/>
- Bjornsdottir, K. (1998). Language, ideology, and nursing practice. *Scholarly Inquiry for Nursing Practice*, 12(4), 347–362.
- Black, P. E. (December 2007). "In-degree." In V. Pieterse & P. E. Black (Eds.), *Dictionary of Algorithms and Data Structures* [online]. Retrieved from: <https://www.nist.gov/dads/HTML/indegree.html>
- Bluhm, R. L. (2014). The (dis)unity of nursing science. *Nursing Philosophy*, 15(4), 250–260.
- Bruce, A., Rietze, L., & Lim, A. (2014). Understanding philosophy in a nurse's world: What, where and why? *Nursing and Health* 2(3), 65–71.
- Butler, C. (2002). *Postmodernism: A very short introduction*. New York: Oxford University Press.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity* (1st ed.). Routledge.
- Butts, J. B., & Rich, K. L. (2014). *Philosophies and theories for advanced nursing practice*. (2nd ed.). Burlington, MA: Jones & Bartlett Learning.
- Butts, J. B., Rich, K. L., & Fawcett, J. (2012). The future of nursing: How important is discipline-specific knowledge? A conversation with Jacqueline Fawcett. *Nursing Science Quarterly*, 25(2), 151–154.
- Buus, N. (2005). Nursing scholars appropriating new methods: The use of discourse analysis in scholarly nursing journals 1996–2003. *Nursing Inquiry*, 12(1), 27–33.

- Buus, N., & Hamilton, B. E. (2016). Social science and linguistic text analysis of nurses' records: A systematic review and critique. *Nursing Inquiry*, 23(1), 64–77.
- Campbell, J. C., & Bunting, S. (1999). Voices and paradigms: Perspectives on critical and feminist theory in nursing. In E. C. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 411–422). Lippincott Williams & Wilkins. (Original work published in *Advances in Nursing Science*, 13(3), 1–15, in 1991)
- Carabine, J. (2001). Unmarried motherhood 1830–1990: A genealogical analysis. In M. Wetherell, S. Taylor, & S. J. Yates (Eds.), *Discourse as data: A guide for analysis* (pp. 267–310). London: Sage & The Open University.
- Carper, B. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, 1(1), 13–23.
- Carter, K. F., & Kulbok, P. A. (1995). Evaluation of the interaction model of client health behavior through the first decade of research. *Advances in Nursing Science*, 18(1), 62–73.
- Cave, P. (1998). Fuzzy thinking. *Journal of Advanced Nursing*, 28(2), 274–279.
- Ceci, C., Björnsdóttir, K., & Purkis, M. E. (Eds.) (2012). *Perspectives on care at home for older people*. Routledge Studies in Health and Social Welfare. London, UK: Routledge.
- Ceci, C. (2003). Midnight reckonings: On a question of knowledge and nursing. *Nursing Philosophy*, 4(1), 61–76.
- Ceci, C. (2006). “What she says she needs doesn’t make a lot of sense”: Seeing and knowing in a field study of home-care case management. *Nursing Philosophy*, 7, 90–99.
- Ceci, C. (2012). ‘To work out what works best’: What is good care in home care. In C. Ceci, M. E. Purkis, & K. Björnsdóttir (Eds.), *Perspectives on care at home for older people* (pp. 81–100). London, UK: Routledge.
- Ceci, C. (2013). Analysing and reflecting on limits. *Nursing Philosophy*, 14(3), 151–153.
- Ceci, C., & Purkis, M. E. (2010). Implications of an epistemological vision: Knowing what to do in home health care. In C. Patton (Ed.), *Rebirth of the clinic: Places and agents in contemporary health care* (pp. 17–37). Minneapolis: University of Minnesota Press.
- Chapman, G. (1988). Reporting therapeutic discourse in a therapeutic community. *Journal of Advanced Nursing*, 13(2), 255–264.
- Cheek, J. (2000). *Postmodern and poststructural approaches to nursing research*. Thousand Oaks, CA: Sage Publications.

Cheek, J. (2004). At the margins? Discourse analysis and qualitative research. *Qualitative Health Research, 14*(8), 1140–1150.

Cheek, J., & Porter, S. (1997). Reviewing Foucault: Possibilities and problems for nursing and health care. *Nursing Inquiry, 4*(2), 108–119.

Cheek, J., & Rudge, T. (1994). The panopticon re-visited: An exploration of the social and political dimensions of contemporary health care and nursing practice. *International Journal of Nursing Studies, 31*(6), 583–591.

Chinn, P. L. (1987/1997). Response: ReVision and passion. In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 133–136). Lippincott. (Original work published in *Scholarly Inquiry for Nursing Practice, 1*(1), 21–24, in 1987)

Chinn, P. L. (1995). Feminism and nursing. *Annual Review of Nursing Research, 13*(1), 267–289.

Chinn, P. L. (1996). Debunking myths in nursing theory and research. In J. W. Kenney (Ed.), *Philosophical and theoretical perspectives for advanced nursing practice* (pp. 47–55). Sudbury, MA: Jones and Bartlett Publishers. (Original work published in *Image: Journal of Nursing Scholarship, 17*(2), 45–49, in 1985)

Chinn, P. L. (1997). Response to “Ethics and the geography of the nurse–patient relationship.” *Scholarly Inquiry for Nursing Practice, 11*(1), 61–63.

Chinn, P. L. (1999). Gender and nursing science. In E. C. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing* (pp. 462–466). Philadelphia: Lippincott.

Chinn, P. L. (n.d.). “Projects” Tab, “Cassandra.” Retrieved from <https://peggychinn.com/projects/cassandra/>

Chinn, P. L., & Jacobs, M. K. (1978). A model for theory development in nursing. *Advances in Nursing Science, 1*(1), 1–11.

Chinn, P. L., & Jacobs, M. K. (1983). *Theory and nursing: A systematic approach*. St. Louis, MO: Mosby.

Chinn, P. L., & Kramer, M. K. (2004). *Integrated knowledge development in nursing* (6th ed.). St. Louis, MO: Mosby.

Chinn, P. L., & Kramer, M. K. (2008). *Integrated theory and knowledge development in nursing* (7th ed.). St. Louis, MO: Mosby Elsevier.

Chinn, P. L., & Kramer, M. K. (2011). *Integrated theory and knowledge development in nursing* (8th ed.). St. Louis, MO: Elsevier Mosby.

Chinn, P. L., & Kramer, M. K. (2015). *Knowledge development in nursing: Theory and process* (9th ed.). Elsevier Health Sciences.

Christensson, P. (2013). Beta Software Definition. Retrieved from <http://techterms.com>

Cicourel, A. V. (1965). Book review: The conduct of inquiry by Abraham Kaplan. *The Annals of the American Academy of Political and Social Science*, 359, 211–212.

Clarke, L. (1996). The last post? Defending nursing against the postmodernist maze. *Journal of Psychiatric & Mental Health Nursing*, 3(4), 257–265.

Clarke, L. (2011). So what exactly is nursing knowledge? *Journal of Psychiatric & Mental Health Nursing*, 18(5), 403–410.

Clifford, J. (1986). Introduction: Partial truths. In J. Clifford & G. E. Marcus (Eds.), *Writing culture: The poetics and politics of ethnography* (pp. 1–26). Berkley, CA: University of California Press.

Clifford, J., & Marcus, G. E. (Eds.), *Writing culture: The poetics and politics of ethnography*. Berkley, CA: University of California Press.

Cloyes, K. (2007). Prisoners signify: A political discourse analysis of mental illness in a prison control unit. *Nursing Inquiry*, 14(3), 202–211.

Cloyes, K. G. (2006). An ethic of analysis: An argument for critical analysis of research interviews as an ethical practice. *Advances in Nursing Science*, 29(2), 84–97.

Cody, W. K. (1998). Critical theory and nursing science: Freedom in theory and practice. *Nursing Science Quarterly*, 11(2), 44–46.

Cody, W. K. (2015). Book review. The humanbecoming paradigm: A transformational worldview. *Nursing Science Quarterly*, 28(2), 172–173.

Cody, W. K. (Ed.). (2006). *Philosophical and theoretical perspectives for advanced nursing practice* (4th ed.). Sudbury, MA: Jones and Bartlett Publishers.

Cody, W. K., & Mitchell, G. J. (2002). Nursing knowledge and human science revisited: Practical and political considerations. *Nursing Science Quarterly*, 15, 4–13.

Conant, L. H. (1967). Closing the practice–theory gap. *Nursing Outlook*, 15(11), 37–39.

Cooke, H. (1993). Boundary work in the nursing curriculum: The case of sociology. *Journal of advanced nursing*, 18(12), 1990–1998.

Cotton, A. (2003). The discursive field of Web-based health research: Implications for nursing research in cyberspace. *Advances in Nursing Science*, 26(4), 307–319.

- Cox, C. L. (2000). Book review: Postmodern nursing and beyond by Jean Watson. *Complementary Therapies in Clinical Practice*, 6(2), 102.
- Cribb, A., Bignold, S., & Ball, S. (1994). Linking the parts: An exemplar of philosophical and practical issues in holistic nursing. *Journal of Advanced Nursing*, 20(2), 233–238.
- Crigger, N. I. (1996). Testing an uncertainty model for women with multiple sclerosis. *Advances in Nursing Science*, 18(3), 37–47.
- Critchley, S. (2001). *Continental philosophy: A very short introduction*. New York: Oxford University Press.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Thousand Oaks, CA: Sage.
- Crowe, M. (2000). The nurse–patient relationship: A consideration of its discursive context. *Journal of Advanced Nursing*, 31(4), 962–967.
- Crowe, M. (2005). Discourse analysis: Towards an understanding of its place in nursing. *Journal of Advanced Nursing*, 51(1), 55–65.
- Crowe, M., & Alavi, C. (1999). Mad talk: Attending to the language of distress. *Nursing Inquiry*, 6(1), 26–33.
- Currie, J., & Chipps, J. (2015). Mapping the field of military nursing research 1990–2013: A bibliometric review. *International Journal of Nursing Studies*, 52(10), 1607–1616.
- Cusset, F. (2008). *French theory: How Foucault, Derrida, Deleuze, & Co. transformed the intellectual life of the United States* (J. Fort, Trans.). Minneapolis: University of Minnesota Press.
- Dahnke, M. D., & Dreher, H. M. (2011). *Philosophy of science for nursing practice: Concepts and application*. New York: Springer Publishing Company.
- D'Auria, J. P. (1992). *A bibliometric analysis of published maternal and child health nursing research from 1976 to 1990*. (Unpublished doctoral dissertation). University of Texas at Austin, USA.
- David, B. A. (2000). Nursing's gender politics: Reformulating the footnotes. *Advances in Nursing Science*, 23(1), 83–93.
- Davies, B., & Allen, D. (2007). Integrating 'mental illness' and 'motherhood': The positive use of surveillance by health professionals. *International Journal of Nursing Studies*, 44(3), 365–376.

- Davies, C. (1995). *Gender and the professional predicament in nursing*. Buckingham: Open University Press.
- Denzin, N. K., & Lincoln, Y. S. (Eds.) (1994). *The Sage handbooks of qualitative research* (1st ed.). Thousand Oaks, CA: Sage Publications.
- Denzin, N. K., & Lincoln, Y. S. (Eds.) (2000). *The Sage handbooks of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Denzin, N. K., & Lincoln, Y. S. (Eds.) (2005). *The Sage handbooks of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- “Derek J. de Solla Price” (September 2016). In Wikipedia. Retrieved from https://en.wikipedia.org/wiki/Derek_J._de_Solla_Price
- Dickoff, J., & James, P. (1968). A theory of theories: A position paper. *Nursing Research*, 17(3), 197–203.
- Dickoff, J., & James, P. (1997). Clarity to what end? In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 55–61). Lippincott. (Original work published in *Nursing Research*, 20(6), 499–502, in 1971)
- Dickson, G. L. (1990). A feminist poststructuralist analysis of the knowledge of menopause. *Advances in Nursing Science*, 12(3), 15–31.
- Diers, D. (1994). What is nursing? In J. McCloskey & H. K. Grace (Eds.), *Current issues in nursing* (4th ed.), pp. 5–14. St. Louis, MO: Mosby.
- Ding, Y., Rousseau, R., & Wolfram, D. (Eds.) (2014). *Measuring scholarly impact: Methods and practice*. Switzerland: Springer International Publishing.
- Dingwall, R. (1975). Accomplishing profession. *The Sociological Review*, 24(2), 331–349.
- Dingwall, R., & Allen, D. (2001). The implications of healthcare reforms for the profession of nursing. *Nursing Inquiry*, 8(2), 64–74.
- Dingwall, R., Rafferty, A. M., & Webster, C. (1988). *An introduction to the social history of nursing*. London: Routledge.
- Doane, G. H., & Varcoe, C. (2005). *Family nursing as relational inquiry: Developing health-promoting practice*. Lippincott Williams & Wilkins.
- Doering, L. (1992). Power and knowledge in nursing: A feminist poststructuralist view. *Advances in Nursing Science*, 14(4), 24–33.

- Donaldson, S. K. (2010). Preface. In M. Risjord, *Nursing knowledge: Science, practice, and philosophy* (pp. xiii–xviii). Wiley-Blackwell.
- Donaldson, S. K., & Crowley, D. M. (1978). The discipline of nursing. *Nursing Outlook*, 26(2), 113–120.
- Drevdahl, D. (1998). Diamond necklaces: Perspectives on power and the language of “community.” *Scholarly Inquiry for Nursing Practice*, 12(4), 303–317.
- Drevdahl, D. (1999a). Sailing beyond: Nursing theory and the person. *Advances in Nursing Science*, 21(4), 1–13.
- Drevdahl, D. (1999b). Meanings of community in a community health center. *Public Health Nursing*, 16(6), 417–425.
- Drevdahl, D. (2002). Home and border: The contradictions of community. *Advances in Nursing Science*, 24(3), 8–20.
- Drummond, J. (2002). Freedom to roam: A Deleuzian overture for the concept of care in nursing. *Nursing Philosophy*, 3(3), 222–233.
- Drummond, J. S. (2000). Nietzsche for nurses: Caring for the Ubermensch. *Nursing Philosophy* 1, 147–157.
- Drummond, J. S. (2001). Petits différends: A reflection on aspects of Lyotard’s philosophy for quality of care. *Nursing Philosophy*, 2(3), 224–234.
- Drummond, J. S. (2004). Nursing and the avant-garde. *International Journal of Nursing Studies*, 41(5), 525–533.
- Drummond, J. S. (2013). John S. Drummond. In A. Forss, C. Ceci, & J. S. Drummond (Eds.), *Philosophy of nursing: 5 questions* (pp. 45–54). Copenhagen: Automatic Press/VIP.
- Duffy, J. R., & Hoskins, L. M. (2003). The Quality-Caring Model ©: Blending dual paradigms. *Advances in Nursing Science*, 26(1), 77–88.
- Dunphy, L., & Longo, J. (2007). Reflections on postmodernism, critical social theory, and feminist approaches: The postmodern mind. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (4th ed.) (pp. 127–142). Sudbury, MA: Jones and Bartlett.
- Dzurec, L. (1989). The necessity for and evolution of multiple paradigms for nursing research: A poststructuralist perspective. *Advances in Nursing Science*, 11(4), 69–77.
- Dzurec, L. (2003). Poststructuralist musings on the mind/body question in health care. *Advances in Nursing Science*, 26(1), 63–76.

- Edwards, S. (2011). Book review. *Theoretical Medicine and Bioethics*, 32(2), 129–131.
- Edwards, S. D. (1999). The idea of nursing science. *Journal of Advanced Nursing*, 29(3), 563–569.
- Edwards, S. D. (2001). *Philosophy of nursing: An introduction*. New York: Palgrave.
- Edwards, S. D. (2014). Moral realism in nursing. *Nursing Philosophy*, 15(2), 81–88.
- Ellis, R. (1968). Characteristics of significant theories. *Nursing Research*, 17(3), 217–222.
- Ellis, R. (1969). The practitioner as theorist. *American Journal of Nursing*, 69(7), 428–435.
- “Episteme” (n.d.). In Wikipedia. Retrieved from <https://en.wikipedia.org/wiki/Episteme>
- Estabrooks, C. A., Winther, C., & Derksen, L. (2004). Mapping the field: A bibliometric analysis of the research utilization literature in nursing. *Nursing Research*, 53(5), 293–303.
- “Eugene Garfield” (September 2016). In Wikipedia. Retrieved from https://en.wikipedia.org/wiki/Eugene_Garfield
- Fahy, K. (1997). Postmodern feminist emancipatory research: Is it an oxymoron? *Nursing Inquiry*, 4(1), 27–33.
- Falk Rafael, A. R. (1997). Advocacy oral history: A research methodology for social activism in nursing. *Advances in Nursing Science*, 20(2), 32–44.
- Fawcett, J. (1997). The relationship between theory and research: A double helix. In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 716–725). Lippincott. (Original work published in *Advances in Nursing Science*, 1(1), 49–62, in 1978)
- Fawcett, J. (2005). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories* (2nd ed.). Philadelphia: F. A. Davis.
- Field, P.-A., & Morse, J. (1985). *Nursing research: The application of qualitative approaches*. Beckenham: Croom Helm Ltd.
- Fitzpatrick, J. J., & McCarthy, G. (Eds.). (2014). *Theories guiding nursing research and practice: Making nursing knowledge development explicit*. New York: Springer Publishing Company.
- Fitzpatrick, J. J., & Whall, A. L. (2005). *Conceptual models of nursing: Analysis and application* (4th ed.). Pearson.
- Fitzpatrick, J. J., & Whall, A. L. (Eds.) (2016). *Conceptual models of nursing: Global perspectives* (5th ed.). Pearson.
- Flaming, D. (2004). Nursing theories as nursing ontologies. *Nursing Philosophy*, 5(3), 224–229.

- Forss, A., Ceci, C., & Drummond, J. S. (Eds.) (2013). *Philosophy of nursing: 5 Questions*. Copenhagen: Automatic Press/VIP.
- Foucault, M. (1978). *The history of sexuality. Volume 1: An introduction*. (R. Hurley, Trans.). New York: Random House. (Original work published in 1976)
- Foucault, M. (1980a). Truth and power. In C. Gordon (Ed.), *Power/Knowledge: Selected interviews and other writings, 1972–1977* (pp. 109–133). Interview with A. Fontana & P. Pasquino. New York: Pantheon Books. (Original work published in French in 1977)
- Foucault, M. (1980b). The confession of the flesh. In C. Gordon (Ed.), *Power/knowledge: Selected interviews and other writings, 1972–1977* (pp. 194–228). New York: Pantheon Books. (Original work published in French in 1977)
- Foucault, M. (1982). *The archaeology of knowledge & the discourse on language*. (A. M. Sheridan Smith, Trans.) New York: Pantheon Books. (Original work published in French in 1969)
- Foucault, M. (1984). Nietzsche, genealogy, history. In P. Rabinow (Ed.), *The Foucault reader* (pp. 76–100). New York: Pantheon Books. (Original work published in French in 1971)
- Foucault, M. (1994). *The order of things: An archaeology of the human sciences*. New York: Vintage Books. (Original work published in French in 1966)
- Foucault, M. (1995). *Discipline and punish: The birth of the prison* (A. Sheridan, Trans.). New York: Vintage Books. (Original work published in French in 1975)
- Fox Keller, E. (1999). Gender and science. In E. C. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 427–439). Lippincott Williams & Wilkins. (Original work published 1978)
- Francis, B. (2000). Poststructuralism and nursing: Uncomfortable bedfellows? *Nursing Inquiry*, 7(1), 20–28.
- Freshwater, D. (2007). Discourse, responsible research and positioning the subject. *Journal of Psychiatric & Mental Health Nursing*, 14(2), 111–112.
- Freshwater, D., & Rolfe, G. (2004). *Deconstructing evidence-based practice*. New York: Routledge.
- Freshwater, D., Fisher, P., & Walsh, E. (2015). Revisiting the panopticon: Professional regulation, surveillance and sousveillance. *Nursing Inquiry*, 22(1), 3–12.

- Gadow, S. (1980). Existential advocacy: Philosophical foundation of nursing. In S. Spicker & S. Gadow (Eds.), *Nursing: Images and ideals. Opening dialogue with the humanities* (pp. 79–101). New York: Springer Publishing Company.
- Gadow, S. (2000). Philosophy as falling: Aiming for grace. *Nursing Philosophy*, 1(2), 89–97.
- Gadow, S. (2009). Relational narrative: The postmodern turn in nursing ethics. In P. G. Reed & N. B. C. Shearer (Eds.), *Perspectives on nursing theory* (5th ed.) (pp. 571–580). (Original work published in *Scholarly Inquiry for Nursing Practice*, 13(1), 57–70, in 1999)
- Gardner, L., & Rolfe, G. (2013). Essaying the essay: Nursing scholarship and the hegemony of the laboratory. *Nurse Education Today*, 33(1), 31–35.
- Garrett, B. M. (2016). New sophistry: Self-deception in the nursing academy. *Nursing Philosophy*, 17, 182–193.
- Gastaldo, D., & Holmes, D. (1999). Foucault and nursing: A history of the present. *Nursing Inquiry*, 6(4), 231–240.
- Georges, J. (2003). An emerging discourse: Toward epistemic diversity in nursing. *Advances in Nursing Science*, 26(1), 44–52.
- Georges, J., & McGuire, S. (2004). Deconstructing clinical pathways: Mapping the landscape of health care. *Advances in Nursing Science*, 27(1), 2–11.
- Gerrish, K. (2003). Self and others: The rigour and ethics of insider ethnography. In J. Latimer (Ed.), *Advanced qualitative research for nursing* (pp. 77–94). Blackwell Science Ltd.
- Gibbs, J. P. (1994). Resistance in sociology to formal theory construction. In J. Hage (Ed.), *Formal theory in sociology: Opportunity or pitfall?* (pp. 90–103). New York: SUNY Press.
- Gläser, J., & Laudel, G. (Eds.) (2007). The social construction of bibliometric evaluation. In R. Whitley & J. Gläser (Eds.), *The changing governance of the sciences: The advent of research evaluation systems* (pp. 101–123). Dordrecht, The Netherlands: Springer.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. London: Aldine Production.
- Glass, N., & Davis, K. (1998). An emancipatory impulse: A feminist postmodern integrated turning point in nursing research. *Advances in Nursing Science*, 21(1), 43–52.
- Glass, N., & Davis, K. (2004). Reconceptualizing vulnerability: Deconstruction and reconstruction as a postmodern feminist analytical research method. *Advances in Nursing Science*, 27(2), 82–92.

- Glazer, S. (2001). Therapeutic touch and postmodernism in nursing. *Nursing Philosophy*, 2(3), 196–212.
- Gortner, S. (2000). Knowledge development in nursing: Our historical roots and future opportunities. *Nursing Outlook*, 48(2), 60–67.
- Gortner, S. R. (1991). Historical development of doctoral programs: Shaping our expectations. *Journal of Professional Nursing*, 7(1), 45–53.
- Gortner, S. R. (1997). Nursing science in transition. In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 265–271). Lippincott. (Original work published in *Nursing Research*, 29(3), 180–183, in 1980)
- Gortner, S. R. (1997). Nursing values and science: Toward a science philosophy. In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 197–206). Lippincott. (Original work published in *Image: Journal of Nursing Scholarship*, 22(2), 101–105, in 1990)
- Gortner, S. R. (1997). Nursing's syntax revisited: A critique of philosophies said to influence nursing theories. In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 357–368). Lippincott. (Original work published in *International Journal of Nursing Studies*, 30(6), 477–488, in 1993)
- Gortner, S. R. (1997). Research for a practice profession. In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 693–700). Lippincott. (Original work published in *Nursing Research*, 24(3), 193–197, in 1975)
- Gortner, S. R. (1997). The history and philosophy of nursing science and research. In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 286–292). Lippincott. (Original work published in *Advances in Nursing Science*, 5(2), 1–8, in 1983)
- Grace, H. (1978). The development of doctoral education in nursing: A historical perspective. In N. L. Chaska (Ed.), *The nursing profession: Views through the mist* (pp. 112–122). New York: McGraw-Hill.
- Gray, G., & Pratt, R. (Eds.). (1991). *Towards a discipline of nursing*. Melbourne: Churchill Livingstone.
- Guba, E. G. (Ed.) (1990). *The paradigm dialog*. Sage Publishing.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 105–117). Thousand Oaks, CA: Sage.
- Gunter, L. M. (1962). Notes on a theoretical framework for nursing research. *Nursing Research*, 11(4), 219–222.

- Guttorm, H. E. (2016). Assemblages and swing-arounds: Becoming a dissertation, or putting poststructural theories to work in research writing. *Qualitative Inquiry*, 22(5), 353–364.
- Hack, T. F., Crooks, D., Plohman, J., & Kepron, E. (2010). Research citation analysis of nursing academics in Canada: Identifying success indicators. *Journal of Advanced Nursing*, 66, 2542–2546.
- Hacking, I. (1983). *Representing and intervening: Introductory topics in the philosophy of natural science*. Cambridge University Press.
- Hall, J. (1999). Marginalization revisited: Critical, postmodern, and liberation perspectives. *Advances in Nursing Science*, 22(2), 88–102.
- Hamilton, P., Willis, E., Henderson, J., Harvey, C., Toffoli, L., Abery, E., & Verrall, C. (2014). Mapping social processes at work in nursing knowledge development. *Nursing & Health Sciences*, 16(3), 395–402.
- Hardin, P. (2001). Theory and language: Locating agency between free will and discursive marionettes. *Nursing Inquiry*, 8(1), 11–18.
- Hardin, P. K. (2003a). Social and cultural considerations in recovery from anorexia nervosa: A critical poststructuralist analysis. *Advances in Nursing Science*, 26(1), 5–16.
- Hardin, P. K. (2003b). Constructing experience in individual interviews, autobiographies and on-line accounts: A poststructuralist approach. *Journal of Advanced Nursing*, 41(6), 536–544.
- Hardin, P. K. (2003c). Shape-shifting discourses of anorexia nervosa: reconstituting psychopathology. *Nursing Inquiry*, 10(4), 209–217.
- Harding, S. (1995). The method question. In A. Omery, C. E. Kasper, & G. G. Page (Eds.), *In search of nursing science* (pp. 106–126). Thousand Oaks, CA: Sage Publications.
- Harding, S. (1999). The instability of the analytical categories of feminist theory. In E. C. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 396–410). Lippincott Williams & Wilkins. (Original work published in *Signs*, 11(4), 645–664, in 1986)
- Harding, S. (2006). Two influential theories of ignorance and philosophy's interests in ignoring them. *Hypatia*, 21(3), 20–36.
- Hardy, M. E. (1978). Perspectives on nursing theory. *Advances in Nursing Science*, 1(1), 27–48.
- Haynes, L., Butcher, H., & Boese, T. (2004). *Nursing in contemporary society: Issues, trends, and transition into practice*. Upper Saddle River, NJ: Pearson Prentice Hall.

- Henderson, A. (1994). Power and knowledge in nursing practice: The contribution of Foucault. *Journal of Advanced Nursing*, 20(5), 935–939.
- Henderson, E. (2008). *The active reader: Strategies for academic reading and writing*. Oxford University Press.
- Heslop, L. (1997). The (im)possibilities of poststructuralist and critical social nursing inquiry. *Nursing Inquiry*, 4(1), 48–56.
- Hiraki, A. (1992). Tradition, rationality, and power in introductory nursing textbooks: A critical hermeneutics study. *Advances in Nursing Science*, 14(3), 1–12.
- Holmes, C. (1991). Theory: Where are we going and what have we missed along the way? In G. Gray & R. Pratt (Eds.), *Towards a discipline of nursing* (pp. 435–460). Melbourne: Churchill Livingstone.
- Holmes, C. A., & Warelou, P. J. (1997). Culture, needs and nursing: A critical theory approach. *Journal of Advanced Nursing*, 25(3), 463–470.
- Holmes, D. (n.d.). Dave Holmes: Abstract for the 20th IPONS conference and 12th uPNR conference, August 2016, Quebec City. Retrieved from <http://www.cvent.com/events/20th-international-philosophy-of-nursing-conference-12th-philosophy-in-the-nurse-s-world-conference/custom-37-13c379dace1f4d5a86b986150ad82e65.aspx>
- Holmes, D., & Gastaldo, D. (2002). Nursing as means of governmentality. *Journal of Advanced Nursing*, 38(6), 557–565.
- Holmes, D., Gastaldo, D., & Perron, A. (2007). Paranoid investments in nursing: A schizoanalysis of the evidence-based discourse. *Nursing Philosophy*, 8, 85–91.
- Holmes, D., Jacob, J. D., & Perron, A. (Eds.). (2014). *Power and the psychiatric apparatus: Repression, transformation, and assistance*. Surrey: Ashgate.
- Holmes, D., Murray, S., Perron, A., & Rail, G. (2006a). Deconstructing the evidence-based discourse in health sciences: Truth, power and fascism. *International Journal of Evidence Based Healthcare*, 4, 180–186.
- Holmes, D., Perron, A., & O’Byrne, P. (2006b). Evidence, virulence, and the disappearance of nursing knowledge: A critique of the evidence-based dogma. *Worldviews on Evidence-Based Nursing*, Third Quarter, 95–102.
- Holmes, D., Rudge, T., & Perron, A. (Eds.) (2012). *(Re)Thinking violence in healthcare: A critical perspective*. Surrey: Ashgate.
- Holter, I. (1988). Critical theory: A foundation for the development of nursing theories. *Scholarly Inquiry for Nursing Practice*, 2(3), 223–236.

