

The deconstructing angel: nursing, reflection and evidence-based practice

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This paper explores Jacques Derrida's strategy of deconstruction as a way of understanding and critiquing nursing theory and practice. Deconstruction has its origins in philosophy, but I argue that it is useful and relevant as a way of challenging the dominant paradigm of any discipline, including nursing. Because deconstruction is notoriously difficult to define, I offer a number of examples of deconstruction in action. In particular, I focus on three critiques of reflective practice by the meta-narrative of evidence-based practice (EBP) and attempt to show how those critiques can be directed back at EBP itself. I conclude with the observation that EBP is open to many of the criticisms that it directs at other discourses, including problems of a lack of empirical evidence, of distortions due to memory, and of falsification of the 'facts'.

Key words: deconstruction, evidence-based practice, nursing, reflection.

Deconstruction is rarely discussed in the nursing journals and, when it is, is often written about from a position of hostility and limited knowledge (e.g. Thompson 2002). This paper will attempt to demonstrate that, despite the suspicion with which it is often regarded, deconstruction is a valuable method of critique that can help us to probe deeply into some of the key constructs in nursing.

DECONSTRUCTION AND POSTSTRUCTURALISM

Deconstruction has its origins in the discipline of philosophy and the work of Jacques Derrida, who proposed it as a strategy for challenging some of the taken-for-granted ideas that have permeated philosophical thought since the time of Plato. Derrida has been employing the strategies of deconstruction since his earliest writings in the 1960s, particularly in his seminal work *Of Grammatology* (Derrida 1976), where he deconstructs philosophical texts by (amongst others) Plato, Kant, Hegel, Heidegger and Rousseau. However,

Derrida's refusal to privilege philosophical texts, indeed, his questioning of philosophy as a discipline in its own right, ensured that deconstruction was quickly adopted by other disciplines, particularly literary theorists. If, as Culler (1983) puts it, philosophy is merely 'a species of writing' (90); if, in the words of Norris (1991), 'literature is no longer seen as a kind of poor relation to philosophy' (19), then there is no good reason why deconstruction should not be employed against *all* texts, including literary fiction. Indeed, deconstruction clearly influenced, and was influenced by, post-structuralist literary critics such as Roland Barthes, whose essay 'The death of the author' (Barthes 1977) echoes Derrida's notion of a 'decentred universe' (Derrida 1976) in its radical questioning of the central position of the authorial voice in literature. As Barthes (1977) concluded, the death of the author as the location of the authority and truth of the text opened it up to multiple readings, so that 'a text's unity lies not in its origin but in its destination' (148) — that is, not with its writer, but with its many readers.

Abetted by Derrida's famously misunderstood dictum that 'there is nothing outside the text' (Derrida 1976, 158), which was taken by some to imply that the entire world can be 'read' like a book, deconstruction permeated many other aspects of cultural life, including architecture (Benjamin

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1988), gender studies (Cixous and Clement 1996), politics (Spivak 1988) and psychoanalysis (Hartman 2000). Indeed, deconstruction has even been applied to 'texts' such as football (Botting and Wilson 2000) and drug-taking (Ronell 1995).

Aporia

The key to an understanding of deconstruction is the aporia (literally, an unpassable path). The notion of the aporia can be traced back to Aristotle (and beyond), where it was employed to denote the kind of problem or puzzle to which philosophy seeks a solution. Derrida uses the term in a stronger and more literal sense to denote a *logical* dilemma that can neither be resolved nor worked around. One of the key strategies of deconstruction is to expose the aporia which exist just below the surface of *all* texts, *including deconstruction itself*.

DECONSTRUCTION AND THE POSTMODERN TURN

Deconstruction is often associated with postmodernism. Although Derrida never (as far as I am aware) used the term or regarded himself as a postmodernist, deconstruction bears striking similarities to Lyotard's notion of *paralogy*, 'in which the point is not to reach agreement but to undermine from within the very framework in which the previous "normal science" had been conducted' (Lyotard 1984, xix). Lyotard's project was to report on the 'postmodern condition' of knowledge in the late twentieth century, and the term 'normal science', which is taken from Kuhn (1962), refers to work that reinforces the dominant paradigm, or what Lyotard termed the 'meta-narrative' of science. The meta-narrative sets itself in opposition to other 'little narratives' which offer alternative stories about the world. However, the meta-narrative is privileged over these other narratives as it not only tells a story, but also tells the 'meta' story, the story of how to tell stories. In other words, the meta-narrative establishes the rules according to which all other little narratives are judged.

