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Commentary

Depuis 1985, le déploiement de la médecine légale au sein de l'urgence de l'Hôtel-Dieu à Paris constitue une étape importante dans l'intégration des prérogatives sanitaires et judiciaires sous une même structure. Cette association atteste de la nature spécialisée du travail dans la mesure où le travail clinique suppose une expertise médicale couplée à des connaissances approfondies du domaine judiciaire. Le personnel médical qui oeuvre dans ce domaine ultra-spécialisé, le fait en tant que partenaire du judiciaire, il évolue donc comme partenaire de la justice, conscient que les répercussions de leurs diagnostics débordent de la fonction usuelle du soin médical, pour y incorporer une dimension qui favorisant le maintien de l'ordre social.

Dans bien des cas, les consultations aux urgences médico-judiciaires (UMJ) sont faites suite à l'arrestation du patient qui se fait examiner par le médecin pour constat, soins d'urgences éventuels ou orientation spécialisée, et ce, à la demande du système judiciaire. L'évaluation des 'gardés à vue' reste néanmoins confidentielle. Par conséquent, aucun officier n'est présent lors de l'évaluation médicale et le contenu du dossier du patient n'est pas partagé avec les forces de l'ordre. Toutefois, l'exercice médical ne s'opère pas en toute autonomie face à la structure judiciaire. En effet, le fonctionnement de la préfecture de police influence les conditions d'évaluation et le suivi des patients. Ce manque d'autonomie est au cœur d'un enjeu éthique important pour les professionnels impliqués dans ce type d'évaluation.

L'enjeu éthique dont il est question ici relève du rôle médical circonscrit par la structure judiciaire. L'influence du fonctionnement judiciaire imposé sur les procédures médicales engendre certaines problématiques. Par exemple, suite à une consultation à l'UMJ, un patient peut nécessiter un traitement ultérieur. Dans certains cas, les patients doivent se présenter à nouveau à l'UMJ pour obtenir un traitement; mais dans bien des cas, les médicaments sont remis aux gendarmes qui ont eux la responsabilité d'assurer le suivi tel que prescrit. Faute de personnel médical pouvant assurer le suivi des patients à l'extérieur des UMJ, la délégation de traitements médicaux à une autorité « non compétente » en matière de santé soulève des questions importantes au regard, notamment, du suivi des patients et des interventions (policières) coercitives que cette délégation risque d'entraîner.

La délégation du suivi médical aux gendarmes engendre un dilemme éthique dans la mesure où le personnel médical délègue à une autorité non compétente en matière de santé. En déléguant le suivi médical aux officiers de police, les professionnels de la santé n'assurent pas le suivi médical approprié : par exemple, l'expertise associée à la prise de médicament n'est plus disponible ou assurée. La présence d'effets secondaires importants place le patient dans une position extrêmement précaire sur le plan clinique. Ainsi, une telle « délégation » d'expertise représente un danger non seulement pour le patient, mais aussi pour les gendarmes qui pourraient faire face à des accusations si un incident médical se produisait sous leur responsabilité; cette responsabilité outrepassé largement leur mandat professionnel.

La délégation du suivi médical à des gendarmes engendre un dilemme éthique dans la mesure où le médicament n'est plus un objet neutre. C'est-à-dire que le médicament, une fois transféré à un officier n'est plus utilisé dans un cadre médical bien défini et normé. Dans une telle situation, le médicament est susceptible d'être utilisé comme moyen coercitif dont le but ultime est l'atteinte d'objectifs étrangers aux soins de santé. En déléguant le suivi des patients à des représentants des forces de l'ordre, de nouvelles relations de pouvoir naissent. Au vu de nos observations au sein des UMJ, nous estimons que la problématique soulevée dans le cadre de cet éditorial s'apparente à ce que plusieurs chercheurs ont observé dans des contextes similaires là où le soin et le contrôle social reconfigurent la pratique des professionnels de la santé. Par exemple, il en est de même dans les centres de détention administratifs pour les personnes en situation irrégulière et quelquefois dans les prisons. Ces fonctionnements, liés aux structures et à la conception des missions et aux valeurs revendiquées dans les comportements des professionnels, appellent une réflexion éthique. La visée éthique de nos pratiques doit se référer à une action bonne avec et pour les autres dans des institutions justes envisageant alors les obligations sanitaires et sociales qui les fondent, les démarches hippocratiques et coercitives qui en sont l'expression, la prédominance de la confidentialité ou de l'exercice confus qui risque de les desservir et l'une et l'autre.

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### Abstract

In this article, we draw on a feminist poststructuralist perspective to explore how young pregnant women discursively construct the pregnant body in the context of the dominant obesity discourse and other prevailing bodily discourses. Open-ended interviews were conducted with 15 pregnant women between the ages of 18 and 28 coming from various socioeconomic and educational backgrounds in the Ottawa region. The poststructuralist discourse analysis reveals that, overall, the participants are interpellated by the dominant obesity discourse and other bodily discourses surrounding beauty, femininity, and heterosexuality. Paradoxically, they also recite alternative discourses that resist dominant bodily discourses. The young pregnant women seem to constitute themselves as conflicted subjects simultaneously reproducing dominant and subversive discourses. This leads us to conclude with a discussion surrounding the need for more realistic and inclusive subject positions within pregnancy discourses.

**Key Words** body, feminism, obesity, poststructuralist, pregnancy, women

## Contesting “Silhouettes of a Pregnant Belly”: Young Pregnant Women’s Discursive Constructions of the Body

**EMMA A. HARPER & GENEVIÈVE RAIL**

### Introduction

In our Western society of the last few decades, women have been expected to uphold a certain feminine ideal; that of the slim, tight, youthful body.[1,2] Conversely, pregnancy has been considered a time when this surveillance is more relaxed. This is partly related to historical constructions of the pregnant body as requiring increased rest and less vigorous activity, for fear of harming the mother and foetus.[3] Furthermore, the pregnant woman has been expected to focus inwardly on the foetus, rather than outwardly on her appearance.[4] Thus, as women transition to the pregnant body, there has been lowered expectation to uphold the slender feminine ideal.

Very recently, however, there has been an increased expectation to uphold an ideal feminine body *during* pregnancy, by retaining a certain (relatively slim) shape and size, and by ‘bouncing back’ more quickly after giving birth.[5,6] Representations of the pregnant body in popular culture are now common-place as celebrities are featured in magazines during pregnancy and again shortly after giving birth.[4,7] Some argue these representations may increase pressure on pregnant women, serving a panoptic function, as the women in the magazines are toned and lean, showing “weight” only in the stomach area during pregnancy and leaving no sign of pregnancy postpartum.[6,4,8] Additionally, there is increased expectation that pregnant women uphold a ‘yummy mummy’ body by managing to be attractively dressed, well groomed, and fit throughout pregnancy and the postpartum period.[7] Dworkin and Wachs[5] as well as Jette[6] have argued that exercise is being positioned as a means to keep the body in shape during pregnancy and ‘regain’ the pre-pregnancy body more quickly afterwards.

Concurrently, increasing medical literature is emphasising 'risks' associated with obesity during pregnancy for the mother and foetus.[9,10] This has led to weight, diet and exercise intervention strategies.[11,12] Such strategies are related to an increasing accent on weight and obesity in Western society, where the 'risks' associated with 'excess' weight gain are stressed. Many scholars have identified a dominant obesity discourse that equates slenderness with health, and within which weight control is emphasised as an individual matter of choice and will power.[13-16] Other scholars have suggested that such discourse leads to the stigmatisation of those who do not uphold the bodily norm.[13,17,18]

Feminist scholars have discussed at length the negative impact that rigid bodily expectations have on women as they can lead to disordered relationships with the body and a lower quality of life.[1,2,19] Accordingly, some researchers have raised concerns about possible and similar (negative) effects of an obesity discourse that qualifies the slim body as the 'normal' body.[13,17] Others have discussed the possible impact of a media emphasis that constructs the slim body as the "healthy and beautiful" body.[20,21] Furthermore, Rice[22] has stressed the pressure this bodily ideal may put on women during pregnancy, leading to further anxiety about weight gain during pregnancy and dangerous weight control strategies.

In such a context, the purpose of our study was to investigate young pregnant women's constructions of their body at a time where obesity and other bodily discourses (i.e., beauty, femininity, heterosexuality) prevail in North America. In the present article, we report on that study and aim to provide a deeper understanding of whether young pregnant women are appropriating or resisting dominant discourses on the body and obesity as well as how they constitute their subjectivities within available discourses. Furthermore, we wish to identify alternative subject positions and points of resistance, subsequently opening up new ways of reading weight, shape, and the body during pregnancy.

### **Writings on the pregnant body**

Exploring pregnant women's images and representations of their body, some scholars have found that they are reoriented away from the feminine slender norm.[23-25] Chang, Chao and Kenney[25] have proposed that body changes and weight gain are understood as an indication of foetal growth and signs of a new role as mother. Bailey[23] has also found that women emphasise the functionality of their body (as producing a new life) over the aesthetic requirements of

feminine embodiment. These authors have suggested that the changing idea of the body—from ornamental to functional—may lead some women to feel comfortable with their body during pregnancy.

Simultaneously, other scholars have argued that women are very aware of their bodily changes during pregnancy and that such changes invoke conflicting feelings regarding weight.[23,25-32] More specifically, many researchers have discovered that a good fraction of women feel "horrible" about their appearance and size during pregnancy. Devine, Bove and Olson[27] as well as Wiles[31] have found that depending on women's weights before pregnancy, they felt more or less comfortable with weight gain — those being heavier feeling more at ease with their changing bodies during pregnancy. Johnson, Burrows and Williamson have noted, for example, that "pregnancy was therefore used as a legitimate reason for gaining weight. However, this still had to be within acceptable boundaries".[29 p367] Gaining weight is perceived as acceptable; however, only to a certain point and in certain places. Earle[28] has discussed the various concerns that pregnant women have regarding weight, including when they will begin to look pregnant, where changes on their bodies will happen, and the ease with which they will return to pre-pregnancy weight. The transitory nature of pregnancy also influences the comfort that some women feel with gaining weight. Bailey[23], for instance, has commented that some of the pregnant women she interviewed understood pregnancy as a temporary state and were therefore anxious about their changing bodies and fearful of trying to lose weight post-partum. Finally, a number of scholars have observed a heightened anxiety towards the body and weight gain during pregnancy [e.g.,28,29].

In brief, there seems to be two very different sets of findings so far on women's experiences and representations of their body during pregnancy: some pointing to women being comfortable with their pregnant body and others suggesting anxiety and disgust in relation to this body. All authors have found a concern with weight among pregnant women but most have conducted their study prior to North American societies waging their "war on obesity".[14] In addition, although much research has looked at how women understand their experiences of pregnancy, little research has been done in a Canadian context,[3,33,34] and virtually none, in Canada, looking specifically at discursive constructions of the body within the context of the dominant obesity discourse. The objective of our study was to help fill such gaps.

## Using a feminist poststructuralist lens

In our study, we favoured a feminist poststructuralist approach.[15,35,36] We find Foucault's conceptualisation of power useful in terms of its applicability to the body. Indeed, the work of Foucault can be used to analyse the influence of power on the body because it examines "knowledge formations, and systems of power that regulate corporeal practices".[37 p165] Power is here understood as a localised, pervasive power that exerts influence at all levels. Foucault has emphasised the regulatory form of disciplinary power as "the penetration of regulation into the smallest details of everyday life through the mediation of the complete hierarchy that assured the capillary functioning of power". [38 p198] In this article, we draw on other Foucauldian concepts important in the exercise of disciplinary power such as "surveillance", the "gaze," and the "docile body". Bartky [1] has argued that disciplinary power acts to create docile feminine bodies that regulate themselves according to the feminine ideal. More specifically, notions of surveillance and the gaze lead women to self-regulate bodily practices, upholding their inferiority.[1,2,20,21] Although, pregnant bodies may have been traditionally exempt from these practices, the increased targeting of pregnant women's bodily shape and size necessitates the use of such concepts to theorize the ways in which pregnant women may be affected.

Our feminist poststructuralist perspective also posits that bodies are created through language. Language creates discourses that come to be seen as "truth" given their repetition and reaffirmation.[39] However, discourses are always tenuous and fleeting since power relations are constantly changing, thus influencing and altering discourses and their place within society (e.g., central, marginal). Consequently, discourses can uphold power relations, but also act as a "starting point for an opposing strategy".[40 p101] Furthermore, Foucault[38] has argued that power produces the subject through 'interpellation' by certain discourses. More specifically, individuals are interpellated or hailed by discourses, that is, they recognize themselves within specific discourses.[41] Thus, an individual's subjectivity is created in and through discourses interpellating him or her.[35] However, subjectivity is not stable or fixed, but rather "performative"[42], that is, occurring through a series of constitutive acts which are renewed, revised, and consolidated through time. By deconstructing discourses and available subject positions, power structures are exposed, and spaces are created for new ways of understanding — the pregnant body, in the present case.

In our qualitative study, we used a feminist poststructuralist methodology. Feminist scholars argue that the goal of research is to advance the interests of their participants by challenging women's oppression, questioning patriarchal power relations, and practically improving the conditions of women's lives through research.[43] In addition, a feminist poststructuralist stance stresses the act of research as a joint process with the participant wherein meaning and knowledge are created (rather than found) through interaction.[44] In that spirit, we elected to conduct interViews with young pregnant women. According to Kvale and Brinkmann,[44] an interViews is a journey between two people influencing each other and creating meaning together. We opted to focus on pregnant women between 18 and 28 years of age as our study was part of a larger project funded by SSHRC and focusing on young women's constructions of health and the body, the rationale being that young adult women are increasingly being identified as an "at-risk" population in relation to obesity.

After obtaining ethical approval, we recruited 15 pregnant women between the ages of 18 and 28 years from the Ottawa area. These women were recruited with the use of a snowball sampling method as well as communication with local pre-natal programs. InterViews were set up at a time and location of the women's choice. Women freely consented to participating in the study and were able to drop out at anytime. The interViews were tape-recorded and lasted between one and two hours. An InterViews Guide helped to steer the interViews, but participants were encouraged to open up the conversation within the main themes of health, obesity, pregnancy, and the body. The interViews were then transcribed verbatim, organised with the use of the NVIVO software, and then analysed using two consecutive methods of analysis.