- Hughes, E. C. (1963). Professions. *Daedalus*, 92(4), 655–668.
- Huntington, A., & Gilmour, J. (2001). Re-thinking representations, re-writing nursing texts: Possibilities through feminist and Foucauldian thought. *Journal of Advanced Nursing*, 35(6), 902–908.
- Hussey T. (2004). Intellectual seductions. *Nursing Philosophy*, 5(2), 104–111.
- Hussey, T. (2001). Book review: Perspectives on philosophy of science in nursing. *Nursing Philosophy*, 2, 274–276.
- Im, E.-O., & Meleis, A. I. (1999). Situation-specific theories: Philosophical roots, properties, and approach. *Advances in Nursing Science*, 22(2), 11–24.
- Ironside, P. (2001). Creating a research base for nursing education: An interpretive review of conventional, critical, feminist, postmodern, and phenomenologic pedagogies. *Advances in Nursing Science*, 23(3), 72–87.
- Jacobs-Kramer, M. K., & Chinn, P. L. (1997). Perspectives on knowing: A model of nursing knowledge. In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 323–330). Lippincott. (Original work published in *Scholarly Inquiry for Nursing Practice*, 2, 129–139, in 1988)
- Johnson, B. M., & Webber, P. B. (2010). *An introduction to theory and reasoning in nursing* (3rd ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Johnson, D. E. (1959). The nature of a science of nursing. *Nursing Outlook*, 7(5), 291–294.
- Johnson, J. L. (1991). Nursing science: Basic, applied or practical? Implications for the art of nursing. *Advances in Nursing Science*, 14(1), 7–16.
- Johnson, M. E. (1998). Being restrained: A study of power and powerlessness. *Issues in Mental Health Nursing*, 19(3), 191–206.
- Johnson, M., & Webb, C. (1995). Rediscovering unpopular patients: The concept of social judgement. *Journal of Advanced Nursing*, 21(3), 466–475.
- Jonas-Simpson, C. (1997). Living the art of the human becoming theory. *Nursing Science Quarterly*, 10, 175–179.
- Jonas-Simpson, C. (2004). Reflections on a new edition of a seminal nursing text. *Nursing Science Quarterly*, 17(4), 365–363.
- Jutel, A. (2012). Method or madness? The dominance of the systematic review in nursing scholarship. *Aporia*, 4(4), 52–57. Retrieved from <http://www.oa.uottawa.ca/journals/aporia/>

Kagan, P. N., & Chinn, P. L. (2010). We're all here for the good of the patient: A dialogue on power. *Nursing Science Quarterly*, 23(1), 41–46.

Kagan, P. N., Smith, M. C., & Chinn, P. L. (Eds.) (2014). *Philosophies and practices of emancipatory nursing: Social justice as praxis*. New York: Routledge.

Kako, P. M., & Dubrosky, R. (2010). 'You comfort yourself and believe in yourself': Exploring lived experiences of stigma in HIV-positive Kenyan women. *Issues in Mental Health Nursing*, 34(3), 150–157.

Kaplan, A. (1964). *The conduct of inquiry: Methodology for behavioral science*. San Francisco, CA: Chandler.

Kendall, J., Hatton, D., Beckett, A., & Leo, M. (2003). Children's accounts of attention-deficit/hyperactivity disorder. *Advances in Nursing Science*, 26(2), 114–130.

Kenney, J. W. (Ed.) (1996). *Philosophical and theoretical perspectives for advanced nursing practice*. Sudbury, MA: Jones and Bartlett Publishers.

Kenney, J. W. (Ed.) (2002). *Philosophical and theoretical perspectives for advanced nursing practice* (3rd ed.). Sudbury, MA: Jones and Bartlett Publishers.

Kermode, S., & Brown, C. (1996). The postmodernist hoax and its effects on nursing. *International Journal of Nursing Studies*, 33(4), 375–384.

Kikuchi, J. F. (1992). Nursing questions that science cannot answer. In J. F. Kikuchi & H. Simmons (Eds.), *Philosophic inquiry in nursing* (pp. 26–37). Newbury Park, CA: Sage Publications.

Kikuchi, J. F. (2003). Nursing knowledge and the problem of worldviews. *Research and Theory for Nursing Practice*, 17(1), 7–17.

Kikuchi, J. F. (2008). Polemics, taste, and truth in nursing discourse. *Nursing Philosophy*, 9(4), 273–276.

Kikuchi, J. F. (2013). June F. Kikuchi. In A. Forss, C. Ceci, & J. S. Drummond (Eds.), *Philosophy of nursing: 5 questions* (pp. 105–115). Copenhagen: Automatic Press/VIP.

Kikuchi, J. F. (2014). Risjord's philosophy of nursing science: Concerns and questions. *Nursing Philosophy*, 15(1), 46–49.

Kikuchi, J. F., & Simmons, H. (Eds.). (1992). *Philosophic inquiry in nursing*. Newbury Park, CA: Sage Publications.

Kikuchi, J., & Simmons, H. (Eds.). (1993). *Developing a philosophy of nursing*. London: Sage.

- Kim, H. S., & Kollak, I. (Eds.) (2006). *Nursing theories: Conceptual and philosophical foundations* (2nd ed.). New York: Springer Publishing Company.
- Knutas, A., Hajikhani, A., Salminen, J., Ikonen, J., Porras, J. (2015). Cloud-based bibliometric analysis service for systematic mapping studies. In *Proceedings of the 16th International Conference on Computer Systems and Technologies*.
- Koch, T. (1995). Interpretive approaches in nursing research: The influence of Husserl and Heidegger. *Journal of Advanced Nursing*, 21(5), 827–836.
- Koerner, J. G. (1996). Imagining the future for nursing administration and systems research. *Nursing Administration Quarterly*, 20(4), 1–11.
- Lariviere, V., & Macaluso, B. (2014). Researchers' publication patterns and their use for author disambiguation. In Y. Ding, R. Rousseau, & D. Wolfram (Eds.), *Measuring scholarly impact: Methods and practice* (pp. 147–168). Switzerland: Springer International Publishing.
- Larsen, J., & Baumgart, A. J. (1992). Introduction to nursing in Canada. In A. J. Baumgart & J. Larsen, *Canadian nursing faces the future* (2nd ed.) (pp. 3–21). Ontario: Mosby Year Book.
- Latimer, J. (1995). The nursing process re-examined: Enrollment and translation. *Journal of Advanced Nursing*, 22(2), 213–220.
- Latimer, J. (2000). *The conduct of care: Understanding nursing practice*. Wiley.
- Latimer, J. (2003). *Advanced qualitative research for nursing*. Blackwell Science Ltd.
- Laudan, L. (1999). Dissecting the holist picture of scientific change. In E. C. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 105–125). Lippincott Williams & Wilkins. (Original work published 1984)
- Lawler, J. (1991a). *Behind the screens: Nursing, somology and the problem of the body*. Melbourne: Churchill Livingstone.
- Lawler, J. (1991b). In search of an Australian identity. In G. Gray & R. Pratt (Eds.), *Towards a discipline of nursing* (pp. 211–227). Melbourne: Churchill Livingstone.
- Lees, G., Richman, J., Salaroo, M., & Warden, S. (1987). Quality assurance: Is it professional insurance? *Journal of Advanced Nursing*, 12(6), 719–727.
- Lemert, C. (2009). *Social theory: The multicultural and classic readings* (4th ed.). Westview Press.
- Lenz, E. R., Suppe, F., Gift, A. G., Pugh, L. C., & Milligan, R. A. (1995). Collaborative development of middle-range nursing theories: toward a theory of unpleasant symptoms. *Advances in Nursing Science*, 17(3), 1–13.

- Letourneau, N., & Allen, M. (1999). Post-positivistic critical multiplism: A beginning dialogue. *Journal of Advanced Nursing*, 30(3), 623–630.
- Liaschenko, J. (1994). The moral geography of home care. *Advances in Nursing Science*, 17(2), 16–26.
- Liaschenko, J. (1997). Ethics and the geography of the nurse–patient relationship: Spatial vulnerabilities and gendered space. *Scholarly Inquiry for Nursing Practice*, 11(1), 45–59.
- Liaschenko, J. (1998). Response to “Language, ideology, and nursing practice.” *Scholarly Inquiry for Nursing Practice*, 12(4), 363–366.
- Liaschenko, J., & Fisher, A. (1999). Theorizing the knowledge that nurses use in the conduct of their work. *Scholarly Inquiry for Nursing Practice*, 13(1), 29–41.
- Liaschenko, J., & Peter, E. (2004). Nursing ethics and conceptualizations of nursing: Profession, practice and work. *Journal of Advanced Nursing*, 46(5), 488–495.
- Lincoln, Y. S., & Guba, E. G. (2000). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (2nd ed.) (pp. 163–188). Thousand Oaks, CA: Sage.
- Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Longo, J., & Dunphy, L. (2012). Post-modern philosophy and qualitative research. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (5th ed.) (pp. 95–109). Sudbury, MA: Jones & Bartlett Learning.
- Lopate, P. (2013). *To show and to tell: The craft of literary nonfiction*. New York: Free Press.
- Lowenberg, J. S. (1995). Response to “The configuration of nurse–patient relationships: A critical view.” *Scholarly Inquiry for Nursing Practice*, 9(4), 297–301.
- Lowenberg, J. S. (2003). The nurse–client relationship in a stress management clinic. *Holistic Nursing Practice*, 17(2), 99–109.
- Lukacs, G. (1974). *Soul and form* (A. Bostock, Trans.). London: Merlin Press.
- Lyotard, J.-F. (1984). *The Postmodern condition: A report on knowledge*. (G. Bennington & B. Massumi, Trans.). Minneapolis: University of Minnesota Press. (Original work published in French in 1979)
- Mackay, M. (2009). Why nursing has not embraced the clinician-scientist role. *Nursing Philosophy*, 10(4), 287–296.

- MacKinnon, K., & McIntyre, M. (2006). From Braxton Hicks to preterm labour: The constitution of risk in pregnancy. *Canadian Journal of Nursing Research, 38*(2), 56–72.
- Macksey, R., & Donato, E. (Eds.) (1970). *The structuralist controversy: The languages of criticism and the sciences of man*. Baltimore: Johns Hopkins University Press.
- MacPherson, K. I. (1981). Menopause as disease: The social construction of a metaphor. *Advances in Nursing Science, 3*(2), 95–113.
- MacRoberts, M. H., & MacRoberts, B. R. (2010). Problems of citation analysis: A study of uncited and seldom-cited influences. *Journal of the American Society for Information Science & Technology, 61*(1), 1–13.
- Maggs, C. (1996). A history of nursing: A history of caring. *Journal of Advanced Nursing, 23*, 630–635.
- Manchester, P. (1986). Analytic philosophy and foundational inquiry: The method. In P. L. Munhall & C. J. Oiler (Eds.), *Nursing research: A qualitative perspective* (pp. 229–249). Norwalk, CT: Appleton-Century-Crofts.
- Manias, E., & Street, A. (2000). Possibilities for critical social theory and Foucault's work: A toolbox approach. *Nursing Inquiry, 7*(1), 50–60.
- Marcus, G. E. (1986). Afterword: Ethnographic writing and anthropological careers. In J. Clifford & G. E. Marcus (Eds.), *Writing culture: The poetics and politics of ethnography* (pp. 262–265). Berkeley, CA: University of California Press.
- Markie, P. (Summer 2015 Edition). "Rationalism vs. Empiricism." In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy*. Retrieved from <http://plato.stanford.edu/entries/rationalism-empiricism/>
- Mason, T., & Chandley, M. (1990). Nursing models in a special hospital: A critical analysis of efficacy. *Journal of Advanced Nursing, 15*(6), 667–673.
- May, C. (1990). Research on nurse–patient relationships: Problems of theory, problems of practice. *Journal of Advanced Nursing, 15*(3), 307–315.
- May, C. (1992a). Individual care—Power and subjectivity in therapeutic relationships. *Sociology, 26*(4), 589–602.
- May, C. (1992b). Nursing work, nurses knowledge, and the subjectification of the patient. *Sociology of Health and Illness, 14*(4), 472–487.
- May, C. (1995a). "To call it work somehow demeans it": The social construction of talk in the care of terminally ill patients. *Journal of Advanced Nursing, 22*(3), 556–561.

- May, C. (1995b). Patient autonomy and the politics of professional relationships. *Journal of Advanced Nursing*, 21(1), 83–87.
- May, C. (2003). Where do we stand in relation to the data? Being reflexive about reflexivity in health care evaluation. In J. Latimer (Ed.), *Advanced qualitative research for nursing* (pp. 17–31). Blackwell Science Ltd.
- May, C. R., & Purkis, M. E. (1995). The configuration of nurse–patient relationships: A critical view. *Scholarly Inquiry for Nursing Practice*, 9(4), 283–295.
- May, C., & Fleming, C. (1997). The professional imagination: Narrative and the symbolic boundaries between medicine and nursing. *Journal of Advanced Nursing*, 25(5), 1094–1100.
- McCloskey, J., & Grace, H. K. (Eds.). (1994). *Current issues in nursing* (4th ed.). St. Louis: Mosby.
- McCormick, J., Kirkham, S., & Hayes, V. (1998). Abstracting women: Essentialism in women’s health research. *Health Care for Women International*, 19(6), 495–504.
- McEwen, M., & Wills, E. M. (2007). *Theoretical basis for nursing* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.
- McKenna, H. (1997). *Nursing theories and models*. Taylor & Francis.
- McKenna, H., & Slevin, O. (2011). *Vital notes for nurses: Nursing models, theories and practice*. John Wiley & Sons.
- McNamara, M. S. (2010). Lost in transition? A discursive analysis of academic nursing in Ireland. *Nursing Science Quarterly*, 23(3) 249–256.
- Meleis, A. I. (1987). ReVisions in knowledge development: A passion for substance. *Scholarly Inquiry for Nursing Practice*, 1(1), 5–19.
- Meleis, A. I. (1997). *Theoretical nursing: Development and progress* (3rd ed.). Philadelphia: Lippincott.
- Meleis, A. I. (2007). *Theoretical nursing: Development and progress* (4th ed.). Philadelphia: Lippincott, Williams & Wilkins.
- Meleis, A. I. (2012). *Theoretical nursing: Development and progress* (5th ed.). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.
- Melosh, B. (1982). *The physician’s hand: Work culture and conflict in American nursing*. Philadelphia, PA: Temple University Press.

Mill, J. E., Allen, M. N., & Morrow, R. A. (2001). Critical theory: Critical methodology to disciplinary foundations in nursing. *Canadian Journal of Nursing Research, 33*(2), 109–127.

Mitchell, G. I., & Bournes, D. A. (2006). Challenging the atheoretical production of nursing knowledge: A response to Reed and Rolfe's column. *Nursing Science Quarterly, 19*(2), 116–119.

Mitchell, G. J., & Cody, W. K. (1992). Nursing knowledge and human science: Ontological and epistemological considerations. *Nursing Science Quarterly, 5*, 54–61.

Mitchell, G. J., & Cody, W. K. (2002). Ambiguous opportunity: Toiling for truth of nursing art and science. *Nursing Science Quarterly, 15*, 71–79.

Morse, J. (Ed.). (1991). *Qualitative nursing research: A contemporary dialogue* (revised edition). Newbury Park, CA: Sage.

Mulholland, J. (1995). Nursing, humanism and transcultural theory: The “bracketing-out” of reality. *Journal of Advanced Nursing, 22*(3), 442–449.

Munhall, P. L. (1982). Nursing philosophy and nursing research: In apposition or opposition? *Nursing Research, 31*(3), 176–177, 181.

Munhall, P. L., & Oiler, C. J. (Eds.) (1986). *Nursing research: A qualitative perspective*. Norwalk, CT: Appleton-Century-Crofts.

Murphy, F., & Smith, C. (2013). *Nursing theories and models* (Three-volume set). Sage Publications.

Murray, S., Holmes, D., Perron, A., & Rail, G. (2007). No exit? Intellectual integrity under the regime of ‘evidence’ and ‘best-practices’. *Journal of Evaluation in Clinical Practice, 13*, 512–516.

“NAILS Project” (n.d.) Network Analysis Interface for Literature Studies. Retrieved from <http://nailsproject.net/>

Nelson S., & Purkis, M. E. (2004). Mandatory reflection: The Canadian reconstitution of the competent nurse. *Nursing Inquiry, 11*(4), 247–257.

Nelson, S. (1995). Humanism in nursing: The emergence of the light. *Nursing Inquiry, 2*(1), 36–43.

Nelson, S. (2000). *A genealogy of care of the sick: Nursing, holism and pious practice*. Great Britain: Nursing Praxis International.

Nelson, S. (2003). A history of small things. In J. Latimer (Ed.), *Advanced qualitative research for nursing* (pp. 211–230). Blackwell Science Ltd.

- Nelson, S. (2010). The Nightingale imperative. In S. Nelson & A. M. Rafferty (Eds.), *Notes on Nightingale: The influence and legacy of a nursing icon* (pp. 9–27). Ithaca, NY: Cornell University Press.
- Nelson, S., & Gordon, S. (2004). The rhetoric of rupture: Nursing as a practice with a history? *Nursing Outlook*, 52(5), 255–261.
- Nelson, S., & McGillion, M. (2004). Expertise or performance? Questioning the rhetoric of contemporary narrative use in nursing. *Journal of Advanced Nursing*, 47(6), 631–638.
- Newman, M. A. (1972). Nursing's theoretical evolution. *Nursing Outlook*, 20(7), 449–453.
- Newman, M. A. (1992). Prevailing paradigms in nursing. *Nursing Outlook*, 40(1), 10–32.
- Newman, M. A., Sime, A. M., & Corcoran-Perry, S. A. (1991). The focus of the discipline of nursing. *Advances in Nursing Science*, 14(1), 1–6.
- Nicoll, L. H. (Ed.). (1997). *Perspectives on nursing theory* (3rd ed.). Philadelphia: Lippincott.
- Nortvedt, P. (1998). Sensitive judgement: An inquiry into the foundations of nursing ethics. *Nursing Ethics*, 5(5), 385–392.
- Nortvedt, P. (2001). Needs, closeness and responsibilities: An inquiry into some rival moral considerations in nursing care. *Nursing Philosophy*, 2(2), 112–121.
- Nortvedt, P. (2003). Subjectivity and vulnerability: Reflections on the foundation of ethical sensibility. *Nursing Philosophy*, 4(3), 222–230.
- Nosek, M., Kennedy, H. P., & Gudmundsdottir, M. (2010). Silence, stigma, and shame: A postmodern analysis of distress during menopause. *Advances in Nursing Science*, 33(3), E24-36.
- Oermann, M. H., Blair, D. A., Kowalewski, K., Wilmes, N. A., & Nordstrom, C. K. (2007). Citation analysis of the maternal/child nursing literature. *Pediatric Nursing*, 33(5), 387.
- Ogle, K. R., & Glass, N. (2006). Mobile subjectivities: Positioning the nonunitary self in critical feminist and postmodern research. *Advances in Nursing Science*, 29(2), 170–180.
- Oiler, C. (1982). The phenomenological approach in nursing research. *Nursing Research*, 31, 178–181.
- Omery, A. (1983). Phenomenology: A method for nursing research. *Advances in Nursing Science*, 5(2), 49–63.
- Omery, A., Kasper, C. E., & Page, G. (Eds.). (1995). *In search of nursing science*. Thousand Oaks, CA: Sage Publications.

O'Rourke, H. M., & Ceci, C. (2013). Reexamining the boundaries of the 'normal' in ageing. *Nursing Inquiry*, 20(1), 51–59.

“PageRank” (September 2016). In Wikipedia. Retrieved from <https://en.wikipedia.org/wiki/PageRank>

Packard, S. A., & Polifroni, E. C. (1999). The dilemma of nursing science: Current quandaries and lack of direction. In E. C. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 498–506). Philadelphia: Lippincott Williams & Wilkins. (Original work published in *Nursing Science Quarterly*, 4(1), 7–13, in 1991)

Paley, J. (1997). Husserl, phenomenology and nursing. *Journal of Advanced Nursing*, 26(1), 187–193.

Paley, J. (1998). Misinterpretive phenomenology: Heidegger, ontology and nursing research. *Journal of Advanced Nursing*, 27(4), 817–824.

Paley, J. (2000a). Against meaning. *Nursing Philosophy*, 1(2), 109–120.

Paley, J. (2000b). Paradigms and presuppositions: The difference between qualitative and quantitative research. *Scholarly Inquiry for Nursing Practice*, 14(2), 143–155.

Paley, J. (2000c). Book review: Postmodern nursing and beyond. *Nursing Philosophy*, 1(1), 82–83.

Paley, J. (2001). An archaeology of caring knowledge. *Journal of Advanced Nursing*, 36(2), 188–198.

Paley, J. (2002). Caring as a slave morality: Nietzschean themes in nursing. *Journal of Advanced Nursing*, 40(1), 25–35.

Paley, J. (2004). Gadower's romanticism: Science, poetry and embodiment in postmodern nursing. *Nursing Philosophy*, 5(2), 112–126.

Paley, J. (2005a). Book review: Deconstructing evidence-based practice. *Nursing Philosophy*, 6(2), 150–152.

Paley, J. (2005b). Phenomenology as rhetoric. *Nursing Inquiry*, 12(2), 106–116.

Paley, J. (2006). Book review: Nursing theorists and their work. *Nursing Philosophy*, 7(4), 275–280.

Paley, J. (2010). Book review. Nursing knowledge: Science, practice, and philosophy. *Nursing Philosophy*, 11(3), 216–219.

- Parker, J. M. (2004). Nursing on the medical ward. *Nursing Inquiry*, 11(4), 210–217.
- Parker, J. M. (2004). Theoretical perspectives in nursing: From microphysics to hermeneutics. In J. M. Parker (Ed. C. Taines), *A body of works: Collected writings on nursing* (pp. 186–196). London, GB: Nursing Praxis International. (Original work presented in 1988)
- Parker, M. E. (2006). *Nursing theories and nursing practice* (2nd ed.). Philadelphia: F. A. Davis.
- Parker, M. E., & Smith, M. C. (2010). *Nursing theories and nursing practice* (3rd ed.). Philadelphia: F. A. Davis.
- Parse, R. R. (Ed.) (1987). *Nursing science: Major paradigms, theories, and critiques*. Philadelphia: W. B. Saunders.
- Parse, R. R. (1988). Beginnings. *Nursing Science Quarterly*, 1(1), 1–2.
- Parse, R. R. (1996). The human becoming theory: Challenges in practice and research. *Nursing Science Quarterly*, 9, 55–60.
- Parse, R. R. (1997). The language of nursing knowledge: Saying what we mean. In I. M. King & J. Fawcett (Eds.), *The language of nursing theory and metatheory* (pp. 63–67). Indianapolis, IN: Sigma Theta Tau Monograph.
- Parse, R. R., Coyne, A. B., & Smith, M. J. (Eds.). (1985). *Nursing research: Qualitative methods*. Bowie, MD: Brady Communications.
- Paterson, J., & Zderad, L. (1976). *Humanistic nursing*. New York: Wiley & Sons.
- Peplau, H. E. (1997). Theory: The professional dimension. In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 576–581). Lippincott. (Original work presented in 1969)
- Perron, A., & Rudge, T. (2016). *On the politics of ignorance in nursing and healthcare: Knowing ignorance*. Abingdon, NY: Routledge.
- Pesut, B., & Johnson, J. (2008). Reinstating the “Queen”: Understanding philosophical inquiry in nursing. *Journal of Advanced Nursing*, 61(1), 115–121.
- Petrovskaya, O. (2014a). Book review. Philosophy of nursing: 5 questions. *Nursing Philosophy*, 15(4), 298–303.
- Petrovskaya, O. (2014b). Is there nursing phenomenology after Paley? Essay on rigorous reading. *Nursing Philosophy*, 15(1), 60–71.
- Petrovskaya, O. (2014c). Domesticating Paley: How we misread Paley (and phenomenology). *Nursing Philosophy*, 15(1), 72–75.

- Pfetscher, S. A. (2006). Florence Nightingale: Modern nursing. In A. M. Tomey & M. R. Alligood (Eds). *Nursing theorists and their work* (6th ed.) (pp. 71–90). St. Louis, MO: Mosby.
- Phillips, D. (2001). Methodology for social accountability: Multiple methods and feminist, poststructural, psychoanalytic discourse analysis. *Advances in Nursing Science*, 23(4), 49–66.
- Phillips, D. (2005). Reproducing normative and marginalized masculinities: Adolescent male popularity and the outcast. *Nursing Inquiry*, 12(3), 219–230.
- Phillips, D., & Drevdahl, D. (2003). “Race” and the difficulties of language. *Advances in Nursing Science*, 26(1), 17–29.
- Polifroni, E. C. (2010). Power, right, and truth: Foucault’s triangle as a model for clinical power. *Nursing Science Quarterly*, 23(1), 8–12.
- Polifroni, E. C., & Welch, M. (Eds). (1999). *Perspectives on philosophy of science in nursing: An historical and contemporary anthology*. Philadelphia: Lippincott Williams & Wilkins.
- Porter, S. (1994). New nursing: The road to freedom? *Journal of Advanced Nursing*, 20(2), 269–274.
- Porter, S. (1996). Contra-Foucault: Soldiers, nurses and power. *Sociology*, 30(1), 59–78.
- Porter, S. (1997). The patient and power: Sociological perspectives on the consequences of holistic care. *Health & Social Care in the Community*, 5(1), 17–20.
- Porter, S. (1998). *Social theory and nursing practice*. Macmillan Education UK.
- Porter, S., & O’Halloran, P. (2009). The postmodernist war on evidence-based practice. *International Journal of Nursing Studies*, 46(5), 740–748.
- Porter, S., & O’Halloran, P. (2010). Postmodernism and evidence-based practice: A reply to Holmes et al. *International Journal of Nursing Studies*, 47(4), 529–530.
- “Poststructuralism” (2008). In International Encyclopedia of the Social Sciences online. Retrieved from <http://www.encyclopedia.com/topic/Poststructuralism.aspx>
- Powers, P. (1996). Discourse analysis as a methodology for nursing inquiry. *Nursing Inquiry*, 3, 207–217.
- Powers, P. (2001). *The methodology of discourse analysis*. Sudbury, MA: Jones & Bartlett.
- Powers, P. (2002). A discourse analysis of nursing diagnosis. *Qualitative Health Research*, 12(7), 945–965.

Powers, P. (2003). Empowerment as treatment and the role of health professionals. *Advances in Nursing Science*, 26(3), 227–237.

Pritchard, A. (1969). Statistical bibliography or bibliometrics. *Journal of Documentation*, 25(4), 348–349.

Prufeta, P. (2014). Story theory. In J. J. Fitzpatrick & G. McCarthy (Eds). *Theories guiding nursing research and practice: Making nursing knowledge development explicit* (pp. 239–250). New York: Springer Publishing Company.

Purkis, M. (2001). Managing home nursing care: Visibility, accountability and exclusion. *Nursing Inquiry*, 8(3), 141–150.

Purkis, M. E. (1994). Entering the field: Intrusions of the social and its exclusion from studies of nursing practice. *International Journal of Nursing Studies*, 31(4), 315–336.

Purkis, M. E. (1997). The ‘social determinants’ of practice? A critical analysis of the discourse of health promotion. *The Canadian Journal of Nursing Research*, 29(1), 47–62.

Purkis, M. E. (2003). Moving nursing practice: Integrating theory and method. In J. Latimer (Ed.), *Advanced qualitative research for nursing* (pp. 32–50). Blackwell Science Ltd.

Purkis, M. E. (2013). Mary Ellen Purkis. In A. Forss, C. Ceci, & J. S. Drummond (Eds.), *Philosophy of nursing: 5 questions* (pp. 157–167). Copenhagen: Automatic Press/VIP.

Purkis, M., & Bjornsdottir, K. (2006). Intelligent nursing: Accounting for knowledge as action in practice. *Nursing Philosophy*, 7(4), 247–256.

Rabinow, P. (1986). Representations are social facts: Modernity and post-modernity in anthropology. In J. Clifford & G. E. Marcus (Eds.), *Writing culture: The poetics and politics of ethnography* (pp. 234–261). Berkeley, CA: University of California Press.

Rafferty, A. M. (1995). Art, science and social science in nursing: Occupational origins and disciplinary identity. *Nursing Inquiry*, 2, 141–148.

Rafferty, A. M. (1996). *The politics of nursing knowledge*. London: Routledge.

Rankin, J. M., & Campbell, M. L. (2006). *Managing to nurse: Inside Canada’s health care reform*. Toronto, ON: University of Toronto Press.

Ray, M. A. (1992). Critical theory as a framework to enhance nursing science. *Nursing Science Quarterly*, 5(3), 98–101.

Reason, P., & Rowan, J. (Eds.) (1981). *Human inquiry: A sourcebook of new paradigm research*. Chichester: Wiley.