In nursing, the meta-narrative is generally taken to be evidence-based practice (EBP), as this is the narrative that sets the rules for judging the validity of what is to count as evidence. We can see this quite clearly in the widely accepted 'hierarchy of evidence' (Evans 2003), which privileges the findings from 'hard' quantitative research over other forms of evidence such as 'soft' qualitative research and reflections on practice. The meta-narrative is therefore very difficult to challenge, because it sets the criteria by which any challenges are to be judged. So, for example, a critique of EBP from the perspective of the little narrative of reflective practice will be deemed unacceptable unless it includes

evidence from (preferably quantitative) research findings, which is, of course, the very form of evidence that reflective practice is arguing against. The aim of paralogy (and, by association, deconstruction) is thus to 'undermine the framework' on which the meta-narrative is built. Rather than critiquing EBP, deconstruction focuses on the legitimacy of the criteria that EBP has privileged, and which in turn privilege EBP itself.

Aporia

Most academic critiques begin by defining the terms to be discussed. However, as Norris (1991) points out, 'deconstruction is the active antithesis of everything that criticism ought to be if one accepts its traditional values and concepts' (xi). As we shall see, one of the strategies of deconstruction is to question the fundamental assumptions of *presence* in western metaphysics, which assumes that it is possible to make definitive statements about identity. Deconstruction is concerned rather with exposing the contradictions of definitions and identity inherent in any text purporting to make definitive statements. Clearly, then, it is not possible to give in advance any definitions of EBP or reflective practice. For my purposes, EBP will be loosely characterised as practice that operates within the dominant hierarchy that privileges evidence from quantitative research over other types, whilst reflective practice is that which values evidence from reflection on clinical experience. While these working definitions are partly self-referential, they will nevertheless have meaning for most nurses.

DEFINING DECONSTRUCTION

One of the difficulties that many readers have with deconstruction is its slipperiness, its unwillingness to be pinned down and precisely defined. We can see its elusive nature in Derrida's constant refusal to offer a definition:

Deconstruction doesn't consist in a set of theorems, axioms, tools, rules, techniques, methods ... There is no deconstruction, deconstruction has no specific object (Derrida 1996, 218).

Deconstruction is not a method and cannot be transformed into one (Derrida and Kamuf 1991, 273).

It must also be made clear that deconstruction is not even an act or an operation (Derrida 1991, 273).

And, ultimately,

What is deconstruction? Nothing, of course! (Derrida 1991, 275)

From the discussion of the previous aporia, we should not be surprised at Derrida's evasiveness. However, we can perhaps get an insight into what he is attempting to convey through the above quotations if we look at one of the very few instances where he *does* provide some sort of clue about deconstruction:

Perhaps deconstruction would consist, if at least it did consist, in ... deconstructing, dislocating, displacing, disarticulating, disjoining, putting 'out of joint' the authority of the 'is' (Derrida 1995, 25).

Here we have both the key to deconstruction and also the key to Derrida's reluctance to define it any further. Deconstruction aims to put out of joint, to 'disarticulate', the authority of the 'is'. That is to say, it refuses to take at face value any statement of the type 'X is Y', for example, caring *is* the essence of nursing, or the randomised controlled trial *is* the gold standard of evidence. We might note in passing that, in his early writing, Derrida (1976) gets around the problem of the authority of the 'is' by putting the word 'under erasure' (*sous rature*), that is, by writing ~~is~~. As Spivak (1976) explains, 'This is to write a word, cross it out, and then print both word and deletion. (As the word is inaccurate, it is crossed out. As it is necessary, it remains legible.) (xxi)' By simultaneously writing the word 'is' and crossing it out, Derrida is conceding the need to employ it in order to communicate, but without necessarily accepting its usual meaning or inference.

Perhaps we can now understand Derrida's reluctance to define deconstruction, as deconstruction is not immune to its own stance of incredulity. To make any statement of the kind 'Deconstruction is ...' would be to reject its own basic tenet of challenging the authority of the 'is'. Deconstruction must, of necessity then, remain loose and elusive. Similarly, we have seen that Derrida is reluctant to offer any rules, guidelines, tools, techniques or methods for deconstruction. Deconstruction ~~is~~ nothing; and yet it ~~is~~ clearly more than nothing, and while Derrida is reluctant to offer a description or definition of deconstruction, his books provide numerous examples.