First, we conducted a thematic analysis that allowed us to discover WHAT the participants had to say about the pregnant body. To do this, we regrouped fragments of interViews into themes constructed based on their semantic affinity. Following this vertical analysis (one interViews after the other), transcripts were examined comparatively between participants. Vertical and transversal analyses allowed for a better understanding of how the participants' situational contexts impacted their experiences and discursive constructions of the pregnant body.

Second, we used a feminist poststructuralist discourse analysis[15,35,36] to discover HOW the participants said things about the pregnant body. This analysis allowed us to identify the various discourses that were being appropriated,

accommodated and/or resisted by the young women. Particular attention was given to the ways in which the participants constructed their subjectivities through available discourses on the body, obesity and pregnancy, how they positioned themselves as subjects within such discourses, and how language used by the young pregnant women reflected and perpetuated (if at all) power structures and dominant ideologies.

### From discursive constructions to body stories

Given our poststructuralist perspective, we favoured an alternative way of presenting the results of our analyses of the young pregnant women's discursive constructions of the body. We noted how the telling of lived experiences does not follow a linear path; instead it is messy and contradicts itself at every turn. Holstein and Gubrium write that "in practice, diverse articulations of discourse intersect, collide, and work against the construction of common or uniform subjects, agents, and social realities".[45 p498] We concur and wanted to portray such diverse articulations and the consequent contradictory subject positions of our participants in a creative, evocative and accessible way.

We drew inspiration from past scholars who have helped form a movement of creative qualitative research — those who continue to push boundaries and question the methodologies and possible outcomes of research. [e.g. 46,47] These authors have experimented with the use of creative writing to portray the contradictory lived experiences of individuals. Creative writings such as poems, short stories and performance pieces provide new ways of envisioning the dissemination of research results. Through such ways, we are not only able to show the paradox within collected narratives, but also women's emotional experiences.[45,46] In doing so, we may provide participants and their community of reference with elements that are emotional, provoking and providing "deeper" understandings of the phenomenon at hand.

To produce such creative writing, we followed in the steps of Fortin, Cyr and Tremblay[48] who used a diary to showcase their results. Likewise, we created diary entries so they could be evocative, informative and readable[49], hoping to infuse our text with subjectivity throughout, by connecting it with the innermost feelings of the participants. Like Madill and Hopper, we created the diary entries using "the participants' repeated points, underlying themes, and the sentences that summed up their meaning".[50 p47] Thus, the diary includes the words and emotions of the participants as well as interpretation on our part. The diary entries make explicit the five themes that emerged in our analysis of the young pregnant

women's constructions of the body during pregnancy: (a) un/controllable; (b) a condition that sometimes permits a break from the feminine ideal; (c) not fat; (d) beautiful yet sometimes alien; and (e) (possibly) leaving permanent signs. As feminist researchers, reciprocity and trustworthiness are important aspects of our research process.[51] In order to give the participants an opportunity to more fully participate in the research and to verify the trustworthiness of our results, we sent them an electronic version of the diary. The women responded with positive feedback, commenting that the diary represented their own views of the pregnant body or those of other women they know.

To provide a deeper understanding of the women's discursive constructions, it is important to clarify their situational contexts. The participants come from diverse backgrounds, as they vary in their socioeconomic, educational, marital, and employment status. They differ in trimester, and most are on their first pregnancy, while one is on her second and one on her third pregnancy. They describe their body types in diverse ways, such as "athletic," "curvy," "small," "fat," and "obese." Lastly, they vary in their description of body satisfaction; about one third of the women have dieted before and one woman identifies herself as bulimic.

#### *June 23, 2010 (14 wks pregnant)*

I still can't believe I'm pregnant! But when will I start to look pregnant? I mean, I'm worried my clothes are getting tighter because I'm eating too much. I need to watch what I eat... I've seen other women who ate a lot during their pregnancy, and even afterwards they're still huge! But, it is normal to gain weight during pregnancy, and each woman is different. Your body knows what it's doing, you need to listen to it. It's pointless worrying. Regardless, my body is going to do what it wants. It's frustrating though, and I've heard it just gets worse as your body is changing and stretching, and your clothes aren't fitting. I just want some feeling of normalcy throughout. I don't want to lose the body I feel comfortable with.

#### *August 19, 2010 (22 wks pregnant)*

I've decided to dress for comfort now. Who cares how I look? I'm not trying to impress anyone: I'm pregnant! But yesterday, I felt horrible. We got pictures back from the California trip. I want to be comfortable, but I looked like a COW in my dress compared to everyone else! But I can't be concerned about my body during pregnancy, and right now I'm really enjoying my big belly. I mean, it definitely feels like a nice vacation from having to worry about that little beer gut that



normally bothers me so much. I just don't want to gain too much weight! It already hurts to look down at that scale and see the numbers I'm seeing now. I've never been this big before. I'll be pushing 170, and in my head, the way I've been conditioned, it's scary! But, pregnancy means weight gain and I should be happy... At least I haven't gained a bunch in my face and arms.

*Sept. 25, 2010 (27 wks pregnant)*

I AM SO ANGRY! I couldn't believe what my boss said to me today. Kelly, one of my other co-workers gained a lot of weight all over when she was pregnant, and he said he hopes I don't turn out like her. Who does he think he is? Pregnant women are gaining for a reason! We're not fat! There's a living growing being inside, pushing out our bellies, affecting our entire body. How are we supposed to feel? I'm doing the best I can. I'm eating properly and exercising. People expect us to be these silhouettes of pregnant women, just a belly. It makes me so mad!

*October 15, 2010 (31 wks pregnant)*

I've been really admiring the shape that my pregnant body is taking. It puts me in complete awe of what women are capable of. Now, it's just afterwards that worries me sometimes. I promised myself that once this baby is out, I'm going to be in a bikini by the summer. But I'm scared. I mean, money and time are going to be tight afterwards. How am I going to have the time to cook healthy meals and go to the gym? I'm nervous about my stretch marks too. How can you look sexy with stretch marks all over your stomach? Hopefully the creams I've been using will do something. But I am also really proud of myself and, in the end, everything I'm going through is for my baby. I know she'll make it all worthwhile. Going through this incredible ordeal, there are bound to be battle scars!

### **Bodily contradictions explored**

Bringing about social change requires not only that we provide evocative stories or creative writings, but also that we identify the underlying power structures and discourses pervading these stories.[52] While the accessible presentational strategy of the diary displays the contradictions and paradox inherent in the women's constructions of their pregnant body, our feminist poststructuralist discourse analysis aims to illuminate how our participants navigate dominant or resistant discourses surrounding the pregnant body. In the following paragraphs, we summarise the results of our discourse analysis and further explore the young women's

discursive constructions of the pregnant body identified in the previous section.

### *The pregnant body is... un/controllable*

The body is traditionally constructed as a modernist body under the control of a rational, autonomous mind.[53] Dworkin and Wachs[5] as well as Jette[6] have also argued that the pregnant body is increasingly portrayed, within the media and medical spheres, as controllable through exercise and nutrition. Parallel elements are also evident in the obesity discourse wherein lifestyle is presented as something an individual may control, thus providing this individual with ways to control his or her weight.[18] The women in our study appropriate the obesity discourse as well as modernist understandings of the body. This is most evident when they mention a woman's food intake or lack of exercise as causes of her excess weight gain during pregnancy, and when they suggest that they do not worry about their weight gain during pregnancy as long as they keep exercising and controlling cravings.

Contradictorily, some scholars have argued that pregnancy defies modernist understandings of the body and is characterised as a "series of biological transitions over which the mother-to-be has little control".[54 p222] Indeed, our participants do simultaneously recite this alternative discourse of the uncontrollable pregnant body. On many occasions they mention that their body "is going to do what it wants", and that listening to their body is important during pregnancy, including when to rest and eat. Some also mention that their body is going to gain how much it wants, where it wants, regardless of what they do. Thus, at times, the participants do appropriate the dominant obesity discourse, but at other times resist constructions of a controllable body during pregnancy.

### *The pregnant body is... a condition that sometimes permits a break from the feminine ideal*

As mentioned earlier, expectations to uphold the feminine ideal may be relaxed during pregnancy. However, the women's narratives point to conflicted feelings about this 'break' from conventional femininity. On the one hand, the women resist the overall view that they need to uphold a certain appearance and many mention that this is a time when they do not care as much about how they look; they discuss dressing for themselves instead of others and wearing clothes in which they feel comfortable. The women recite resistant discourses whereby they feel free to enjoy their bodies and forget about the ideal feminine form.

On the other hand, many of the participants also mention feeling nervous about losing the body with which they are comfortable. Moreover, although some of the women display awareness of the social construction of their 'normal' body, this does not prevent them from feeling anxious about losing that body. The women worry about how much weight they are going to gain and where they will gain it. Similar to Earle's[28] findings, our participants stress that it is fine to gain weight in the "belly" and around the "hips and butt", but express more concern about the arms or face. The women seem interpellated by dominant discourse in the media that emphasise the 'ideal' pregnant body as one that only gains a small amount in the abdominal area,[6] and the obesity discourse that emphasises the control individuals (including pregnant women) have over their bodies.[13,18] Therefore, they reproduce dominant discourses while also turning to alternative discourse to construct their self and their body during pregnancy.

### *The pregnant body is... not fat!*

Although, some scholars[32,54] have argued that societal expectations to uphold the feminine norm during pregnancy may be relaxed, this may not always be the case. Our participants discuss the increased physical presence of their body and the external gaze that renders them more aware of their body. They also recall injunctions heard from outsiders that reproduce discourses of beauty and femininity during pregnancy (e.g., how much and where pregnant women should gain weight) as well as derogatory comments towards pregnant women who gain "too much" or who are "fat." The women are aware of the public scrutiny over their pregnant body and they resist the idea that this gives outsiders excuses to judge them.

Given the negative views of excess weight gain and its deviation from the feminine ideal, it is not unexpected that the women we spoke with are quite negative towards external comments about pregnant women being fat. Dworkin and Wachs write that "flesh or fat on the body has been framed as a signifier of excessiveness, being out of control, a devaluation of the feminine, and failed individual morality needing earthly discipline".[5 p611] The women are quick to point out that pregnant women are "pregnant and not fat". There is a difference between their bodies and those of women who are not pregnant since they are "doing it for a reason." The fear of looking fat and not pregnant is also discussed when the women talk about their own bodies. Early in pregnancy, some women are anxious to begin to look pregnant instead of fat. This is similar to Earle's[28] findings where women

are quick to make the distinction between their body and fat bodies. Thus, the women continue to reproduce discourses of traditional beauty and stigmatisation of the fat body. However, it is interesting to note that they simultaneously resist the construction of the pregnant body as solely a "belly", and defend pregnant women whose size and shape deviate from the norm. Therefore, while at other times they recite elements of dominant discourses, expressing the control they have over weight gain and the need to maintain a certain feminine body during pregnancy, they become much more resistant to these discourses when confronted by outsiders accusing pregnant women of being "fat" and needing to be a certain size or shape. In this way, the participants simultaneously appropriate/resist dominant discourses of control, femininity, and beauty during pregnancy.

### *The pregnant body is... beautiful yet sometimes alien*

Feminist scholars have discussed tensions between dominant discourses surrounding femininity. On the one hand, maternity is understood as a valued route to femininity, something that every woman should want to accomplish.[5,30] On the other hand, pregnancy is far removed from the ideal (slim) feminine body.[5] Tension between these two dominant discourses surrounding femininity are apparent in the women's narratives.

Many of the women construct their pregnant body as beautiful and wonderful in its own right. They stress that carrying another life is an amazing experience, one that gives them a sense of empowerment. Similarly to Bailey's[23] and Seibold's[24] findings, many of the women discuss how they admire their bodies during pregnancy more than before, enjoying the changing shape. Therefore, the women do uphold discourses surrounding the celebration of motherhood. However, the women resist discourses of traditional beauty. Instead of the skinny, toned, petite, female form, they construct their larger, fleshier bodies as beautiful and amazing.

That being said, the participants' reproduction of dominant discourses of beauty and femininity are also apparent when they construct their body as something foreign, uncomfortable, and with which they are forced to put up. Other researchers such as Young[32] and Longhurst[30] have also found that some women's narratives support discursive constructions of an 'ugly' and 'disgusting' body during pregnancy because of its divergence from the feminine ideal. In short, that same body from which women may garner empowerment may at times also cause frustration and anxiety.

### *The pregnant body is... (possibly) leaving permanent signs*

Discourses of femininity and bodily control are increasingly emphasised to control the body post-pregnancy. [5,6] Some of our participants worry about regaining their pre-pregnancy body after giving birth. More specifically, many of the participants are concerned about body changes that are counter to the feminine ideal such as stretch marks, varicose veins, and excess skin. Dominant discourses of obesity and bodily control are reproduced as these changes are constructed as possibly controllable during pregnancy by exercising, controlling calories, and not gaining 'too much' weight. Therefore, tension is again apparent between alternative discourses (i.e., the uncontrollable and natural body), and dominant discourses that emphasise reducing and controlling the effects of pregnancy.

Related to discourses of bodily control, the women also reproduce discourses of consumption. Featherstone[55] argues that consumer culture presents body maintenance as necessary to uphold an acceptable appearance. Thus, through continued consumerism, individuals can 'perform' appropriately in society. Our participants mention product consumption when discussing actions they are taking or planning to take to "get their body back" and maintain an acceptable appearance. For example, certain foods, gym passes, fitness equipment, and creams are discussed as ways to increase chances of "bouncing back." Self-surveillance over the pregnant body is expected if one is to be (re)accepted in society after pregnancy. Therefore, many of the women express anxiety about maintaining their body during pregnancy in order to regain their 'normal' body afterwards.

Discourses of heterosexuality underscore various discussions of wanting to maintain an 'attractive' body afterwards in order to attract or keep a male partner. Most women are aware that "getting their body back" is a societal (i.e., male) expectation; however, feeling the pressure to conform, they accommodate to such ideals. Additionally, some of the women worry about being able to find a partner if they do not regain their body. This leads many women to feel anxious about bodily changes and possible permanent effects, and to establish goals of erasing signs of pregnancy and returning to pre-pregnancy form.

For a few other participants, the possible permanence of changes during pregnancy are not always approached with anxiety and frustration. At times, these women even show signs of resisting discourses of beauty and femininity. They discuss not caring about trying to get their bodies back and

that the permanent changes associated with pregnancy are worth it. Additionally, some women recite alternative discourse when they discuss the effects of pregnancy with pride. This is most strongly displayed in the construction of stretch marks as "battle scars." The re-signification of the effects of pregnancy from symbols of ugliness to symbols of accomplishment and strength illustrate some women's strong alternative reading of physical changes during pregnancy.