- Reed, P. (1991). Toward a nursing theory of self-transcendence: Deductive reformulation using developmental theories. *Advances in Nursing Science*, 13(4), 64–77.
- Reed, P. (1995). A treatise on nursing knowledge development for the 21st century: Beyond postmodernism. *Advances in Nursing Science*, 17(3), 70–84.
- Reed, P. (1996). Transforming practice knowledge into nursing knowledge—A revisionist analysis of Peplau. *Journal of Nursing Scholarship*, 28(1), 29–33.
- Reed, P. (2000). Nursing reformation: Historical reflections and philosophic foundations. *Nursing Science Quarterly*, 13(2), 129–136.
- Reed, P. (2006a). The practice turn in nursing epistemology. *Nursing Science Quarterly*, 19(1), 36–38.
- Reed, P. (2008). Practitioner as theorist: A reprise. *Nursing Science Quarterly*, 21(4), 315–321.
- Reed, P. G. (2006b). Commentary on neomodernism and evidence-based nursing: Implications for the production of nursing knowledge. *Nursing Outlook*, 54(1), 36–38.
- Reed, P. G., & Shearer, N. B. C. (2009). *Perspectives on nursing theory* (5th ed.). Wolters Kluwer/Lippincott Williams & Wilkins.
- Reed, P. G., & Shearer, N. B. C. (2012). *Perspectives on nursing theory* (6th ed.). Wolters Kluwer/Lippincott Williams & Wilkins.
- Reinhardt, A. (2004). Discourse on the transformational leader metanarrative or finding the right person for the job. *Advances in Nursing Science*, 27(1), 21–31.
- Reverby, S. M. (1987). *Ordered to care: The dilemma of American nursing, 1850–1945*. New York, NY: Cambridge University Press.
- Riemen, D. J. (1986). The essential structure of a caring interaction: Doing phenomenology. In P. L. Munhall & C. J. Oiler (Eds.), *Nursing research: A qualitative perspective* (pp. 85–108). Norwalk, CT: Appleton-Century-Crofts.
- Risjord, M. (2010). *Nursing knowledge: Science, practice, and philosophy*. Wiley-Blackwell.
- Risjord, M. (2011). Nursing science. In F. Gifford (Ed.) *Philosophy of medicine* (pp. 489–522). Burlington, MA: Elsevier.
- Rodgers, B. L. (2005). *Developing nursing knowledge: Philosophical traditions and influences*. Lippincott, Williams & Wilkins.
- Rodriguez, R. T. (2011). Intelligible/Unintelligible: A two-pronged proposition for queer studies. *American Literary History*, 23(1), 174–180.

- Rolfe, G. (1999). The pleasure of the bottomless: Postmodernism, chaos and paradigm shifts. *Nurse Education Today*, 19(8), 668–672.
- Rolfe, G. (2000). *Research, truth, and authority: Postmodern perspectives on nursing*. London: Macmillan Press.
- Rolfe, G. (2006). Judgements without rules: Towards a postmodern ironist concept of research validity. *Nursing Inquiry*, 13(1), 7–15.
- Rolfe, G. (2009). Writing-up and writing-as: Rediscovering nursing scholarship. *Nurse Education Today*, 29(8), 816–820.
- Ross Kerr, J. (1996). Professionalization in Canadian nursing. In J. Ross Kerr & J. MacPhail (Eds.), *Canadian nursing: Issues and perspectives* (3rd ed.) (pp. 23–30). St. Louis, MO: Mosby.
- Roy, C. (1988). An explication of the philosophical assumptions of the Roy adaptation model. *Nursing Science Quarterly*, 1(1), 26–34.
- Roy, C., & Andrews, H. A. (1999). *The Roy adaptation model* (2nd ed.). Norwalk, CT: Appleton & Lange.
- Roy, Sr. C., & Jones, D. A. (Eds.) (2007). *Nursing knowledge development and clinical practice*. New York: Springer Publishing Company.
- Rucker, D. (1965). Kaplan's "The conduct of inquiry: Methodology for behavioral science" (Book review). *Philosophy and phenomenological research*, 26 (1), 136–137.
- Rudge, T. & Holmes, D. (Eds.) (2010). *Abjectly boundless: Bodies, boundaries and health work*. Surrey: Ashgate.
- Rudge, T. (1998). Skin as cover: The discursive effects of 'covering' metaphors on wound care practices. *Nursing Inquiry*, 5(4), 228–237.
- Rudge, T. (1999). Situating wound management: Technoscience, dressings and 'other' skins. *Nursing Inquiry*, 6(3), 167–177.
- Rudge, T. (2013). Desiring productivity: Nary a wasted moment, never a missed step! *Nursing Philosophy*, 14(3), 201–211.
- Sandelowski, M. (1993). Theory unmasked: The uses and guises of theory in qualitative research. *Research in Nursing and Health*, 16(3), 213–218.
- Sandelowski, M. (1998a). Looking to care or caring to look? Technology and the rise of spectacular nursing. *Holistic Nursing Practice*, 12(4), 1–11.

- Sandelowski, M. (1998b). The call to experts in qualitative research. *Research in Nursing & Health, 21*, 467–471.
- Sandelowski, M. (1999). Troubling distinctions: A semiotics of the nursing/technology relationship. *Nursing Inquiry, 6*(3), 198–207.
- Sandelowski, M. (2000). *Devices and desires: Gender, technology, and American nursing*. University of North Carolina Press.
- Sandelowski, M. (2001). Real qualitative researchers do not count: The use of numbers in qualitative research. *Research in Nursing and Health, 24*(3), 230–240.
- Sandelowski, M. (2002). Visible humans, vanishing bodies, and virtual nursing: Complications of life, presence, place, and identity. *Advances in Nursing Science, 24*(3), 58–70.
- Sandelowski, M. (2003a). Taking things seriously: Studying the material culture of nursing. In J. Latimer (Ed.), *Advanced qualitative research for nursing* (pp. 185–210). Blackwell Science Ltd.
- Sandelowski, M. (2003b). Response to Dave Holmes and Cary Federman: Killing for the state: The darkest side of American nursing. *Nursing Inquiry, 10*(2), 139.
- Sandelowski, M. (2007). Words that should be seen but not written. *Research in Nursing & Health, 30*, 129–130.
- Sandelowski, M. (2008). Reading, writing and systematic review. *Journal of Advanced Nursing, 64*(1), 104–110.
- Sandelowski, M. (2011). When a cigar is not just a cigar: Alternative takes on data and data analysis. *Research in Nursing and Health, 34*(4), 342–352.
- Sandelowski, M. (2012). The weakness of the strong/weak comparison of modes of inquiry. *Research in Nursing and Health, 35*(4), 325–327.
- Sarter, B. (1988). Philosophical sources of nursing theory. *Nursing Science Quarterly, 1*(2), 52–59.
- Sarvimaki, A. (1988). Nursing care as a moral, practical, communicative and creative activity. *Journal of Advanced Nursing, 13*(4), 462–467.
- Savage, J. (2003). Participative observation: Using the subject body to understand nursing practice. In J. Latimer (Ed.), *Advanced qualitative research for nursing* (pp. 53–76). Blackwell Science Ltd.
- Schlotfeld, R. M. (1960). Reflections on nursing research. *American Journal of Nursing, 60*(4), 492–494.

- Schumacher, K. L., & Gortner, S. R. (1992). (Mis)conceptions and reconceptions about traditional science. *Advances in Nursing Science, 14*, 1–11.
- Scott, S. D., Profetto-McGrath, J., Estabrooks, C. A., Winther, C., Wallin, L., & Lavis, J. N. (2010). Mapping the knowledge utilization field in nursing from 1945 to 2004: A bibliometric analysis. *Worldviews on Evidence-Based Nursing, 7*(4), 226–237.
- Seibold, C. (2000). Qualitative research from a feminist perspective in the postmodern era: Methodological, ethical and reflexive concerns. *Nursing Inquiry, 7*(3), 147–155.
- Sellman, D. (2011). *What makes a good nurse*. Jessica Kingsley Publishers.
- Sherratt, Y. (2006). *Continental philosophy of social science: Hermeneutics, genealogy, and critical theory from Greece to the twenty-first century*. Cambridge University Press.
- Silva, M. C., & Rothbart, D. (1997). An analysis of changing trends in philosophies of science on nursing theory development and testing. In L. H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 293–306). Lippincott. (Original work published in *Advances in Nursing Science, 6*(2), 1–13, in 1984)
- Slevin, O. (2003). An epistemology of nursing: Ways of knowing and being. In L. Basford & O. Slevin (Eds.), *Theory and practice of nursing: An integrated approach to caring practice* (2nd ed.) (pp. 143–171). Cheltenham: Nelson Thornes.
- Smith, D. R., & Hazelton, M. (2008). Bibliometrics, citation indexing, and the journals of nursing. *Nursing & Health Sciences, 10*(4), 260–265.
- Smith, D. R., & Hazelton, M. (2011). Bibliometric awareness in nursing scholarship: Can we afford to ignore it any longer? *Nursing & Health Sciences, 13*(4), 384–387.
- Smith, M. J., & Liehr, P. R. (Eds.) (2014). *Middle range theory for nursing* (3rd ed.). New York: Springer.
- SmithBattle, L. (2003). Displacing the “rule book” in caring for teen mothers. *Public Health Nursing, 20*(5), 369–376.
- SmithBattle, L. (2009). Pregnant with possibilities: Drawing on hermeneutic thought to reframe home-visiting programs for young mothers. *Nursing Inquiry, 16*(3), 191–200.
- Springer, R. A. (2011). Pharmaceutical industry discursives and the marketization of nursing practice: A case example. *Nursing Philosophy, 12*(3), 214–228.
- Springer, R. A. (2012). Michel Foucault: A man of a thousand paths, a thousand faces, and a thousand emerging relevancies. *Aporia, 4*(1), 51–56.

Springer, R. A., & Clinton, M. E. (2015). Doing Foucault: Inquiring into nursing knowledge with Foucauldian discourse analysis. *Nursing Philosophy*, 16(2), 87–97.

St. Pierre, E. A. (2011). Post qualitative research: The critique and the coming after. In N. Denzin, & Y. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (pp. 611–625). Thousand Oaks, CA: Sage Publications.

Stack Altoids. (2013, April 8). *Hannah Arendt “Zur Person” Full Interview (with English subtitles)*. [Video file]. Original interview conducted in 1964. Retrieved from <https://youtu.be/dsoImQfVsO4>

Stajduhar, K. I., Balneaves, L., & Thorne, S. E. (2001). A case for the ‘middle ground’: Exploring the tensions of postmodern thought in nursing. *Nursing Philosophy*, 2(1), 72–82.

Stevenson, C. (2004). Theoretical and methodological approaches in discourse analysis. *Nurse Researcher*, 12(2), 17–29.

Stevenson, C., & Beech, I. (2001). Paradigms lost, paradigms regained: Defending nursing against a single reading of postmodernism. *Nursing Philosophy*, 2(2), 143–150.

Strauss, A. (1966). The structure and ideology of American nursing: An interpretation. In F. Davis (Ed.) *The nursing profession: Five sociological essays* (pp. 60–108). New York, NY: John Wiley & Sons.

Street, A. F. (1992). *Inside nursing: A critical ethnography of clinical nursing practice*. Albany: State University of New York Press.

Sumner, J. (2001). Caring in nursing: A different interpretation. *Journal of Advanced Nursing*, 35(6), 926–932.

Taylor, M. K. (2006). Mapping the literature of pediatric nursing. *Journal of the Medical Library Association : JMLA*, 94(2 Suppl), E128-E136.

Taylor, S. (2001). Locating and conducting discourse analytic research. In M. Wetherell, S. Taylor, & S. J. Yates (Eds.), *Discourse as data: A guide for analysis* (pp. 5–48). London: Sage & The Open University.

Thompson, J. (2007). Poststructuralist feminist analysis in nursing. In Sr. C. Roy & D. A. Jones (Eds.), *Nursing knowledge development and clinical practice* (pp. 129–144). New York: Springer Publishing Company.

Thompson, J. L. (1985). Practical discourse in nursing: Going beyond empiricism and historicism. *Advances in Nursing Science*, 7(4), 59–71.

Thompson, J. L. (1987). Critical scholarship: The critique of domination in nursing. *Advances in Nursing Science*, 10(1), 27–38.

Thompson, J. L. (1992). Identity politics, essentialism, and constructions of “home” in nursing. In J. L. Thompson, D. G. Allen, & L. Rodriguez-Fisher (Eds.), *Critique, resistance, and action: Working papers in the politics of nursing* (pp. 21–34). New York: NLN.

Thompson, J. L. (1998). Response to Drevdahl. *Scholarly Inquiry for Nursing Practice*, 12(4), 319–323.

Thompson, J. L. (2002). Which postmodernism? A critical response to therapeutic touch and postmodernism in nursing. *Nursing Philosophy*, 3(1), 58–62.

Thompson, J. L., Allen, D. G., & Rodriguez-Fisher, L. (Eds.) (1992). *Critique, resistance, and action: Working papers in the politics of nursing*. New York: NLN.

Thorne, S. (2013). Sally Thorne. In A. Forss, C. Ceci, & J. S. Drummond (Eds.), *Philosophy of nursing: 5 questions*. Copenhagen: Automatic Press/VIP.

Thorne, S. (2014). Nursing as social justice: A case for emancipatory disciplinary theorizing. In P. N. Kagan, M. C. Smith & P. L. Chinn (Eds.), *Philosophies and practices of emancipatory nursing: Social justice as praxis*. New York: Routledge.

Thorne, S. (2014). Nursing as social justice: A case for emancipatory disciplinary theorizing. In P. N. Kagan, M. C. Smith, & P. L. Chinn (Eds.), *Philosophies and practices of emancipatory nursing: Social justice as praxis* (pp. 79–92). New York: Routledge.

Thorne, S. E., Henderson, A. D., McPherson, G. I., & Pesut, B. K. (2004). The problematic allure of the binary in nursing theoretical discourse. *Nursing Philosophy*, 5(3), 208–215.

Thorne, S., Canam, C., Dahinten, S., Hall, W., Henderson, A., & Kirkham, S. R. (1998). Nursing’s metaparadigm concepts: Disimpacting the debates. *Journal of Advanced Nursing*, 27(6), 1257–1268.

Tomey, A. M. & Alligood, M. R. (Eds.). (1998). *Nursing theorists and their work* (4th ed). St. Louis, MO: Mosby.

Tomey, A. M. & Alligood, M. R. (Eds.). (2002). *Nursing theorists and their work* (5th ed). St. Louis, MO: Mosby Elsevier.

Tomey, A. M. & Alligood, M. R. (Eds.). (2006). *Nursing theorists and their work* (6th ed). St. Louis, MO: Mosby.

Topaz, M., Troutman-Jordan, M., & MacKenzie, M. (2014). Construction, deconstruction, and reconstruction: The roots of successful aging theories. *Nursing Science Quarterly*, 27(3), 226–233.

- Traynor, M. (1996). Looking at discourse in a literature review of nursing texts. *Journal of Advanced Nursing*, 23(6), 1155–1161.
- Traynor, M. (1997). Postmodern research: No grounding or privilege, just free-floating trouble making. *Nursing Inquiry*, 4(2), 99–107.
- Traynor, M. (2002). The oil crisis, risk and evidence-based practice. *Nursing Inquiry*, 9(3), 162–169.
- Traynor, M. (2003). Discourse analysis, ideology and professional practice. In J. Latimer (Ed.), *Advanced qualitative research for nursing* (pp. 137–154). Blackwell Science Ltd.
- Traynor, M. (2006). Discourse analysis: Theoretical and historical overview and review of papers in the *Journal of Advanced Nursing* 1996–2004. *Journal of Advanced Nursing*, 54(1), 62–72.
- Traynor, M. (2009a). Humanism and its critiques in nursing research literature. *Journal of Advanced Nursing*, 65(7), 1560–1567.
- Traynor, M. (2009b). Indeterminacy and technicality revisited: How medicine and nursing have responded to the evidence based movement. *Sociology of Health & Illness*, 31(4), 494–507.
- Traynor, M. (2011). Bibliometrics as politics: The case of emerging disciplines. *International Nursing Review*, 58(1), 26–27.
- Traynor, M. (2013a). Discourse analysis. In C. T. Beck (Ed.), *The Routledge international handbook of qualitative nursing research* (pp. 282–294). Abingdon: Routledge.
- Traynor, M. (2013b). *Nursing in context: Policy, politics, profession*. Palgrave Macmillan.
- Traynor, M., Rafferty, A. M., & Lewison, G. (2001). Endogenous and exogenous research? Findings from a bibliometric study of UK nursing research. *Journal of Advanced Nursing*, 34(2), 212–222.
- Troyka, L. Q., & Hesse, D. (2012). *Quick access: Reference for writers* (7th ed.). Pearson.
- Tschanz, C. (2005). To illustrate. In G. H. Doane & C. Varcoe, *Family nursing as relational inquiry: Developing health-promoting practice* (p. 110). Lippincott Williams & Wilkins.
- Turner, S., & Risjord, M. (Eds). (2007). *Philosophy of anthropology and sociology*. Amsterdam: Elsevier.
- Uebel, T. (Spring 2014 Edition). “Vienna Circle.” In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy*. Retrieved from <http://plato.stanford.edu/archives/spr2014/entries/vienna-circle/>

“Unintelligible” (n.d.). In Longman Dictionary of Contemporary English online. Retrieved from <http://www.ldoceonline.com/dictionary/unintelligible>

van Eck, N. J., & Waltman, L. (2014). Visualizing bibliometric networks. In Y. Ding, R. Rousseau, & D. Wolfram (Eds.), *Measuring scholarly impact: Methods and practice* (pp. 285–320). Switzerland: Springer International Publishing.

van Fraassen, B. (1999a). Arguments concerning scientific realism. In E. C. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 88–104). Lippincott Williams & Wilkins. (Original work published 1980)

van Fraassen, B. (1999b). The pragmatics of explanation. In E. C. Polifroni & M. Welch (eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 166–178). Lippincott Williams & Wilkins. (Original work published 1980)

Vicinus, M., & Nergaard, B. (Eds.) (1990). *Ever yours, Florence Nightingale: Selected letters. Nightingale, Florence, 1820–1910*. Cambridge, MA: Harvard University Press.

Wald, F. S., & Leonard, R. C. (1964). Towards development of nursing practice theory. *Nursing Research*, 13(4), 309–313.

Walker, K. (1995). Nursing, narrativity and research: Toward a poetics and politics of orality. *Contemporary Nurse*, 4(4), 156–163.

Walker, L. O. (1971). Toward a clearer understanding of the concept of nursing theory. *Nursing Research*, 20(5), 428–435.

Walker, L. O., & Avant, K. C. (2005). *Strategies for theory construction in nursing* (4th ed). Upper Saddle River, NJ: Pearson Prentice Hall.

Walker, L. O., & Avant, K. C. (2011). *Strategies for theory construction in nursing* (5th ed). Upper Saddle River, NJ: Pearson Prentice Hall.

Watson, J. (1995). Postmodernism and knowledge development in nursing. *Nursing Science Quarterly*, 8(2), 60–64.

Watson, J. (1999). *Postmodern nursing and beyond*. Churchill Livingstone.

Watson, J. (2005). *Caring science as sacred science*. Philadelphia, PA: F. A. Davis.

Watson, J. (2012). *Human caring science: A theory of nursing* (2nd ed). Sudbury, MA: Jones and Bartlett Learning.

Webster, G., Jacox, A., & Baldwin, B. (1981). Nursing theory and the ghost of the received view. In H. K. Grace & J. C. McCloskey (Eds.), *Current issues in nursing*. Boston: Blackwell Scientific Publications.

West, D. (2010). *Continental philosophy: An introduction*. (2nd ed.). Cambridge: Polity Press.

Wheeler, C. E., & Chinn, P. L. (1984). *Peace & power: A handbook of feminist process* (1st ed.). Buffalo, NY: Margaret daughters, Inc.

“Whig History” (n.d.) In Wikipedia. Retrieved from https://en.wikipedia.org/wiki/Whig_history

White, J. (1995). Patterns of knowing: Review, critique, and update. *Advances in Nursing Science*, 17(4), 73–86.

Wied, S. (2006). The concept of interaction in theory and practice. In H. S. Kim & I. Kollak (Eds.), *Nursing theories: Conceptual and philosophical foundations* (2nd ed.) (pp. 54–70). New York: Springer Publishing Company.

Williams, J. K., Tripp-Reimer, T., Daack-Hirsch, S., & DeBerg, J. (2016). Five-year bibliometric review of genomic nursing science research. *Journal of Nursing Scholarship*, 48(2), 179–186.

Wilson, H. (2001). Power and partnership: A critical analysis of the surveillance discourses of child health nurses. *Journal of Advanced Nursing*, 36(2), 294–301.

Winther, R. G. (Fall 2015 Edition). “The Structure of Scientific Theories.” In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy*. Retrieved from <http://plato.stanford.edu/entries/structure-scientific-theories/>

Witz, A. (1992). *Professions and patriarchy*. London: Routledge.

Yeo, M. (1989). Integration of nursing theory and nursing ethics. *Advances in Nursing Science*, 11(3), 33–42.

A General Comment about Appendices

Appendix A follows on the next page. Here, I would like to outline a few general notes that pertain to all tables found in the appendices.

1. When composing the titles for the tables, I opted for a descriptive detail balanced with efficiency of presentation. In some instances, this might have anthropomorphized the non-human entities such as *journals* and *articles*. This, however, should not be understood as a denial of agency of the *authors* who wrote the articles.
2. In some instances, I opted to present *Notes* (aka “legend”) that accompany each table before—not after—the tables. This is done for clarity. The tables are lengthy and the reader would benefit from knowing at the outset the abbreviations and coding I use in each table.
3. Several tables contain citations of articles and books. These citations are too numerous to include in the references—this would have unnecessarily lengthened the already-voluminous reference list. I opted to include in the reference list all sources that I cite throughout the chapters—many of which are also listed in the tables. For other sources (not cited in the chapters and thus not reflected in the references), I provide sufficient bibliographic detail in the tables.

Appendix A

Bibliometric Analysis of Postmodern and Post-Structural Nursing Articles

Indexed in the *Web of Science*

Search History

I searched the *Web of Science* (WoS) Core Collection for nursing articles in English language using terms listed in Table 1.

Table 1. *WoS* Search History

Set	Search Terms and Boolean Operators	Results
#1	TS=Foucaul* AND TS=Nursing AND SU=Nursing	127
#2	TS=(post-modern*AND nursing) OR TS=(postmodern*AND nursing) AND SU=Nursing	109
#3	TS=(poststructural* AND nursing) OR TS=(post-structural*AND nursing) AND SU=Nursing	67
#4	#1 OR #2 OR #3	273

Notes.

TS Topic field (included in title, abstract, or author-supplied keywords)

SU Research area (e.g., a discipline)

Limits were set for (Language: English) and (Document Types: Article).

As readily categorized in *WoS* according to “Source Titles,” this set of 273 papers is comprised of subsets of articles in the following journals: 72 in *Journal of Advanced Nursing (JAN)*, 40 in *Nursing Inquiry (NI)*, 29 in *Advances of Nursing Science (ANS)*, 20 in *Nursing Philosophy (NP)*, and so on. These four journals account for 59% of all PM/PS nursing papers in this dataset.

Another category in *WoS*, “Countries/Territories,” classifies a given set by geographical addresses of each author. As seen in Table 2, American nurses writing in the PM and PS vein publish predominantly in *ANS*; nurses from the UK/Ireland and Australia/New Zealand strongly prefer *JAN* and *NI*; and Canadians mostly publish in *NP* and *NI*. My designation of journals as non-American or American throughout the dissertation is largely based on these patterns of authors’ locations. That is, effectively, articles in *ANS* can be treated as a proxy for American

PM/PS work (as few non-American PM/PS papers are found there), while articles in *JAN*, *NI*, and *NP* can be treated as a proxy for non-American (here, the UK, Ireland, Australia, NZ, and Canada) PM/PS nursing scholarship.

Table 2. Country Addresses of Authors in *JAN*, *NI*, *ANS*, and *NP*

Journal	UK/Ireland/Total	Australia/NZ/Total	Canada	USA	Other
<i>JAN</i> (n=72)	29/1/30	16/8/24	8	8	4
<i>NI</i> (n=40)	11/2/13	6/3/9	11	3	9
<i>ANS</i> (n=29)	-	3	3	22	-
<i>NP</i> (n=20)	3/1/4	1/0/1	12	2	5

Notes.

Articles might have more than one author; thus, the total number of addresses might exceed that of articles.

The UK includes England, Scotland, Wales, and Northern Ireland.

I also considered classifying journals as American or non-American based on the location of the publisher or, alternatively, by the location of the editor on the day of my writing. Both these indicators, however, seem unstable. *JAN* is published by Wiley (UK) according to Wikipedia (“Journal of Advanced Nursing,” September 2016). However, Wiley’s official website lists its corporate headquarters in many regions of the world. Thus, in the *WoS* database, *JAN* articles originating from different countries indicate either Wiley-Blackwell (USA) or Blackwell Science (England) as a publisher. Both *NI* and *NP* are also Wiley’s journals. According to *WoS*, articles in *NI* and *NP*, like those in *JAN*, are published by Wiley Blackwell (USA) or Blackwell Publishing (England). Further complicating the matter, over the period of their existence, these journals have had Australian and Canadian (*NI*) or British, American, and Canadian (*NP*) editors. *Advances in Nursing Science* (and another nursing theory journal *Nursing Science Quarterly*), on the other hand, have always had American editors (Chinn and Parse, respectively) and overwhelmingly (North) American authorship and readership. In the global market, it is becoming a moot point to try to pinpoint a geographic location of the publisher or

editor. The origin of authorship, on the other hand, while historically shifting, provides insight into the relationship among academic trends geographically, specific paper topics, and journal subject areas.

Analysis of Bibliographic Record

The bibliographic records downloaded from *WoS* were analyzed using the free online service called NAILS (Network Analysis Interface for Literature Studies) developed at Lappeenranta University of Technology, Finland. This service generates a report identifying the important journals, authors, keywords, and papers (“NAILS Project,” n.d.). I found instructions and links to tutorial videos on the project website (<http://nailsproject.net/>) and in the publication by the project developers (Knutas, Hajikhani, Salminen, Ikonen, & Porras, 2015).

Below I present a series of analyses enabled by NAILS: initially, of the whole set of 273 records followed by the analyses of the subsets of key journals to obtain a more nuanced picture of the results. Results of the analysis of the whole set consist of figures and tables with information on (1) article distribution by year of publication; (2) journals sorted by the number of articles in the dataset; (3) keywords sorted by the number of articles where the keyword is mentioned and by the total number of citations for the keyword; (4) authors sorted by the number of articles published and by the total number of citations these articles received; and (5) the top 25 papers according to their in-degree, total citation count and PageRank scores (this terminology will be fleshed out shortly).

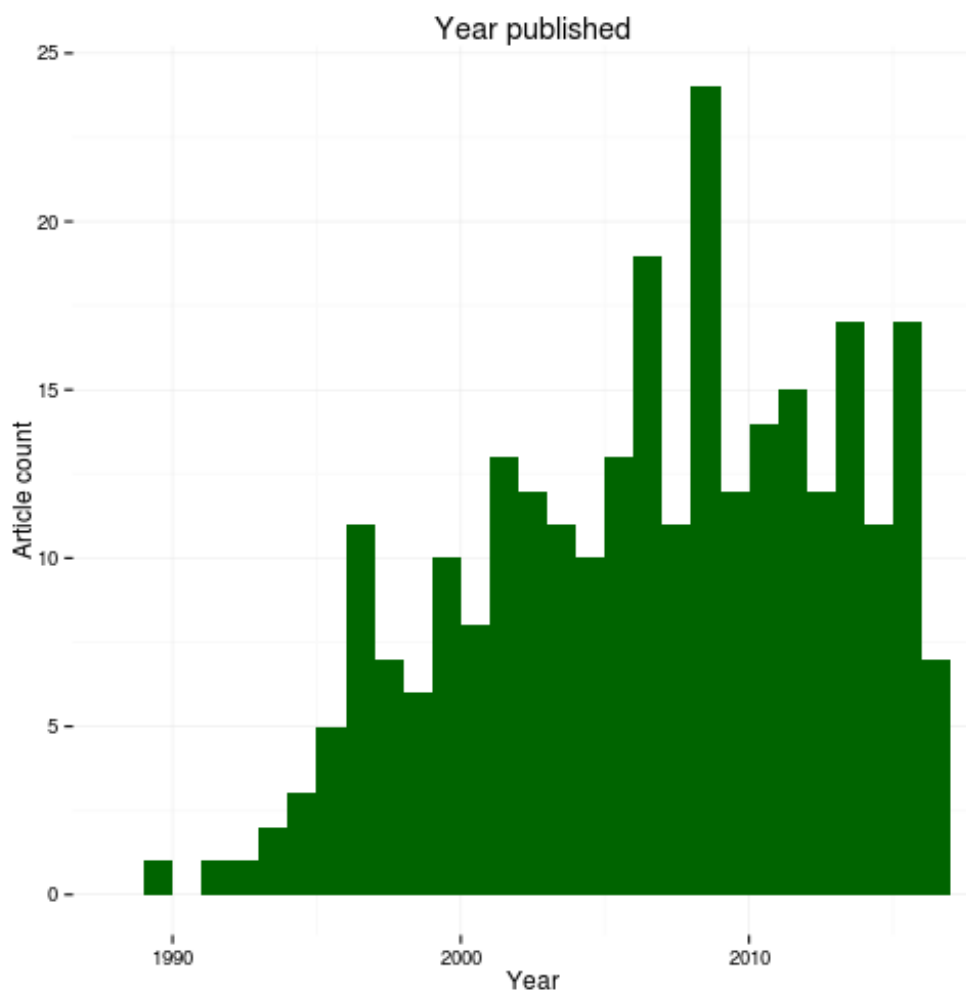
For my analysis of the whole set, I provide detailed material (1) to (5). Analogous separate reports were generated for the top four journal subsets. I chose to present relevant information from these reports in a comparative manner. After describing the graphs, I start discussing the information drawing on my familiarity with the literature and individual scholars

to generate questions and provide a rationale for my further close reading of selected articles (in the chapters).