It should be apparent by now that I cannot offer a rational theoretical argument for the attractions or benefits of deconstruction for nurses, because I can neither define it nor outline its methods. And yet it is not 'nothing'. There is something in deconstruction; it suggests a way of getting under the skin of a text (in the widest use of the term), of rooting out its inconsistencies and self-contradictions. However, it is a 'something' that cannot be described, it is impossible to write about deconstruction, to write what deconstruction ~~is~~. And yet write we must. Derrida (1978) cites Bataille: 'These judgements should lead to silence yet I write. This is not paradoxical' (262).

Aporia

The impossibility of explaining what deconstruction is, of writing a logical and coherent text about deconstruction, is

just the kind of aporia that a deconstruction of the text would bring to light: this judgement should lead to silence yet I write. In fact, I *must* write, since deconstruction ~~is~~, in the final analysis, nothing *but* writing. And yet, as we have seen, deconstruction ~~is~~ not something you do, it ~~is~~ not a *thing*, it ~~is~~ no *thing*, it ~~is~~ merely 'what happens or comes to pass' (Derrida 1995, 17). Deconstruction is founded on the observation that all texts (including Derrida's own) contain the seeds of their own undoing; that all texts are fraught with internal logical inconsistencies. The aim of deconstruction is simply to make these inconsistencies or aporia apparent; after that, the text deconstructs itself, the deconstruction simply 'happens or comes to pass'.

Although it is in a sense impossible to write *about* deconstruction, to write what deconstruction *is*, we can nevertheless *write* deconstruction. If it cannot be described, it can at least be demonstrated. This paper offers a number of demonstrations of deconstruction in nursing. It takes as its focus three critiques of reflective practice from the meta-narrative of EBP. In particular, it attempts to demonstrate how the critiques of reflective practice can be turned back on the meta-narrative from which they emanated; how in critiquing reflective practice, the dominant scientific paradigm of nursing is also critiquing itself. I will then employ my deconstruction of these criticisms to attempt to arrive at some general heuristics for deconstruction: if not rules, then perhaps rules of thumb.

EVIDENCE

I will begin with what is probably the most common critique of reflective practice. A number of writers have questioned the evidence-base of reflection with Carroll et al. (2002) summarising this concern: 'Within the literature, there appears to be a dearth of empirical evidence supporting the usefulness of reflective practice in clinical care'. They add as a caveat, 'there is a need for rigorous research that provides evidence regarding the effectiveness of reflection and reflective practice in nursing'.

There are at least two ways of responding to this criticism. First, we might ask why 'empirical evidence' is associated exclusively with 'rigorous research', and why it is so important to justify reflective practice in this way. *Empirical* evidence is literally evidence 'originating in or based on observation, experience or experiment rather than theory' (*Penguin English Dictionary*). Clearly, then, the evidence derived from reflection itself can be said to be empirical, as is the evidence from casual observation. However, by associating empirical evidence with 'rigorous research', Carroll et al. are clearly implying a far narrower definition of what counts as the evidence base for practice. Evidence, for them, comes only from research, and probably from only particular kinds of

research. As Mackintosh (1998), rather disparagingly, adds of reflective practice:

Much of the published evidence regarding the model's impact on clinical practice appears to be based on personal anecdote, and again, evidence in support of its impact on patient care is of a mainly qualitative and descriptive nature (556).

In order for reflection to be an acceptable basis for practice, 'hard' evidence from quantitative research is required, and as Mackintosh is quick to point out, this 'hard' empirical evidence is lacking. The problem, however, is that nor is there any hard evidence to support evidence-based practice. This rather embarrassing failure of evidence-based practice (EBP) to meet its own criteria was first noted by the Evidence-Based Medicine Working Group (1992), and later by Trinder and Reynolds (2000), supporters of EBP, who admit:

It has not escaped the notice of either critics or champions [of EBP] that there is not, nor is likely to be, any empirical evaluation of the effectiveness of evidence-based practice itself. The lack of any empirical justification for the approach has meant that advocates have relied upon intuitive claims (213).