### **The conflicted and anxious subject**

Our participants clearly draw on contradictory (dominant and subversive) discourses in constructing their pregnant body, apparently leading them to conflicted emotional experiences. Rather than acknowledging the different experiences that women have of their bodies, media and medical discourses are strengthening the existing binary by constructing and valuing the purported 'normal' pregnant body (i.e., controllable, of the 'right' weight and shape, beautiful, sexual) and devaluing the so-called 'abnormal' pregnant body (i.e., uncontrollable, transgressing weight and shape norms, asexual, ugly). Creating evocative stories is one way to break down binaries and display the vast range of experiences of, and responses to, the pregnant body.[56] The diary entries presented above depict the struggles that pregnant women face with respect to their changing bodies, and the emotions inherent within such changes. Feeling proud, accomplished, happy and amazed, they are also frustrated, anxious and worried. Throughout pregnancy, their bodies provide them with joy and wonder, but also concern and disappointment.

The feminist poststructuralist approach used here has allowed us to conceptualize the subjects in our study as being de-centered: instead of being the point of origin of their own constructions of selfhood, they are interpellated or hailed[41,42] by the subject positions offered by available discourses. No doubt that accessing alternative and transgressive discourses allows some of pregnant women, some times, to construct themselves as beautiful, proud and empowered subjects precisely when their bodily reality combined with dominant discourses would dictate feelings of ugliness, shame and powerlessness. What remains, however, is the fact that the dominant obesity discourse, as it intersects with dominant discourses on gender, (white heterosexual) beauty, and consumption has both discursive and material effects on all participants who, at least partly, construct themselves as subjects of such discourse and thus as subjects to (i.e., disciplined by) this discourse. This does not take away the human agency of the participants but it does point to the

power of discourses to structure their (however temporary and fluid) subjectivity and experiences. Dominant discursive formations — and, consequently, our participants' discursive constructions — also reflect and perpetuate current power structures and dominant gender ideologies. Despite the increased presence of the pregnant body in the public sphere and despite the idea that holding the pregnant body to ideal feminine standards may resist the asexualisation of the pregnant woman, we would argue that re-inscribing her body to the very narrow limits of the ideal feminine form serve only to constrain her. We suggest, then, that there is a need for more alternative and transgressive subject positions to better represent the complex and varied experiences of pregnant women. Without subversive discourses that challenge current and dominant understandings of the pregnant body, realistic and empowering constructions of the pregnant subject will remain elusive for most women. In parallel, we need to raise consciousness about the deleterious effects of obesity discourse and other dominant bodily discourses (of gender, beauty, race, ability, sexuality) as well as how they operate, often insidiously, to construct particular subjects.

### A need for more conversations

Our article hopefully contributes to a better understanding of young pregnant women's discursive constructions of the pregnant body and provides a first exploration of pregnancy within a discursive field where the obesity discourse dominates. Our study included a small group of diverse pregnant women but did not focus on those women going into pregnancy already categorised as 'overweight' or 'obese' or on those women coming from marginalised ethnic or racial communities. Although past scholars discuss an increased acceptance of the body during pregnancy by so-called 'overweight' and 'obese' women, [27,31] the ever-increasing targeting and stigmatisation of pregnant women identified as 'overweight' and 'obese' by popular and medical discourses may be changing this. Additionally, women of colour may be 'doubly' affected as they are increasingly stigmatised by the dominant obesity discourse. [18,57] More specifically, Saguy and Almeling [18] found that newspaper articles often racialise discussions on obesity by pointing out higher obesity rates among minority groups and blaming those on simplistic understandings of "unhealthy cultures". Therefore, pregnant women who are racialised and read as being 'obese' may be under increased scrutiny by both medical specialists and Western culture generally. Furthermore, discourses of obesity, beauty, and femininity discussed in this article are imbricated with ideas of whiteness [5,18] that are appropriated by the participants in our study. Understanding ethnically and

racially marginalized women's constructions of their body and the (whiteness, racial) discourses that inform such constructions would thus be an important next step. Bringing to the forefront the experiences of women directly targeted by current 'obesity' interventions would provide a greater understanding of their subject positions within dominant and alternative bodily discourses. In turn, this could provide additional arguments against the normalised and constrained constructions of the pregnant body, leading to more realistic, inclusive and thus healthier representations of the pregnant body.

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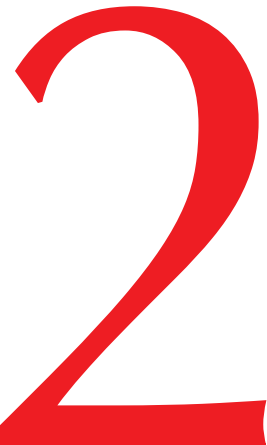
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### **Abstract**

Drawing on participant observation and interview excerpts collected during a critical ethnography, this article discusses the dilemmas of applying postcolonial feminist assumptions in fieldwork. Applying postcolonial feminist methodological assumptions from a location of racial privilege is not without its problems. Data illustrate the researcher's (un)easiness in facing evidence of personal adherence to Eurocentric power and privilege despite having a desire to be an instrument of social change. This retrospective critical reflection of fieldwork indicates that novice postcolonial feminist researchers need to embrace the destabilizing but inescapable journey of cultural alterity to avoid 'finalizing,' as Arthur Frank puts it, marginalized identities into new forms of colonialist representations. This article reminds qualitative health and nursing researchers that race, gender, and class create multiple tensions and contradictions making the field inherently gendered, political, personal, and public.

**Key Words** cultural alterity, fieldwork, nursing research, othering, postcolonialism, postcolonial feminism, race relations

## **The Impact of Race, Gender, and Class in Postcolonial Feminist Fieldwork: A Retrospective Critique of Methodological Dilemmas**

**LOUISE RACINE**

### **Introduction**

As qualitative research enters what Denzin and Lincoln[1] call the eighth moment, ethnography still harbours some controversial areas, such as notions of truth, representation, colonialism, and power.[2] This eighth moment of qualitative research focuses on critical and moral discourses on race, gender, class, ethnicity, and social justice. Research, in turn, becomes a means of social change and represents a call to use reflexivity in decolonizing the production of knowledge.[3] Hill Collins[4] contends that race, gender, and class construct and reproduce differences in the

research process. Hooks[5] emphasizes the double impact of whiteness and maleness in shaping the authoritative discourse of traditional ethnography. Among the dilemmas of research decolonization, issues of race, gender, and class deserve a careful examination. Frank[6] underlines the ethical dimension of dialogical research to avoid finalizing the participants' multiple voices into inescapable essentialist representations.

Despite the major influence of critical, postmodern, and postcolonial theories in advancing qualitative health research, most of the literature that describes issues of race, gender, and social class in ethnographic research originates from the social sciences.[7-12] The persistence of health disparities arising from social inequities remains a major challenge that confronts qualitative health researchers. Sampsel[13] emphasizes that accounting for race, gender, and class in health research can lead to promoting the participants' defined and desired health care services. The complex intersection of race, gender, and social class on the dialogical and dialectical relations between researchers

and participants must be further explored if researchers are to succeed in decolonizing health and nursing research.

This article is derived from my doctoral study. The study received the ethics approval of the University of British Columbia Ethics Board prior to starting the data collection. Participants were informed about their rights as research participants and those who decided to participate signed an informed consent which provided me with their authorization to conduct individual interviews varying from 1 to 2 and a half hours. Also, participants were asked to sign a consent form to allow for participant observations sessions to take place in their homes. Participant observation sessions varied from 3 to 6 hours.

Drawing on data collected during a critical ethnography exploring Haitian-Canadians' ways of caring for aging parents at home, I discuss the dilemmas of decolonizing research in applying postcolonial feminist assumptions in the inquiry process. Postcolonial feminist approaches are congruent with research decolonization, though the application of the methodological assumptions is not without challenges for mainstream health researchers. In this article, I present a retrospective critical analysis of the impact of race, gender, and class in applying postcolonial feminist assumptions with the goal of illustrating the colonialist influences I encountered in the field. In describing my fieldwork experience, my aim is to demonstrate that reflexivity and cultural alterity can be used introspectively to overcome dilemmas related to the application of postcolonial feminist assumptions in health research. Harding supports this reflexive exercise when she says that "no feminist inquirer has not come to understand the inadequacy of some of her or his own earlier practices and beliefs".[14 p25]

### **Locating the ontological and epistemological underpinnings of the study**

Previous studies conducted in the Haitian-Canadian community in Quebec reported that access to health care services is compounded by some major constraints.[15-18] Barriers of language, misunderstanding of Haitian cultural beliefs on health and illness, lack of cultural sensitivity, lack of information on health and home care services, gendering of caring, and institutional racism were found as the factors explaining the underutilization of health services among this population. Bibeau[15] pointed that relations between Haitian-Canadians and mainstream health care professionals are marked by issues of distrust. In their study, Guberman and Maheu[16] reported a pattern of underutilization of home care services among Haitian and Italian-Canadian

family caregivers in Quebec. The underutilization of services would be associated with specific cultural beliefs on aging and caregiving, and with issues of institutionalized racism encountered in some health care facilities. These studies contributed to the identification of problems in the delivery of health care services to Haitian-Canadians, however, the results must be carefully interpreted, since caregiving seems to be defined from a culturally deterministic perspective.

Stuart Hall,[19] a postcolonial theorist, contends that 'culture' cannot be dissociated from 'not culture' due to their reciprocal influences in shaping peoples' experiences of racial, gendered, and classist discrimination. In other words, Hall claims that culture cannot be limited to exploring people's subjective experiences but must encompass an examination of the historic, social, and material conditions within which subjectivities are constructed. Based on Hall's argument, I claim that the experiences of Haitian-Canadians must be studied through an ontological, epistemological, and methodological approach that examines the historical and socio-political context within which caring activities unfold in their everyday lives.[20,21] The following interview excerpts, drawn from this critical ethnography, illustrate Hall's point on 'culture' and 'not culture'. A family caregiver working in a health care facility spoke about racism at his workplace:

One day at work, a woman co-worker told me: "You're just a damned Negro." It doesn't matter since I know that I am a Black man, a 'Negro', and I don't care about it. It doesn't matter if you are Indian or Black because I didn't pick the color of my skin. I had no choice.

A middle-aged woman, juggling many roles as health care practitioner, primary caregiver for her aging parents, and mother of young children reported how racial and gender discrimination operated at work:

When I was working at (name of a clinic), I had a few problems with a healthcare professional and this was extremely difficult. It was almost a disaster. I was very depressed (Silence).

May I ask you the nature of the problem you encountered? Please feel free to answer or not. (Remained silent but she nodded her head for yes).

He said things to me... (Silence)

Can you tell what he said?

He said: "People who come to this clinic are very educated, very educated, and you can't work here." He told me that it was not a matter of being well dressed and nice. He told me: "Do you know what I mean?" He even told me that I was chasing clients away.



These two short interview excerpts show that race, gender, and social class cannot be isolated from the broader historical, cultural, and sociopolitical context, within which living in a racialized and gendered world influence Haitian-Canadian's ways of caring. In both instances, participants worked in health care facilities. The socio-cultural context of the workplace influences Haitian Canadian caregivers' perceptions of mainstream's health care services and health practitioners.[22] As a methodology, critical ethnography challenges ideologies that may impinge on the access and the utilization of health care services by racialized groups. Informed by a postcolonial feminist approach, critical ethnographers explore health phenomena with methodologies that examine racism, sexism, and classism as an interlocking oppressive system that shapes people's experiences of health, illness, and access to health services. Allen, Chapman, Francis and O'Connor[23 p227] mention:

Critical ethnography delves beneath the surface to examine the power relations and influences affecting phenomena by using field methods to identify not only culture, the consciousness or the lived experiences of others, but also exposing the political, social, and material disempowerment of individuals and disadvantages groups in order to elicit change.

Anderson underlines the importance of examining how "specific oppressions at specific sites" influence nursing research.[24 p12] Carspecken argues that critical ethnographers deal with "the nature of social structure, power, culture, and human agency to refine social theory".[25 p3] According to Thomas critical ethnography represents "the reflexive process of choosing between conceptual alternatives and making value-laden judgments of meaning and method to challenge research, policy, and other forms of human activity".[26 p4] In other words, critical ethnography reveals dominant ideologies that drive the agendas of dominant groups to challenge the status quo and bring about changes.[27,28] In health and nursing research, critical ethnography crosses the boundaries of objectivity and neutrality in exploring health issues that intersect with race, gender, and class to shape people's experiences of health and illness. In drawing on postcolonial feminist approaches to guide critical ethnography, researchers illuminate subjectivities that would otherwise be silenced through the use of positivist and postpositivist paradigms. Denzin and Giardina point out that critical qualitative research generates "transformative knowledge that challenges prevailing forms of inequities, poverty, human oppression, and injustice".[29 p15]

Finally, the choice of postcolonial feminism as a theoretical

approach to guide a study draws on the ontological and epistemological strengths of postcolonialism and Black feminism.[30] Black and postcolonial feminism focus on the interlocking nature of oppression arising from racism, sexism, classism, and other forms of discrimination that may affect racialized men's and women's health and access to health care. Before discussing postcolonial 'feminisms,' I will delineate the central tenets of postcolonialism and its ontological and epistemological assumptions.

### **Theoretical framework: postcolonialism and postcolonial feminism**

As a paradigm of inquiry, postcolonialism reflects the multidisciplinary influences of political science, cultural studies, sociology, literature, anthropology, and linguistics. Paradigms of inquiry are social constructions that cannot be seen as being either true or false, good or bad, because they are inherently human constructions. Guba and Lincoln state that "no construction is, or can be, incontrovertibly right... any particular construction must rely on persuasiveness and utility rather than proof in arguing their positions".[31 p108] Postcolonialism transcends the collective efforts of non-Western and Western scholars to critically analyze the colonial aftermath and challenge the hegemony of Western science.[32] The word 'postcolonial' does not mean the end of the colonizing process per se. Quayson[33] explains:

To understand this process [postcolonializing], it is necessary to disentangle the term, "postcolonial," from its implicit dimension of chronological supersession, that aspect of its prefix, which suggests that the colonial stage has been surpassed and left behind. It is important to highlight instead a notion of the term as a process of coming-into-being and of struggle against [italics added] colonialism and its after-effects. In this respect the prefix would be fused with the sense invoked by "anti." [p9]

Inspired by poststructuralism, Said[34] refers to the word Orientalism to express the hegemonic school of thought that governs Western science and the stereotypes that such science generates about non-Western peoples. Fanon[35] describes how colonialism and psychiatry contributed to reinforce the French colonial system in dehumanizing Algerians and judging them as needing to be subjugated. Bhabha underlines that postcolonialism represents a perspective that "enables the authentication of histories of exploitation and the evolution of strategies of resistance".[32 p6] Quayson[33] argues that the central feature of postcolonialism is to deconstruct ideologies that create the material effects of subjugation. Finally, Quayson[33] contends that postcolonialism is a process that addresses social inequalities in a world marked

by the interlocking influence of neocolonial forces, such as globalization, transnationalism, and neoliberalism.