Analysis One: The Whole Set

The analyzed dataset consists of 273 records. As seen in Figure 1.1, the first article dates back to 1989. From 1990 to 1994, the number of articles increased slowly from no publications in 1990 to three articles in 1994. From 1995 to 1999 this growth continued unevenly with the smallest number (five) in 1995 and the highest number of articles (11) in 1996. From year 2000 to 2004, the overall growth continued, again unevenly, with a peak number of articles (13) in 2001. A period from 2005 to 2009 was characterized by the highest quantity of articles so far, with two peaks—in 2006 (19 papers) and 2008 (the all-time record of 24 papers). In 2010–2014, the total number of articles decreased as compared with the immediately preceding period, but was still higher than the quantity of papers published during any other five-year intervals. Lastly, in the year 2015, 17 papers were published (the same number as in 2013, which is the third-highest number within the whole set), followed by seven articles on the moment of this analysis in September 2016.

Figure 1.1 Article Count by Year, up to September 2016



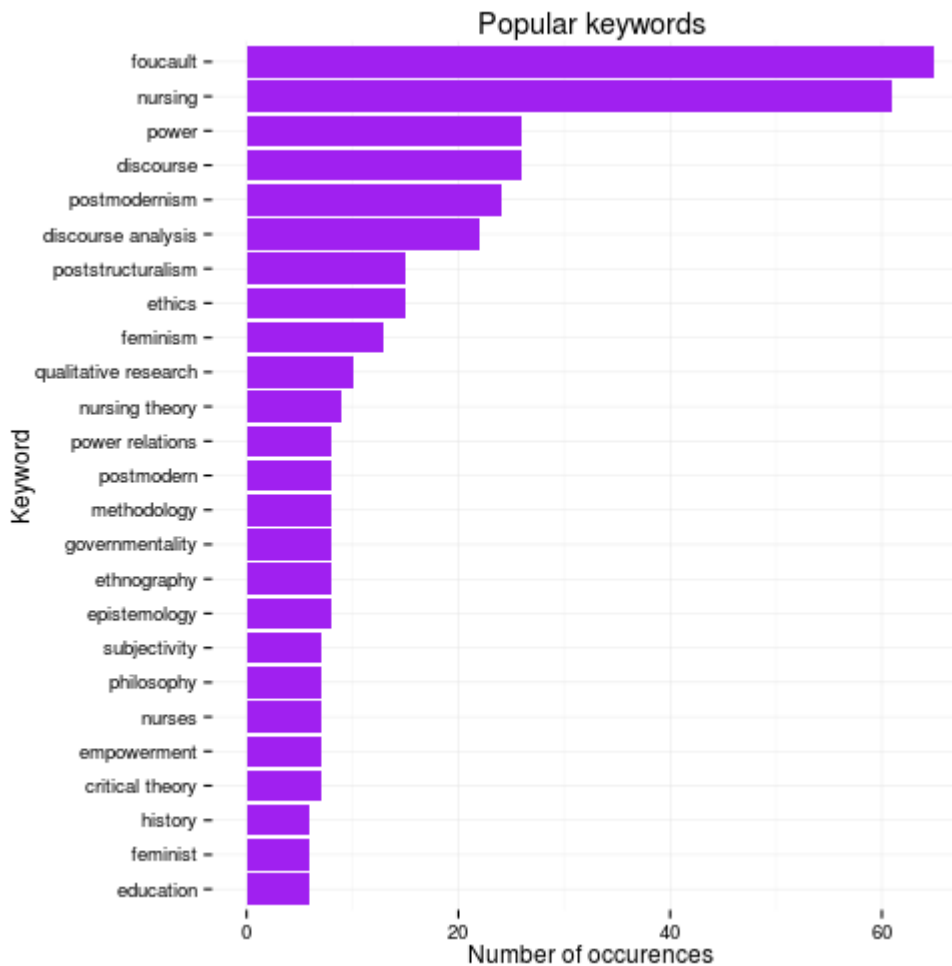
According to Figure 1.2, journals with 10 or more articles are *JAN* (slightly over 70), *NI* (40), *ANS* (approx. 30), *NP* (20), *International Journal of Nursing Studies (IJNS)*, approx. 15), *Nurse Education Today (NET)*, 10) and *Journal of Clinical Nursing (JCN)*, 10).

Figure 1.2. Top Twenty-Five Journals by Article Count



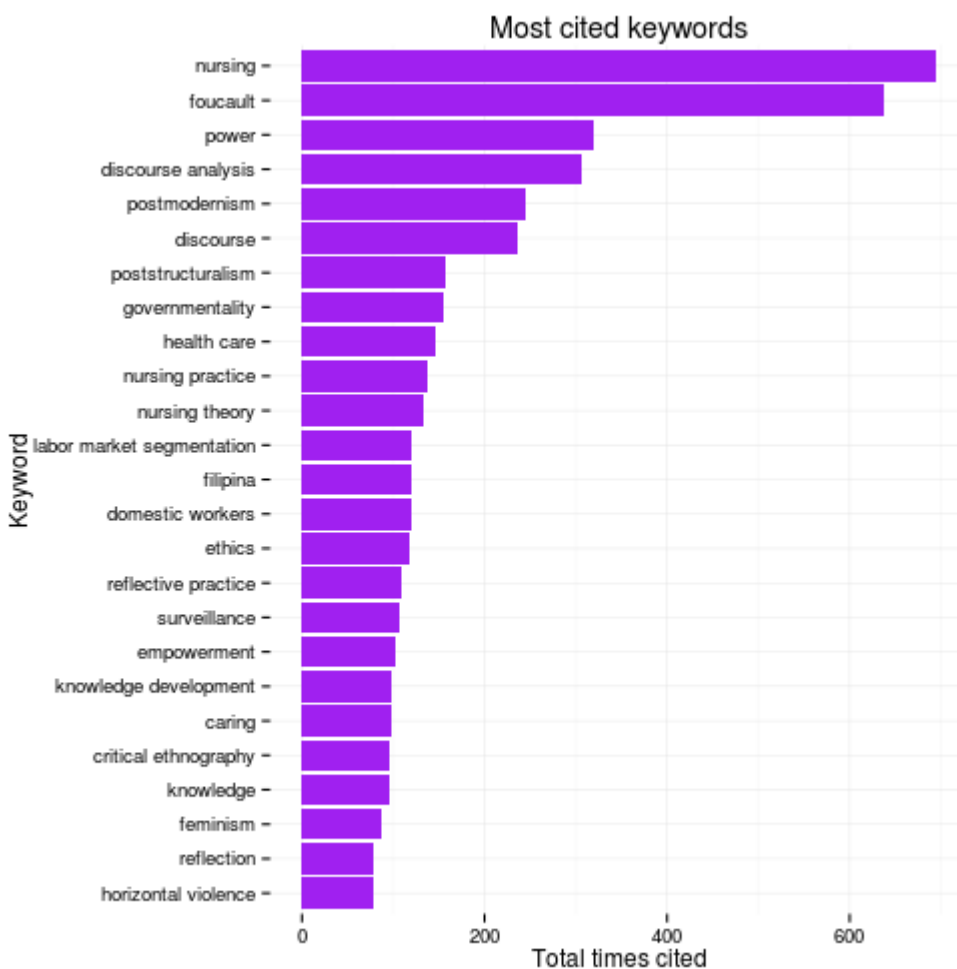
Figures 1.3.1 and 1.3.2 present important keywords sorted by the number of articles where these keywords occur and by the number of times they are cited, respectively. *Foucault*, *postmodern(ism)*, and *post-structuralism* are the topic-words that guided my selection of articles; thus, their high frequency in the relevant literature is expected. Of these four, *post-structuralism* is used less frequently. Power (relations), discourse (analysis), ethics (of the self), governmentality, subjectivity, history, and surveillance are the central Foucauldian concepts, which explains their place on one or both lists. Of these concepts, *power* and *discourse* occur in nursing articles more than any other concepts. I comment on other keywords in a discussion section below.

Figure 1.3.1 Top Twenty-Five Keywords by the Number of Articles where the Keyword Occurs



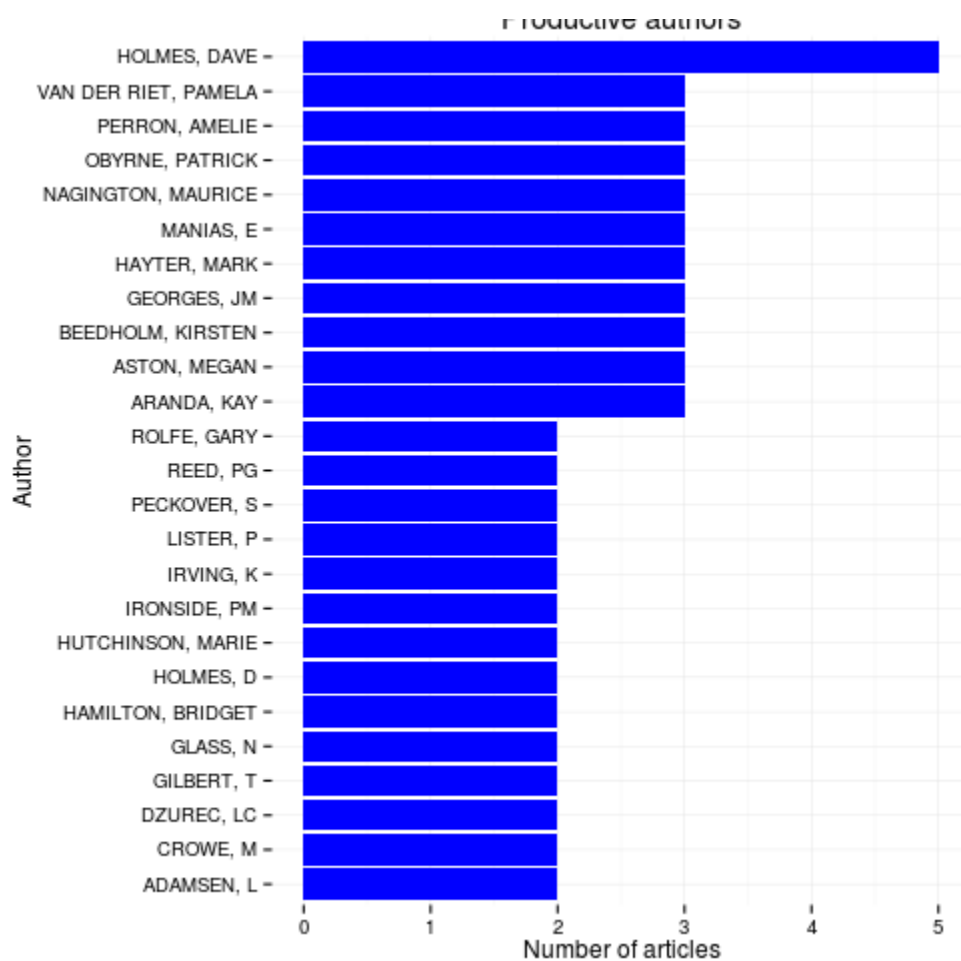
It might be suggested that if a particular keyword occurs in many articles, its frequency will be high. Indeed, for several keywords in Figures 1.3.1 and 1.3.2 this relationship holds (e.g., the top seven keywords nearly coincide—they appear in numerous articles *and* are frequently used). On the other hand, *nursing theory* is mentioned over 100 times in just nine articles. What is also interesting is to comment about keywords absent from Figure 1.3.1 (that is, appearing in fewer than five articles) but listed in Figure 1.3.2 (that is, cited closer to 100 times or more). For example, *caring* is cited 100 times in fewer than five articles. In addition, the scarcity of the term *nursing practice* stands out in this set of nursing articles.

Figure 1.3.2 Twenty-Five Most Cited Keywords



In a list of important authors (Figure 1.4.1), Canadian nurse Dave Holmes (also “Holmes, D”) leads with seven articles. All other authors in this dataset have two or three papers. (It appears that NAILS only counts the first authors.) This list of authors includes seven nurses from the UK (Nagington, Hayter, Aranda, Rolfe, Peckover, Lister, Gilbert) and one from Republic of Ireland (Irving); five Australians (van der Riet, Manias, Hutchinson, Hamilton, Glass) and one nurse from New Zealand (Crowe); four Americans (Georges, Reed, Ironside, Dzurec); four Canadians (Holmes and his colleagues at the University of Ottawa Perron and O’Byrne, as well as Aston); and two Danish authors (Beedholm, Adamsen).

Figure 1.4.1 Twenty-Five Most Productive Authors



Seemingly, authors with higher publication counts (i.e., those in Figure 1.4.1) and with longer careers will be cited most. However, this is not necessarily the case. For instance, van der Riet and Manias are said to be equally productive, but the work of the latter author is cited about 10 times more (refer to Figure 1.4.2). Dzurec started her career in the 1980s while Perron in 2000s, but the work of the latter author is cited twice as often. In this dataset, the most cited author is Holmes (“Holmes Dave” and “Holmes D”), with roughly 200 citations. I comment on potential limitations of this index in my discussion below.

Figure 1.4.2 Twenty-Five Most Cited Authors

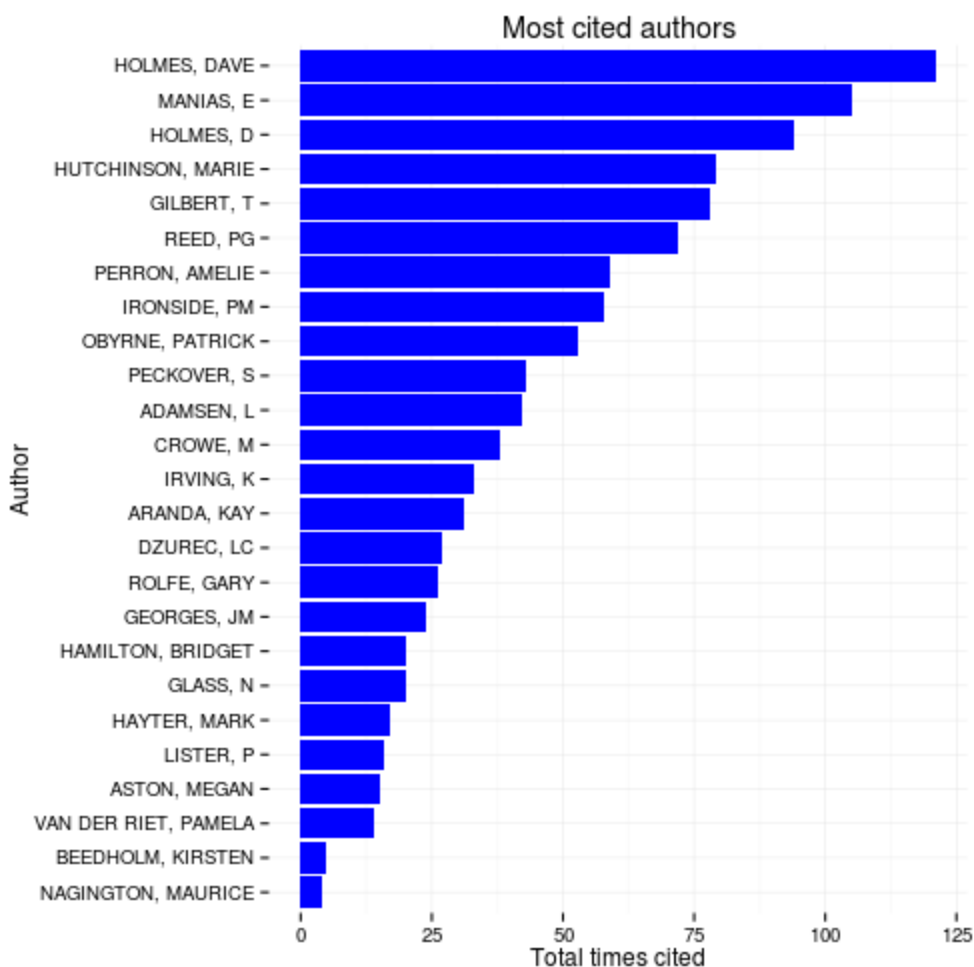


Table 3 presents the top 25 papers based on a citation network for the analyzed dataset. “Nursing as Means of Governmentality” (Holmes & Gastaldo, 2002) leads. Another article by Holmes and co-authors is included in the table as well. The majority of articles were published in *JAN* (14). Other journals with two or more articles represented in this table are *ANS* (3) and *IJNS* (2). Of the 22 authors in the table, only four (Doering and Powers in *ANS*, Watson in *Nursing Science Quarterly*, and Weyenberg in *Journal of Nursing Education*) are from American universities.

Table 3. The Top Twenty-Five Papers Based on Citation Network Analysis¹⁰⁸

Article (First Author Only)	InDegree	Times Cited	PageRank
HOLMES D, 2002, J ADV NURS	12	50	0.0001247
PERRON A, 2005, J ADV NURS	9	23	0.0001191
GILBERT T, 2001, J ADV NURS,	8	45	0.0001136
CHEEK J, 1994, INT J NURS STUD	8	23	0.0001149
DOERING L, 1992, ADV NURS SCI,	7	32	0.0001198
WATSON J, 1995, NURS SCI QUART	7	17	0.0001191
CROWE M, 1998, J ADV NURS,	6	18	0.0001102

¹⁰⁸The NAILS system creates a citation network of the provided records and uses this citation network to identify the important papers according to their in-degree, total citation count and PageRank scores. In-degree is “the number of edges [connections] coming into a vertex [nod] in a directed graph [network]” (Black, December 2007). PageRank is

an algorithm used by Google Search to rank websites in their search engine results. . . . PageRank works by counting the number and quality of links to a page to determine a rough estimate of how important the website is. The underlying assumption is that more important websites are likely to receive more links from other websites. (“PageRank,” September 2016)

The NAILS system identifies the top 25 highest scoring papers using these measures separately. It then combines the results and removes duplicates. Results are sorted by in-degree and then by the PageRank (<http://nailsproject.net/>).

HEARTFIELD M, 1996, J ADV NURS	5	36	0.0001101
GILBERT T, 1995, J ADV NURS	5	33	0.0001103
HOLMES D, 2006, WORLDV EVID- BASED NU,	5	24	0.0001099
COTTON A, 2001, J ADV NURS	5	23	0.0001079
FLAMING D, 2006, NURS INQ,	5	9	0.0001083
GLASS N, 1998, ADV NURS SCI	5	9	0.0001071
HENDERSON A, 1994, J ADV NURS	4	21	0.0001127
CROWE M, 2000, J ADV NURS	4	20	0.0001062
MANIAS E, 2001, J ADV NURS	4	17	0.0001078
ARANDA K, 2005, J ADV NURS	4	12	0.0001060
PECKOVER S, 2002, J ADV NURS	3	35	0.0001049
WILSON H, 2001, J ADV NURS	3	24	0.0001034
ASTON M, 2002, PUBLIC HEALTH NURS	3	11	0.0001077
KERMODE S, 1996, INT J NURS STUD,	3	9	0.0001060
LISTER P, 1997, J ADV NURS,	3	7	0.0001064
WEYENBERG D, 1998, J NURS EDUC	3	7	0.0001044
MANTZOUKAS S, 2004, J CLIN NURS	2	23	0.0001036
POWERS P, 2003, ADV NURS SCI	2	22	0.0001037

Discussion and summary of Analysis One. The first nursing article explicitly mentioning the term *post-structuralism* in the title was Dzurec's (1989) "The Necessity for and Evolution of Multiple Paradigms for Nursing Research: A Poststructuralist Perspective" in *ANS*. Over the first two decades, from the early 1990s to 2009, nursing literature drawing on PM, PS,

and Foucault's writings underwent a noticeable, if uneven, growth from one paper in 1991 to 24 articles in 2009. After year 2010, some decrease in the overall quantity of articles was observed. However, there was a steady stream of articles, with yearly numbers fluctuating between 11 and 17. (The record for 2016 is not complete and thus I omit it from this summary.) It is likely that the establishment of *NI* in 1994 and *NP* in 2000 helped to boost the PM/PS nursing literature.

The top four nursing journals publishing PM/PS scholarship are *JAN*, *NI*, *ANS*, and *NP*. These results support my findings in Chapter 2 based on CINAHL searches—*JAN*, *NI*, *NP*, and *ANS*. The difference relates to the following: *NP* features editorials and book reviews relevant to my study but these formats are excluded in *WoS*; hence, *NP* ranked fourth here, switching its position with *ANS* (Table 4 in Appendix B). Still, these four journals firmly occupy their position as leaders in publishing PM, PS, and Foucault-informed scholarship.

International Journal of Nursing Studies did not come up in my CINAHL searches, but here occupies the fifth position. I discussed this journal and its Foucault-informed papers in Footnote 100 in Chapter 8. In Chapter 2, I commented on the increasing visibility of Spanish and Scandinavian journals among Anglophone Foucault-informed nursing work, as also seen in Figure 1.2 above.

Articles informed by PM and PS theory operate with several of Foucault's central concepts, most notably *power* and *discourse*. Other words ("keywords") often used in papers within this dataset signal the following: *ethnography* and *discourse analysis* are commonly cited as (*qualitative research*) *methodology* for application of PM/PS ideas. Of interest is a noticeable presence of *feminism/feminist* among the important keywords. Although not originating from Foucault's oeuvre, these terms indicate some nurses' awareness of feminist appropriations and critiques of Foucault. They also signal nurses' attempts to contrast and/or reconcile Foucauldian

and feminist ideas. Without examining the articles, however, it is hard to explain the references to feminism as well as to *critical theory* and *empowerment*. *Critical theory* might be used as a general label for PM/PS theory or might refer specifically to Frankfurt critical theory.

Empowerment might appear in conjunction with the highly-used Foucault's concept of *power* (a usage that may be problematic). *Nursing theory*, occurring in some nine articles, likely refers to American nursing theory. To recap, based on the frequency of keywords in the dataset, *power* and *discourse* (alongside *Foucault*, *postmodernism*, and *post-structuralism*) lead, which corresponds with the high number of papers applying these concepts. In turn, a small number of papers cite *caring* and *nursing theory* in abundance.

Holmes from Canada leads as both most productive and most cited author in this dataset. Moreover, an article he co-authored "Nursing as Means of Governmentality" (Holmes & Gastaldo, 2002) crowns the list of 25 most important papers. (I comment on Holmes's program of research in Chapter 8.) Aside from Holmes's work, the majority of most productive authors are from the UK and Australia. The majority of top articles appeared in *JAN*.

It must be noted that a citation count underpinning a selection of "top authors" and "top articles" is one of the indices ridden with serious limitations. High citation count is often assumed to indicate the quality of the work; however, citations might accumulate for reasons unrelated to quality such as self-citation or negative responses. (In Chapter 2, in the section "Bibliometric Method," I discuss limitations of citation count and the social-historical context for the emergence of interest in measuring academic productivity.)

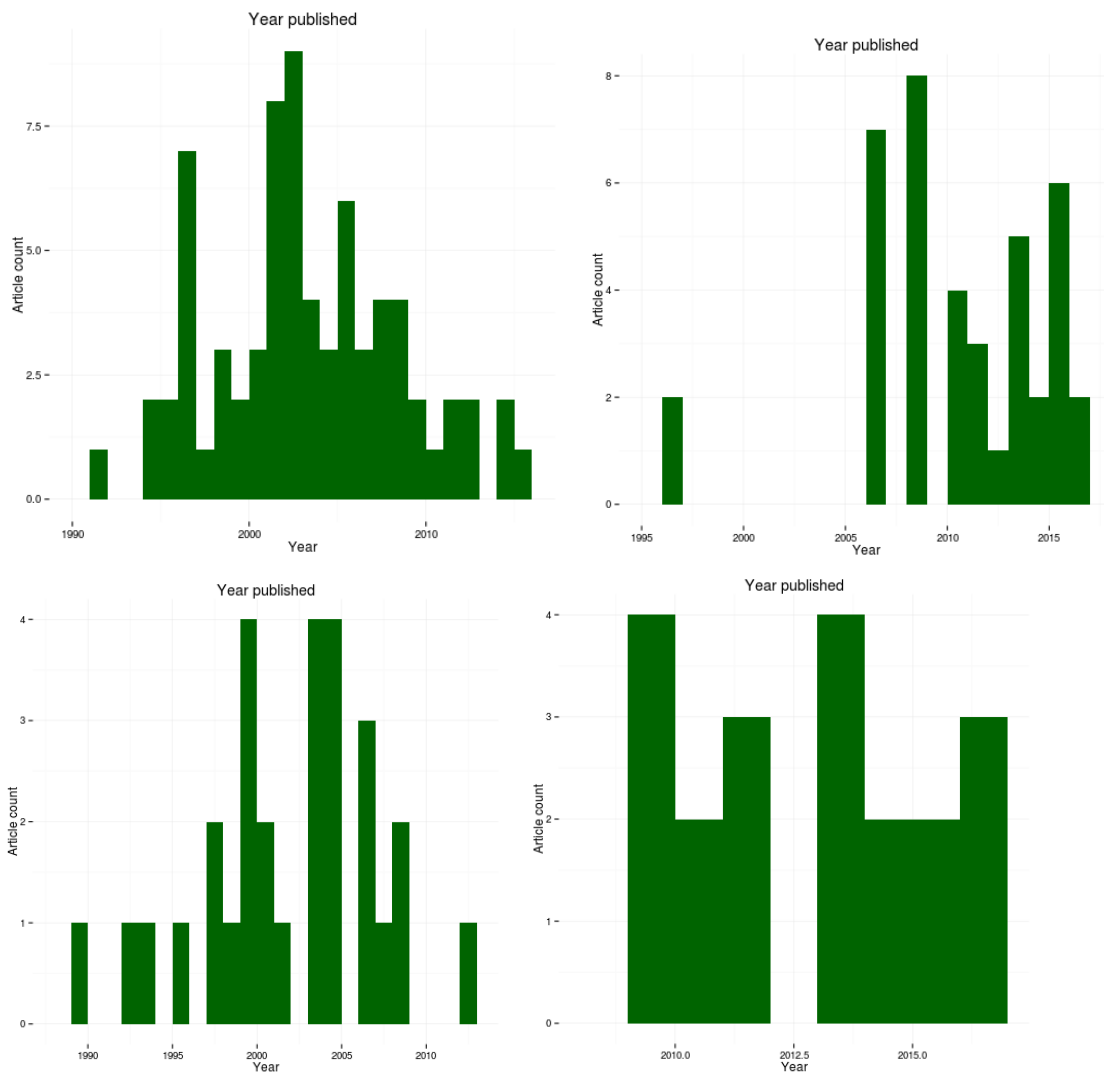
Analysis Two. Comparison of the Subsets of Four Key Journals

Figure 2.1 compares the four nursing journals publishing PM/PS scholarship —*JAN* (top left), *NI* (top right), *ANS* (bottom left), and *NP* (bottom right)—by the quantity of articles in each

journal annually. Clearly, *JAN* leads on this indicator. Both *JAN* and *NI* display four peaks of activity: four separate years when the numbers of relevant articles ranged between five and eight in *NI* and six and nine in *JAN*. In contrast, *ANS* and *NP* never published more than four PM/PS papers on a given year.

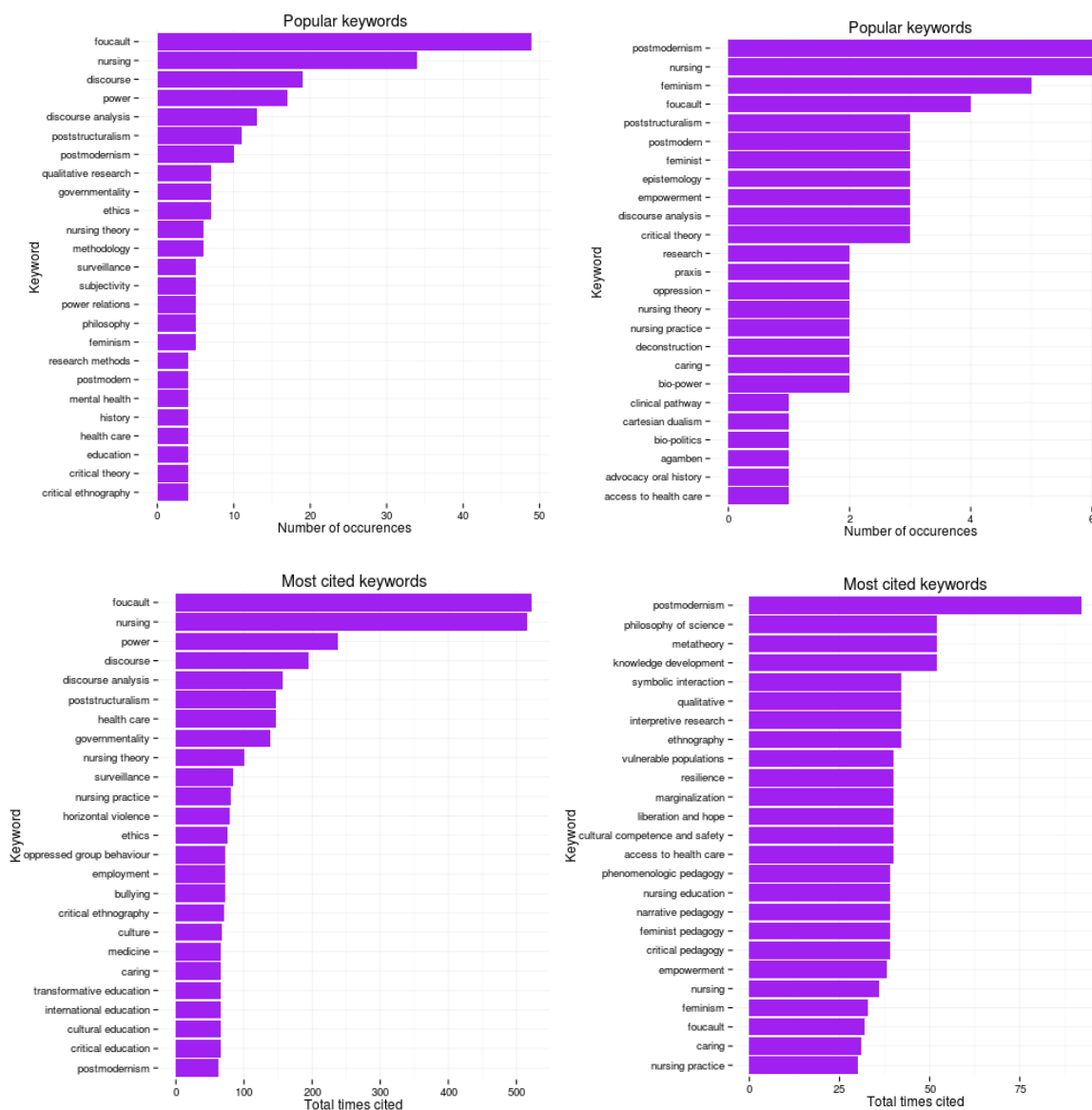
Journal of Advanced Nursing played a prominent role in the latter half of the 1990s; then again, in 2000–2005, it published the bulk of PM/PS papers; and after 2010 *JAN* reduced its activity to two or less papers per year.