The superiority of so-called evidence-based practice (that is, practice based on the evidence of research) over reflective practice is thus an act of faith of the very kind that evidence-based practice claims to reject. Indeed, it is no more or no less valid than the 'intuitive' claims advocated by reflective practitioners. It is perhaps a little ironic, then, that while 'hard' empirical approaches such as EBP are condemning reflection for being based on 'softer' empirical evidence such as introspection and intuition (and thus, by its own definition, not evidence at all), it turns out that the only evidence for EBP is that very same introspection and intuition. The so-called experts of evidence-based practice tell us that we should reject the authority of the so-called experts in favour of the findings of research. And so we do, not thinking to question the experts who are telling us not to trust experts. Mackintosh is right to point out that the evidence in support of reflective practice is mainly of a qualitative and descriptive nature, but the same is clearly true of the evidence in support of so-called evidence-based practice.

This very simple example illustrates the usefulness of deconstruction as a strategy to critique the dominant discourse. Rather than defending 'little narratives' such as reflection according to the criteria of the 'meta-narrative' of evidence-based practice, the deconstructive nurse shows how even the meta-narrative fails to meet its own standards. In narrowing down the definition of evidence to 'hard' empirical data from quantitative research, EBP effectively excludes itself from its own definition.

The second way of responding to the criticism that reflective practice is not research-based is to look with a critical eye at the very meaning of the word 'evidence'. 'Evidence: an outward sign, an indication; something, especially a fact, that gives proof or reasons for believing or agreeing with something, e.g. by a court to arrive at the truth' (*Penguin English Dictionary*). The word is derived from the Latin *ex videns*, meaning 'from what is seen'. Evidence, then, is the outwardly visible sign of an event, an indication that an event has taken place. This original meaning, in which 'evidence' is evidence *from* or evidence *of*, has more recently been supplemented by a second meaning; evidence *for*. This newer usage of the term is, strictly speaking, incorrect. When we talk of evidence *for* war or evidence *for* practice, we are not implying some kind of empirical link between the evidence and the action, but rather an ideological link. To say that there is evidence *of* the existence of weapons of mass destruction is to make a statement of empirical fact; the weapons have been seen, tested and photographed. To say that those weapons are evidence *for* war is to make a statement of belief or ideology; the weapons might or might not constitute a reason for war, depending on your views and beliefs.

Similarly, to say that there is evidence *from* a well-conducted randomised controlled trial (RCT) is to make a statement of empirical fact; it is to accept the accuracy of the findings of the study and their generalisation to a wider population. However, to say that these findings constitute evidence *for* practice is to make a statement of belief or ideology that the findings from RCTs constitute a gold standard of data collection on which to base practice. Evidence-based practice takes advantage of the confusion surrounding these two quite distinct meanings of the word, which continues to convey an air of scientific, objective, empirical authority, even when being employed in its second(ary) ideological sense. When George Bush speaks of 'evidence for war with Iraq', he is attempting to invoke an objective imperative, as though the link between weapons of mass destruction and military action is logical rather than ideological. Similarly, when researchers refer to the findings of RCTs as evidence for practice, they are also invoking an objective imperative, as though the link between research findings and practice based on those findings is logical rather than ideological.

As we have seen, one of the purposes of reflection is to generate contextual empirical evidence by practitioners *out of* specific practice settings, rather than decontextualised evidence by outside researchers that practitioners are expected to apply *to* their practice. Thus, if we accept that evidence *of* is empirically and logically stronger than

evidence *for*, then ironically, evidence *of* practice in the form of naturalistic research and reflection-on-action has closer links with practice than evidence *for* practice in the form of non-naturalistic experimental research.

MEMORY

A second critique of reflection, voiced by Newell (1992) and Reece Jones (1995), is its susceptibility to 'fallibility of recall' (Newell 1992); in other words, these critics are concerned that when I reflect, my memory might be playing tricks on me. As Reece Jones (1995) adds, 'This raises questions about one's use of reflection: whether it reflects the incident as it actually happened or the biased version of the event' (787). Now clearly, memory is an essential component of reflection, which by definition entails recalling experiences after they have happened. And there is, of course, little doubt that my memory deceives me. All the time. It deceives me when I am reflecting; it deceives me when I am researching, it deceives me when I am being researched, it deceives me when I am writing. Let us take as an example the research interview, which is one of the most clear-cut cases of the distortions introduced by memory. The respondent is being asked to recall events from the past; her thoughts, feelings, attitudes are either dredged up from her memory into consciousness during the interview, or else she formulates attitudes there and then, but based on prior experiences. This alone should alert us to the fact that research can be just as susceptible to fallibilities of memory as reflection; however, there are at least two other memories at play here.