For other postcolonial theorists, postcolonialism represents a process that serves to deconstruct the hegemony of Western science to decolonize non-Western knowledge.[36,37] Postcolonialism is also a practice of political resistance and identity affirmation used to counteract oppression and subjugation.[38] Furthermore, Quayson[33] contends that postcolonialism cannot be conceptualized as a single and universal theory, but as an umbrella of ontological and epistemological assumptions used to allow the disenfranchised knowledge of colonized populations to be heard and acknowledged. As such, in using postcolonial approaches, researchers make visible the exclusionary effects of race and class on health disparities that arise from social inequities.

### Defining postcolonial ‘feminisms’

Farganis[39] proposes that feminist theory and method challenge the traditional view of science by critiquing the notion of an objective, clearly discernible reality that can be understood through processes of rationality and deductive reasoning. Because race, gender, and class are context-related factors, they can hardly be universalized into predictive and prescriptive theories without the risk of committing theoretical imposition.[40] Drawing from Schutte,[41] I refer to postcolonial ‘feminisms’ in its plural form to indicate the multiple voices and locations from which postcolonial feminist scholars speak. Inspired by Anderson,[42-43] Reimer, Kirkham, and Anderson,[44] Meleis and Im,[45] and Smith[46] postcolonial feminism may be defined as a critical perspective aimed at addressing health issues stemming from social inequalities that have an impact on the health of non-Western populations. According to Denzin and Lincoln[47] the term ‘critical’ refers to an array of interpretive paradigms like feminism, Marxism, poststructuralism, postmodernism, and postcolonialism. Critical paradigms are rooted in a materialist and critical realist ontology that supports the idea that racial, gendered, and social discriminations occur in the everyday lives of racialized groups.[48]

A postcolonial feminist epistemology not only focuses on patriarchy as a source of oppression, but that also examines how social inequalities are inscribed within a historical, political, social, cultural, and economic context that influences health and health care delivery. This underlines why issues of race, gender, and class are important to explore in health and nursing research. Discrimination

within the health care system is acknowledged to exist and to be socially constructed along the lines of race, gender, and class. Postcolonial ‘feminisms’ disrupt the relations of ruling that silence the culturally different voices by allowing for the integration of subjugated knowledge into health and nursing theories. Finally, postcolonial feminist researchers try to equalize the power asymmetry with participants to foster the development of transformative knowledge and avoid the pitfalls of cultural essentialism.[22]

Postcolonial ‘feminisms’ strengthen health and nursing research endeavours by not isolating gender as the unique source of people’s (and women’s) oppression. Rather, postcolonial feminist approaches unmask the interlocking oppressive effects of race, gender, and social class. In other words, postcolonial feminist approaches unpack the cultural, historical, social, and economic factors that intersect to shape different oppressive contexts that affect health and well-being. These contexts must be apprehended from the participants’ standpoints instead of the researcher’s perspective. This brings me to discuss postcolonial feminist methodological assumptions and to illustrate how these assumptions were applied in a context of an unrecognized instance of White defensiveness during my fieldwork. White defensiveness is an ideological blindness that precludes White people from seeing ‘white’ as a color that confers racial, gendered, and socioeconomic privileges.[49]

### Application of postcolonial feminist methodological assumptions in fieldwork

The first methodological assumption involves critiquing the practices of the dominant culture by relying on marginalized knowledge. In articulating this assumption, the goal is to make known the marginalized knowledge of the racialized groups. This assumption is also derived from the concept of cultural safety that implies a need to move beyond cultural theories to examine the beliefs and stereotypes by which nursing practice and research “diminishes, demeans, or disempowers the cultural identity and well-being of an individual.[50 p453] The application of this methodological assumption in the field requires that, as a researcher and as a member of the dominant ethnic group, I became conscious of my own racial, gendered, and classist biases while acknowledging that I speak from a position of racial and social privilege.

The second methodological assumption involves exploring how dominant ideologies shape the delivery and accessibility of health care services and how they have an impact on peoples’ everyday lives. Smith[46] contends that dominant

ideologies represent invisible relations of ruling enacted to serve the interests of the elite. In my fieldwork, the application of this methodological assumption allowed Haitian-Canadian family caregivers to express and share their lived experiences as caregivers and their needs for health care services. The research process was meant to reach participants located on the margins of knowledge production. Nevertheless, the application of postcolonial feminist methodological assumptions is not without its problems, especially in a context of unrecognized White defensiveness. I now turn to describe how introspection exposes personal inconsistencies and tensions between my ontological and epistemological ideals of egalitarian relationships with participants and instances of colonialist influences. Colonialist influences explain my uneasiness in facing evidence of personal adherence to Eurocentric power and racial privilege despite my desire to be an instrument of social change through the use of postcolonial feminist approaches.

### Impact of social class

I first confronted issues of social class during the participant observations and interview sessions. I strived to apply postcolonial feminist assumptions when becoming immersed in the natural setting and my goal was to grasp the depth of participants' lived experiences of caring for aging relatives at home. Reciprocity, trust, and self-disclosure are mandatory for collecting data. Oakley emphasizes that, "there is no intimacy without reciprocity".[51 p49] Still, field relations operate at a more complex level and researchers must understand how social class works in the field and how it can influence the research process.

Fifteen participant observation sessions were carried out in Haitian-Canadian caregivers' homes, with the length of each session varying from three to six hours. Participants' informed consent was obtained prior to conducting the interviews and before the participant observation sessions. The length of each session was negotiated with the family caregiver, depending on their availability. In three of the participants' homes, I took part in activities such as assisting in meal preparation, setting up the table, serving dishes, folding clothes or playing with the children. In many instances, I felt like I was a member of the family and that I could share with participants in an egalitarian way. In some of the participant observation sessions, it was impossible to equalize power relations. Wolf[52] suggests that feminist researchers must be committed to establishing egalitarian relations with participants while remaining realistic about attaining the goal. In other words, to achieve the same level of trust and

reciprocity that I shared with some of the participants, would have been unrealistic for all 16 primary caregivers and their families.

Interviewing also represented a complex process, where I had to develop personal communication skills, especially when attenuating asymmetric relationships with participants, to elicit dialogical exchanges.[53] Interestingly, Kvale and Brinkmann[54] contend that the conversation in a research interview is not a reciprocal communication between two equal partners, because of the asymmetry of power. In my case, the issue of class came into play in the interview process and was tied to nationalism. For instance, at the beginning of my fieldwork, I did not talk about my cultural background or about aspects of my personal life (e.g., family, studies, or projects) and played down the issue of Quebec's nationalism. The issue of Quebec's independence became a major element that I encountered during fieldwork. It became difficult to interact with participants because of some questions I did not want to answer, especially in regards to my opinion about Quebec's independence or secession. After a couple of weeks in the field, I needed to re-assess my attitudes as a means to equalize power and enhance trust. I invested myself in disclosing who I was, and openly talked about my family origins, my social background, and my commitment in caring for a close family member. As opposed to the women caregivers, the men were more prone to ask questions about my political allegiance. When the participants wanted to know whether or not I was a 'separatist' (a term used by some participants to designate members of the Parti Québécois), I answered that I was torn by my multiple identities as a member of a minority group within a majority (as a Canadian) and as a member of a majority group[55] (as a Quebecer). As a researcher, I found that my political location influenced the participants' willingness to share their lived experiences. In the following interview excerpt, Robert (a pseudonym) spoke about the previous Quebec referendum and its impact on his relations at work with his co-workers:

Participant: I remember the last referendum, when the Quebecers, I mean the Parti Québécois, lost its referendum. I was in the locker room and some co-workers were also there. They were throwing injurious things at me. They said: "They [Haitian-Canadians] don't know how to run their country and they come here to tell us how to run our country?" They also said: "And they [Haitian-Canadians] don't work, they're on social welfare." I said: "It's not true, it's not true. I work."

Interviewer: Yes (Listening)

Participant: Because they [Haitian-Canadians] feel

really diminished, they feel low. People who say these things they don't know Haitians.

A woman, who immigrated to Canada 40 years ago, described how she felt hurt by the words of a politician who attributed the referendum's defeat to money and ethnic votes. She reported that younger Haitian-Canadians are less concerned about the political debate since they are torn between the Haitian identity and the Canada/Quebec identity. She said:

It's not their reality. They feel trapped between the tree and the bark, between Haitian identity and Quebec identity. They came to Canada to live in peace, to enhance their living conditions, and for their children to get a better education, and to enjoy political freedom and safety. They are not interested. I mean they don't feel concerned about this issue of sovereignty. It belongs to the past and we must focus on the future. It's your fight, not ours.

These excerpts illustrate my dilemma, as researcher, and underline the fact that I was seen as the colonizer because of conflicting political issues related to Quebec's place within or outside the Canadian confederation. Nationalism can be seen as an elitist and classist discourse linked to ethnic ideologies. In other words, I was perceived as an educated woman who was also a member of the Quebec nation and as such a member of the dominant ethnic group whose "markers of identity, such as language and religion, are frequently embedded in its official symbolism and legislation".[56 p99] Maclure[57] contends that issues of Quebec's identity are part of the inquiry process and cannot be avoided when doing fieldwork with non-Western populations in Quebec. Similarly, Maclure[57] argues that issues of Canadian nationalism cannot be avoided when working with non-Western populations in other Canadian provinces.

In addition, the women were more interested in knowing about my race and class locations before sharing their experiences of caring for their aging parents. Lewis defines location as pertaining to the "historical, geographical, cultural, psychic, and imaginative boundaries that provide ground for political definition and self-definition".[58 p173] In applying postcolonial feminist assumptions, I conducted the participant observations while sharing some of the domestic tasks with the women caregivers. As an example, I was invited to help a woman prepare a meal. As we prepared the food, she repeatedly said that she was not born into the Port-au-Prince elite or the 'bourgeoisie'. I told her that I was also not a 'bourgeoisie'; however, her expression suggested that she did not believe it. In her schema of representation, I was seen as a member of the bourgeoisie, and a member of the dominant ethnic group, a White Canadian woman

born in Quebec. I was also a member of the academia which enlarged the gap between the classes.

These field experiences demonstrated how my perceived political affiliation, race, and class (as researcher) had an impact on the research process. Fieldwork experiences that occurred in a context of unrecognized White defensiveness represent calls to reflexivity and cultural alterity. Reinharz asserts that "the self we create in the field is a product of the norms of the social setting and the ways in which the 'research subjects' interact with the selves the researcher brings to the field".[59 p3] O'Byrne [60] pushes the idea further, contending that "the postmodern perspective allows the possibility for one researcher to engage simultaneously in both ethnographic and autoethnographic methods".[60 p1388] In disclosing myself, I observed a power shift that stimulated the active participation of participants in describing their political subjugation. This observation tends to support Soni-Sinha's contention that class constructs "hierarchies that reveal multiple and fluid standpoints of different actors".[12 (p515)]

### Impact of gender

Lather points out that "the search for ways to operationalize reflexivity in critical inquiry is a journey into uncharted territory".[40 p63] For instance, I noticed my lack of understanding about polygamy. This critical incident heightened my awareness about the impact of gender in the field, as women researchers can be perceived as sexual objects. This phenomenon has also been identified in research among Western populations.[61]

Every researcher harbours preconceived ideas and I did not enter the field *tabula rasa*. My preconceived ideas on sexuality may have influenced my interviewing skills with the Haitian-Canadian men. I experienced difficulties when interviewing men because of the issue of polygamy that I documented in some interviews and in participant observation sessions. To understand men's perspectives and to establish a dialogical exchange with the men participants, I was required to move beyond the limitations of my Western cultural framework. To paraphrase Schutte,[41] I needed to step out of my colonial boots and adjust my Western feminist lens to get Haitian-Canadian men's perspectives on family life.

In an effort to move beyond the limitations of my colonialist lens, I consulted the work of Laguerre[62] a Haitian-American ethnographer, and I asked a man participant with whom I had developed a long-term trusting relationship, to help me understand the issue of polygamy I observed in

some families. On the other hand, I felt uncomfortable when George (pseudonym) discussed the gaps between Haitian and Canadian cultural values as they pertain to 'natural' gendered roles:

Participant: I'll tell you what I can't accept of Quebecers. When the husband or the wife is sick, well they [Quebecers] manage to kick them out of the house! (Claps his hands)

Interviewer: They [Quebecers] put them in nursing homes?

Participant: Yes. They place them and frankly speaking, I dislike it.

Interviewer: Ok. It seems as if they want to get rid of the problem. Is it what you mean?

Participant: It's not good. I don't like this. It's almost as if the person isn't important but I think it's the way of living here.

Interviewer: Way of living?

Participant: Yes. First of all, women weren't liberated here before. In earlier times, women weren't as powerful as they are now. But when they started claiming their rights, then everybody went their own way. And since then, women are independent and challenge men's authority. They're independent. I see it like revenge, women look like enraged animals.

Interviewer: You mean women become like this [enraged animal] when they claim their rights?

Participant: Yes. Exactly.