In this dataset, an American *ANS* was the earliest to pay attention to post-structuralism and Foucault in 1989; reaching peaks of four papers per year in 1999, 2003, and 2004, this journal published only one relevant article after 2008. Thus, after year 2010, *NI* (and to a lesser degree *NP*) assumed a more prominent role in PM/PS scholarship.

Figure 2.1 Article Count for *JAN*, *NI*, *ANS*, and *NP* by Year, up to September 2016

Attempting to sharpen the contrast between non-American *JAN*, *NI*, and *NP* taken as a collective (effectively, British/Irish, Australian/NZ, and Canadian work) and the American *ANS* (effectively, PM and PS articles by American nurses), I present Figure 2.2 comparing keywords between the top three non-American journals and *ANS*. Two graphs of the left-hand side present keywords in *JAN*, *NI*, and *NP* collectively (244 articles). Two graphs on the right-hand side list keywords in *ANS* (29 articles).

Figure 2.2 Comparison of Keywords in Top Three Non-American Journals, Collectively (R), and in American ANS (L)



The non-American journals signal their attention to *post-structuralism* and Foucault’s work by prominently referring to *Foucault*, *discourse (analysis)*, *power (relations)*, *governmentality*, *surveillance*, and *subjectivity* (and possibly *ethics*, *history*, and *mental health*). *Feminism* and *critical theory*, while figuring in a few articles, did not appear frequently enough

to make it onto a list of most cited keywords. References to postmodernism, justifiable in this context, are nevertheless infrequent (25th among the most cited keywords).

In contrast, in a much smaller pool of PM/PS nursing work in American *ANS*, the role of Foucault and his central concepts is not at all obvious: Foucault and discourse analysis are mentioned in four and three articles, respectively, but no other Foucault-specific themes and concepts that might be expected (and which indeed informed the non-American nursing papers in this dataset) are found. (References to bio-power and bio-politics likely take place in relation to another post-structural theorist, Agamben, whose name is on a list.) Even more dramatically, among the most cited keywords, *Foucault* merely occupies the 23rd position in *ANS* as compared to his first position in a non-American cluster. Foregrounded in the *ANS* graphs, is a much stronger leaning of American authors for the terms postmodernism and feminism as well as these authors' attention to philosophy of science, metatheory, and knowledge development — keywords absent from the graphs depicting the non-American PM/PS nursing papers.

What/who is at the center of PM and PS discourse in American *ANS* (and in the US more generally) if not Foucault? When writing in a PM/PS vein, why do American nurses refer to metatheory and knowledge development when their British and Australian counterparts cite power and discourse? Were nurse academics in the US perhaps more convinced by Lyotard's views on knowledge in a postmodern society? Why does feminism feature so prominently in *ANS*? My thesis focuses on addressing these questions.

Concluding Thoughts

Bibliometric analyses undertaken here are useful for classification and structuring of the field of PM and PS nursing scholarship in terms of selected trends such as yearly distributions and prevalence of key journals, papers, authors, and topics. This approach is sometimes called a

systematic mapping study (“NAILS Project,” n.d.), offering an at-a-glance summary of a body of literature. It must be noted that the NAILS online system for citation analysis is a “beta version” of software, meaning that it is undergoing testing preceding an official release (Christensson, 2013). (This practice of using software before its official release, however, is not uncommon. The widely used web search engine *Google Scholar*, launched in November 2004, is still a beta version.) My bibliometric analysis based on the *WoS* dataset might be expanded by using software for network analysis to visualize citation patterns among clusters of authors.

To interpret these bibliometric analyses further, an in-depth familiarity with the field is necessary. Mapping creates the paths for additional exploration, usually in the form of a detailed literature review to summarize and appraise the field of study. In my dissertation, bibliometric method was used to get a “bigger picture,” while close reading of key texts was the main methodological strategy involving the generative development of ideas and insight.

Quality of the output of bibliometric analyses depends on the quality of input data. The dataset generated from the *WoS* database was highly specific (i.e., no irrelevant papers) but not comprehensive (i.e., limited to papers with search terms in the title, abstract, or author-supplied keywords only). Because of the high relevance of the *WoS* dataset, meaningful graphs could be generated. The downside, however, is the loss of other interesting papers drawing on PM and PS theory but missing these identifiers in the title or abstract. To enhance comprehension, triangulation of these results with CINAHL-based bibliometrics (Chapter 2) as well as with manual review of textbooks, snowballing retrieval of additional publications, and reviews of the webpages of key individual scholars in the field comprised my overall strategy.

Caution is required when interpreting bibliometric indices based on citation count. High citation patterns help papers and authors to attain top ranking, but do not necessarily correlate

with quality (refer to Chapter 2 for a discussion). Finally, academics are becoming increasingly literate about the role of (high) citations and a strategic choice of titles and keywords. However, valuable work published in the 1990s and before might be at a disadvantage for not using those signal terms captured by electronic search engines.

Appendix B

Table 4

Frequency of Publications that Use the Term Post-Structuralism in Anglophone Nursing Journals in the Cumulative Index of Nursing and Allied Health Literature (CINAHL), January 1987–July 2015

Notes.

Eight nursing journals with the highest number of articles that use the term *post-structuralism*:

JAN Journal of Advanced Nursing

NI Nursing Inquiry

NP Nursing Philosophy

ANS Advances in Nursing Science

NR Nurse Researcher

JPMHN Journal of Psychiatric and Mental Health Nursing

JCN Journal of Clinical Nursing

NE Nursing Ethics

American journals are highlighted in green.

Publications by American authors are highlighted in yellow.

Dash (-): Journal did not exist at that particular time.

X/Y (e.g., 108/48): The first number represents a total number of items retrieved (“raw” articles); the second number represents relevant articles identified by hand-searching the total pool. Relevant articles exclude those authored by allied health professionals in non-nursing journals (e.g., physiotherapy, social work, psychology, or medicine) and those not related to post-structuralism (where this term appeared only on a reference list as part of a title of a source cited).

*American authors who acknowledge J. Thompson

**American authors who acknowledge David Allen

Year	<i>JAN</i>	<i>NI</i>	<i>NP</i>	<i>ANS</i>	<i>NR</i>	<i>JPMHN</i>	<i>JCN</i>	<i>NE</i>	Other
1987 - 1989	0	-	-	1 Dzurec 1989	-	-	-	-	1/0
1990	0	-	-	1 Dickson	-	-	-	-	0
1991	0	-	-	0	-	-	-	-	1/1 Anderson Canadian Journal of Nursing Research

1992	0	-	-	1 Doering	-	-	0	-	1/0
1993	1/0	-	-	0	0	-	0	-	1/0
1994	1	2	-	0	0	0	0	0	1/1 Walker <i>Contemporary Nurse: A Journal for the Australian Nursing Profession</i>
1995	6/2 Henneman	2	-	0	0	0	0	0	2 /2 Cameron et al. <i>Nurse Education Today</i> ; Chiarella <i>Australian Nursing Journal</i>
1996	11/7	2	-	0	0	0	0	0	4/1 Paech <i>Contemporary Nurse: A Journal for the Australian Nursing Profession</i>
1997	1	2 LeBlanc*	-	0	0		0	2/0	7/0
1998	5/3	5/4	-	0	0	0	0	1/0	8/2 McCormick et al <i>Health Care for Women International</i> ; Thorne & Varcoe <i>Health Care for Women International</i>
1999	6/1	10/7	-	2 Bent; Boutain	0	0	0	0	23/2 Smith & Sutton <i>International Journal of Nursing Practice</i> ; Lauder <i>International Journal of Nursing Practice</i>
Subtotal 1989- 1999	31/15	23/19	-	5/5	0	0	0	0	Other subtotal 49/9 108/48
2000	10/6	5/5	2/2	3/1 David	0	0	1/0	2/0	13/0
2001	12/8	7/6 Hardin**	5/4 Allen & Hardin; Thompson	2/2 Phillips**; Cowling	0	0	0	0	11/0
2002	8/5	7/7	3/2 Thompson	2/2 Georges	1/1	0	0	0	17/1 Peckover <i>Health & Social Care in the Community</i>

2003	7/3 Hardin	7/7 Hardin; Lagerwey	2/1	5/4 Dzurec; Phillips; Hardin; Georges	0	1/1	0	2/0	16/0
2004	6/2	2/2	9/5	5/4 Soltis; Fontana; Georges; Glass	3/2	0	0	0	19/1 Richman Mercer <i>Journal of Nursing Management</i>
Subtotal 2000- 2004	43/24	29/27	21/14	17/13	4/3	1/1	1/0	4/0	Other subtotal 76/2 196/84
2005	8/7	6/6 Phillips**; Allen & Cloyes	3/3	1/1 Georges	1/0	0	1/0	1/1	43/3 Kramer <i>Research & Theory for Nursing Practice</i> ; O'Byrne & Holmes <i>Public Health Nursing</i> ; Zaforteza, Gastaldo et al <i>International Journal of Nursing Studies</i>
2006	4/4	4/4 Drevdahl	2/1 Allen	0	2/1	2/1	0	2/1	19/3 Holmes et al <i>Worldviews on Evidence-Based Nursing</i> ; Phillips <i>Issues in Mental Health Nursing</i> ; Aston et al <i>Pediatric Nursing</i>
2007	10/5	4/3 Cloyes	5/5	1/1 Tinley & Kinney	2/2	3/2	1/0	2/0	24/2 Bourgeois <i>International Journal for Human Caring</i> ; Arhin & Cormier <i>Journal of Nursing Education</i>
2008	3/3	9/9	1/1	0	2/1	0	1/1	0	25/ 9 Mantzoukas & Watkinson <i>International Journal of Nursing Practice</i> ; Copnell <i>International Journal of Nursing Studies</i> ; McDonald <i>Issues in Mental Health Nursing</i> ; Traynor et al <i>Journal of Health Services</i>

									<i>Research & Policy;</i> <i>Campesino Journal of Nursing Education;</i> <i>St-Pierre & Holmes Journal of Nursing Management;</i> <i>Duchscher & Myrick Nursing Forum;</i> <i>Wilkinson Nursing Praxis in New Zealand;</i> <i>Vickers Southern Online Journal of Nursing Research</i>
2009	4/3	4/3 Lagerwey	5/4	0	2/0	2/0	1/1	0	28/3 Pannowitz et al. <i>Contemporary Nurse: A Journal for the Australian Nursing Profession;</i> Bjornsdottir <i>International Journal of Nursing Studies;</i> Borsay <i>Nursing History Review</i>
Subtotal 2005-2009	29/22	27/25	16/14	2/2	9/4	7/3	4/2	5/2	Other subtotal 139/20 238/94
2010	4/3	3/2	2/2 Kagan et al.	0	1/1	0	1/0	0	18/2 O'Mahony & Donnelly <i>Issues in Mental Health Nursing;</i> Zambas <i>Journal of Nursing Education</i>
2011	3/1	8/6	1/1	0	2/1	3/2	1/0	0	18/2 King-Jones <i>Creative nursing;</i> Tower et al. <i>Health Care for Women International</i>
2012	2/2	9/7	0	0	1/0	1/1	5/3	0	26/2 Im & Sun <i>Journal of Nursing Scholarship;</i> O'Byrne & Holmes <i>Research & Theory for Nursing Practice</i>
2013	3/0	5/5	1/1	0	2/2	2/2	2/2	2/2	28/4

									Oudshoorn et al. <i>Journal of Community Health Nursing</i> ; Mercer <i>International Journal of Mental Health Nursing</i> ; Paton et al. <i>Contemporary Nurse: A Journal for the Australian Nursing Profession</i> ; Murray & Holmes <i>Bioethics</i>
2014	4/3	6/5	0	0	1/0	3/3	0	0	19/1 Merryfeather & Bruce <i>Nursing Forum</i>
Subtotal 2010-2014	16/9	31/25	4/4	0	7/4	9/8	9/5	2/2	Other subtotal 109/11 187/68
Jan-July 2015	0	0	1/1	0	0	0	0	1/0	8/0 Subtotal 2015 10/1
Total	<u>119/70</u>	<u>110/96</u>	<u>42/33</u>	<u>24/20</u>	<u>20/11</u>	<u>17/12</u>	<u>14/7</u>	<u>12/4</u>	Other total <u>381/42</u> <u>739/295</u>

Appendix C

Table 5

Publisher Information for Nursing Journals in the Cumulative Index of Nursing and Allied Health Literature (CINAHL) that Use the Term Post-Structuralism in Their Publications, January 1989–July 2015

Notes.

Advances in Nursing Science is the American nursing journal with the highest number of relevant articles. *Nursing Inquiry*, *Journal of Advanced Nursing*, and *Nursing Philosophy* are the non-American journals with the highest number of relevant articles.

Those American journals that use the term *post-structuralism* in their articles (as reflected in Table 8) but are not included here are *American Journal of Critical Care*, *Nursing Administration Quarterly*, and *Nursing Science Quarterly*.

Journal title	Publisher	Journal established (year, from earliest)	Number of relevant articles (n=288)
<i>Nursing Forum</i>	Wiley-Blackwell	1961; editorial board currently comprised primarily of US nurses	2
<i>Journal of Nursing Education</i>	SLACK Inc.	1962	3
<i>International Journal of Nursing Studies</i>	Elsevier Inc.	1963	3
<i>Pediatric Nursing</i>	Jannetti Publications	1975	1
<i>Journal of Advanced Nursing</i>	Wiley-Blackwell	1976	70
<i>Advances in Nursing Science</i>	Lippincott Williams & Wilkins	1978	20
<i>Issues in Mental Health Nursing</i>	Taylor & Francis	1978; editorial board comprised primarily of US nurses	3
<i>Nurse Education Today</i>	Elsevier Science	1983	1
<i>Health Care for Women International</i>	Routledge	1984	3
<i>Public Health Nursing</i>	Wiley-Blackwell	1984	1
<i>Journal of Community Health Nursing</i>	Taylor & Francis	1984	1
<i>Scholarly Inquiry for Nursing Practice</i> (later <i>Research and Theory for Nursing Practice</i>)	Springer	1987–2001 2002	2

<i>Journal of Clinical Nursing</i>	Wiley-Blackwell	1992	7
<i>Nurse Researcher</i>	The Royal College of Nursing	1993	11
<i>Health & Social Care in the Community</i>	Wiley-Blackwell	1993	1
<i>Journal of Nursing Management</i>	Wiley-Blackwell	1993	2
<i>Nursing History Review</i>	Springer	1993	1
<i>Nursing Inquiry</i>	Wiley-Blackwell	1994; Editor-in-Chief initially based in Australia; currently in Canada	96
<i>Creative Nursing</i>	Springer	1994	1
<i>Journal of Psychiatric and Mental Health Nursing</i>	Wiley-Blackwell	1994	12
<i>Nursing Ethics</i>	Sage Publications	1994	4
<i>Journal of Health Services Research & Policy</i>	Sage Publications	1996	1
<i>International Journal of Nursing Practice</i>	Wiley-Blackwell	1996	3
<i>International journal for Human Caring</i>	International Association for Human Caring	1997	1
<i>International Journal of Mental Health Nursing (formerly Australian & New Zealand Journal of Mental Health Nursing)</i>	Wiley-Blackwell	2002 1998–2001	1
<i>Bioethics</i>	Wiley-Blackwell	1998	1
<i>Journal of Nursing Scholarship</i>	Wiley-Blackwell	2000	1
<i>Nursing Philosophy</i>	Wiley-Blackwell	2000; editor currently based in Canada	33
<i>Southern Online Journal of Nursing Research</i>	University of Alabama	2001-2011	1
<i>Worldviews on Evidence-Based Nursing</i>	Wiley-Blackwell	2004	1

Appendix D

Table 6

Frequency of Subject Headings for Articles that Use the Term Post-Structuralism in Relevant Nursing Journals in the Cumulative Index of Nursing and Allied Health Literature (CINAHL), January 1989–July 2015

Notes.

Four journals in the Table include three non-American (*Journal of Advanced Nursing, JAN*; *Nursing Inquiry, NI*; *Nursing Philosophy, NP*) and one American (*Advances in Nursing Science, ANS*) journals with the highest number of electronically retrieved articles that use the term post-structuralism.

This table compares “raw” articles rather than “relevant”: 271 in the three leading non-American journals versus 24 in *ANS*, as per Table 1. The contrast between raw and relevant is explained in the Note to Table 4.

Journal	CINAHL subject heading, frequency
<i>JAN</i> (n=119)	research, nursing (19); nursing practice (10); power (9); nurse-patient relations; theory (7); collaboration (6); community health nursing; discourse analysis; empowerment; nurse-physician relations; nursing knowledge; philosophy; qualitative studies; students, nursing (5); decision making, clinical; education, nursing; ethnographic research; interviews; phenomenology; research methodology (4); caring; communication; community mental health nursing; family attitudes; feminism; paradigms; reflection; women’s health (3); Alzheimer’s disease; attitude of health personnel; caregivers; change management; clinical supervision; critical care nursing; delivery, obstetric; domestic violence; gerontologic nursing; government; health policy; health promotion; hospital policies; intuition; labor; language; learning; midwifery; multidisciplinary care team; narratives; nursing as a profession; nursing theory (2)
<i>NI</i> (n=110)	research, nursing (19); philosophy (15); nursing practice (9); education, nursing; nurse-patient relations; qualitative studies (6); feminism; nursing knowledge (5); discourse analysis; feminist critique; language; nursing practice, evidence-based; power; psychiatric nursing; sexuality; women’s health (4); community health nursing; history of nursing; midwifery; native Americans; nursing as a profession; nursing role; nursing theory; politics; theory (3); action research; advertising; anorexia nervosa; child health services; collaboration; conceptual framework; critical theory; cultural diversity; culture; decision making,

	<p>patient; health promotion; homosexuals, male; hormone replacement therapy; immigrants; infertility; interviews; mentally ill offenders; metaphor; missions and missionaries; nurse attitudes; nurse researchers; nurses; nursing science; organizational culture; physician-patient relations (2)</p>
<p><i>NP</i> (n=42)</p>	<p>philosophy, nursing (22); nursing knowledge (12); research, nursing (6); nursing practice; nursing science; philosophy (5); feminism; language; nursing practice, theory-based; nursing theory; nursing practice, evidence-based (3); education, nursing; epistemology; ethics, nursing; racism; HIV infections ; homosexuality; medical practice (2); attitude to AIDS; attitude to disability; cardiovascular nursing; cognition; colleges and universities; congresses and conferences; consent; cultural diversity; cultural safety; decision making, ethical; decision making, patient; dementia; demography; disabled; empiricism; ethnic groups; geographic factors; illusions; legislation, medical; manuscripts; medical orders; narratives; nurse-patient relations; nurse-physician relations; nursing as a profession; nursing role; nursing shortage (1)</p>
<p><i>ANS</i> (n=24)</p>	<p>research, nursing (8); philosophy (5); feminism (4); critical theory; nursing science (3); discourse analysis; epistemology; language; nurses; nursing as a profession; nursing theory; power; research methodology; sexism; social values; accountability (2); anorexia nervosa; case management; critical path; cultural values; decision making, clinical; education, nursing; empiricism; empowerment; ethnic groups; ethnographic research; faculty, nursing; feminist critique; grounded theory; health care delivery; health care reform; health knowledge; health resource allocation; home health care; medicine; menopause; nurse-physician relations; nursing knowledge; nursing organizations; nursing practice; paradigms; patient care; philosophy, nursing; political participation; politics; psychiatric nursing; psychophysiology; race factors; recovery (1)</p>

Appendix E

Selected Earliest Non-American Nursing Articles Citing M. Foucault in the Cumulative Index of Nursing and Allied Health Literature (CINAHL)

- 1). Lees, G., Richman, J., Salaroo, M., & Warden, S. (1987). Quality assurance: Is it professional insurance? *Journal of Advanced Nursing*, 12(6), 719–727.
The recurring governmental inquiries into the quality of health care provision in the UK have consistently been of interest to several British nurse commentators. Lees et al. adopted the genre of argumentative essay to contest the quality assurance (QA) programs introduced across healthcare settings in the UK. The authors argued that behind the rhetoric of patient benefit, QA has been motivated by considerations of systems efficiency and attempts to safeguard professional interests. The demand for standardization inherent in QA promoted a “nursing gaze” and the breaking of patients’ issues and lives into small components, analogous to a medical gaze critiqued by Foucault.

- 2). Chapman, G. (1988). Reporting therapeutic discourse in a therapeutic community. *Journal of Advanced Nursing*, 13(2), 255–264.
Chapman employed Garfinkel’s ethnomethodological focus on the mundane nature of practices and R. Dingwall’s ideas about social organization of nursing to analyze nursing records in a mental health hospital. He asked: How is nursing professional therapeutic discourse enacted in the 24-hour ward reports? The reports of activities in the “therapeutic community” of a ward displayed a (mono)tone of domesticity punctuated by events of patient disruptive behaviour and resistance. Chapman wrote that his findings did not support Foucault’s analytical line about psychotherapeutic professional discourses constructing the subject (the patient) by the means of medical jargon and disease categories; that is, nursing reports were of a different nature. They revealed nurses’ surveillance of domestic aspects of patients’ routines and the emergence of these nurses’ mundane activities as a site of power through patients’ resistances. Thus, Foucault’s notions of power and discipline informed Chapman’s analysis.

- 3). Henderson, A. (1994). Power and knowledge in nursing practice: The contribution of Foucault. *Journal of Advanced Nursing*, 20(5), 935–939.
As an important theorist whose ideas deserve a separate, article-length summary, Foucault appeared for the first time in *JAN* in Amanda Henderson’s paper. This Australian nurse researcher focuses on limitations of the medical knowledge derived from viewing the body as an object of the “gaze” (the dominant view allowed by the medical technology of a 24-hour observation sheet on the intensive care unit) and marginalization of patient’s emotional status. The chart, moreover, regulates and dictates nursing activities, which in effect are mostly tasks. Nurse–patient interactions are shaped in particular ways by the nature of knowledge deemed relevant (i.e., patient as a biological body not as a social actor). Henderson accurately summarizes Foucault’s notion of power/knowledge: “the power of interactions does not belong to an individual or a group of individuals but rather is a force. The contribution of the force is not merely in repression but, more importantly, to put into circulation apparatuses of knowledge. . . . The significance of this force, therefore, is in its capacity to determine all that can and will be known. In this respect it is a productive force defining the nature and form of knowledge” (p. 936).

Appendix F

Table 7

Frequency of Articles that Refer to Michel Foucault in Eight Anglophone Nursing Journals in the Cumulative Index of Nursing and Allied Health Literature (CINAHL), January 1987–December 2015

Notes.

Eight nursing journals with the highest number of articles that refer to M. Foucault:

JAN Journal of Advanced Nursing

NI Nursing Inquiry

NP Nursing Philosophy

ANS Advances in Nursing Science

NR Nurse Researcher

JPMHN Journal of Psychiatric and Mental Health Nursing

JCN Journal of Clinical Nursing

NE Nursing Ethics

Dash (-): Journal did not exist at that particular time.

These numbers represent the total volume of papers retrieved by electronic search including irrelevant or false positive results. As I explain in Chapter 2 and Footnote 37, about 54% of all Foucault-informed articles reflected in this table are relevant as identified in reviewing abstracts (750 of 1412).

Year/Journal	<i>JAN</i>	<i>NI</i>	<i>NP</i>	<i>ANS</i>	<i>NR</i>	<i>JPMHN</i>	<i>JCN</i>	<i>NE</i>
1987–1999	85	23	-	5	0	1	2	4
2000–2004	73	50	23	12	10	19	5	4
2005–2009	36	43	26	1	3	22	15	5
2010–2014	17	46	27	0	6	18	54	12
2015	0	8	1	0	0	0	0	2
Total	211	170	77	18	19	60	76	27

Appendix G

Table 8

Articles by American Nurses (and Non-American Nurses in American ANS) Referring to Postmodernism, Post-Structuralism, or M. Foucault

Notes.

Non-American nursing journals are highlighted in grey:

JAN Journal of Advanced Nursing

NI Nursing Inquiry

NP Nursing Philosophy

Non-American articles in American journals are highlighted in light blue

Abbreviations used:

(A) Textbooks that anthologize a given paper (I tried to create a list as comprehensive as possible; if I did not locate any anthologies including that specific paper, I left an empty space in the table); the non-American anthologies are underlined.

(C) Frequency of citations for a given paper; this information is provided for selected articles (in particular, for articles in American journals written by American nurses either pioneers introducing PM and PS into nursing literature or those with sustained interest in these theories). The first number refers to CINAHL citations, the second number refers to Google Scholar citations (Google Scholar is the best database for tracking citations; it includes books, dissertations, and non-English sources; but there are some double entries; it does not include anthologies of nursing theory).

(S) A brief summary is provided for selected papers, primarily those not mentioned in the chapters (e.g., Henneman, Lasater).