First, there is the memory of the researcher. The researcher is interacting with the respondent, pushing the interview in particular directions, responding on the spot to replies to earlier questions, making choices about which leads to follow up and which to return to later, *if s/he remembers*. And it is also memory that partly determines which lines of inquiry to follow and which to drop, as, for Freud and the psychoanalysts, it is our suppressed and repressed memories that unconsciously determine many of our conscious choices. An interviewee tells me that her dog has died. 'We'll come back to that later' I tell her, unaware of the unconscious resistance being stirred up in my own mind due to the repressed memories of the death of my own dog when I was 5 years old. We never do come back to it; somehow, the time is taken up with other issues.

Second, there is the 'memory' of the technical devices being used to record the interview. The tape, the computer memory chips, the pen and paper. Tape recorders and computers do not suffer from quite the same problems; if microprocessors have an unconscious mind, they do not

appear to let it interfere with the storage and retrieval of data. The problems here are concerned largely with the storage medium itself; tape introduces interference, which can distort the message, typists mishear and mistranscribe the message into computer memory. And, perhaps ironically, it is the lack of the ability to interpret (either consciously or unconsciously) that compounds the problem. The human mind compensates for loss of information; if the sound level is low or muffled, the human brain can fill in the gaps, can create meaning out of silence. The computer memory, on the other hand, remembers only the silence, the gap, the missing word that the typist could not quite make out. And when I do finally come to analyse this incomplete data, I have to rely on my own memory to fill in the gaps, to recall what was actually said during the interview, or at least what my memory would like me to believe was actually said.

But we should not think that quantitative research is any less susceptible to distortion caused by memory. Items on closed questionnaires and attitude scales might well be coded in a seemingly objective numerical format and stored on a computer, but they still require the respondent to delve into his/her organic and all-too-fallible memory to retrieve the responses in the first place. When I ask a research subject to respond to a Likert scale statement such as 'Education is a good thing' his/her coded response of '2' refers to the verbal statement 'partially agree'. This in turn refers to a judgement based on an almost infinite amount of data stored in her brain, some of which is fully accessible, some partly accessible, but most totally unavailable to her. The seemingly objective numerical score conceals a subjective judgement based on an always already unreliable memory.

From such a deconstruction, it would appear that all of the evidence on which we base our practice is contaminated by memory, whether that evidence derives from reflection or from empirical research. But further the very act of applying evidence to practice entails yet more of Newell's 'fallibility of recall'. Our reflections might be written up in a diary, the research findings might be published in a journal paper, but at the moment that we are confronted with a clinical decision, all we have is what we remember of this evidence, all we have is our fallible memory. Our clinical decision is based not on 10 impeccably conducted randomised controlled trials, but on our recollections of the main findings of those RCTs. Unless we retreat back to the library every time we make a clinical decision, we are totally dependent on our memory. So Newell is right to identify fallibility of recall as a factor in collecting and applying the evidence from reflective practice, but it is equally a factor in collecting and applying *all* forms of evidence.

TRUTH

In a paper entitled *Telling lies: faking the story*, Cox (2002) tells the story of Alice. Alice is a busy nurse who, when asked to write a reflective assignment for a course she was taking, constructed a 'story' of a patient with bipolar affective disorder based partly on her own life experiences and partly on her existing theoretical knowledge: 'Alice reflected. She looked into the mirror and thought, "This is pretty good. No one will know that I have faked the story"' (Cox 2002, 113). Cox is concerned that students are faking it, that they are writing 'a mixture of truth and fiction', and that the lesson they are learning is: 'Distort the truth. Distort the experience. Give the teacher or clinical supervisor something that is interesting to read ... Not reality, but a construction of the imagination' (Cox 2002). How are we to know, then, if we are being deceived by a lie, by a 'fake' reflective account, and what is the student learning from constructing such an account apart from how to cheat the system?

There are a number of points to be made about this critique of reflection. The first and perhaps the most obvious is that Cox has employed a story which is, by her own admission, 'a mixture of truth and fiction' in order to criticise the student for writing a story. The worry for Cox is that students are learning to distort the truth, to distort the experience in order to give the reader something interesting, but isn't that exactly what Cox is doing in her own story? Or perhaps Cox is relating a real event, a 'truth' rather than a 'lie'. But a closer inspection of the story reveals that this is unlikely to be the case. The story is written from a 'third person omniscient' point of view, from the eye of God. The narrator is able to see inside Alice's head, to read her thoughts; the narrator (Cox) is able to tell us things about Alice that only Alice herself could know. So perhaps the story is autobiographical; perhaps Alice is actually Cox; perhaps Cox is relating a story from her own experience as a student. Perhaps. But that does not make the story any less of a lie; Cox would still be distorting the story in order to make a point, in order to make it more interesting to the reader. Whichever way we look at it, this story is a fiction, a fake. Cox is using fiction in order to make a case against fiction.