In adjusting my cultural lens, I realized that marital and family dynamics took different meanings for Haitian-Canadians. My aim was to understand these issues without being judgmental, and to do so, I had to drop the Western veil through which I was looking at the Haitian-Canadian men. Frank cogently points out that "researcher and participant came together in some shared time and space and had diverse effects on each other".[6 p968] Like Manderson, Bennett, and Andajani-Sutjahjo,[11] I felt that the setting (interviews were conducted in the caregivers' homes) had an impact on the dynamics and content of the interviews. Participants were able to voice their concerns actively, but more disturbing was the fact that I observed my uneasiness in interviewing women dressed in traditional African clothes. In fact, I was Othering these women by referring to my Western normative values. During a participant observation session, one woman reported being proud of her African ancestry, which brought me to reflect on the concept of negritude. I read some works of Aimé Césaire, a poet born in the Caribbean, who first coined the word negritude, and consulted works of Senghor, who conceptualized the concept of negritude as a means of self-affirmation for Africans. Senghor writes: "Who would deny that Africans, too, have a certain way of conceiving life and

living it? A certain way of speaking, singing, and dancing; of painting and sculpturing, and even laughing and crying?".[63 p27-8] My uneasiness about interviewing women who were wearing traditional dresses showed how I was locked up in Western cultural values and White defensiveness because I was more comfortable interviewing acculturated women. In doing so, I was unwittingly refuting cultural differences and violating the postcolonial feminist assumptions through which I wanted to explore and understand Haitian-Canadian caregivers' experiences.

Bhabha pointed out that the acknowledgement of cultural diversity does not imply the recognition of cultural differences:

Although there is always an entertainment and encouragement of cultural diversity, there is always also a corresponding containment of it. A transparent norm is constituted, a norm given by the host society or dominant culture, which says "these other cultures are fine, but we must be able to locate them within our own grid". This is what I mean by a creation of cultural diversity and a containment of cultural difference.[64 p208]

Acker, Barry and Esselveld[65] and Wolff[52] mention that gender essentialism is a difficult issue to manage in feminist research. I would add that essentialism is a greater pitfall when doing research with non-Western men and women because of the complex interplay between race, gender, and social class. Nevertheless, fieldwork experiences contributed to heighten my awareness that sharing participant's gender did not facilitate my access to women. In that sense, I concur with Edwards[9] who documented her experiences in interviewing Black mothers returning to school in the UK. She mentioned:

The concept of race is formulated in the context of particular economic, social, and political circumstances. Racial differences enter into the consciousness of individuals and groups, and determine conceptions of themselves and others as well as their status in the community.[9 p481-2]

Therefore, the pitfall of essentialism is difficult to escape in feminist research, even with the best intentions. Researchers must be aware of the impact that their gender may have on participants. A researcher's race, gender, and class must be critically assessed to understand the possible impact on the participants' engagement in the inquiry. I now turn to examine the impact of race on the research process.

### Impact of race

During fieldwork, I observed that the process of racialization, or 'racial Othering,' seemed to occur at a very young age

among Haitian-Canadians. I collected the following fieldnotes during a participant observation session conducted at a caregiver's home:

I went downstairs and we both entered her mother's apartment. During my first visit, the room had been quite dark but now it was daytime and I could see a picture of the grandmother when she was a young woman. I felt a presence next to me and I looked down and saw the toddler who was standing besides me. Suddenly, he threw his arms around my hips and hugged me. He wanted me to take him in my arms. I took him in my arms and the young boy put his head on my shoulder. He was holding me tight; his arms around my neck. I caressed his hair and stroked his back while holding him. Then, I whispered to his ear: "I'd like to have a boy like you." He replied: "Yes but I can't change my color."

I was puzzled that a child could speak about racialization as a biological construct at so young an age. Many questions came to mind: Who can teach a five-year-old that his skin colour is not the right one? Had he learned this at kindergarten? Did he hear that when playing outside with the neighbor kids? Was he listening to his parents' conversations? Were his older siblings informing him about it? The formulation of these questions deserves a careful examination. For instance, what did I mean by the words 'it', 'this' and 'that'? What was I trying to silence and for what reasons? This participant observation excerpt illustrates what Roman[49] refers to as an instance of White defensiveness, where I saw myself as being colourness. The upshot of White defensiveness is to obfuscate and erase issues of racial privilege and unequal power relationships, which are associated with privileged locations.

Roman argues that White defensiveness contributes to "white misrecognition of the effects of our own racially privileged locations, that is, the ways in which institutionalized whiteness confers upon whites (both individually and collectively) cultural, political, and economic power".[49 p72] I was negating, as Roman puts it, that White is a colour, while trying to erase the impact of the ideology of Whiteness in inducing, among Haitian-Canadians, a consciousness of racial differences pertaining to Blackness. Fanon explains:

As a schoolboy, I had many occasions to spend whole hours talking about the supposed customs of the savage Senegalese. In what was said, there was a lack of awareness that was at the very least paradoxical. Because the Antillean does not think of himself as a black man; he thinks of himself as an Antillean. The Negro lives in Africa. Subjectively, intellectually, the Antillean conducts himself like a white man. But he is a Negro. That he will learn once he goes to Europe; and when he hears Negroes mentioned he will recognize that the word includes himself as well as

the Senegalese.[66 p148]

Fanon demonstrates that the encounter with Whiteness triggered the consciousness of Blackness among young Antilleans of his generation. Therefore, not surprisingly, the young boy told me about his skin colour since he had met with Whites and knew the binaries of Blackness/Whiteness. For others, encounters with the ideology of Whiteness take place in the health care system where the structural effects of Whiteness are expressed differently, but still exclusionary. In the following interview excerpt, I illustrate how contextual factors relate to a racialized health care system to construct Haitian-Canadian caregivers' experience of caring and influence their use of health care services:

Participant: Anyway, nursing homes aren't prepared. I've visited some nursing homes and I found that ethnic groups have no place there. I don't see them in these places. Perhaps, I've visited the wrong ones but the quality is not the same [as in the home setting]. As well, there are ways of doing things; it's just not the same. I find that if a person is unconscious it's fine since we have no choice. But where people are conscious and they have to go there... In these places, you have to be... Sometimes, even if the person speaks French... but those who don't speak French, they are completely powerless. Those who speak Creole, they're powerless. They can't be understood.

In another interview excerpt, John (pseudonym) reported hardships at his workplace in the health care system where he interacted with some racist co-workers and clients:

Participant: Even at my workplace, I've to endure racial slurs and discrimination. I'm humiliated. At work, some older residents shout at me 'you damned Negro!' 'dirty dog,' and they say that just because I'm a Black man.

Interviewer: They tell you injurious words...

Participant: Oh yes often, often. It is indeed very often, very often. Many times... It makes me sick.

Interviewer: It must be difficult to work in such a place, with such tensions...

Participant: Yes it is. What do you want? They told me such things like: you dirty nigger, dirty dog, tonton macoute. Some people tell me to go back to my country. They say: "Hey tonton macoute, go back to your country!" So do you understand why I keep my older parents at home? I don't want to place them in a nursing home and see them treated like this.

The main idea emerging from these excerpts is that Whiteness is a means of social stratification and racialization in the health care system. Although not new, this result is congruent with issues of institutional racism in the Canadian health care system reported in previous studies in British Columbia and Ontario.[67-70] Whiteness is clearly linked to colonialism

since “it is intrinsically linked to unfolding relations of domination”. [71 p6] Whiteness represents an instrument of social stratification, officially enacted through the politics of multiculturalism, where non-European-Canadians are labeled as ‘visible minorities’ in distinguishing them from Euro-Canadians. Multiculturalism presents race and ethnic differences within a double discourse of inferiority. As such, Whiteness represents a means of colonization, a form of epistemic violence used to promote the interests of the dominant groups while silencing the interests of culturally different ‘Others’.

As seen in previous participant observations and interview excerpts, I documented the encounters that Haitian-Canadian caregivers had with racism and how these influenced their decisions to keep their aging parents at home, as opposed to using respite services or placing them in nursing homes. [21] The common thread of racial ‘Othering’ arises from its colonialist ideology that creates individual, social, and institutional racism. In addition, the extent to which mainstream nurses and other health care practitioners are part of the oppressive system, as exercised in workplaces where institutionalized racism is a relation of ruling, must be accounted for in health care research. Holmes and Gastaldo argue that nursing is a means of governmentality because “nursing practice reflects the state’s modus operandi”. [72 p557] These authors claimed that nurses, far from being powerless, represent a powerful group within the health care system, though they fail to make their own oppression visible because of loyalty to employers, hierarchical relations, and the need to keep the health care system afloat.

## Discussion

In applying a postcolonial feminist theoretical perspective in my fieldwork, my goal was to decenter the production of knowledge. The data collection was directed towards accessing the silenced knowledge erased by the history of colonial and neocolonial domination. In my fieldwork, two major methodological dilemmas were found. The first dilemma consisted of attenuating the power imbalance between the researcher and the participants, while avoiding theoretical and cultural impositions. The second dilemma was to understand the impact of race, gender, and social class on the research process. Understanding the impact of gender, race, and social class is a pre-requisite for avoiding (re)inscribing hegemonic relations in different ways. [40] By using reflexivity, I was able to articulate fieldwork dilemmas from a perspective of cultural alterity [42] while struggling with issues of personal adherence to Eurocentric power

and racial privilege. Schutte contends that cultural alterity “demands that the other be heard in her difference and that the self give itself the time, the space, and the opportunity to appreciate the stranger without and within”. [42 p55] Minh-ha [73] also addresses the notion of cultural alterity in her discussion on identity and difference. She referred to the blurring of the insider/outsider identity that occurs in the field. I strived to develop what Minh-ha calls a hybrid identity in the sense that I was not quite an outsider and not quite an insider. Minh-ha explained that “she who knows she cannot speak of them without speaking of herself, of history without involving her story, also knows that she cannot make a gesture without activating the to and fro movement of life”. [73 p375] How does cultural alterity relate to the adoption of a hybrid identity where cultural differences are decreased to stimulate a better understanding of the Other? Cultural alterity means that the researcher goes through unsettling experiences in the field. These unsettling experiences open up new ways of seeing participants’ lived experiences and to reconceptualise Otherness from a decentred position. Schutte explains:

The other is that person or experience which makes it possible for the self to recognize its own limited horizons in the light of asymmetrically given relations marked by sexual, social, cultural, and other differences. The other, the foreigner, the stranger, is that person occupying the space of the subaltern in the culturally asymmetrical power relation, but also those elements or dimensions of the self that unsettle or decenter the ego’s dominant, self-enclosed, territorialized identity. [42 p48]

When examining this retrospective critique of my fieldwork, cultural alterity and reflexivity did not appear to fully guide the data collection. Cultural alterity and reflexivity are heuristic means that researchers must use to deconstruct the crystallized Cartesian insider/outsider identity and the researcher/participant dualisms that are experienced in the field. The deconstruction of socially constructed boundaries allows researchers to experience Otherness and the fluidity of identities.

Some fieldwork experiences are useful for describing this notion of cultural alterity, which I refer to as a pre-requisite for understanding Otherness and for establishing dialogical relations with participants. My defining moment happened during my volunteer work at a Haitian food bank. While helping out at the food bank, I became uncomfortable being the only White woman in the place. Some people spoke with me while others ignored me. Although the food bank manager introduced me to newcomers and to new volunteers, typically, I was perceived as an outsider, especially when those around me chose to speak in Creole and I could not

understand the conversations. In any case, one wonders why the volunteers and clients would change their customs simply because one person was unable to speak Creole. Many of the older women who helped out at the food bank spoke Creole exclusively. Before admitting that I was being excluded, I considered the events that were prompting the others to speak Creole. For instance, being addressed in Creole would imply that racial and ethnic differences were less likely to be interfering in my relationship with the participants. At the hairstylist, a participant with whom I had developed a trusting relationship asked me a question in Creole and could not understand why I was taking so long to answer. When she realized that she had spoken to me in Creole, she said, "I forgot you did not speak Creole. I took you for a Haitian".

These fieldwork experiences at the food bank and the hairstylist reveal the development of this hybrid identity. These experiences illustrate instances of cultural alterity where I was no longer perceived as an outsider but as an insider. As Schutte[41] points out, cultural alterity cannot be achieved unless the researcher goes through unsettling experiences where the researcher becomes the culturally different Other.

As the fieldwork unfolded, I noticed that 'being Haitian' was only allowed in restricted areas. In their homes, the participants freely affirmed their Haitian identities, as they would have done if they were living in Haiti. When leaving their homes to go to work or to school, they shifted to the Canadian identity, though the colour of their skin remained an issue that impinged on their cultural and social integration into the mainstream society. Issues of race, gender, and class not only influenced the data collection but remained as contextual factors that likely influenced the access and use of health care services by racialized groups. Furthermore, this retrospective critique of my fieldwork demonstrates that reflexivity and cultural alterity are important skills to develop to apply postcolonial feminist approaches in fieldwork. Working from a postcolonial feminist approach, health care and nursing researchers must be aware that "the doing of the reflexive gaze and listening with the reflexive ear, must change the thinking that is being thought"[74 p386] In fact, developing attitudes of cultural alterity can help the researcher acknowledge the shifting and the multiplicities of identities and allow for the emergence of what Bhabha[32] describes as the 'third space'. Bhabha's third space represents a hybrid site or a site of cultural negotiation where cultural differences are not only accepted but understood. Although cultural alterity does not erase the influence of race, gender, and social class in shaping racialized populations' health, it nevertheless constitutes an ethical and methodological

principle to apply in postcolonial feminist research. Cultural alterity represents a means to avoid representing research participants into new colonialist identities. Used from a postcolonial feminist perspective, cultural alterity enables the researcher to experience Otherness through unsettling experiences that 'displace' dominant cultural, gendered, social, and political identities.

## Conclusion

Applying postcolonial feminist epistemological and methodological assumptions in the field does not translate into a linear process, but exemplifies the tensions of fieldwork. Implementing postcolonial feminist assumptions requires researchers to develop self-reflexivity and to experience cultural alterity for decolonizing the research process. In this retrospective critique of a past fieldwork experience, I suggest that cultural alterity represents a means for addressing issues of race, gender, and class that have influenced qualitative health care inquiries. Denzin and Lincoln contend that "the field is inherently political and shaped by multiple ethical and political positions".[1 p9] Fieldwork is not a value-free individualistic experience, since it represents an array of political, public, and personal experiences that are dialogically and dialectically co-constructed by the researcher and the participants. In applying postcolonial feminist assumptions in fieldwork, Western health care researchers must constantly assess and reflect on the impact of their racial, gendered, and socioeconomic positions of privilege on the participants and the inquiry.

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# 3

## Abstract

In neoliberal western societies, the demise of knowledge as a domain for broad-based independent thinking, critique, and action is directly related to the increasing association of information learning with political and economic rationalities. In this context, autonomous knowledge is reduced or replaced by information learning that is inextricably linked to pragmatic agendas and policies of markets or sovereign states. The new mantra accorded information learning is perpetual lifelong learning which can be characterized as narrow in scope and specific to retooling to meet the demands of ever-changing neoliberal agendas. The sense of the academy, as the arbitrator of epistemology, the historical guardian, generator, and facilitator of independent knowledge, is lost or severely restricted. My objective is to raise awareness of the insidious substitution of knowledge for information learning in the discipline of nursing that has developed primarily from increasing neoliberal realities over the course of the past thirty years.