Year from the earliest	Author, title, journal Whether anthologized (A), frequency of citations (C), and a brief summary (S)
1989	
1.	<p>Dzurec L. The necessity for and evolution of multiple paradigms for nursing research: A poststructuralist perspective. <i>ANS</i></p> <p>A: Omery, Kasper, & Page (1995) <i>In search of nursing science</i>. (An original chapter) Polifroni & Welch (1999) <i>Perspectives on philosophy of science in nursing</i>.</p>

	<p>C: 7 (mostly by Canadian authors) / 9 (often in relation to qualitative research & another of Dzurec's articles, 1993, that aims to show limitations of the quantitative/qualitative divide)</p>
1990	
2.	<p>Dickson G. L. A feminist poststructuralist analysis of the knowledge of menopause. <i>ANS</i></p> <p>A: Chinn (1994) <i>Developing nursing perspectives in women's health</i>. ANS Series.</p> <p>C: 4 / 90</p>
1992	
3.	<p>Doering L. Power and knowledge in nursing: A feminist poststructuralist view. <i>ANS</i></p> <p>C: 11 / 103</p>
1995	
4.	<p>Watson J. Postmodernism and knowledge development in nursing. <i>NSQ</i></p> <p>A: Chaska (2001) <i>The nursing profession: Tomorrow and beyond</i>. (An original chapter) Polifroni & Welch (1999) <i>Perspectives on philosophy of science in nursing</i>. <u>Murphy & Smith (2013) <i>Nursing theories and models</i>.</u></p> <p>C: 12 / 94</p>
5.	<p>Henneman E. Nurse–physician collaboration: A poststructuralist view. <i>JAN</i></p> <p>C: 22 / 97</p> <p>S: An article by a nurse and doctoral student from University of California, Los Angeles. The author identifies her research interest in the phenomenon of nurse–physician collaboration. What seems odd is that the author feels the need to justify her interest in this topic and in the “practical issues related to patient care” (p. 363). The whole article is a justificatory argument. But isn't this strange? Why would a nurse feel the need to convince a nursing audience in the relevance of studying “practical issues” of nurse–physician collaboration? What is the disciplinary background of ideas against which the author writes, to which she addresses her plea? Running through Henneman's argument is a thread about the American nursing theory movement engrossed in attempts to find the “unique nursing paradigm,” which is a movement granting legitimacy to writings that oppose medicine and medical science (i.e., “the positivist model” maligned in nursing). In a sense, Henneman implicitly raises a question: Where does (academic) nursing's position leaves nurses on the hospital floor</p>

	<p>whose practice is inextricably defined by their relations with physicians and others? The articles' epiphany is the call for pluralism—the coexistence of medical science and nursing science—that will open discussions of professional interdependence. Henneman's argument relies on what she describes as "the poststructuralist perspective" that advocates "multiple paradigms" (p. 361). Rather than accurately representing Foucault's ideas or showing theoretical sophistication of a kind evident in, e.g., Foucauldian scholarship of British nurse sociologist, Henneman and other American authors utilize Foucault as a rhetorical leverage to advocate multiple "ways of knowing" and methods of inquiry. If for Dzurec, a sympathetic participant within "nursing theory" discourses, this entailed de-centering the "traditional, positivist research methods" to give space to unique nursing "phenomenology," then for Henneman, a marginal figure in relation to "nursing theory," Foucault helped to restore the "pluralism" inclusive of medicine and physicians as part of the health care team.</p>
6.	<p>Reed P. A treatise on nursing knowledge development for the 21st century: Beyond postmodernism. <i>ANS</i></p> <p>A: Polifroni & Welch (1999) <i>Perspectives on philosophy of science in nursing</i>. Reed & Shearer (2009) & (2012) <i>Perspectives on nursing theory</i>.</p> <p>C: 25 / 156</p>
1996	
7.	<p>Koerner J. G. Imagining the future for nursing administration and systems research. <i>Nursing Administration Quarterly</i></p> <p>A: <u>Rolfe (2000) <i>Research, truth, authority</i></u>.</p> <p>S: Postmodernism is discussed in terms of a "postmodern world-view" contrasted with a "modern world-view." The latter is represented by reductive, behaviorist sciences, whereas the former is described as a holistic science (including chaos theory, ecological Christianity, quantum physics). The simultaneity paradigm of nursing science (i.e., theories of M. Rogers, M. Newman, and R. Parse) is said to incorporate postmodern principles.</p>
8.	<p>Powers P. Discourse analysis as a methodology for nursing inquiry. <i>NI</i></p>
1997	
9.	<p>Falk Rafael A.R. Advocacy oral history: A research methodology for social activism in nursing. <i>ANS</i></p>
10.	<p>LeBlanc R. Definitions of oppression. <i>NI</i></p>
1998	

11.	Drevdahl D. Diamond necklaces: Perspectives on power and the language of “community.” <i>SINP</i> C: 1 / 9
12.	Glass N. & Davis K. An emancipatory impulse: A feminist postmodern integrated turning point in nursing research. <i>ANS</i>
13.	Johnson M. E. Being restrained: A study of power and powerlessness. <i>Issues in Mental Health Nursing</i>
1999	
14.	Drevdahl D. Meanings of community in a community health center. <i>PHN</i> C: 3 / 15
15.	Bent K. Seeking the both/and of a nursing research proposal. <i>ANS</i>
16.	Drevdahl D. Sailing beyond: Nursing theory and the person. <i>ANS</i> C: 9 / 50
17.	Hall J. Marginalization revisited: Critical, postmodern, and liberation perspectives. <i>ANS</i> C: 33 / 166
18.	Gadow S. Relational narrative: The postmodern turn in nursing ethics. <i>SINP</i> A: Kenney (2002) <i>Philosophical and theoretical perspectives for advanced nursing practice</i> . Cody (2006) <i>Philosophical and theoretical perspectives for advanced nursing practice</i> . Reed & Shearer (2009) <i>Perspectives on nursing theory</i> . C: 27 / 164 S: A nurse with a background in German dialectic philosophy, Gadow describes nursing ethics as being inadequately conceived through two common approaches to ethics. One is an account of “ethical immediacy” with “subjective certainty” guaranteed by the immersion into a supposedly organic tradition or community. The other is an account of “ethical universalism” with “objective certainty” assured through the rational, detached appeal to principles and codes. In contrast, postmodern ethics embrace contingency, refuse certainties, and resist the drive for unity and foundations. Gadow writes that “none is as inimical to postmodern ethics as the

	hermeneutic order.” In other words, the notion of meaning itself is not guaranteed in the postmodern world. “Ethically, we are on our own, without a metaphysical warrant from either religion or reason.” Meaning, e.g., of patient’s illness or nurse-patient encounter is contingent on relational narrative; that is, the self of the nurse and the self of the patient do not pre-exist their encounter but arise in the process. In this article Gadow cites Bauman on postmodern ethics; Foucault; and postmodern feminist writers Benhabib, Cixous, and Young.
2000	
19.	Gadow S. Philosophy as falling: Aiming for grace. <i>NP</i>
20.	David B. A. Nursing’s gender politics: Reformulating the footnotes. <i>ANS</i> C: 8 / 52
2001	
21.	Allen D. & Hardin P. Discourse analysis and the epidemiology of meaning. <i>NP</i> C: 8 / 77
22.	Hardin P. Theory and language: Locating agency between free will and discursive marionettes. <i>NI</i> C: 17 / 63
23.	Ironside P. Creating a research base for nursing education: An interpretive review of conventional, critical, feminist, postmodern, and phenomenologic pedagogies. <i>ANS</i> C: 35 / 140
24.	Phillips D. Methodology for social accountability: Multiple methods and feminist, poststructural, psychoanalytic discourse analysis. <i>ANS</i> C: 5 / 31
2002	
25.	Arslanian-Engoren C. Feminist poststructuralism: A methodological paradigm for examining clinical decision-making. <i>JAN</i> C: 11 / 46
26.	Watson J. & Smith M. Caring science and the science of unitary human beings: A trans-theoretical discourse for nursing knowledge development. <i>JAN</i> C: 42 / 162

27.	Drevdahl D. Home and border: The contradictions of community. <i>ANS</i> C: 9 / 38
28.	Thompson J. Which postmodernism? A critical response to Therapeutic touch and postmodernism in nursing. <i>NP</i> C: 0 / 11
29.	Mitchell G. & Cody W. Ambiguous opportunity: Toiling for truth of nursing art and science. <i>NSQ</i>
2003	
	Critical & postmodern perspectives. Chinn, P. L., journal editor, <i>Advances in Nursing Science</i> , thematic journal issue (Includes articles 30–34 below)
30.	Hardin P. Social and cultural considerations in recovery from anorexia nervosa: A critical poststructuralist analysis. <i>ANS</i> C: 4 / 30
31.	Phillips D. & Drevdahl D. “Race” and the difficulties of language. <i>ANS</i> C: 6 / 32
32.	Kushner K. & Morrow R. Grounded theory, feminist theory, critical theory: Toward theoretical triangulation. <i>ANS</i>
33.	Georges J. An emerging discourse: Toward epistemic diversity in nursing. <i>ANS</i> C: 9 / 39
34.	Dzurec L. Poststructuralist musings on the mind/body question in health care. <i>ANS</i> C: 2 / 10
35.	Hardin P. Shape-shifting discourses of anorexia nervosa: Reconstituting psychopathology. <i>NI</i> C: 7 / 31
36.	Hardin P. Constructing experience in individual interviews, autobiographies and on-line accounts: A poststructuralist approach. <i>JAN</i> C: 8 / 48

37.	Powers P. Empowerment as treatment and the role of health professionals. <i>ANS</i> C: 14 / 89
38.	SmithBattle L. Displacing the “rule book” in caring for teen mothers. <i>PHN</i> C: 4 / 33
39.	Cotton A. The discursive field of Web-based health research: Implications for nursing research in cyberspace. <i>ANS</i>
40.	Kendall J., Hatton D., Beckett A., & Leo M. Children’s accounts of attention-deficit/hyperactivity disorder. <i>ANS</i>
2004	
41.	Georges J. & McGuire S. Deconstructing clinical pathways: Mapping the landscape of health care. <i>ANS</i>
42.	Reinhardt A. Discourse on the transformational leader metanarrative or finding the right person for the job. <i>ANS</i>
43.	Glass N. & Davis K. Reconceptualizing vulnerability: Deconstruction and reconstruction as a postmodern feminist analytical research method. <i>ANS</i>
44.	Benner P. Seeing the person beyond the disease. <i>American Journal of Critical Care</i> C: 0 / 12
45.	Soltis-Jarrett V. Interactionality: Willfully extending the boundaries of participatory research in psychiatric-mental health nursing. <i>ANS</i>
2005	
46.	Allen D. & Cloyes K. The language of ‘experience’ in nursing research. <i>NI</i> C: 8 / 50
47.	Phillips D. Reproducing normative and marginalized masculinities: Adolescent male popularity and the outcast. <i>NI</i> C: 5 / 46
48.	Georges J. Linking nursing theory and practice: A critical-feminist approach. <i>ANS</i> C: 2 / 14
49.	Kramer M. Self-characterizations of adult female informal caregivers: Gender identity

	and the bearing of burden. <i>Research & Theory for Nursing Practice</i> C: 4 / 20
2006	
50.	Allen D. Whiteness and difference in nursing. <i>NP</i> C: 23 / 62
51.	Ogle, K.R. & Glass N. Mobile subjectivities: Positioning the nonunitary self in critical feminist and postmodern research. <i>ANS</i> C: 5 / 25
52.	Cloyes K. G. An ethic of analysis: An argument for critical analysis of research interviews as an ethical practice. <i>ANS</i>
2007	
53.	Cloyes K. Prisoners signify: A political discourse analysis of mental illness in a prison control unit. <i>NI</i>
54.	Tinley S.T. & Kinney A.Y. Three philosophical approaches to the study of spirituality. <i>ANS</i>
2008	
55.	Campeino M. Beyond transculturalism: Critiques of cultural education in nursing. <i>Journal of Nursing Education</i>
2009	
56.	SmithBattle L. Pregnant with possibilities: Drawing on hermeneutic thought to reframe home-visiting programs for young mothers. <i>NI</i>
57.	Lagerwey M.D. In their own words: Nurses' discourses of cleanliness from the Rehoboth Mission. <i>NI</i>
2010	
58.	Kagan P., Smith M., Cowling W.I., & Chinn P. A nursing manifesto: An emancipatory call for knowledge development, conscience, and praxis. <i>NP</i> C: 13 / 54
59.	Nosek M., Kennedy H., & Gudmundsdottir M. Silence, stigma, and shame: A postmodern analysis of distress during menopause. <i>ANS</i>
60.	Kako, P.M. & Dubrosky R. "You comfort yourself and believe in yourself": Exploring lived experiences of stigma in HIV-positive Kenyan women. <i>Issues in Mental Health</i>

	<p><i>Nursing</i></p> <p>S: The authors draw on Goffman's notion of stigma and Foucault's notion of heterotopia ("the societal process of stigmatization in creation of other spaces," those of deviance and of crisis, p. 151).</p>
61.	Kagan P. N. & Chinn P. L. We're all here for the good of the patient: A dialogue on power. <i>NSQ</i>
62.	Polifroni E. C. Power, right, and truth: Foucault's triangle as a model for clinical power. <i>NSQ</i>
2014	
63.	<p>Lasater K.B. Invisible economics of nursing: Analysis of a hospital bill through a Foucauldian perspective. <i>NP</i></p> <p>S: The author of this brief paper points out the invisibility of nursing services on a hospital bill in the US. Nursing care is subsumed under the board and room category, whereas other allied health providers bill for their services directly. The author explains this situation by the oppression of nurses by the dominant medical model. She argues that nurses will overcome oppression by making their contribution visible through a separate line on a hospital bill. The path to overcoming oppression is through emancipation or becoming aware of the oppressive power structures; the process of emancipation is realized through <i>technologies of the self</i> outlined in Foucault's later work. (Lasater cites McCabe & Holmes, 2009, on Foucault's vision of "emancipation.")</p>
64.	Topaz M., Troutman-Jordan M., & MacKenzie, M. Construction, deconstruction, and reconstruction: The roots of successful aging theories. <i>NSQ</i>

Appendix H

Table 9

References to Postmodernism, Post-Structuralism, and M. Foucault in American Nursing Textbooks

Part One. Long-running editions of nursing theory textbooks (in alphabetical order based on the first author)
1.1
<p>Chinn P.L. & Jacobs M.K. (1983) <i>Theory and nursing: A systematic approach</i>. St. Louis: Mosby 1987 – 2nd ed.</p> <p>Chinn P.L. & Kramer M.K. (1991) <i>Theory and nursing: A systematic approach</i>. 3rd ed. St. Louis: Mosby 1995 – 4th ed.</p> <p>1999 – <i>Theory & nursing: Integrated knowledge development</i>. 5th ed.</p> <p>2004 – <i>Integrated knowledge development in nursing</i>. 6th ed. St. Louis: Mosby</p> <p>2008 – <i>Integrated theory and knowledge development in nursing</i>. 7th ed. St. Louis: Mosby Elsevier</p> <p>2011 – 8th ed.</p> <p>2015 – <i>Knowledge development in nursing: Theory & process</i>. 9th ed.</p>
<p>Beginning with early editions, this book is structured on Carper’s (1978) patterns of knowing modified and extended by Chinn.</p> <p>A constant feature of this book is sections on “empiric knowledge development” and “confirmation and validation of empiric knowledge in practice.” After Carper, Chinn equates the notion of “empiric knowledge” with scientific knowledge. It is exclusively within the phrase “empiric theory” that the term theory appears in this book. Thus, the term theory itself seems to be equated with “science,” limiting appreciation of “social theory” or “French theory” as the material of the humanities.</p> <p>In Chinn and Kramer’s (e.g., 1999) framework of “integrated knowledge development,” the notion of <i>theory</i> (and an extensive elaboration of nature, structure, and validation strategies of theory, as well as the role of research and practice for theory generation and testing) is affiliated squarely with “empiric knowledge,” that is, “the use of sensory experience for creation of mediated knowledge expressions” (p. 253). The other three “patterns of knowing”—ethical, personal, and aesthetic—much valued by the authors, are discussed in separate chapters but <i>not</i> in any way associated with <i>theory</i>. The Table of Contents clearly structures the domains of knowledge and rhetorically places the notion of theory exclusively within one of them. What is the significance of this observation for my argument? The significance of such classificatory practices (as of any act of division and categorization) lies in channeling the reader’s vision, allowing some phenomena to be perceived in particular ways while others obscured. (My own attempt to recast and reconfigure the body of Foucauldian nursing scholarship is no exception.) Chinn and Kramer’s text, as many other nursing theoretical sources, identifies some nurse scholars as theorists while others as ethicists, for example. Most notably, American nurse</p>

scholars Joan Liaschenko (who studied morality of nursing practice) and Margarete Sandelowski (who wrote on the aesthetics of qualitative research), both favourably cited by Chinn and Kramer (1999, 2011), have been “locked” in the domains of “ethical knowledge” (as has been another American scholar, Sally Gadow, by other commentators) and of “aesthetics,” respectively. Unwittingly, the framework of “integrated knowledge development” effectively decouples the highly theoretical scholarship of these three scholars from the realm of “theory” in the discourse of nursing knowledge. Non-American PM and PS nurse theorists are similarly screened out by such a framework.

Starting with the sixth edition, Chinn and Kramer (2004) acknowledge, over two pages, “emerging trends of knowledge development” (p. 38) comprised of “interpretive and critical approaches” and “poststructuralist approaches.” Varieties of critical theory are summarized thus: “Critical feminist theory centers on issues of gender discrimination. Critical social theory focuses on class issues as they perpetuate unfair educational, political, and other social practices. The ‘critical’ focus points to a need to undo and remake oppressive social structures” (p. 40). A paragraph on postmodernism indicates the term’s lack of clarity and a postmodern de-centering of the scientific method with acceptance of various research methods. A one-page subsection on “poststructuralist approaches” cites Allen & Hardin (2001) in *NP*; Francis (2000) in *NI*; and Arslanian-Engoren (2002) in *JAN*. A paragraph on poststructuralism ends with the following synopsis: “Critical language and discourse analyses that uncover how language functions to perpetuate systems of oppressions and domination are important new dimensions to nursing knowledge” (p. 40).

The eighth edition (Chinn & Kramer, 2011):

1) A half-page section on “poststructuralist approaches” (p. 51) cites Cloyes (2006) in *ANS*; Thompson (2007) in Roy & Jones; Tinley & Kinney (2007) in *ANS*, in addition to those papers listed above. PS is described as above. A new separate half-page section on “deconstruction and postmodernism” (p. 51) is added. PM is described as above. Deconstruction is said to involve analyses of texts (written, visual) to uncover assumptions, ideologies, and frames of reference and to show them as unwarranted bases for truths. The goal of deconstruction is to undermine unjust language- and social practices (p. 51).

Of interest to me is that within this chapter’s discussion of evidence-based practice (EBP) three other articles are cited (all by non-American nurses) that are informed by PM/PS: Evans, Pereira & Parker (2009) in *NI* on the dominant role of medicine in directing nursing practice; Rolfe (2006) in *NI* on clinical relevance of theory and research; and Holmes, Perron & O’Byrne (2006) on critique of EBP. It is not clear that Chinn & Kramer “connect the two,” i.e., read these articles as *examples* of PM/PS nursing work (i.e., as applications of PM and PS ideas to analyze nursing issues).

2) A novel feature of this edition is a newly formulated pattern of knowing, “emancipatory, or the praxis of nursing,” central to and interrelated with the other four. A separate chapter devoted to emancipatory knowing outlines its three facets: Habermas’s three fundamental human interests (technical, practical, and emancipatory), Freire’s liberation theory, and poststructuralism of Foucault (p. 71).

Additional comments:

<p>PS is said to be “anti-realist.”</p> <p>Examples of the use of Foucault in selected nursing publications are presented: Aston (2008) in <i>NI</i>; Bradbury-Jones et al. (2008) in <i>JAN</i>; Phillips (2006) in <i>IMHN</i>; Doering (1992) in <i>ANS</i>.</p> <p>The ninth edition (Chinn & Kramer, 2015) reprints this material.</p> <p>So what am I making of these quotations in the context of Chinn and Kramer’s well-known books? PM and PS are selectively “noticed” when: they are useful to counter “oppression and domination”; the title unambiguously includes the keywords (e.g., “Feminist poststructuralism: A methodological paradigm for examining clinical decision-making” by Arslanian-Engoren, 2002); and the authors preferably are American nurses. As to other ideas in the book, none of them is revisited in light of PM/PS critiques. Taking account of new developments, the book adopts an “additive” approach to knowledge: the rest of the book’s ideas is immune to PM and PS challenges.</p>
1.2
<p>Fawcett J. (2005) <i>Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories</i>. 2nd ed. Philadelphia, PA: F. A. Davis Company</p> <p>Fawcett J. & Desanto-Madeya S. (2013) 3rd ed. Philadelphia, PA: F. A. Davis Company</p>
No references to PM, PS, or Foucault based on my review of the table of contents and detailed index
1.3
<p>Fitzpatrick J.J. & McCarthy G. (Eds.) (2014) <i>Theories guiding nursing research and practice: Making nursing knowledge development explicit</i>. Springer</p>
Refer to 1.12 below for description of another compilation, Smith & Liehr (2003), which includes overlapping content.
1.4
<p>Fitzpatrick J.J. & Whall A.L. (1983) <i>Conceptual models of nursing: Analysis and application</i>. Brady Co.</p> <p>1989 – 2nd ed. Norwalk, CT: Appleton & Lange.</p> <p>2004 – 4th ed. Prentice Hall</p> <p>2016 – <i>Conceptual models of nursing: Global perspectives</i>. 5th ed. Pearson</p>
<p>Second edition: No references to PM or PS.</p> <p>Fifth edition: In her chapter “Philosophy of Science Positions and Their Importance in Cross-National Nursing,” Whall (2016) devotes one page to a discussion of PM. The basis of her discussion is Reed’s (1995) article, which positions PM as a stage in the philosophy of science following positivism and leading to a more desirable worldview of neomodernism (pp. 13–14).</p>
1.5
<p>Johnson B.M & Webber P. B. <i>An introduction to theory and reasoning in nursing</i>. 2005 – 2nd ed.</p>

2010 – 3rd ed.

The 3rd edition is described as “presenting a detailed discussion of the relationship between theory, research, and reasoning in nursing” (Novak, 2010, p. xi). Some chapter titles are: “Language, Meaning, and Structure”; “Theory and Reasoning”; “Foundations of Nursing Theory”; “Introduction to Research”; “Theory and Practice”; “Multidisciplinary Theory.”

Although the authors are critical toward selected ideas from the American nursing metatheoretical literature (e.g., the four metaparadigm concepts, Parse’s exotic language, or the idea that nursing theory should be completely isolated from “support theories” drawn from other disciplines), their presentation of theory reflects the logical positivist philosophy of science, as described by Risjord (2010). The most illustrative case of positivist influences is the authors’ view of theory as consisting of “building blocks,” starting from “observation of phenomena,” and progressing upward through “ideas,” “concepts,” and “propositions.” If these initial formulations are supported through research, that is, verified empirically, they become “facts, principles, and laws” of “established theories” (p. 23). The authors approvingly cite a 1971 *Primer in Theory Construction* by Reynolds; they also turn to Hempel’s 1965 book as an authority on the nature of scientific laws.

Quite literally, Foucauldian ideas are unintelligible when approached from the framework of this book. The authors cite Holmes and Gastaldo’s (2002) “Nursing as means of governmentality.” Let us examine what is made of this Foucauldian critique of nursing. The context for the discussion is Johnson and Webber’s advocacy for the idea of “nursing laws,” and Orem’s self-care theory is suggested as one such law (pp. 29–30). Holmes and Gastaldo’s work is read as supporting the universality of Orem’s ideas and “nursing’s focus on helping people care for themselves” (p. 30). I quote: “In 2002, when discussing governmentality and nursing’s role in public policy, Holmes and Gastaldo highlighted the role nursing played in bringing the importance of self-care and self-responsibility to the forefront of socially responsible policy” (Johnson & Webber, 2010, p. 30). Holmes and Gastaldo’s attempt to interrogate nursing’s unacknowledged role as an agent of biopolitics is transformed into a self-congratulatory narrative of nursing influencing public policy and deployed to support the “law” of nursing science.

One of the advantages of this undergraduate text is its inclusion of chapters on theory and research so that nursing students, early in the course of study, are introduced to connections among theory, research, and practice. The “Introduction to Research” chapter by Clarke (2010, pp. 217–249) mentions postmodernism when presenting the relationship between “philosophies and methodologies”: Modernism is said to correspond to quantitative (“logical positivism/empiricism”) methodology; postmodernism to qualitative methodology; and neomodernism to “undiscovered methods” (“futuristic existentialism”). This two-page discussion draws heavily on “postmodern” nursing metatheory by Reed (2009 [*sic*] 1995) and Watson (1999), before embarking on a standard, social science introduction to types of research and research process. Intriguingly, Cheek’s (2000) *Postmodern and Post-structural Approaches to Nursing Research* is cited in the section on neomodernism. Contrary to what might be expected, postmodernism neither informs the chapter on language and meaning nor appears in the chapter on multidisciplinary theory.

The book aims to achieve an important goal—develop clinical reasoning in nurses—and several examples, cases, and exercises in the text are geared toward this goal. At a glance, the authors draw on some valuable resources on critical thinking, e.g., the 1995 MIT book *Cognition on Cognition*. However, synthesizing these sources with American nursing (meta)theory that unwittingly propagates a logical positivist conception of theory, the book’s attempt to present a contemporary understanding of the processes of thinking and reasoning is obscured.

1.6

Kenney, J. W. (1996). *Philosophical and theoretical perspectives for advanced nursing practice*. Boston: Jones & Bartlett Publishers.

1999 – 2nd ed.

2002 – 3rd ed.

Cody, W. K. (2006). *Philosophical and theoretical perspectives for advanced nursing practice*. 4th ed.

2013 – 5th ed.

The 3rd & 4th editions include Gadow’s (1999) “Relational narrative: The postmodern turn in nursing ethics” article in a book section devoted to “nursing’s metaparadigm of nursing and health.” (Refer to Table 6 in Appendix G for article summary.)

1.7

Kim H.S. & Kollak I. (Eds.) (1999). *Nursing theories: Conceptual and philosophical foundations*. Springer

2006 – 2nd ed.

This edited collection consisting of 16 chapters is unusual in the American nursing theoretical scene for at least four reasons. First, it is truly international: co-edited by an American nurse metatheoretician (Kim) and a German nurse academic (Kollak). Only four contributors are Americans, including Kim and Powers, while the other nine are from Norway, Germany, and Sweden. Second, it is *the only* American textbook on the topic of nursing theory bringing together interdisciplinary perspectives from the fields of philosophy including continental, sociology, psychology, and gender studies. Third, it is *the only* American nursing theory textbook presenting (sociological and continental-philosophical) critical analyses of key American nursing theory. (In nursing, criticisms of this kind are found in a relatively small number of journal articles, in a few philosophical books by British and Canadian philosophers writing on nursing, as well as in a 1992 collection by Thompson, Allen, & Rodriguez-Fisher, but such significant and well-informed criticisms are otherwise non-existent.) Finally, PM, PS, and/or Foucault’s work are confidently cited in three chapters: a) P. Powers undertakes an analysis of the notion of “need” central to some nursing theories; b) a sociologist Kleve cites Lyotard; c) a scholar with philosophy background Balke undertakes an archeology of normalization; he draws on Foucault’s oeuvre (the medical gaze, the panopticon, disciplinary society, power/knowledge) and Deleuze’s notion of control society. A focus of this critique is illness as risk.

The first edition of this book included citations to Foucault in two chapters, one by Powers and the other by Balke.

1.8

Marriner A. (1986) *Nursing theorists and their work*. Mosby

Marriner Tomey A. (1989) 2nd ed. St. Louis: Mosby

1994 – 3rd ed.

Tomey A. & Alligood M.R. (1998) 4th ed.

2002 – 5th ed.

2006 – 6th ed. Mosby, Elsevier.

Alligood & Tomey (2010) 7th ed.

Alligood (2014) 8th ed.

Up to and inclusive of the 4th edition: No reference to nursing theoretical work informed by PM or PS theory.

5th edition: One of the introductory chapters, titled “History and Philosophy of Science,” under the subheading *Emergent Views of Science and Theory in the Late 20th Century*, briefly summarizes Foucault’s *The Order of Things*; however, no connection is made between this summary and the content of the chapter as well as the subject of nursing theory.

6th edition: In addition to a reference to Foucault as found in the previous edition, his work is named among several philosophical influences on a “philosophy of caring” articulated by a Norwegian nurse and philosopher Kari Martinsen (pp. 167, 174). The episteme (conditions of possibility for knowledge) and de-centering of the subject are Foucault’s themes said to influence Martinsen’s work.

1.9

Meleis A.I. (1985) *Theoretical nursing: Development and progress*. Philadelphia: Lippincott

1991 – 2nd ed.

1997 – 3rd ed.

2007 – 4th ed.

2012 – 5th ed.

In the 3rd edition, Meleis (1997) discusses the emergence, in the latter half of the 1980s, of “alternative approaches to knowledge” such as critical theory and feminism as a milestone of theoretical nursing. Meleis emphasizes that “such frameworks . . . maintained the integrity of the basic ontological beliefs that have historically guided nursing practice, for example, holism, integrated responses, and relationship with environment” (p. 45). Another part of the book presents three “perspectives on knowing”: empiricist, feminist, and critical theory. In contrast with Chinn’s writings on feminism that expose male domination and advocate for women’s bonding, Meleis’s notion of feminism reflects attention to gender in a sense of promoting “gender-sensitive theories” and affirming gender equity (p. 154). Critical theory, exemplified by the philosophy of Habermas and work of David Allen in nursing, focuses on power and emancipation. Again, Meleis finds it important to remind nurses that “critical theory is not a substitute for nursing theory” (p. 157). [Similarly, the 2nd edition addresses feminism and critical theory in this way.]

The chapter on theory construction draws on Gibbs, Hage, Reynolds, and Merton.

Meleis’s books are impressive, 600–800 page narratives of “theoretical nursing.” A curious feature of these books is the last part, “Our Historical Literature” (e.g., Meleis, 2007).

Comprising about one-third of the book's volume, this part includes a meticulous annotated bibliography of metatheoretical nursing literature from 1960 to 1984 and a bibliography (citations) of theory and metatheory (the latter seems to be updated for each edition). A comparison of bibliographic sources in the 3rd (1997) and 5th (2012) editions yields an interesting perspective on what an influential American nurse theorist considers worth mentioning as examples of nursing theory.

The 3rd edition is silent on PM, PS, and Foucault, although the bibliography includes Reed's (1995) and Watson's (1995) papers on postmodernism.

Starting with the 4th edition in 2007, the terms *postmodernism*, *poststructuralism*, and *postcolonialism* find their place in the text. What in the previous edition was presented as the three perspectives on knowing (i.e., empiricist, feminist, and critical theory) is expanded here into "four views of knowing" (p. 489) or "views of science" (p. 492): the received view, perceived view, interpretive view (encompassing "feminist knowing" and "critical knowing"), and "postmodernism, poststructuralism, and postcolonialism views." The latter is discussed over one-and-a-half pages and summarized in two tables. Meleis (2007) is possibly the only American nurse theorist who uses Drevdahl's (1999) paper as an example of PS critique of the notion of holistic person. Moreover, several articles informed by PM and PS from *JAN*, *NI*, *NP*, and *ANS* are listed in the bibliography under critical theory and feminist perspectives. Meleis is also correct about PS anti-essentialism and its interest in "historicizing" various phenomena. Refreshingly, Meleis cites a few contemporary social theory texts. However, Meleis appears to be alarmed about nurses' interest in these intellectual movements. Her concern relates to an observation she makes that PM "deconstructs concepts," structures, and metanarratives as well as it expresses skepticism toward a project of "structured theoretical formulations" (pp. 496–497, 504), which she says is counterproductive to the processes of nursing knowledge development.

The 5th edition (2012) is similar in its presentation of PM/PS in the body of the text. Meleis identifies four "views of knowing": 1) the received, 2) the perceived, 3) the interpretive, and 4) the postmodernism, poststructuralism, and postcolonialism view (p. 138). Two tables compare and contrast these views. One-and-a-half page is devoted to a summary of the PM/PS view. What is new in this edition is that Meleis takes a firm position toward postmodernism: "it failed to have a practical relevance for health problems within the field of medical sociology [she cites one non-nursing source here]. Similar assumptions could be made about its utility for nursing science" (p. 149). This section on PM/PS/postcolonialism ends with the following cautionary note: "It is often said that all the 'post' epistemologies are all for 'everything goes' (Chinn & Kramer, 2003), and they do not allow for constructing and developing theories. Critics should continue to inform and challenge epistemic diversity for knowledge development in nursing" (p. 150).

Bibliography includes a range of citations to American and non-American PM and PS journal papers.

1.10

Nicoll L.H. (1986) *Perspectives on nursing theory*. Boston: Little, Brown.
1992 – 2nd ed.
1997 – 3rd ed.

Shearer N.B.C., Nicoll L.H. & Reed P.G. (2004) 4th ed. Philadelphia: Lippincott Williams & Wilkins

Reed P.G. & Shearer N.B.C. (2009) 5th ed
2012 – 6th ed.