But let us look more closely at what Cox is claiming: that students are writing 'a mixture of truth and fiction'; that they are distorting the truth and, ultimately, that they are 'telling lies and faking the story'. Clearly, she is drawing on a number of dichotomies here: between the true and the false, between truth and lies, between fact and fiction, between the real and the fake:

truth	lies
real	fake

fact	fiction
true	false

Unfortunately, she is becoming confused over these pairs of polar opposites; she is muddling them up, assuming that they are more or less interchangeable. Alice is telling lies, which means that she is not telling the truth. Her story is fake rather than real, fiction rather than fact, therefore it is false rather than true; facts are true, therefore fiction must be false. Alice's story is thus 'a mixture of truth and fiction', as though these two terms also form a dichotomy, a pair of polar opposites.

However, it is not at all self-evident that fiction is the opposite of truth; that fiction is necessarily false. The linguist Noam Chomsky (1988) tells us that:

It is quite possible — overwhelmingly probable, one might guess — that we will always learn more about human life and human personality from novels than from scientific psychology (159).

Fiction can be a valuable source of knowledge, of truth. As Michel Foucault (1980) adds:

I am well aware that I have never written anything but fictions. I do not mean to say, however, that truth is therefore absent. It seems to me that the possibility exists for fiction to function in truth, for a fictional discourse to induce the effects of truth (193).

Clearly, the dichotomy of truth on the one hand and fiction on the other is suspect. Worse, still, it is based on a linguistic error. When Cox suggests that fiction is a distortion of the truth, that fiction is untrue, she is confusing the word 'fictional' with the word 'fictitious'. 'Fictional' means simply 'from fiction', which in turn is derived from the Latin *ingere*, meaning to shape or construct. There is no implication here of lies or deceit, simply of creating something. On the other hand, 'fictitious' means false or feigned, and is probably what Cox really means when she accuses students of writing fictional accounts. But, of course, Cox's failure to distinguish between the two words destroys her entire argument. While she might be excused for criticising Alice for writing a fictitious (that is, a deceitful) account, there is nothing *inherently* false or untrue about it. A fictitious (deceitful) story, which is also a fictional (made up) story, can still convey truths and can still be learnt from, as Chomsky and Foucault suggest above. Just because Alice has lied to her tutor about the origins of her story does not necessarily mean that the story is itself a lie, that it does not speak the truth. Alice's story was completely fictitious and (at least partially) fictional, and yet it also 'induced the effects of truth' as Foucault put it. And it is possible, as Chomsky said, that Alice learnt more from writing her fictitious/fictional story than she would have

done from writing a traditional 'true' textbook assignment on bipolar affective disorder. Similarly, Cox's story about Alice was also fictitious and was perhaps at least partially fictional, and yet it also 'induced the effects of truth' and perhaps allowed us to learn more about reflection than a traditional textbook account would have done.

DECONSTRUCTION IS ...

What, then, can we learn about deconstruction from these examples? We can see, first, that it is best employed to challenge critiques made by the dominant discourse against less powerful discourses. And it does so, *not* by denying the charges laid against the less powerful discourse, but by turning them back against the dominant discourse from which they originated. So, for example, deconstruction accepts that reflective practice is not supported by 'hard' research evidence; that it is open to the distortions of memory; and that it can sometimes consist in little more than fictional and/or fictitious stories. But then the use of deconstruction shows that evidence-based practice is also not supported by hard research evidence; that the generation and application of research findings to practice is itself open to the distortions of memory, and that critics of reflective practice are just as capable of telling stories in order to make their case.

Second, deconstruction is concerned with language and the way that it is often distorted by the dominant discourse to its own ends. So, for example, it demonstrates how the word 'evidence' has been used to provide a logical, empirical facade to research-based practice, and how the original etymological meaning of evidence links it more closely to reflection than to experimental research.