**Key Words** Foucault, information learning, knowledge, lifelong learning, neoliberalism

## The Rhetoric of Information Learning in Nursing: Where is Knowledge?

**JAMES P. RONAN**

### Introduction

I approach this discussion in two distinct sections: first, analytics, in which I summarize historical, or genealogical, developments of the relationships between liberalism, social liberalism, and neoliberalism with Foucault's[1] notion of governmentality. It is from the standpoint of understanding how societal power relations function that I deploy Foucault's concept of governmentality as a mechanism of understanding the evolution of structures resulting from temporal critiques of governance, specifically, liberalism to neoliberalism. Additionally, a critique of Olssen's[2] normative suppositions for democratic global learning will be developed. Second, I offer a discourse surrounding the

diagnostics of knowledge, information learning, and lifelong learning applicable for the discipline of nursing within the neoliberal context. The antecedents outlined in the analytics discussion are essential for understanding the premise of the paper that asks: Where is knowledge in the rhetoric of information learning in nursing? Are independent knowledge exploration, creation, and critique in the traditional sense forever lost among our new realities?

### **Analytics: understanding and acknowledging the ramifications of history**

#### *Foucault's concept of governmentality*

Foucault's[1] conception of governmentality should be understood not as a theory of the legitimacy of sovereignty structures but rather as an understanding of how the reality of power structures function through various means of conduct, spanning the individual to populations. In this context, to govern is a form of activity aimed to guide and shape conduct through various mechanisms of rationalities linked

to specific technologies collectively understood as relationships of power within open fields of possibilities. This individualizing and totalizing rendition of power relationships is strategically deployed over free subjects. Foucault's[3] meaning of 'strategy' includes three processes: first, a means to an end through the deployment of rationality to arrive at an objective; second, the designation of anticipated behaviours of 'gaming' parties as to estimated expected actions of each—mapped out as a course of action to gain advantage over others; and third, it is the means to obtain victory.[3 p 224-5]

Schematically, governmentality refers to interactions of relationships of power between three distinct historical modes of societal organization: sovereignty, discipline, and government.[1] These modes participate through 'apparatuses of security' in various forms and designs for the sustainment of populations. To summarize, governmentality is an understanding how historical relationships of power function in sustaining given populations. It is not about the structure of various spheres of separation from the sovereign state that were begun in the 18th Century but rather about how relationships of power functioned between sovereign states and the semi-autonomous spheres of economy, population, and civil society.

### *From liberalism to neoliberalism*

Liberalism is approached historically neither as a coherent set of ideas nor as a definite institutional structure. A more accurate framing would include, not a philosophy based on the "rule of law" and the protection of individual rights and freedom against the unnecessary encroachments of the state, but rather a critique, a characteristic way of posing problems against the previous forms of government from which it wishes to distinguish itself.[4] This means, historically, that targets of liberalism have changed over time. Dean suggests that "at the end of the eighteenth century, it was notions of 'reason of the state' and police; at the end of the nineteenth century, it was earlier forms of liberalism; after the Second World War in Europe, it was forms of national and state socialist totalitarianism; at the end of the twentieth century, it includes not only the ideal of a welfare state but also the very concept of the nation-state".[5 p49]

Liberalism can be seen as the critique of state reason, advocating for limits of sovereignty and the pedagogy of sovereigns and statesman. These limits can be understood as the concerns of what is possible to know and shape at will, and the state actions concerning the nature of political subjects who are individuals with rights, desires, needs, and interests

that cannot be dictated by governments.[5 p50]

An understanding of the reality 'to be governed' is situated among several processes that are both necessary to the ends of government and not directly visible to the agents of sovereignty. These processes can be understood as both autonomous and overlapping spheres of the economy, population (bio-political) and civil society. A key component of liberalism as an art of government is to find a set of political norms that can balance the competing imperatives derived from knowledge of the processes that constitute these spheres.[5]

Vital to liberalism as an art of critique is the balance between circumstances and their combinations that allow play of market forces, afflictions of families, sympathies of community, and laws of population, and when the state is to intervene to protect and invoke the rights and liberties of individuals that are vital to securing such processes. Liberalism is also seen as an art of government not only because it is recognized that there are limits to the role of the state but also because of what is determined as falling outside the political sphere is itself necessary to the ends of government. Liberalism in these terms can be understood as the net effect or balance of the art of government situated in temporal dialogical tensions of critique.[5,6]

### *Social liberalism or welfare state*

Social liberalism, a variant of classical liberalism, just outlined, developed in the late nineteenth and early twentieth centuries in response to the extreme economic depression of most of the western world.[7] These developments coalesced from the failures of laissez-faire government and unfettered capitalism. Inherent in classic liberalism during this era was a two class society, the exploiter and the exploited. Elements of reform, or more accurately stated, shifts in the art of government centred on acceptance of restrictions in economic affairs, such as anti-trust laws to combat economic oligopolies, and regulatory government such as minimum wage laws, intended to secure economic opportunities for all. A primary shift was the expectation that governments would provide a basic level of welfare or workfare, health and education, supported by progressive taxation. The intent was to enable the best use of talents of the population, perceived as serving the collective public good.

Like classic liberals, social liberals were intent on individual freedom and liberty situated as a central objective for government. What was unique was the belief that the lack of economic opportunity, education, health care, and most importantly equality were considered a threat to these liber-

ties. Humanistic concepts, such as human rights and social justice, informed these perspectives and were held in check through an economy (known during this era as a Keynesian balance in economic terms) that ensured these values, and a state that provided public services to uphold social rights as well as civil liberties.[6] In descriptive terms, government was viewed as a welfare-oriented interventionist state guaranteeing a basic equality for all citizens.

Simultaneously with these mechanisms of social insurance as an inclusive technology of government, was a surveillance of public norms. These norms were set in motion—legitimized by experts, rendered calculable in terms of norms and deviations, judged in terms of their social cost and consequences, and subjected to regimes of education or reformation.[8] The result was implanting techniques of responsible citizenship under the surveillance of experts and in relation to a variety of sanctions and rewards.

The political subject was reconstructed as a citizen with rights to social protection and social education in return for duties of social obligation and social responsibility, while retaining a liberal identity inclusive of democracy, freedom, and privacy.[5]

### *Neoliberalism*

Western world sovereign states in the last thirty years of the twentieth century experienced slow but deliberate changes to the balance of operations of governments and the interacting autonomous spheres of the economy, population and civil society. In the western world, growing economic stagnation, rampant inflation of currencies, and war were the all-consuming realities of that era.[4] The growing argument was that the increasing levels of taxation and public expenditure to sustain social liberal programs of the welfare state were damaging the health of capitalism because of the excessive burden on private profit.[8] A contradiction resulted with those situated on the Left delineating the problem as a ‘crisis’ of government, as opposed to those on the Right who viewed this situation as the growth of an ‘unproductive’ welfare sector that created no wealth at the expense of the ‘productive’ private sector in which all of the national wealth was actually produced.[8 p51]

Dialogue and critique from the civil society sphere reframed the conceptualization of social solidarity inherent in social liberalism as mere techniques (expert knowledge and programs) of the state ‘apparatuses’ to control individual freedom and liberties. Resulting from these tensions was fragmentation of the place of experts and expert knowledge

that were situated as the devices of social government. What emerged was a new formula for the relation between government, expertise, and a new subjectivity (identity) centred on individual choice. Expert pedagogies were replaced by rapid-fire simple solutions outlined in mass media, marketing strategies deployed in commodity advertising, and consumption regimes.[8]

Neoliberalism does not inherently abandon the ‘will to govern or be governed’ but rather maintains a view that failure of government to achieve its objectives can be overcome by inventing new strategies of government that will succeed.[8 p53] Rose[8] outlines three transitions inherent in neoliberalism: first, a new relation between expertise and politics; second, a new pluralism of ‘social’ technologies; and third, a new specification of the subject of government.

Neoliberalism is understood as the extension of the market across and into the social arena as well as the political arena. What results is the blending of previously autonomous distinctions between the economic, social, and the political, resulting in the marketization of the state. The state is no longer independent and outside the market, but is itself now subject to market laws. Economic criteria are now extended into spheres which are not economic and market exchange relations now govern all areas of voluntary exchange among individuals. As a result, the social and political spheres become redefined as economic domains. The government and the public sector will be ‘economized’ to reflect market principles and mechanisms. Thus the economic sphere covers all of society and society is theorized as a form of the economic. The task of the government is to construct and universalize competition to achieve efficiency and invent market systems that meet needs of the population that were formally the domain of the state.

### *Neoliberal governmentality and higher education*

Higher education within neoliberal realities represents an input—output system that can be reduced to an economic production function.[9] Key elements of the evolved public management schema include: flexibility—in relation to organizational use of contracts; clearly defined objectives—organizationally as well as personally; and results orientation—measurement of and managerial responsibility for achievement.[9] Likewise, the new public management application of quasi market or private sector micro-techniques to the management of public sector organizations has replaced the ‘public service ethic’ whereby organizations were governed according to norms and values derived from assumptions about the ‘common good’ or ‘public interest’,

with a new set of contractual norms and rules. Traditional notions of ‘professionalism’, ‘trustee’, or ‘fiduciary’, are reconceived as a ‘principal/agent relationships’.[9 p324]

With respect to higher education within the context of the new public management schema, Olssen and Peters[9] point out a complex and subtle shift with respect to political philosophy. Under liberal governmentality, the ‘professionals’ constitute a mode of institutional organization characterized by the principle of autonomy which characterized a form of power based on ‘delegation’ (or delegated authority) and underpinned by relations of trust.

Under neoliberal governmentality, principal-agent line management chains replace delegated power with hierarchical forms of authoritatively structured relations, which erode, and seek to prohibit, an autonomous space from emerging resulting in a transformation of the academic’s role that is de-professionalized.[9 p325]

The core nature of contractual models involves a specification, which is fundamentally at odds with the notion of professionalism.[9 p325] Professionalism conveys the idea of a subject-directed power based upon the liberal concepts of rights, freedom and autonomy. It conveys the notion of a power given to the subject, and of the subject’s ability to make decisions in the workplace with peer oversight as the corrective control.[9 p325] To that extent the ideas expressed by Kant, with respect to the university as an institutionally autonomous and politically insulated realm where there are traditional commitments to a liberal conception of professional autonomy in keeping with a public service ethic, appear to have little relevance in a neoliberal, global economic order.[9 p326,10]

### *Knowledge (or is it information) as the new form of capital under neoliberalism*

Wilson[11] stipulates that knowledge acquisition involves complex cognitive processes: perception, learning, communication, association, and reasoning. Additionally, the term knowledge is also used to mean the confident understanding of a subject with the ability to use it for a specific purpose as appropriate. Knowledge can be defined as ‘what we know’ and the discrete ‘mental’ applications towards a means to an end.[11 p2] It involves mental processes of comprehension, understanding, and learning that go on in the mind and only in the mind.[11 p2]

When knowledge is used to involve interactions with the world outside the mind, through signifiers such as oral, written, graphic, gestural, or body language, it expressly

constitutes information.[11 p2] Such informational messages do not carry knowledge but are used to assimilate or re-assimilate as knowledge in the knowing mind through interpretation, understanding, comprehension, and associated reasoning which constitutes an incorporated knowledge.[11 p2] These internal structures of knowledge processing are not identical for the person uttering the message and the receiver because each person’s knowledge structures are “biographically determined”. [12] Therefore knowledge built from information can only approximate the knowledge base from which the messages were uttered. The consequence of this sequence is the understanding that everything outside the mind or information can be manipulated for a particular means to an end.[11 p2]

Framed from another perspective, knowledge (as a much broader concept than information or as a corpus of a discipline) can be considered in terms of ‘know-what’ and ‘know-why’, broadly what philosophy calls propositional knowledge (‘knowledge that’) embracing both factual knowledge and scientific knowledge, both of which come closest to being market commodities or economic resources that can be fashioned into production functions. Other types of knowledge, identified as ‘know-how’ and ‘know-who’ are forms of tacit knowledge which are more difficult to codify and measure. Tacit knowledge[13] is the individual skills needed to handle codified knowledge and is more important than ever in future labour markets with education at the centre of the knowledge-based economy.[11]

Marshall suggests that knowledge is superseded in the neoliberal discourse of lifelong learning with information, in the form of skills and learning: “Knowledge has been replaced by skills and learning. Everything which might have been seen as obtaining knowledge—an object of an activity—seems to have moved into an activity mode, where what is important is process”. [14 p269]

In addition, Lambeir observes that “Learning now is the constant striving for extra competencies, and the efficient management of acquired ones. Education has become a tool in the ‘fetishisation of certificates’ and must be continuously relearned, readjusted, and restructured to meet the needs of consumers in the service information industry”. [15 p351]

### *Lifelong learning as a neoliberal art of government*

From Foucault’s[1] perspective, lifelong learning represents a model of governing individuals in their relation to the collective—temporally. More specifically, lifelong learning constitutes a technology of control that is evident in the way practices of economics and discursive patterning of knowl-

edge and learning interact. This technology of control creates a model of human capital where the human individual is defined not in liberal terms that are with intrinsic rights but in terms of classification of skills, knowledge and ability. Unlike other forms of capital, lifelong learned skills cannot be separated from the individual who owns these resources; they nevertheless constitute resources which can be sold in a market. Each person is now an autonomous entrepreneur ontologically responsible for his or her own self, progress and position. The technology of lifelong learning enables the global production of infinitely knowledgeable subjects.[2,9]

Olssen specifies that the emergence of lifelong learning as a technology serves as both cause and effect:

On the one hand, it enables both the individualization of responsibility for education or learning, and on the other it enables the abolition of welfare obligations of states. From this perspective the technology of lifelong learning enables a *downgrading of social rights* within any particular national territory in preference for a global level playing field characterized by equality of opportunity". Additionally, its main strength is that it constitutes a flexible technology in a number of ways. First, it enables businesses and governments to avoid direct responsibility; second, it enables the adaptability of workers in terms of their mobility within the workforce between businesses and countries. It thus enables the ability of workers to move from one job to another within a given overall production process, or within a production process that can switch between products and skills and which itself can be transitory. (emphasis in original). [2 p221]

This 'workforce versatility', of which lifelong learning is a key strategy, enables high levels of job mobility premised on a high level of general and technical training and a ready ability to add new skills in order to make change possible.[2 p221] As such, traditional mechanisms of job security, benefits including retirement accounts, and health coverage are minimized or eliminated. Workforce versatility also propagates an 'expendable work force' due in part to the elimination of the need for principals to retain, invest, and promote development of their own personnel.[2 p221]

### **Diagnostics: what space for acting differently?**

#### *Olssen's normative suppositions for democratic global learning*

Olssen[2] posits normative suppositions for knowledge development in a world that regards democracy as the action necessary from a departure to neoliberal capture of education processes, notably the substituting or privileging of information learning over knowledge acquisition. He offers

four normative suppositions advocating for democracy: the concern for equality; the role of the state; the development of civil society; and the role of education. It is my conjecture that Olssen[2] is calling for a return to the era of social liberalism or the welfare state as a departure from our current neoliberal reality. I will subsequently present and critique each of Olssen's normative suppositions, noting or explaining why these approaches are fundamentally flawed given current realities.