The 3rd edition of this anthology includes a paper by Gortner (1993) “Nursing’s Syntax Revisited.” This article dubs Foucault “a philosopher of the month” alongside Kuhn, Laudan, Habermas, and Toulmin.

The 5th edition of this anthology is comprised of 72 articles. Eight of the following 10 articles cite/mention Foucault and/or postmodernism:

American participants of the nursing (meta)theoretical debates

1. Gortner (1993) – as above
2. Reed (1995) A treatise on nursing knowledge development for the 21st century. *ANS*
3. Whall & Hicks (2002) The unrecognized paradigm shift in nursing. *Nursing Outlook* (The authors’ thesis extends that by Reed, 1995, and invites nurses to recognize the shift in the philosophy of science from “positivism,” which the authors associate with the medical model, to “neomodernism” associated, according to authors, with the work of Laudan and Lakatos published in 1977.)

American nurse “philosophers”/ “ethicists”

4. Liaschenko & Fisher (1999) Theorizing the knowledge that nurses use in the conduct of their work. *SINP* (The authors do not draw on PM or PS ideas, but this work exemplifies interesting theorizing in our discipline, which however does not fit into the canon of American nursing theory.)
5. Gadow (1999) Relational narrative: The postmodern turn in nursing ethics. *SINP*

Non-American nurse authors

6. Nelson & Gordon (2004) The rhetoric of rupture. *Nursing Outlook* (This article does not cite Foucault, but reminds the reader that nursing is a *practice* with a history—an observation that challenges contemporary nursing discourses of professionalism, which operate ideologically by discounting nursing’s past. That is, only the discipline of nursing—“unique nursing science”—is presented in American nursing theoretical literature as having a history, whereas nursing *practice* is ignored.)
7. Purkis & Bjornsdottir (2006) Intelligent nursing. *NP* (The authors extend postmodern theorizing of nursing practice by an Australian nurse J. Parker. Works of other social theorists, Giddens and Latour, also inform this analysis.)
8. Holmes & Gastaldo (2002) Nursing as means of governmentality. *JAN* (This analysis is based on Foucault’s notions of power and governmentality.)

Holmes & Gastaldo (2002) remind the reader about the political nature of nursing. Nursing is a constitutive element of governmentality, or *conduct of conduct* of individuals and populations, through its intimate participation in matters of life such as supervision of and intervention over biological existence; that is, nurses are involved in the exercise of bio-power. “The concept of governmentality challenges many assumptions taken for granted in nursing: ethics becomes politics, patient empowerment becomes a call for self-regulation” (Holmes & Gastaldo, 2002, p. 564). Interestingly, Holmes & Gastaldo draw a line between “more oppressive and more caring” forms of governmentality constituting nursing practice. This reading of Foucault differs from applications of the notion of governmentality by other Foucauldian scholars in nursing who

perhaps are less sanguine about a “caring” form of governmentality.

9. Rolfe (2006) Judgments without rules: Towards a postmodern ironist concept of research validity. *NI* (The author cites an array of French PS philosophers, Rorty, and American gurus of qualitative research Denzin & Lincoln.)
10. Stevenson & Beech (2001) Paradigms lost, paradigms regained: Defending nursing against a single reading of postmodernism. *NP* (The authors’ thesis, as well as sources they cite, echo Rolfe’s ideas expressed in his book on postmodern nursing research.)

These last five articles approach nursing issues through a lens of contemporary continental philosophy, but when these approaches are not explicitly signaled by the editors, but rather are assimilated within the framework of American nursing metatheory, this framework over-determines potential readings of these pieces. One striking example is Johnson and Webber’s interpretation of Holmes and Gastaldo (refer to point 1.4 above).

The 6th edition includes 52 articles. From the 10 papers listed above (eight of which address PM/PS), only Reed (1995) is retained. Instead, three articles informed by postcolonial theory by Canadian scholars are included: two from UBC (J. Anderson is a co-author on both) and a paper by D. Holmes and colleagues from U of Ottawa.

1.11

Parker M.E. (1993) *Patterns of nursing theories in practice*. New York: NLN
 Parker M.E. (2006) *Nursing theories and nursing practice*. 2nd ed. F. A. Davis Company, PA
 Parker M.E. & Smith M.C. (2010) 3rd ed.
 Smith M.C. & Parker M.E. (2015) 4th ed.

No references to PM, PS, or Foucault based on my review of the table of contents and detailed index

1.12

Smith M.J. & Liehr P.R. (Eds.) (2003) *Middle range theory for nursing*. Springer
 2014 – 3rd ed.

No references to postmodernism, post-structuralism, or Foucault based on my review of the table of contents and index. I also probed for continental philosophical and social theoretical influences in this edited collection. The titles of the three “middle range theories” included in the book suggest a possibility of interdisciplinary influence upon nurses by the writings in the humanities: “The Theory of Community Empowerment,” “The Theory of Meaning,” and “The Theory of Attentively Embracing Story.” In the first case, no social theory is used to discuss the notion of power. In the second case, a theory is claimed to draw on Frankl’s work on existential psychiatry and logotherapy. The author, P. Starck, who is a nurse and logotherapist, writes about her personal meetings with Victor Frankl. Frankl’s work deserves attention, but the nursing theoretical framework for its presentation is limiting. The basis for claiming Frankl’s ideas as a foundation for *nursing* theory is not clear. Finally, the title of the third theory I examined suggests that theoretical notions like *story*, *narrative*, and *plot* arise and might be usefully contextualized in the fields of literary study and medical humanities. But this is not the case. Instead, the notion of a “human story” is embedded in references to extant nursing theory.

1.13

Walker L.O. & Avant K.C. (1983) *Strategies for theory construction in nursing*. NY: Appleton-Century-Crofts

1995 – 3rd ed. Norwalk, CT: Appleton & Lange

2005 – 4th ed. Upper Saddle River, NJ: Pearson/Prentice Hall

2011 – 5th ed.

As the previous editions, the 5th edition begins with an overview of theory and theory development in nursing. Describing the “evolution of theory development,” the authors sketch, over two pages, how views of science and theory “expanded” in the American nursing discipline, from criticisms of logical positivism to addition of qualitative methodologies. The authors observe that from the mid-1980s and through the 1990s, philosophical perspectives of critical theory and feminism have been introduced into debates on nursing science. Summarizing main points from the paper by J. Campbell and Bunting (1991) “Voices and Paradigms: Perspectives on Critical and Feminist Theory in Nursing” published in *ANS*, Walker and Avant devote a paragraph each for critical theory and feminism. Then, the following paragraph addresses PM as it has emerged in nursing literature: as a challenge to modern science and as an approach requiring caution (the authors cite Reed, 1995; Whall & Hicks, 2002; Stajduhar et al., 2001; Kermode & Brown, 1996). [The 4th ed. presents PM in the same way.]

Of interest is that the authors set up a learning activity called “The disparagement of 20th-century nurse theorists.” They set the stage with a comment about a common rejection of nursing theory by students and nurses. To make students think about such “unfair practices” (my words), the authors advise students to read Nelson and Gordon (2004; anthologized in Reed & Shearer, 2009; and discussed above in 1.10) and to reflect upon some questions. The questions guide students to consider whether nurse educators, when teaching courses on nursing theory, perhaps treat some nursing theory without respect and express *ad hominem* attack toward selected theorists; and whether, in general, past contributions of nurse theorists are undervalued.

It is ironic that, although Nelson and Gordon’s main point is indeed a critique of the subjugation of nursing’s history in attempts to position current nursing as a radical departure from the past, this critique is only a thinly veiled undermining of the American nursing theory movement—including the very narrative presented by Walker and Avant. Nelson and Gordon (2004) write: “In nursing, the profession and its elites have a well articulated history, but nursing practice does not. If a commonly accepted discourse is blind to the skill and competence of ordinary nurses of the past, it risks denying the skill and competence of ordinary nurses in the present” (p. 76). It is curious but also perhaps logical that the intellectual matrices of American nursing science instantiated in Walker & Avant’s writing about nursing knowledge preclude their interpretation of Gordon & Nelson as a *critique* of American nursing theory.

Two final comments: The authors present examples of papers on nursing knowledge from other countries as *global nursing theory* development. The book extensively cites Reynolds, Hage, and Hempel as experts on theory construction.

Part Two. Other American nursing textbooks (in chronological order)

2.1

Thompson J.L., Allen D.G. & Rodriguez-Fisher L. (Eds.) (1992) *Critique, resistance, and action: Working papers in the politics of nursing*. New York: NLN Press

Includes 12 papers presented at the second conference on Critical and Feminist Perspectives in Nursing in 1991 in Ohio.

a) Allen in “Feminism, Relativism, and the Philosophy of Science” cites feminist philosophers, Foucault, Giddens, Rorty and others to present models of inquiry practiced in the humanities that can be useful for nurses. This chapter is included in Rafferty & Traynor (2002) book (Refer to Table 8 in Appendix I).

b) Thompson in “Identity Politics, Essentialism, and Constructions of ‘Home’ in Nursing” draws on anti-essentialist feminist writings participating in politics of difference to challenge “essentializing approaches to nursing identity” (p. 30).

c) Maeda Allman in “Race, Racism, and Health: Examining the ‘Natural’ Facts” cites Haraway and Foucault.

d) Gray’s “A Feminist Critique of Jean Watson’s Theory of Caring” does not cite PM or PS, but is a rare example of American criticism of the discourse of caring in nursing theory.

e) Hiraki in “Language and the Reification of Nursing Care” does not cite PM or PS, but presents related ideas about the role of language in the social construction of nursing practice.

2.2

Chinn P.L. (1994) *Advances in Nursing Science* series. Aspen Publishers.

- *Developing nursing perspectives in women’s health.*
- *Advances in methods of inquiry for nursing.*

A series of thematic anthologies of selected articles published in *ANS*. One exception is “Advances in methods of inquiry,” which includes manuscripts submitted to *ANS* and selected by a peer review, but not published due to a large volume of submissions for that particular issue. From the four volumes in this series that I accessed, one American paper, by Dickson, 1990, and two non-American papers, by Purkis and Cheek & Rudge, cite Foucault and other PS theorists.

Developing nursing perspectives in women’s health.

a) Sandelowski (1988) *A case of conflicting paradigms: nursing and reproductive technology*. The author does not explicitly cite PM or PS ideas, but this work exemplifies interesting theorizing in our discipline, which however is not treated as part of the “nursing knowledge” canon of American nursing theory.

b) Dickson (1990) *Feminist poststructuralist analysis of the knowledge of menopause*. Drawing on several works of Foucault and interviews with a group of women, the author illustrates how dominant societal discourses, i.e., a biomedical view of menopause, shape women’s perceptions of their bodies. This research is an early example of Foucault-informed analysis of interview texts, which tries to discern operations of power/knowledge in discourse.

Advances in methods of inquiry for nursing.

<p>a)Purkis (1994) Representations of action: Reorienting field studies in nursing practice This article by a Canadian nurse scholar is a critique of nursing field studies or ethnographies.</p> <p>b)Cheek & Rudge (1994) Inquiry into nursing as textually mediated discourse These Australian authors introduce a novel method of discourse analysis. “Language as a meaning-constituting system that is both historically and socially situated” (p. 59)</p>
2.3
<p>Omery A., Kasper C.E. & Page G.G. (Eds.) (1995) <i>In search of nursing science</i>.</p>
<p>Includes two chapters by L. Dzurec introducing PS and Foucault’s power/knowledge.</p>
2.4
<p>Benner, P. (Ed.) (1994) <i>Interpretive phenomenology: Embodiment, caring, and ethics in health and illness</i>. Sage</p>
<p>Patricia Benner, an influential American nurse theorist known for formalizing the five stages of development of a nurse’s competence from novice to expert and for proposing a methodology of interpretive phenomenology based on Heidegger’s ideas, occasionally cites Foucault’s <i>The Birth of the Clinic</i> (e.g., in her chapter in this book). However, with M. Heidegger, A. MacIntyre, C. Taylor being the central influences, her use of Foucault is peripheral. In addition to being episodic, Benner’s references to Foucault ignore his key insight about the operation of power. This omission results in descriptions of nursing practice that are naïve and “evangelistic” in their treatment of power (Purkis, 1994).</p>
2.5
<p>Polifroni E.C. & Welch M. (1999) <i>Perspectives on philosophy of science in nursing: An historical and contemporary anthology</i>. Lippincott Williams & Wilkins</p> <p>As the title conveys, philosophy of science is the unifying theme of this collection. Topics in philosophy of science (e.g., truth, explanation, science and gender) and continental philosophical movements (e.g., phenomenology, critical theory, feminism, and postmodernism) are illustrated by a selection of nursing work. Among the advantages of this collection is inclusion of excerpts from original works by philosophers of science and continental philosophers.</p> <p>Together with <i>In Search of Nursing Science</i> (Omery et al., 1995), this collection is one of the earliest American nursing metatheory texts that present a separate section on postmodernism.</p> <p>The final section of the book, “Postmodernism and Nursing Science,” includes three articles: Watson (1995), Reed (1995), and Dzurec (1989).</p> <p>What limits the ability, in American nursing literature, to appreciate the full scope of PM and PS criticisms in philosophy and other humanities, is the lasting and confining enmeshment of (“legitimate”) nursing theoretical scholarship with the notion of “nursing science.” From a variety of PS writings available in <i>ANS</i> (not to mention <i>NI</i> and <i>JAN</i>) in the late 1990s, Polifroni and Welch select only three above-named articles for their anthology. Of interest, too, is that no original philosophical work by French philosophers is included in this section.</p>

In a brief introduction to this section, the editors describe what they see as main PM ideas: the endorsement of multiple “approaches to knowledge,” the relationship between power and knowledge theorized by Foucault, and Rorty’s claim that “the concern for truth within postmodernism is replaced with a concern for meaning and utility.”

Reviewing this book, Hussey (2001), who has a background in analytic philosophy, comments that some contemporary and valuable ideas in philosophy of science presented in this anthology are thoroughly buried within outdated and inaccurate ones; thus, in the absence of guidance, the reader is unlikely to separate the wheat from the chaff. This observation, I suggest, applies equally to the section on postmodernism.

2.6

Sandelowski M. (2000) *Devices & desires: Gender, technology, and American nursing*.

A historical analysis of relationships between nursing and technology. An excellent writer and theoretician, Sandelowski is mostly known for her work on research methodology. Her perceptive writings on the topic of technology published in American nursing journals have never made it into the canon of “nursing knowledge.”

2.7

Powers P. (2001) *The methodology of discourse analysis*. NLN

Penny Powers completed her doctoral work at the University of Washington (supervisor D. Allen). In Chapter 5, I discuss a small group of American scholars mentored by Allen and/or participating in the conferences on Critical and Feminist Perspectives in Nursing, whom I call “the enclave group.” Powers and other “enclave” scholars are among a few American nurse authors embracing Foucault’s notion of discourse and using discourse analysis in their research.

2.8

Rodgers B.L. (2005). *Developing nursing knowledge: Philosophical traditions and influences*. Lippincott Williams & Wilkins

The advantage of this textbook is its focus on the development of nursing knowledge not limited to the canon of American nursing theory but attentive to nursing work informed by PM, PS, hermeneutics, and critical theory. A chapter on the “postmodern turn” surveys key notions commonly associated with PM and PS movements and refers to the work of Foucault, Lyotard, and Derrida. Usefully, this survey goes into greater depth than other monographs on “nursing knowledge” such as Chinn & Kramer or Meleis. But even in Rodgers, interpretations of PM and PS are usually limited to those accepted in American nursing theory literature: an emphasis on the criticism of the metanarrative of medical science and on the celebration of methodological pluralism including human sciences (nursing as a human science) and qualitative research (p. 139–142).

The major limitation in how PM and PS are presented relates to the book’s framework that does not embed these movements in the context of continental philosophy, but rather in the context of selected ideas from the philosophy of science blended with the American philosophy of nursing science. It is these disciplinary traditions rather than disciplinary lenses from the humanities that shape Rodgers’s presentation of PM and PS for nurses.

2.9
<p>Dunphy L. & Longo J. (2007) Reflections on postmodernism, critical social theory, and feminist approaches: The postmodern mind. In P.L. Munhall (Ed.) <i>Nursing research: A qualitative perspective</i>. 4th ed.</p> <p>Longo J. & Dunphy L.M. (2012) Postmodern philosophy and qualitative research. In 5th ed.</p>
<p>In the 5th edition, “traditional positivistic science” is contrasted with “critical science” said to encompass postmodernism, critical theory, and feminist theory. A brief summary of critical theory and feminism and their applications in nursing mostly draws on examples from <i>Advances in Nursing Science</i>. Following Chinn & Kramer, the authors characterize critical science as concerned with social justice. Postmodern research is discussed with reference to the work of P. Lather, an American education scholar who advocates freedom from rigid rules in inquiry (p. 106).</p> <p>This chapter appeared first in the 4th edition and has been minimally revised since.</p>
2.10
<p>Thompson J. (2007) Poststructuralist feminist analysis in nursing. In C. Roy & D.A. Jones (Eds.) <i>Nursing knowledge development and clinical practice</i>. Springer</p>
<p>Janice Thompson, one of the American “enclave” scholars during the 1990s (refer to Chapter 5), is currently a nursing professor in a Canadian university. Her chapter presents a well-informed summary of PS and PS feminist theory. These ideas are then used to critique biomedical ethics as well as Benner’s phenomenological analyses of nursing practice.</p> <p>Papers in this collection, mostly by noted American nurse theorists and metatheoreticians (e.g., Roy, Chinn, Rodgers, Newman, Kim), were presented at New England Nursing Knowledge conferences. Although the contributors wrote from different perspectives, it is likely that PS ideas are obscured in the discourse central in many chapters—the philosophy of holism and “the universal cosmic imperative” for nursing knowledge development.</p>
2.11
<p>Michael D. Dahnke & H. Michael Dreher (2011) <i>Philosophy of science for nursing practice: Concepts and Application</i>. Springer</p>
<p>This textbook, designed primarily for students in the Doctor of Nursing Practice (DNP) programs in the US, brings together perspectives of an author with a background in philosophy of science (Dahnke) and a nurse educator (Dreher). PM and Foucault appear in the book in two contexts. The middle part of the book is an overview of the philosophy of science, mostly in relation to the natural sciences followed by a shorter overview of “philosophy of social science” (p. 219). In an accessible and accurate way, the authors address major schools and figures (empiricism, positivism, Popper, Kuhn, post-Kuhnian philosophers, sociology of science, feminist critiques of science) as well as some of the major questions studied by philosophers of science and the historically changing answers to these questions (the purposes of scientific activity, scientific methodology, the nature of observation or the “scientific gaze” [p. 153], the relationship between theory and reality, explanation and laws, and feminist epistemologies). The chapter on relationships between theory and reality presents various perspectives in the “metaphysics of</p>

science” (p. 175), including scientific realism and antirealism, constructive empiricism, and postmodern influences in the philosophy of science.

Although previous American nursing textbooks presenting the philosophy of science (Polifroni & Welch, 1999; Rodgers, 2005) addressed PM in the context of an overarching philosophy of *science* framework (as opposed to continental philosophy)—an emphasis similar to Dahnke & Dreher’s exposition—this latter textbook is a superior American nursing source on the topic in terms of positioning PM and Foucault’s writings. First, Dahnke & Dreher distinguish between the philosophy of science and the philosophy of social science (PM and Foucault are mentioned in both contexts) thus implying that “PM” produced various influences, lends itself to various readings and various kinds of scholarly applications. Second, Dahnke & Dreher’ exposition is informed by philosophical sources rather than American nursing science writings. A persistent issue with the latter relates to a less-informed and often reified perception of science, philosophy, and interdisciplinary social theory in American nursing metatheory. Dahnke & Dreher, by the virtue of their education outside of the realm of American nursing theory (one in philosophy, the other in *nursing practice* streams of American nursing education), avoid the pitfalls of purely nursing American textbooks that enthusiastically but mostly uncritically intermingle philosophy of science with “philosophy of nursing science and nursing theory” (see, e.g., Polifroni & Welch, 1999; Rodgers, 2005).

References to Foucault in Dahnke & Dreher include mentioning a sympathetic reading of Foucault’s work by Ian Hacking, a contemporary philosopher of science, who suggests that what is socially constructed *exists* (contrary to accusations that Foucault denies reality).

This is one of few American nursing textbooks (alongside Kim & Kollak, the American “enclave” scholarship, and non-American Foucault-informed pieces in Shearer & Reed) that presents a good quality albeit brief summary of key PM and Foucault’s notions such as metanarrative, knowledge/power, the panopticon, and antihumanism (p. 262). Regrettably, the authors focus on exposition of these ideas without any attempt to study their application in nursing in and outside of the US.

Latour’s actor-network theory—influential among some non-American Foucauldian nurses but hardly known in American nursing literature—is briefly addressed as an example of sociology of knowledge.

The term *PS* is not used in the book.

Dahnke & Dreher, while presenting the philosophy of science in a well-informed manner, do not try to evaluate philosophy of *nursing science* (i.e., nursing theory and metatheory). In contrast, a critical analysis of American nursing metatheory against a background of debates in philosophy of science is brilliantly done by Risjord (2010).

2.12

Traynor M. (2013). Discourse analysis. In C. T. Beck (Ed.), *The Routledge international handbook of qualitative nursing research* (pp. 282–294). Abingdon: Routledge.

A chapter by a British nurse scholar with a long-standing interest in PM and PS theory.

2.13

Kagan P.N., Smith M.C & Chinn P.L. (Eds.) (2014) *Philosophies and practices of emancipatory nursing: Social justice as praxis*. Routledge studies in health and social welfare

Foucault is cited in the following contexts:

1. “PM intersectional feminism” (Australian authors Glass & Davis)
2. “PS psychoanalytic discourse analysis” (an American nurse Phillips)
3. “Power and parrhesia” (Canadians Perron & Gagnon & an Australian Rudge)

Appendix I

Table 10

Textbooks and Book Chapters by Non-American Authors (Nurses and Social Scientists Writing in Nursing) Citing M. Foucault

Notes.

This Table also includes milestones in nursing continental-philosophical scholarship such as formation of scholarly groups and conferences. These items are not numbered in the Table.

Despite my attempt to be as diligent as possible in creating an exhaustive catalogue of *books* (both monographs and edited collections) that cite Foucault in relation to nursing, I am aware that this list falls short of a full coverage. For one thing, only Anglophone sources were consulted. This excludes nursing Foucauldian scholarship emerging from Brazil and Spain (see Gastaldo & Holmes, 1999, for references to some of these sources). Another consideration: Prolific authors like D. Holmes, Purkis, Rolfe, and Rudge have produced numerous chapters dispersed throughout literature beyond my present review. However, their central ideas are equally developed in those books and articles that *did* inform my analysis.

Date from the earliest	Author, title, summary
1. 1988	<p>Robert Dingwall, Anne Marie Rafferty & Charles Webster <i>An introduction to the social history of nursing</i>.</p> <p>These British authors write the social history of general and psychiatric nursing, midwifery, and health visiting in the UK from the 19th century to the late 20th century. To provide a broader context of societal trends, in a few passages the authors draw on selected ideas from Foucault such as disciplinary society and the rise of the clinic and psychiatry.</p>
1988	<p>In 1988, the Institute for Philosophical Nursing Research (IPNR; now Unit, uPNR) was established in the Faculty of Nursing, University of Alberta, under the leadership of Drs. June Kikuchi and Helen Simmons. From 1989, the Institute held biennial conferences in Banff, Alberta. (The first joined conference between the uPNR and the International Philosophy of Nursing Society is planned for August 2016.) The first IPNR conferences were invitational. Papers presented at the first three conferences, in 1989, 1991, and 1993, were published in three edited collections (Kikuchi & Simmons, 1992, 1994; Kikuchi, Simmons, & Romyn, 1996). At that time, conference attendees included mostly American nurse theorists and metatheoreticians. Although occasional references to postmodern and post-structural writers can be found in these collections, these are an exception. The Institute's early direction was significantly shaped by a conception of philosophy as metaphysics—a non-empirical search for the nature of nursing phenomena—and by the Institute's focus on American nursing (meta)theory rather than on continental</p>

	<p>philosophy and interdisciplinary social theory.</p> <p>This is how continental philosophy was mentioned in the conference papers included in the three books named above: An American nurse Sara Fry (1992) began by saying that she was asked to address the topic of “the cause and effect of the neglect of philosophical inquiry in nursing” (p. 85). She advocated an understanding of philosophy of nursing as encompassing epistemology, ethics, and metaphysics—domains that open up a multiplicity of “forms of inquiry” (p. 92). Fry referred to continental philosophers as a force within the humanities that rejects “the formalized structures of inquiry” (p. 91) and the idea that “an identifiable structure [of inquiry]... can be delineated and articulated <i>prior</i> to the explication of that knowledge or the outcomes of inquiry” (p. 90). Although Fry did not explicitly name any specific nursing “knowledge structure” to which her comments might be directed, in my view, Fawcett’s structure is one such example. Yet it is ironic that Fry’s philosophical “model,” which she said should not be taken rigidly as a “structure,” presented philosophy as itself composed only of domains recognized within <i>analytic</i> philosophy. [These philosophical domains, although widely accepted in nursing (e.g., Johnson; McIntyre) and elsewhere, make the continental stream invisible.]</p> <p>Another conference presenter, Donna Romyn (1996), a Canadian, discussed “epistemology and methodology of feminist research” (p. 140) drawing on feminist critiques of science but mostly American nursing works. Romyn cited American PS nursing articles by Doering and Dzurec.</p> <p>Finally, an American, Margarete Sandelowski (1996) drew on the social science literature on narrative to blur the truth (science)/story (fiction) binary. Sandelowski concluded that nursing will benefit from borrowing “approaches that we have ... associated exclusively with the biographer, historian, writer of fiction, and literary critic” (p. 122). This idea is almost blasphemous in the American context of the discourse of unique nursing theory and science. Curiously, Sandelowski’s work, always thoroughly theoretical and often engaged in postmodern boundary-blurring, was neither anthologized nor acknowledged as an example of <i>postmodern</i> writings in American textbooks on “nursing knowledge.”</p> <p>It is difficult to ascertain when and how Foucault “entered” the halls of the uPNR, but the three most recent conferences that I attended in 2010, 2012, and 2014 have prominently featured postmodern and post-structural nursing theorizing. Dr. Chris Ceci is one of the most influential Foucauldian nurse scholars currently affiliated with the FON, UAlberta, which houses the uPNR.</p>
2. 1991	<p>Jocalyn Lawler <i>Behind the screens: Nursing, somology, and the problem of the body</i>.</p> <p>A dissertation-based monograph by an Australian nurse and a sociologist. Theorizing findings of an ethnographic study, the author draws extensively on several of Foucault’s books as well as other social theory.</p>

3. 1991	<p>Genevieve Gray & Rosalie Pratt (editors) <i>Towards a discipline of nursing</i>.</p> <p>This Australian textbook consisting of 22 chapters is an introduction to the nursing profession for students in academic nursing programs. This first edition is written during the wave of reforms in nursing education in Australia that resulted in the transition of pre-licensure education of nurses from hospital schools of nursing into university departments. A remarkable feature of this book is contributors' references to continental philosophical literature, e.g., to Habermas (Emden) as well as their familiarity with and variegated reception of American nursing theory from acceptance to questioning and rejection (Bennett; Lawler; C. Holmes). PM, PS, and/or Foucault are referred to in seven chapters (Emden; Bruni; Lawler; Parker; Delacour; Lumbi; C. Holmes).</p>
4. 1992	<p>Annette F. Street <i>Inside nursing: A critical ethnography of clinical nursing practice</i>.</p> <p>A dissertation-based monograph by an Australian educator engaged in the higher education of nurses. This research was supervised and guided by American critical pedagogy scholars P. McLaren and H. Giroux. Of interest is the author's extensive reliance on Habermas's theory with its emancipatory focus, attenuated by Foucault's skepticism about a possibility of knowledge free of power. Street acknowledges the tension but admits that the emancipatory goal is hard to abandon. On pp. 99–113, Street exposes tensions between Habermas's and Foucault's thinking generally ignored in the American nursing literature, which unproblematically mixes and matches both authors as instances of a "critical theory paradigm."</p>
1994	<p><i>Nursing Inquiry</i> journal launched, under the UK publisher and an Australian editor, Sioban Nelson</p>
5. 1995	<p>Sam Porter <i>Nursing's relationship with medicine: A critical realist ethnography</i>.</p> <p>A dissertation-based monograph by a nurse sociologist from Ireland. Porter develops a Marxist analysis of the nursing profession with a focus on the economic basis and class structure of capitalism. Foucault's conception of power, cited only once, is depicted as inferior to that offered by the late Frankfurt school.</p>
6. 1995	<p>Annette F. Street <i>Nursing replay: Researching nursing culture together</i>.</p> <p>As in her 1992 book, the author draws on a range of Foucault's ideas related to the disciplinary society and the power/knowledge nexus.</p>
1996	<p>The first annual international nursing philosophy conference convened at Swansea University by UK scholar Steven Edwards.</p>
7. 1997	<p>Jocalyn Lawler (editor) <i>The body in nursing</i>.</p>

	<p>A collection of 10 essays by Australian nurses mostly associated, as faculty or doctoral students, with the University of Sydney or La Trobe University. Foucault is cited by seven contributors, including Judith Parker, Trudy Rudge, Pamela van der Riet, and Lawler herself. Foucault-informed articles by these authors appeared in nursing journals throughout the 1990s. Parker’s chapter, a brief exposition of a theory of postmodernity and its implications for nursing, is reprinted in <i>A body of work</i> (Parker, 2004; see below). Lawler draws on Foucault’s power/knowledge and “games of truth.” In a Foucauldian sense, “truth” is “a function of the rules and principles of its production and inseparable from the discourses employed to communicate it” (Lawler, 1997, in Rafferty & Traynor, 2002, p. 169). Lawler exposes the limitations of scientific biomedical and economic “truths” for “knowing the body and embodiment,” which she argues is the central concern for nursing practice. (Lawler’s chapter is reprinted in <i>Exemplary research for nursing and midwifery</i> by Rafferty & Traynor, 2002, see below).</p>
8. 1997	<p>Sally Thorne & Virginia Hayes (editors) <i>Nursing praxis: Knowledge and action</i>.</p> <p>This collection, edited by Canadian nurses, includes three chapters of uneven quality drawing on Foucault: 1) An American D. M. Trainor presents a confusing vision of “Enlightenment in nursing”; 2) An American S. Miller presents a good overview of Foucault’s key concepts and PM feminisms; and 3) Canadians J. McCormick & J. Roussy discuss what they call “a feminist poststructuralist orientation to nursing praxis.”</p>
9. 1998	<p>Steven Edwards (editor) <i>Philosophical issues in nursing</i>.</p> <p>In a 10-chapter book, Foucault and other continental authors are cited in two chapters. An American nurse Joan Liaschenko uses the notion of clinical gaze when she describes the rise of modern scientific medicine. Australian nurse researcher Paul Dawson advances a strong continentally-informed critique of the notion of the self as an autonomous, rational, coherent and agential consciousness, a view pervasive in ego-psychology and nursing, particularly in psychiatric nursing literature.</p>
10. 1998	<p>Sam Porter <i>Social theory and nursing practice</i>.</p> <p>A survey of sociological theory and its applications in nursing literature including</p> <ul style="list-style-type: none"> • the three classics, E. Durkheim, K. Marx, and M. Weber; • symbolic interactionism, phenomenology, and ethnomethodology—perspectives focusing on individual action and the sociality of actions; • German critical theory and structuralism; • perspectives that bring together individual action and structure—Giddens’ structuration theory and critical realism; • feminisms; and • postmodernism.