Third, deconstruction attempts to break down dichotomies in which one term is favoured over its opposite by the dominant discourse. The most obvious example is the way in which evidence-based practice has been set up in opposition to reflective practice:

<i>Evidence-based practice</i>	<i>Reflective practice</i>
Based on hard research	Based on personal anecdote and intuition
Objective and unbiased	Biased due to fallible human memory
Based on truth	Based on fiction

The ultimate aim of deconstruction is not to *reverse* the dichotomy, not to claim that reflection, intuition, memory and fiction are better than their counterparts, but to show that the foundations for the dichotomy are themselves flawed; that there *is* no dichotomy, except through the

operations of power and the force of ideology. As Norris (1991) tells us:

Deconstruction is not simply a strategic reversal of categories which otherwise remain distinct and unaffected. It seeks to undo both a given order of priorities and the very system of conceptual opposition that makes that order possible (31).

So, for example, deconstruction demonstrates that fiction is *not* the opposite of truth; that a story can be both fictional and true; that it can even be both fictitious and true. Ultimately, then, the dichotomy between evidence-based practice and reflective practice is also flawed. Intuition and reflection are not opposed to evidence, nor are they inferior forms of evidence. 'Hard' research and 'soft' intuition have more in common than perhaps either the evidence-based practitioner or the reflective practitioner would care to admit.

Aporia

If, as Norris claims, deconstruction is *more than* simply a strategic reversal of binary pairs, then it seems that this paper has fallen short of its goal; that while I have attempted to undermine a number of pairs of binary opposites such as research:intuition and truth:fiction, I have fallen short of dismantling fully the evidence-based practice:reflective practice (EBP:RP) opposition. Indeed, it might be argued that I have simply attempted to replace the former with the latter as the dominant discourse in nursing. However, to attempt a *full* deconstruction of the EBP:RP opposition is to neglect the power dynamic built into this and many other binary pairs. Often, this power exerts such a force that before the dichotomy can be dismantled, it must first be reversed. Thus, Derrida argued that although the ultimate intention of deconstruction is to move beyond binary opposites, we should not be too hasty in this, as we are dealing with a 'violent hierarchy' that first needs to be overturned:

To overlook this phase of overturning is to forget the conflictual and subordinating structure of opposition. Therefore one might proceed too quickly to a *neutralisation* that *in practice* would leave the previous opposition, thereby preventing any means of *intervening* in the field effectively (Derrida 1982, 42, original emphasis).

The danger when deconstructing a particularly powerful construct such as EBP is that, in our desire to see fair play, to represent both sides of the argument, we might simply leave everything as we found it. In fact, the full deconstructive act of dismantling the binary opposition is ultimately futile; it is 'an interminable analysis', an analysis that can never end, since 'the hierarchy of dual opposition always re-establishes itself' (Derrida 1982, 42). As we saw at the outset, deconstruction is itself subject to deconstruction; it ends in paradox, and yet it happens.

CONCLUSION

This paper has attempted to describe and illustrate the strategy of deconstruction for nursing by providing some

examples of how the meta-narrative of scientific evidence-based practice is open to many of the very critiques that it directs at little narratives such as reflective practice. It recognises that most narratives appear to be internally consistent and can only be challenged by stepping outside of their own rules and conventions. The gold-standard status of the RCT cannot be challenged from within the discourse of EBP, because that discourse *defines* the RCT as providing the best possible evidence for practice. The only way that the self-defined gold-standard status of the RCT can be critiqued is by challenging it from *outside* the dominant discourse. The problem, however, is that such challenges are easily dismissed. By defining reflection-on-practice as a weak form of evidence, or even as not evidence at all, the arguments of reflective practitioners are diminished in status. Thus, reflective practice is easily rejected as not being based on the findings of RCTs, even though, as Trinder and Reynolds observed, the status of the RCT as providing the best evidence for practice is not itself empirically founded but is accepted as *self-evidently* true.

The problem for narratives such as reflective practice is that the meta-narrative of EBP has the power to determine what will and will not be taken as self-evident in the discipline of nursing, and that once something is accepted as self-evident, it is very difficult to challenge. Deconstruction gets around this problem by turning the critiques aimed by EBP at other discourses back onto EBP itself. It does not attempt to apply the tenets and criteria of reflection to EBP, but rather demonstrates that EBP falls short of its *own* tenets and criteria. It points out that the justification of being 'self-evident' is itself rejected by EBP as a form of evidence, and that in effect, evidence-based practice is no more based on evidence than the forms of practice it seeks to replace.

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