*The concern for equality.* Olssen's first supposition, the concern for equality, reflects the following:

The development of any conception of democratic justice embodying a concept of learning must seek to deal with rather than avoid issues to do with distribution of resources and life changes. Learning as participation in the global community is not possible except where resources and human needs are satisfied. It is important to theorize the implications of a social ontological framework of community for considerations of democratic justice as it pertains to distributional ethics if the learning community is to be a reality. Community in this sense is definable as an all-encompassing arena without fixed borders or unity which comprises an assortment of values, norms, and intuitions that enable life to be lived. Such a conception of community recognizes social ties and shared values, as well as practices of voluntary action and public institutions like education, which constitute the conditions for stability and reproduction of society.[2 p227]

While assertions of concerns for equality are certainly desirable, even essential for learning, the question remains as to how this is possible in our neoliberal era. Historically, during the period of social liberalism or the welfare state, the theme of equality was in the foreground due to the interplay and leveraging of the social with the state. The autonomous state was advocating for its own survival by fulfilling its role in representing the needs of its population which included reining in and regulating the sphere of the economic with regard to exploitive excesses. Social liberals were intent on individual freedom and liberty was situated as a central objective for government. During this era the unique belief that lack of economic opportunity, education, health care, and most importantly equality were considered a threat to these liberties. Humanistic concepts informed these perspectives and were held in check through an economy that ensured these values and a state that provided public services to uphold social rights as well as civil liberties.[6] Equality was not understood as some inalienable right, but rather as: "a condition—not the aim, not a finality to realize, but its ontological assumption".[16 p330]

In neoliberalism, equality is reduced to the Darwinian 'sur-



vival of the fittest' by assertions of individual choice wherein skill sets of individuals are offered as commodities in the open market. The emphasis is not on creation of equality for the opportunity to attain the marketable skills necessary to compete, but rather, concentration is focused on equality for the entrepreneurs who have had the privilege of skill and expertise development. In this schema, gradations of capacity are privileged, leveraging the population against themselves through competitive mechanisms. This is not to assert that competition is not desirable, even necessary, but rather emphasizes that equality has taken a fundamental shift from an ontological assumption for all—to equality among the privileged. In this context, neoliberal reality asserts that social justice and social ethics are possible only if consistent with market justice and market ethics. Clarke makes this expressly clear:

Far from responding to the needs of consumers, capitalism thrives on the constant creation of unsatisfied needs; far from generalizing prosperity, capitalism generalizes want; far from relieving the burden of labour, capitalism constantly intensifies labour, to the extent that a growing proportion of the population—the young, the old, the infirm, those with inadequate skills—are unable to meet the demands of capital and are condemned to destitution. The market is an instrument of 'natural selection' that judges not only on the basis of the individual's ability to contribute to society, but on the basis of the individual's ability to contribute to the production of surplus value and the accumulation of capital. This is the moral law expressed in the platitudes of neoliberalism.[17 p55]

Darwinian competition has become the norm, casting aside any notions of democratic equality, social justice, or social ethic.

*The role of the state.* Olssen's second supposition juxtaposes the role of the state manifested in current neoliberal realities with past social liberalism or the welfare state. For example:

The role of the state should be concerned with guaranteeing access to education and knowledge, as well as information and skills as a fundamental right. The state's obligation as regards learning involves it in developing opportunities based on people's rights to inclusion and the development of their capacities. This obligation gives the state a role in the provision of social services, health care, and education. In brief, the role for the positively geared state lies in relation to socially directed investment decisions, to provide for the general conditions for all species needs and development, including education and training, and to create and maintain quality infrastructure such as schools, hospitals, parks, and public spaces and learning opportunities.[2 p227]

Following the concerns for curtailed individual equality in neoliberal functioning societies is the state's role in the care

of its populations regarding the enactment of infrastructure such as material necessities of security, food and water safety, housing, education, economic security, and access to primary health care. These infrastructure responsibilities, typically understood as the primary responsibility of sovereign governments during social liberalism or the welfare state era, have been relegated to priority settings based upon reduced available public capital. The reduction in public monies has been due in part to the reconfiguring of a progressive tax structure wherein an egalitarian strategy has been restructured privileging the elite while shifting the burden onto the middle class. This has transpired due to the extension of the markets into all realms of public life: there no longer exist the separate spheres of the economic, the social, and the political; all have been marketized and are required to operate subject to market laws. What has resulted is the privatization of what were formally infrastructure responsibilities of the state. Solutions in this venue result from whatever the market is willing to commodify and has led to a worldwide 'marketplace society'. [18 p.ix]

A steady decline in basic community infrastructures worldwide is evident in first world as well as in third world nations.[19] Increasing entrenchment of markets into sovereign states over the past thirty years has resulted from coordinated efforts among coalitions with financial interests, leading industrialists, traders and exporters, media barons, big landowners, local political chieftains, the top echelons of the civil service and the military, and their intellectual and political proxies.[19 p3] The consequence is a worldwide shift in power relations away from the majority with concentration in the elites. Reversing these entrenched processes will not be easily accomplished, even with democratic deconstruction/reconstruction.

*The development of civil society.* Olssen's third supposition requires the development of civil society democratically as follows:

Civil society refers to that sector of private associations relatively autonomous from the state and economy, which springs from the everyday lives and activities of communities of interest. It is clearly pivotal for learning. Clearly, one principal of democracy is the idea of deliberation encompassing learning in the arts of dialogue. Another principle of democracy is the right to contest, challenge or oppose. If democracy is rule by the people, the ability, and opportunity to 'speak the truth to power', as Michel Foucault's (20) idea of parrhesia expresses, is itself one of democracy's crucial rights, indeed its very condition.[2 p227]

Apart from Olssen's[2] vision of the social mentioned above, the social as a separate sphere of coalescing interactions for

the purpose of representing causes of the masses to the state has been called into question. Baudrillard[21] diagnosed “the end of the social” depicting that “the sociality of the contract, of the relation of state to civil society, of the dialectic of the social and the individual has been destroyed by the fragmentations of the media, information, computer simulation and the rise of the simulacrum”. [21 p86] (Note: Baudrillard defines simulacrum as the condition that truth assumes: its ‘likeness or similarity’ is not a copy of the real, but becomes a reconfigured truth in its own right—‘the hyperreal’).

Rose[22] following Baudrillard, reminds us ‘the social’ is an invention of history, enhanced by political agendas. It is not an inevitable horizon for our thought or standard for our evaluations. Historically, the social within a limited geographical and temporal field, set the terms for how human intellectual, political, and moral authorities, in certain places and contexts, thought about and acted upon their collective experiences. [22 p329] This social plane of territorialization existed in conjunction with other spatializations with various tensions: blood and territory; race and religion; town, region, and nation. [22] The resulting consequence of these realities was that “political forces would now articulate their demands upon the State *in the name of the social*: the nation must be governed in the interests of social protection, social justice, social rights and social solidarity” (emphases in original). [22 p329]

With the advent of neoliberal strategies for governing populations there has been a fundamental shift away from social solidarity, the similar treatment and opportunity for the collective, to a focus on community “which is highly morally invested and which intersects markets, contracts, and consumption in complex and surprising ways”. [22 p331] The social in this context is giving way to the community as a new territory for the administration of individual and collective existence, a new plane or surface upon which micro-moral relations among persons are conceptualized and administered. [22 p331] Rose[22] outlines three significant features evident in this re-figuring of the territory of government in terms of community. The first is spatial, a ‘de-totalization’ in comparison to social conceptions. The second is a change in ethical character—the social was an order of collective being and collective responsibility and obligations. Third, the social was about identification such as ‘identification projects’: “programmes of mass schooling, of public housing, of public broadcasting, of social insurance...were understood as an image and a goal of the socially identified citizen, the person who above all, understood themselves to be a member of a single integrated national society”. [22 p333-4]

Governing through communities involves an economic life in which a re-coding of dividing practices is realized. These distinctions are between the affiliated and the marginalized. Affiliated are those individuals and families who have the financial, educational, and moral means to “pass” in their role as active citizens in responsible communities. [22 p340] To remain affiliated, one must ‘enterprise oneself’ through active choice, within authoritative terms and limits that have become integrated within the practices of everyday life. On the other hand, the marginal are those who cannot be considered affiliated to such sanctions and civilized cultural communities. Either they are not considered as affiliated to any community by virtue of their incapacity to manage themselves as subjects or they are considered affiliated to some kind of ‘anti-community’ whose morality, lifestyle, or comportment is considered a threat or reproach to public contentment and political order. [22 p340]

Olssen’s[2] contention that a social society is a necessary sphere for democratic opportunities for learning is problematic given the fragmentations of governing through neoliberal community interests. Voice for deliberations as well as resistance is severely compromised. Learning to speak truth to power and developing practices of resistance in our neoliberal world calls into question if democracy is a plausible possibility in our new multidimensional community.

*The role of education.* Olssen’s fourth supposition includes an essential role for democracy implicit in developing and practicing legitimate knowledge:

The role of education is crucial for learning democracy, as educational institutions, whether compulsory or post-compulsory, intersect with and therefore mediate between institutions like the family and those of the state and economy. Although formal institutions of education have been in the main public institutions, there is an important sense in which they are semi-autonomous from the state. This is not the neoliberal sense where management and administration are devolved to the local school, but the sense in which schools are important as democratic organizations, through the particular way that they are connected to communities, through their ability to empower families and involve minority groups in participatory projects. Education also is crucial as the central agency responsible for the production of democratic norms such as trust and political decision making. [2 p227]

To transition to Olssen’s[2] vision of ‘democratic education’ requires a deliberate acceptance of the multiplicities of knowing characteristic in postmodern thought. Within this context, multiple points of view including resistance are embraced. White cautions us about the potential for exclu-

sion in a “deliberative model of democracy”. [23 p147] This mode of democracy presupposes that participants understand one another, have similar historical appreciations, share premises, cultural meaning, and ways of speaking and evaluating. Young reminds us that in non-deliberative modes of communication, “expressions of passion, anger, depression, fear are often appropriate and necessary to enable people to recognize others in their concreteness”. [24 p129]

Olssen[2] infers that a return to education about democratic processes as well as education that is derived democratically is plausible despite the entrenched sphere of the economy in current neoliberal rationalities surrounding education in the 21st century (9). With this position, Olssen[2] implies a ‘holdout strategy’ in hopes of a short life-cycle propagated by the hopeful failures of neoliberal experiences over time. With this ‘holdout strategy’, resistance and a return for more democratic engagement of the social sphere is contemplated. [2] However, there is evidence that this is increasingly unlikely. Gibbs[25] describes the resistance to neoliberal doctrine in Venezuela under Chavez, which she coined a “post-neoliberal phase”, as less than encouraging. Equipped with substantial oil royalty monies, Chavez is experiencing incredible opposition from the neoliberal elites despite the popularity of his programs, including education for the majority of the population. Increasingly, despite adequate funding, a return to a more democratic society similar to social liberalism is implausible due to entrenchment of the elite’s hegemony in control of capital and natural resources, and its potential to invoke foreign military intervention in the name of security.

Within the context of neoliberal pragmatism, finite resources, market justice and market ethics, a more autonomous democratic education scheme which emphasizes and embraces autonomous knowledge development among the population is increasingly unlikely.

### **Problematizing the discipline of nursing—is a return to autonomous knowledge possible?**

*Negative rhetorical exemplars for nursing: critical thinking and evidence based-practice.* Over the past fifteen years critical thinking and evidence-based practice for the discipline of nursing have become the touch points for expected scholarship, teaching, and practice. Inherently, these attributes would seem to be highly desirable and sought for sustainable professional practices but it is in the educational operationalization of these coupled actions that a problem unfolds for the discipline. Currently, these attributes represent activities that temporally map out the antecedents for disciplinary expectations for lifelong learning.

First, in nursing academia, critical thinking has been debased from its original intent: purposeful reflective judgment concerning what to believe or through what actions we take. Core critical thinking skills include interpretation, analysis, inference, evaluation, explanation, and meta-cognition. Additionally, competent critical thinking includes consideration of evidence, context of judgment, relevant criteria for making the judgment well, applicable methods or techniques for forming the judgment, and applicable theoretical constructs for understanding the problem and the question posed. In addition to possessing strong critical thinking skills, one must be disposed to engage problems and decisions using those skills. Critical thinking employs not only logic but also broad intellectual criteria such as clarity, credibility, accuracy, precision, relevance, depth, breadth, significance and fairness. [26]

These aforementioned attributes are understood to mature over time most desirably through a broad based liberal arts education that experientially allows space, time, and mentored guidance for these talents to develop. In the discipline of nursing, due to demands of markets for more and more nurses, revolving-door graduates became the expectation. In this scenario, superficial learning through sound-bite strategies of teaching technical skills, specific content, and how to optimize performance on standardized tests has become the norm. [27] One of the performance criteria for these graduates was to be ‘critical thinkers’ with ‘clinical reasoning skills’. What evolved was teaching critical thinking in a linear fashion, derived from discipline specific textbooks that reflected an understanding of critical thinking as desired attributes instead of developing experiential reflective performances. [27-31] The scope of this problem for nursing education cannot be taken lightly. In the United States for example, del Bueno[27] reported that 70% of recent graduates scored ‘unsafe’ on clinical reasoning skills.