	<p>The last chapter, <i>Postmodernism and Foucault</i>, depicts postmodernism as taking apart modernity's belief in rationality and progress. Porter explains Foucault's concepts of knowledge and discourse and illustrates them with an example of Cheek and Rudge's (1994) analysis of patient hospital records. Further, the concept of power is explained with references to panoptic surveillance, the clinical gaze, and pastoral power. This summary is accessible, quite accurate, and well composed. Porter acknowledges his own allegiance to Habermas and a lukewarm perception of Foucault. In particular, Porter is critical of Foucault's relativism (i.e., impossibility of a claim that one description of reality is better) and the latter's treatment of "reality as simply the creation of discourse" (p. 212). (Although such perceptions of Foucault are common, other commentators would disagree with Porter's assessment.)</p>
11. 1999	<p>Michael Clinton & Sioban Nelson (editors) <i>Advanced practice in mental health nursing</i>.</p> <p>Foucault is cited in two chapters: a) Clinton and Nelson, both from Australia, argue that historically-contingent "understandings of <i>recovery</i> [from mental illness] delimit the therapeutic encounter and frame mental health nursing practice" (p. 260). If the prevalent images of mental health nursing posit the centrality of "humanistic and ontological concern for the patient" as in H. Peplau's vision (p. 273) or of patient empowerment (p. 274), in Clinton and Nelson's account, mental health nursing emerges as a "multiple...social form" (p. 260). Humanistic professional images of mental health nursing are shown to be not natural and universal but embedded in <i>societal</i> discursive framings of recovery. b) Tom Mason and Dave Mercer, nurse academics from the University of Liverpool, describe the emergence of forensic psychiatric nursing.</p>
12. 1999	<p>Jane Robinson, Mark Avis, Joanna Latimer & Michael Traynor <i>Interdisciplinary perspectives on health policy and practice: Competing interests or complementary interpretations?</i></p> <p>The four British nurses (named above) have contributed two chapters each in addition to a co-authored introduction. Several chapters are of interest: a) Avis, writing from a position of analytic philosophy and philosophy of science, refers to Foucault in the context of discussing epistemology as a branch of philosophy that addresses the nature of knowledge and of truth. Avis favours PM challenges to the foundationalism in science and to the primacy of the scientific method, especially Rorty's critiques of foundationalism. However, Avis rejects Lyotard's views on science as "epistemological relativism" (pp. 10–15; 89–92). b) Traynor cites Foucault's <i>Discipline and Punish</i> in two chapters, "a literary approach to managerial discourse" (p. 119) and an examination of "morality and self-sacrifice in nursing talk" (p. 141). The latter chapter also provides background to the author's methodology—PS approach to texts, and discourse analysis. c) Latimer, in her respective chapters, finds useful <i>The Birth of the Clinic</i> and the notion of governmentality.</p>

13. 1999	<p>Michael Traynor <i>Managerialism and nursing: Beyond oppression and profession.</i></p> <p>A dissertation-based manuscript by a British nurse. The author has a background in English literature and employs literary theory and post-structural theorizing of language to analyze discourses of managerialism and professionalization shaping nursing practice.</p>
14. 2000	<p>Julianne Cheek <i>Postmodern and poststructural approaches to nursing research.</i></p> <p>A volume by an Australian sociologist whose articles, based on PS writers, frequently appeared in nursing journals during the 1990s. The book consists of chapters devoted to “postmodern thought” and the work of Foucault; “poststructural thought” and two “corresponding” approaches—discourse analysis and “deconstruction”; and “how to” illustrations (a research proposal and data tables) from a study conducted by the author on the media construction of toxic shock syndrome.</p> <p>Cheek’s overview of PM and PS presents a particular “translation” of the theory, one that packages PM and PS ideas into an explicit qualitative research approach. She correctly identifies the difficulty of classifying Foucault’s work, yet presents it as a postmodern theory. In turn, poststructuralism (exemplified by writings of Derrida) is firmly tied to the notion of <i>text</i> in the following way: “the concept of text ... is central to poststructural analysis and the concept of health care as textually mediated—that is, health care as shaped by and as shaping texts representing aspects of health care practices” (Cheek, 2000, p. 39). Arguably, rendering the notion of text in this specific way unwittingly moves “the text” and “practice” further apart rather than showing the benefits of conceiving of nursing practice itself as text (e.g., in a way that Judith Butler theorized gender as text in terms of gender’s constitutive citationality). Shaping PS theory into an explicit “qualitative approach” aligns with a direction taken in some American social sciences in the early 1990s and led by Norman Denzin and his colleagues in their highly-influential work on “qualitative paradigms.”</p>
15. 2000	<p>Joanna Latimer <i>The conduct of care: Understanding nursing practice.</i></p> <p>A dissertation-based monograph by a British nurse with an English literature undergraduate education, later trained as a social scientist. The author describes her work as ethnography of the bedside based on H. Garfinkel’s ethnomethodology with elements of discourse- and conversation analysis. As one of her analytical lines, Latimer argues that nurses develop “a particular form of nurse-patient relationship. ... The patient has become the object of a nursing gaze, so the nurse conducts the [hospital] admission as if she is looking according to a grid of perceptions and then noting according to a code. But this conduct relays that neither the nurse nor the patient is a source of signification or legitimation; indeed, authority lies far from the bedside. This means that, in complete contrast to calls from theories of nursing [e.g., Benner], neither nurses nor patients author patients’</p>

	needs” (p. 91). Foucault’s notions of the clinical gaze and discourse underpin aspects of Latimer’s analysis.
16. 2000	<p>Sioban Nelson <i>A genealogy of care of the sick</i>.</p> <p>A dissertation-based monograph by an Australian nurse and a historian. Drawing on Mauss’s notion of habitus and Foucault’s <i>ethic of the self</i>, Nelson advances a powerful critique of holism in nursing as a valorized model of nurses’ ethical compoment.</p>
17. 2000	<p>Gary Rolfe <i>Research, truth and authority: Postmodern perspectives on nursing</i>.</p> <p>Gary Rolfe, a British nurse scholar and mental health/psychiatric nurse, begins the book by identifying his strong belief in the value of higher education for nurses—a topic debated in the UK in the last decades of the 20th century. In this book and elsewhere, Rolfe invites nurses to read widely, especially in the humanities. In the book, Rolfe summarizes “postmodern concepts of truth, science and research” (p. xiv) derived from Lyotard, Derrida, and Rorty to challenge what he calls modernist empirical research. Rolfe has selected five articles from nursing literature to illustrate “postmodern perspectives on nursing.”</p> <p>Rolfe draws on several Foucauldian ideas: the power/knowledge nexus; a discussion of the episteme of resemblance that characterized the Renaissance conception of truth (the unity between words and things), the episteme of representation in the Classical Age, and the episteme of self-reference characteristic of the modern age (a total break between words and things); and the regimes of truth. Similar to kinds of argument that rely on a construction of a rather dramatic contrast between two entities, Rolfe’s discussion tends to present a simplistic image of modernist science and empirical research. Thus, on one side Rolfe places modernism, the Enlightenment project, positivism, traditional research approaches in sociology and psychology, technical rationality, and scientific method, all of which, according to the author, are based on a conception of a “single absolute truth.” On the other side he places postmodern research with “a multitude of ‘truths’” and “as many constructions of the truth as there are people in the world to construct it” (p. 3).</p> <p>Rolfe identifies and tries to tackle a thorny issue of relativism often associated with postmodern views. Generously combining ideas of numerous writers, he advances the possibility of a moral and epistemological stance that does not rely on the assumption of a “single truth” yet does not fall into a relativistic “abyss.” This stance is one of a “postmodern ironist” a la Rorty that “reconcile[s] these two opposing doctrines,” as Rolfe puts it (p. 4).</p> <p>As I see it, a limitation of Rolfe’s reading of postmodernism is encapsulated in the title of his chapter: “Postmodernism: The challenge to empirical research.” Rolfe’s understanding of “empirical research” is narrow and equated with (post)positivist</p>

	<p>science and instrumental rationality. Such an equation risks misrepresenting both empirical science and postmodern theory. In relation to the former, Rolfe's misrepresentation of science and the scientific method have garnered warranted corrections from, e.g., Cave (1998) and Paley (2005). In relation to postmodernism, Rolfe's understanding screens out a possibility of empirical research, for instance, fieldwork or case studies, informed, methodologically and analytically, by postmodern thought. Admirably, Rolfe's contribution to the postmodern nursing scholarship lies in his ability to convey the <i>pleasure of text</i> (à la Barthes and Derrida) and in his persistence to demonstrate a relevance of the French literary theory for nursing. Reading widely in the humanities, Rolfe in his multiple articles explores the notions of writing, text, and essay as possible formats of nursing research.</p>
2000	<p>Seven attendees of the interdisciplinary conference on the topic of governmentality held in Finland organized into a group, <i>In Sickness & In Health</i> (aka <i>The Helsinki 7</i>). Sioban Nelson, associated with <i>Nursing Inquiry</i>, was one of the <i>ISIH</i> founding members, alongside British Anthony Pryce; Canadians Denise Gastaldo, Dave Holmes, and Mary Ellen Purkis; as well as Niels Buus from Denmark, and Kristin Bjornsdottir from Iceland. Subsequently, <i>Nursing Inquiry</i> published the conference papers presented by these nurses. The group now includes 10 members (an Australian Trudy Rudge and Canadians Christine Ceci and Amelie Perron have joined the group) and organizes biennial conferences where Foucault's ideas are visible.</p>
2000	<p><i>Nursing Philosophy</i> journal launched by a British publisher under the editorship of S. Edwards (UK) and J. Liaschenko (USA).</p>
18. 2002	<p>Anne Marie Rafferty & Michael Traynor (editors) <i>Exemplary research for nursing and midwifery</i>.</p> <p>A selection of 19 previously published research studies conducted by British, American, and Australian scholars (mostly nurses) from the 1960 to the year 2000 and organized by the editors into three sections: "classics," "conceptualising practice," and "clinical effectiveness." The middle section, conceptualizations of nursing practice, includes a number of papers relevant to my analysis.</p> <p>a) A chapter by Lawler (1997) is addressed above.</p> <p>b) Although T. Rudge, another nurse researcher engaged in ethnographic fieldwork, does not cite Foucault in this particular paper, she reads British and American anthropological methodological sources of the 1980s and 1990s that assimilated insights of PM and PS. One of the central troubles with traditional empiricist ethnography is its "purported transparency and congruence with reality and experience," an assumption masking the role of language and writing in "invent[ing] culture" (Rudge, 1996, p. 157, in Rafferty & Traynor, 2002). In contrast, approaching ethnographic records as <i>text</i> reveals their perspectival and partial nature; these records are constructed narratives imbued with the (incoherent)</p>

subjectivities of the ethnographer.

c) An introduction by David Allen, an American nurse and women's studies scholar, to a book he co-edited (1992; refer to Table 7 in Appendix H on American PS scholarship). Allen's paper can be characterized as discursive—a term sometimes used in nursing literature to differentiate intellectual work not based on empirical findings, yet avoiding the label “philosophical”—in other words, a type of textual analysis common in the humanities. Allen considers the implications of recent philosophical ideas—communicative rationality articulated by Habermas, feminist philosophy of science, and Giddens' articulation of unintended consequences and unacknowledged conditions of human actions—for conceptualizations of research in the discipline of nursing.

An interesting feature of this book is its structure that helps to avoid two intractable issues. One issue is an American separation of the domain of theory (defined either as “nursing theory” or “borrowed theory”) from the domain of research (unless research is firmly grounded in a clearly specified nursing theory). Rafferty and Traynor's perspective does not stem from such an understanding of nursing knowledge and thus avoids the theory/research binary (even if, undoubtedly, some studies foreground social theory while others foreground experimental method, these differences do not amount to the theory/research dualism).

The other issue, typical of nursing research textbooks (in particular American and Canadian texts, with which I am most familiar), is a quantitative/qualitative division deepened by a further delineation of “research paradigms” in the context of the qualitative movement powerfully shaped by N. Denzin, Y. Lincoln, and E. Guba's writings (e.g., Denzin & Lincoln, 1994). Acknowledging the good intent and heuristic value of such classifications, leading nurse methodologists (e.g., Sandelowski) more recently have surfaced serious limitations accompanying the mainstream uptake of these classificatory schemas.

My exposure to vast nursing research literature leads me to similar conclusions: The limitations of accepted classifications pertain to the enduring tendency to formalize and then police “the research approaches” like “grounded theory” or “phenomenology” (mostly by extricating these “methodologies” from the ongoing practices of the social researchers). A twin tendency is to transform “paradigms” into incommensurable worldviews often used to attack the straw-figures of “positivism” or “post-modernism,” depending on the researchers' particular leanings.

Rafferty and Traynor's text avoids these problematic tendencies. Of course, part of the book's central feature is that it is neither a simplified “how-to” research guide nor a more philosophically-informed “methodological” explication—two common ways to think of a useful research text in nursing. Having learned from both types of texts, I perceive the advantage of (at the very least) *starting* from selected, high-quality published studies crossing boundaries between nursing and other disciplines—history, philosophy, interpretive sociology, literary studies, clinical and

	<p>experimental research among others (and conducted from diverse methodological traditions). This approach breaks the theory/research binary and demonstrates a historical and social nature of research practices rather than urging researcher's alignment with "paradigms." Evidently, my suggestion complicates current curricular practices separating "nursing theory" courses from "nursing philosophy," and each of those from courses on both "nursing quantitative research" and "qualitative research."</p>
19. 2003	<p>Joanna Latimer (editor) <i>Advanced qualitative research for nursing</i>. This collection includes 12 chapters by researchers (mostly nurses) whose approaches to the study of nursing exhibit several important commonalities. First, all contributors skillfully draw on theory from different disciplines: anthropology, literary studies, history, sociology, and psychoanalysis. Second, the role of theory in research discussed by the contributors is such that it avoids a method/theory split. It is only possible for the researchers to reflect on their respective methodological decisions, analytical procedures, and outcomes in light of theoretical ideas guiding their interpretive efforts. That is, theory is not <i>applied</i> to a pre-established "qualitative" research methodology like "ethnography," "grounded theory," or "phenomenology." Rather approaches to research are designed along the lines of the disciplinary traditions (e.g., sociology, anthropology), taking into account contemporary theoretical debates in those disciplines. Next, all authors invite caution toward research accounts that naively or romantically privilege the constituting role of the human subject (patient, nurse, researcher) while ignoring the material, discursive, social, and historical constitution of human subjectivity. Consequently, nursing practice (and research practice) is approached as an inherently social process relying on relations among humans, material objects, and discursive formations. To take one example, Purkis posits "the radical separation between what nurses take to be their work and the actual work they are accomplishing" (p. 35). The relationship between a nurse and a patient then appears not as a self-evident fact, but "an active and knowledgeable social accomplishment" (p. 35).</p> <p>Foucault is cited in six chapters: Carl May problematizes evaluation research (ER) by showing how the use of qualitative ER can mask the power relations and surveillance in practices of evaluation. Jan Savage and Latimer both cite <i>The Birth of the Clinic</i>. Traynor discusses an approach to discourse analysis informed by PS theory, which challenges the conception of language as a window onto either subjects' motivations or a reality free of ideology. Rather, Traynor views discourses "as enacting a desire for coherence, identity and solidarity partly through a connection to different historical projects. . . . identification that can help to make the position and arguments of different groups more powerful" (p. 151). Rudge reflects on her discursive ethnographic study of nursing practice on a burns unit. She explores how "the various technologies intersect and interact to produce the wound care procedure as a spatio-temporal event" (p. 177)—the event where "nurses and patients are subjected to the powerful influences of scientific and relational discourses" and where they participate "in an ordering of knowledge(s) about</p>

	<p>wounds” (p. 178). Nelson criticizes conventional nursing historiographies based on a progressivist vision of history as the heroic achievements of enlightened individuals. To this, she contrasts other understandings of history attentive to “small” mundane activities and material implements used by nurses that reveal much about a largely unspoken world of nursing practice. Nelson also gives an example of Foucauldian genealogies, or histories of the present, that demonstrate socio-political contingencies of the “nursing breakthroughs.”</p>
2003	<p>The International Philosophy of Nursing Society (IPONS) founded at the seventh nursing philosophy conference under the leadership of John Drummond and S. Edwards (UK). The <i>Nursing Philosophy</i> journal becomes the official publication of the IPONS.</p> <p>While Edwards is a philosopher educated in the analytic tradition, Drummond was a mental health nurse and a continentally-orientated nurse philosopher whose highly-respected work finds inspiration in Nietzsche, Deleuze, Lyotard, and the avant-garde movement.</p> <p>Successful efforts to spearhead the domain of nursing philosophy in Canada (Kikuchi & Simmons, 1992, 1993) and in Britain (Edwards, 1998; Drummond & Standish, 2007) have relied on presenting philosophy as able to answer “questions that science cannot answer” (Kikuchi, 1992) that is, as a non-empirical endeavour concerned with metaphysics (Kikuchi, 2013) and ethics (Edwards, 1998), among philosophy’s other concerns. Of course, actual scholarly practices of members of nursing philosophy groups span a wide range of approaches, including empirical studies. From its early days, the IPONS has encouraged philosophical work within both analytic and continental traditions, including critiques of Western metaphysics and ethics. Thus, in our discipline, PM and PS theory found its home in the nursing philosophy circles. However, the IPONS group has been diverse, with some members on occasion expressing a condescending attitude toward “postmodernism” (Hussey, 2004). In contrast, the <i>ISIH</i> group was formed on the basis of an explicit interest in Foucault’s work without any overt connection to the discipline of philosophy.</p>
20. 2004	<p>Dawn Freshwater & Gary Rolfe <i>Deconstructing evidence based practice</i>.</p> <p>An experiment a la Derrida: a book with a (mis)placed beginning and end, intentionally without an index, but with pages split into columns of (un)related texts and printed in mixed fonts. To dismantle EBP, the authors draw on the literary theory of Barthes, the philosophy of Derrida, a critique of the metanarrative of science by Lyotard, and selected ideas of Foucault. The publication of this book generated a reaction from its critics (e.g., Paley, 2005) and Rolfe’s rejoinders (2005).</p>
21. 2004	<p>Judith M. Parker <i>A body of work: Collected writings on nursing</i>.</p> <p>This is a collection of selected conference papers and journal articles by an</p>

	<p>Australian nurse scholar. Parker (1997) theorized the body in nursing in light of postmodern criticisms of progressive history (futuristic temporality) and coherent subjectivity. Another theoretical influence on Parker's (Wiltshire & Parker, 1996) empirical studies of nursing practice is psychoanalytic theory, namely, Kristeva's concept of abjection and Bion's concept of containing.</p> <p>Parker (1980) reveals her sociological perspective that she explains as an attention to three dimensions of nursing—"the personal, the situational and the structural" (p. 260).</p> <p>I find striking Parker's (1986, 1989, 2000) ability to operate with the terminology of American nursing metatheory (e.g., unique nursing knowledge, basic nursing research, metaparadigm concepts, caring) but to skillfully re-populate these terms with drastically different meanings (e.g., the focus on the body, the non-romantic understanding of nurse-patient relationship, the role of technology, and a critical appraisal of American nursing models) thus undermining the familiar conceptions.</p>
22. 2006	<p>Sioban Nelson & Suzanne Gordon <i>The complexities of care: Nursing reconsidered</i>.</p> <p>Ten essays by authors from Australia, Canada, the UK, and the US (mostly nurses but also a journalist, a sociologist, and a philosopher) all converge on a common goal—to challenge the "caring discourse" in nursing that romanticizes and oversimplifies knowledge and skills required by nurses in the complex realities of today's health care, including those instances of "emotional and relational care" valorized by the specifically-constructed caring rhetoric in nursing. One of the issues with the caring discourse relates to its focus on nursing as an individualized art—a widespread view that disregards organizational and social factors shaping "care." Other concerns that the editors raise in the book are reflected in the emotionally-laden and rhetorical questions: "So if RNs are supposed to be caring but have no time to care—to do emotional work—does that mean that they are not really authentic nurses? And if the nurses don't have time to do emotional work—and the rest of their work is invisible—have they failed? Are they no longer real nurses?" (Nelson & Gordon, 2006, p. 6). Foucault is alluded to in a chapter by Gordon, a journalist. Marie Heartfield, an Australian nurse, turns to Foucault's notion of governmentality to analyze "the disappearance of patient recovery time" (p. 143) in surgical nursing.</p>
23. 2007	<p>John S. Drummond & Paul Standish (editors) <i>The philosophy of nurse education</i>.</p> <p>The book consists of 12 chapters and a substantive introduction. References to Foucault appear in the text three times: a) The introduction by a nurse philosopher from Scotland (Drummond) and a philosopher of education from Britain (Standish) provides a useful background to the (marginalized) place of philosophical inquiry in practice disciplines such education and nursing. The main differences between the analytic and continental philosophical traditions are presented. b) A chapter by an American educational psychologist Tina Besley, boldly titled "Foucault, Nurse Counselling and Narrative Therapy," presents the narrative approach to counselling</p>

	<p>(which, the author suggests, can be offered by nurses during their routine interactions with patients) as an alternative to the humanistic psychology of Carl Rogers. In my view, the chapter fails to fully press the implications of PS critiques for the practice of psychology. Foucauldian critique surfaces the problematic self-centred assumptions of Rogerian views, but can be equally applied to the tenets of “narrative therapy” as articulated by Besley. In other words, two main parts of the chapter, an exegesis of Foucault and a presentation of narrative therapy, stand separately from each other, lacking critical interaction. c) Drummond’s critical exposition of the knowledge economy is followed by an insightful, if somewhat romantic, vision of a way to escape its discontents through <i>care of the self</i> theorized by Foucault in his late works.</p>
2009	<p>A bilingual, open-access online journal <i>Aporia – The nursing journal</i> launched in the University of Ottawa, Canada, under the editorship of Dave Holmes.</p>
24. 2010	<p>Trudy Rudge & Dave Holmes (editors) <i>Abjectly boundless: Boundaries, bodies and health work</i>.</p> <p>A collection of 16 chapters, two of which previously appeared as journal articles. The contributors mostly draw on J. Kristeva’s notion of the abject. In addition, Foucault’s work features prominently in the chapters by a Canadian nurse Holmes and an Australian A. Street (e.g., the notion of discourse).</p>
25. 2012	<p>Christine Ceci, Kristín Björnsdóttir & Mary Ellen Purkis (editors) <i>Perspectives on care at home for older people</i>.</p> <p>This interdisciplinary, international (e.g., North American and Nordic countries) collection brings together scholars from nursing and the social sciences researching and theorizing in the field of critical ageing studies. The central problematic of the book, articulated in the context of ethnographic studies sensitive to the material and discursive practices of formal home care provision for the older people, is “the conditions of possibility for good care” (p. ix). Although the authors draw on various theoretical concepts such as Agamben’s “<i>whatever singularities</i>” (Purkis, 2012, p. 26) or Mol’s <i>logic of care</i> (Ceci, 2012, p. 92), Foucault’s understanding of power, governmentality, the medical gaze, and the conditions of possibility underlie several arguments made by the nurse contributors (i.e., the three editors and Latimer) and others.</p>
26. 2012	<p>Dave Holmes, Trudy Rudge & Amélie Perron (editors) <i>(Re)thinking violence in health care settings: A critical approach</i>.</p> <p>A collection of 18 chapters (some are previously published papers and conference presentations) by authors from nursing, communication studies, justice studies, and rhetoric, from the UK, Australia, the US, and Canada. To analyze violence, contributors variously draw on the work of P. Bourdieu, J. Butler, M. Foucault, B. Latour, and S. Žižek among other theorists.</p>

	<p>Penny Powers, who studied with David Allen at the University of Washington (refer to Table 7 in Appendix H on American PS works) reports on a Foucault-informed discourse-analytic study.</p> <p>Foucault is also cited by Canadians Dave Holmes and his former students at the University of Ottawa: Isabelle St-Pierre, Jean Daniel Jacob, and Patrick O’Byrne. A reader can discern Holmes’ preferred concepts from and characteristic modes of reading Foucault evident in Holmes’ prolific publications as well as in those by his mentees. Most notably, these scholars deploy the notion of power, both biopolitical power (as in Holmes and Murray’s [2011] critique of the behavior modification programs in forensic psychiatry) and disciplinary power with its components of hierarchical observation, examination, and normalizing judgments, e.g., at play in the instances of intra/inter-professional aggression (St-Pierre & Holmes, 2010) or the public health practices in the domain of sexual health nursing assessment (Holmes & O’Byrne, 2006).</p>
27. 2013	<p>Anette Forss, Christine Ceci & John Drummond (editors) <i>Philosophy of nursing: 5 questions</i>.</p> <p>From the 24 contributors, six—David Allen (US), Drummond (Scotland), Holmes (Canada), Purkis (Canada), Rolfe (UK), Rudge (Australia)—explain why they find PS theory and/or Foucault useful.</p> <p>Also included in this volume is Patricia Benner who cites Foucault’s <i>The Birth of the Clinic</i> (refer to the table on American scholarship in Appendix G).</p>
28. 2013	<p>Gary Rolfe <i>The university in dissent: Scholarship in the corporate university</i>.</p> <p>The first part of the book is an exegesis of Bill Reading’s <i>The University in Ruins</i> (1996), an analysis of the demise of “the university of culture” and the rise of “the university of excellence,” where <i>excellence</i> is an empty signifier easily accommodated to the market imperatives. Rolfe’s 120-page book is saturated with references to Adorno, Badiou, Barthes, Deleuze and Guattari, Derrida, Foucault, Habermas, Heidegger, Lyotard, Wittgenstein, Zizek and other philosophers. Parts of this book have earlier appeared in print as journal papers.</p>
29. 2013	<p>Michael Traynor <i>Nursing in context: Policy, politics, profession</i>.</p> <p>Although possibly designed as an introductory text for nursing students in the UK, this little book is useful for a much wider audience of nurse readers. A unique feature of this book is its non-romantic representation of nursing practice embedded in the context of policy and inter-professional organizational workings. Foucault’s notion of governmentality informs selected parts in the text.</p>
30. 2014	<p>Dave Holmes, Jacob Jean-Daniel & Amélie Perron (editors) <i>Power and the psychiatric apparatus: Repression, transformation and assistance</i>.</p>

	<p>Foucault, Deleuze and Guattari, Goffman, and Szasz are central theoretical influences in this edited collection. Includes chapters by the editors themselves as well as by Paula J. Kagan (US), Jem Masters, Rudge and Sandra West (Australia), and Thomas Foth (Holmes's colleague and a former student).</p>
31. 2015	<p>Amélie Perron & Trudy Rudge <i>On the politics of ignorance in nursing and healthcare: Knowing ignorance.</i></p> <p>The authors start with an overview of a relatively new field of ignorance studies spanning sociology, epistemology, and education. Throughout the text, the authors cite nursing feminist, post-colonial, and post-structural scholars as well as contemporary sociologists (Giddens, Bauman, Beck, Latour) and French theorists (Foucault, Kristeva).</p> <p>The authors discuss what they call “nonknowledges” in nursing and health work including uncertainty, abjection, denial, deceit and taboo. They explore how managerial practices perpetuate ignorance in healthcare organizations.</p>
32. 2015	<p>Davina Allen <i>The invisible work of nurses: Hospitals, organizations and healthcare.</i></p> <p>This manuscript is based on ethnography of contemporary nursing practice in the UK. The author further develops ideas presented in her previous journal articles, in particular her central idea of nurses being a “glue for the system.” Allen is not a “Foucauldian” scholar, but we find an occasional reference to Foucault's <i>The Birth of the Clinic</i>.</p>