This operationalization of information learning in the discipline of nursing exemplifies the contractual model of education outlined by Olssen and Peters[9] involving outcome specification that represents functional imperatives of work world demands that have become the expectation in our neoliberal era. What is missing is the substance or demonstration that knowledge is acquired in the refigured education schema. On closer examination, it becomes apparent that sound-bite information has become the mode of education, leading to little more than rhetoric or a false sense of true knowledge: more succinctly a hyperrealism—an illusory reality that becomes real.

The second neoliberal exemplar taken up by most nurs-

ing academics is the operationalization of evidence-based practice. Kim, Brown, Fields, and Stichler[32] specify that evidence-based practice has now become a ‘mandatory competency’ for all health care professionals. In nursing, this stipulation is not without strong minority opposition. Holmes, Perron, and O’Byrne[49] reveal several crucial concerns for the future that require action.

Privileging types of knowledge based on their methodology instead of their merits runs the risk of excluding or discounting other legitimate ways of knowing that have, over the past forty years, added significant understanding for disciplinary metaparadigm development.[33-43]

The creation and uncritical acceptance of evidence-based nursing exposes, micro-fascist structures[44] that function to restrict and discount the freedom of knowledge development. These micro-fascist structures include financial constraints based on wealth extraction, risk management, and system designs that are expressly in the service (hegemony) of the agendas of the health (illness) care elites.[45-48]

Additionally, nurses must challenge the hyperreality of the singular truth of evidence-based nursing if the discipline of nursing is to be a contender of knowledge, research, and practice in service of our clients and patients in the 21st Century. The discipline of nursing must not, as Homes, Perron, and O’Byrne contend: “passively watch the disappearance of nursing knowledge”. [49 p101]

Critical thinking and evidence-based practice are not to be viewed as inappropriate approaches to means to an end in nursing as a discipline, but rather as instruments in complex power relationships marched out within a ‘pragmatic neoliberal world’. It is the rhetoric or ‘truth speak’ that define this current hyperreality in nursing that must be deconstructed for the purpose of clarifying what is significant and beneficial for disciplinary progress in light of our social contract with our clients, patients, and customers. Is there the capacity and space for pluralistic views?

*For the discipline: the return to social liberalism—a ‘false hope’ and ‘faulty reasoning’.* The clock has expired on the era of social liberalism. What is essential for nursing is to redesign ourselves within a new set of disciplinary ethics that will be marketable in the 21st century neoliberal world. [47] The concerns for depth and breadth of acquiring knowledge outlined in this paper is evident when examining the acontextual focus usually encountered in literature reviews of nursing practice, research, theorizing, and teaching. Conspicuously absent in such literature reviews are global realities such as the ramifications of neoliberalism.[50] As

a means of raising awareness of this deficit, I offer seven themes that are by no means comprehensive but represent a constellation of topics that are ever-present in the geopolitical-economical world today. These seven themes need to be considered when developing realistic solutions to current and future disciplinary knowledge and knowledge application challenges in nursing.

First, increasingly complex dynamics encompass the explosion of knowledge required to practice nursing—skills have become extremely intricate, time intensive enterprises that are fraught with ethical dilemmas.[51,52] While there is growing nursing theoretical development and expansion in understanding the complexity of nursing practice[53] there is little demonstration of this potential in current practice environments.[54,55]

Second, there is an escalating concentration on chronic illness management or ‘illness care’ at the expense of health preventive and promotion modalities.[47,48,56] Health protection, prevention, and promotion are well established essential antecedents for individual as well as population well being; however, there is little evidence of implementation at all levels.[48,57-59]

Third, aging of populations creates extreme tension on illness care based systems regarding equity, access, ethical practice, and human resources.[60] These tensions will tax all professions but especially nursing given the labour intensive nature of practice with aging populations. Current and projected short-falls in nursing will only amplify these challenges.

Fourth, shrinking resources concurrent with a simultaneous increase in costs for health and illness services are influenced by three primary factors: growing populations requiring complex chronic illness care; the diminishing role of sovereign states as a funding mechanism due to neoliberal rationalities; and increased wealth extraction and profiteering of the health-illness industrial complex.[61-63]

Fifth, there is increasing wealth disparity between the elite versus middle and lower class populations in most western world sovereign states.[64] This condition has resulted from disparity in progressive taxation as well as capture and control of the political machinery by the elite class.[65,66]

Sixth, there is diminished sustainability of the world’s resources necessary to meet the basic demands of exponential population growth worldwide. Current predictions estimate that the world’s human activity is on pace to consume 1.2 times the earth’s ability to replenish current consumption trends. If this growth trend continues, limits to growth will

be reached by 2072.[67] Even estimates from the conservative World Bank Group call for more immediate attention to world resource sustainability.[68]

Seventh, the new world order or globalization has solidified the elites' hegemony in the control of capital, natural resources, and military threat.[69,70] With finite resources, there can no longer be social justice or social ethics.[47,71,72] Globalization mapped out with neoliberal blueprints situates the new reality: there is only room for market justice and market ethics with intense leveraging and competition for 'control of the tangible remains'.

*Nursing and resistance.* There is little evidence that the heritage of Nightingale's ethical resistance is alive today. Even less clear is what resistance looks like in the neoliberal schema for the discipline of nursing. Foucault suggests that there are a number of ways to resist the exercise of power. He argues that resistance is co-extensive with power; specifically, as soon as there is a power relation, there is a possibility of resistance. It is not a question of an ontological opposition between power and resistance, but a matter of specific and changing struggles in space and time.[3,73] There is always the possibility of resistance no matter how oppressive the system. Inherent in resistance is the capacity to rationalize from some standpoint, presumptively from a historically situated knowledge. What I have argued, following Olssen and Peters,[2,9] is that the capacity for knowledge is re-configured in neoliberal realities. Informational learning predominately representing dogma, ideologies, and disciplinary speak (nursing's dominant discourses such as critical thinking and evidence based practice) have supplanted historical metaparadigms of knowledge. Knowledge from this perspective represents space for critique and resistance from multiple philosophical world views. Given these neoliberal realities, what is our disciplinary future? What is our vision for a re-configured ethic?

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# Commentaire/Commentary

## **Lire des textes de recherche : guide convivial pour infirmiers et autres professionnels de la santé; par B. Davies et J. Logan; Elsevier-Mosby**

**DAVE HOLMES**

Les ouvrages portant sur la recherche sont non seulement nombreux, mais de plus en plus spécialisés. Cette sur-spécialisation de textes portant sur la recherche engendre, plus souvent qu'autrement, une désaffection au regard des éléments fondamentaux, dont la lecture critique des textes de recherche. L'ouvrage proposé par Davies et Logan (2011) constitue à cet égard une « révolution » parce qu'il expose avec simplicité et convivialité les étapes cruciales relatives à la lecture des textes de recherche. Ces étapes permettent

non seulement aux lecteurs de renouer avec certains principes de base, dont on fait aujourd'hui l'économie, mais permettent aussi de renouer avec un processus de lecture scientifique rigoureux. Si les étapes d'une lecture scientifique rigoureuse sont clairement et simplement détaillées dans l'ouvrage de Davies et Logan, la section sur l'utilisation des bases de données rappellent aux novices comme aux experts de la recherche certaines règles élémentaires (par exemple la logique booléenne) qui permettent d'assurer, encore une fois, la rigueur de la démarche. L'addition d'outils complémentaires, ajoutés à la fin des chapitres, permettra aussi aux lecteurs d'avoir accès à des définitions conceptuelles pratiques et sans artifice. Le glossaire est à mon avis de très grande qualité. À cet égard, on pourrait reprocher au glossaire de manquer de nuances; or, ce guide convivial a été conçu pour permettre une consultation rapide au profit d'explications interminables. Il s'agit là d'un choix éditorial, qui à mon avis, est facilement justifiable compte tenu de l'objectif avoué de ce guide pratique et convivial de lecture de textes de recherche. L'ajout de feuilles de « travail



et d'accompagnement du lecteur », qui suivent le glossaire, témoignent du souci constant des deux auteures à simplifier la lecture souvent aride des textes de recherche. Ces outils de travail, distincts pour les recherches quantitatives et qualitatives, attestent d'un souci incontestable de précision alors que les aspects paradigmatiques liés aux deux courants sont déployés dans ces guides de manière très pragmatique. Enfin, malgré le peu de critiques apportées au regard des niveaux de savoirs probants, je recommande fortement ce guide qui servira de complément essentiel aux ouvrages plus spécialisés touchant les aspects méthodologiques de la recherche, que celle-ci soit quantitative ou qualitative.

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# Commentaire/Commentary

## Are there really Two Cultures in the Health Debate? Towards a New Understanding of Autonomy

*IGNAAS DEVISCH*

Exactly fifty years ago, in 1959, Charles Percy Snow held his famous Rede Lecture on the 'two cultures' in science. The Two Cultures and the Scientific Revolution noticed a major gap in scientific thought between scientists and literary intellectuals. Snow considered this caesura as dramatic not only for science but for society as a whole. Since many global problems need incentives from both cultures, their separation hindered the disentanglement of these difficulties.[1] Snow's lecture has been widely discussed ever since, and still today the phrase 'two cultures' is a common understanding.[2]

Although at first glance the current debates on health and healthcare seem to be infected by an analogous gap

between two different discourses, we should be selective with quoting Snow's phrase to avoid a further inflation of its meaning. Too often the phrase is used to stipulate different angles or perspectives on a single outcome.[3] While it is true on the one hand that health sciences continue to warn us about unhealthy lifestyles and risk behavior,[4,5] on the other hand, philosophers and sociologists have a full-time job criticizing society for exercising too much control, biopolitics or interference in our private lives.[6,7]

Despite these differences, analyzing current health debates from the perspective of two cultures would be a mistake. This is not because the differences are simply unproblematic or irrelevant, but rather that focusing on them would hinder us from seeing the real deadlock at a more fundamental level, a deadlock we will describe as the 'blinding consensus on autonomy in healthcare today'. This deadlock is not the result of what divides both 'cultures', but of what they share. In short and generally speaking, although their perspectives differ, both 'cultures' obviously presuppose heteronomy as a bad thing that should be avoided. Health scientists and

policymakers strive for better health, which they perceive as the zenith of individual autonomy: the healthier a person is, the more control he acquires over his or her own life, and thus the more autonomous he or she is. Medical humanities, on the other hand, also have autonomy as their focal point, albeit from a different angle. They propose a type of healthcare that helps the individual decide whether he or she agrees with therapeutic interventions or screenings on risk behavior and predictive parameters.

It is not only these cultures that strive for autonomy in healthcare. Apparently, almost everyone occupied with research on health today is focusing on autonomy. A simple ‘all fields’ search in the PubMed database produced the following results: ‘heteronomy AND health’ only gives 4 hits, while ‘autonomy AND health’ gives us 12,911 hits (search made on 08/21/09). This result is overwhelming. Although most readers will find the remarkable focus on autonomy in health more than appropriate, we will nevertheless question this consensus—not because we adore questioning as such, but because we find interest in heteronomy vital. Although we agree upon autonomy as a desirable objective, heteronomy is not only unavoidable; it is not necessarily undesirable either, unless it is forced upon us by the misuse of power or control.

First of all, at a fundamental (existential) level, heteronomy is unavoidable. Under no circumstances I am always my own (autos) legislator (nomos). From the outset, all of us are exposed to heteronomy and maintain our lives by way of heteronymous means, whether through antibiotics for a simple flu, a blood transfusion or a variety of other operations, not to mention our genetic inheritance. In this way, we are all touched by something other than ourselves; we are all marked by heteronomy. In his book *Corpus*, the French philosopher Jean-Luc Nancy calls this exposure to one another *expeausition* – playing on the term ‘exposition’: ‘peau’, in French, means skin.[8]

This is even more the case for healthcare. The mere fact that someone is appealing for care means principally that he or she is no longer autonomous and is in need of someone or something else, which is an appropriate definition of heteronomy. Instead of neglecting this or understanding it as the sheer negative side of autonomy, we should deal with it in a positive way and develop theoretical and practical frameworks to integrate heteronomy into health theory and policy.

Secondly, at a more applied level, heteronomy as such is not a bad thing unless it is forced upon us by the misuse of power,

paternalism or control and can even be considered necessary. Self-determination and autonomy may be the objectives of healthcare, but it is a principal misunderstanding to claim that heteronomy must be avoided at all costs, both from a theoretical perspective and on a practical level. Autonomy is often desirable but not everyone has a maximization of autonomy as his or her objective. Many people, for instance, do not want to participate in medical decision-making, although they are in favor of patient-centered therapy.[9] The constant occupation to make individual precarious choices in health matters can be oppressive or cause existential stress. For instance: do we want the fetus to live or to be aborted? Can I still sustain that terrible pain or do I prefer euthanasia? And so on. A decade ago, the French sociologist Daniel Ehrenberg linked the increase of autonomy to the rise of depression and anxiety disorders in western societies. He entitled the report of his research, “The exhaustion of being yourself.”[10]

And finally, be it a less important argument than above, autonomy is sometimes misused to shirk the clinician’s responsibility to the patient. A fashionable concept such as ‘patient empowerment’, for instance, is abused by clinicians to transfer problematic issues for patients to the responsibility of ‘autonomous’ patients.[11,12] Of course, a plea for heteronomy will not solve this problem, but we have to be aware of it instead of simply worshipping autonomy.

To conclude: autonomy can be a blessing, but it can also be a curse. Autonomy is desirable in some cases; in others certainly not. Suppose my behavior or my illnesses were simply my autonomous problem would that not be most inconvenient for a patient?[13,14] We are constantly exposed to heteronomy, particularly when it comes down to health or the absence of it, as when we are ill or injured. Therefore, there is a striking need for profound reflection upon heteronomy as a self-reliant category in healthcare. Since heteronomy is generally ignored in health theories and practices, or is only theorized as the appendix of autonomy with concepts like ‘relational autonomy’,[15] we are unable to conceive the richness of its meaning and the possible opportunities this concept offers for better healthcare. Heteronomy is far more than paternalism or control; it can also mean transfer, trust,[16] helplessness, shared responsibility, belief, et cetera. Therefore, we should not simply wipe it out of our horizon, but should take interest in it as in other topics which are relevant to healthcare. My freedom and autonomy do not stop, as the French philosopher Jean-Paul Sartre once said, where the freedom of others begins;[17] quite the opposite, my freedom and autonomy begin where that of others start.

Heteronomy is a condition of our autonomy, not an obstacle or something opposed to it.

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