



Nursing and the art of radical critique

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Summary This paper argues that more critique is required in our nursing journals. I begin by distinguishing between conservative 'old' critique which functions to maintain the status quo in the academic discipline of nursing, and radical 'new' critique which challenges it and pushes at its boundaries. I then identify three reasons why I believe so little radical critique is published in nursing journals, and illustrate each with examples from my own experience. Firstly, there is an assumption that peer reviewers are fulfilling this critical function, whereas I have argued that peer review should be concerned only with procedural matters and not with 'new' or radical critique, which in any case should be in the public domain for it to be effective and influential. Secondly, radical critique is frequently mistaken for ad hominem attack, causing reluctance amongst writers, reviewers and editors to see it made public. And thirdly, radical critique lies outside of the dominant academic discourse and is therefore itself subject to the very same conservative and repressive attitudes against which it is poised. Nurse academics would do well to look to other disciplines such as philosophy and the arts for examples of radical critique and of the ways in which journal editors and contributors strive to keep academic debate and discourse alive.

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I am growing increasingly concerned that nurses, including nurse academics, are too nice to one another, particularly when it comes to commenting critically on the published work of colleagues. My concern is that critique is the lifeblood of the academy, in my opinion even more so than primary research, and that there is simply not enough of it in our journals. I believe that the reason for this

lack of critique lies partly with the contributors to our nursing journals who are reluctant to offer critique of the work of colleagues, partly with journal editors who are in some cases reluctant to publish critique, and partly with a general misunderstanding of what critique entails.

Part of this reticence perhaps lies with the inevitable fact that critique involves criticism. Indeed, the disciplines of literature and the visual arts employ the term 'criticism' to mean (more or less)

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what the sciences and humanities mean by critique. It should be remembered, however, that not all criticism/critique is negative, and that both terms derive from the Greek *krititos*, meaning to judge. It is important, then, to distinguish the lay meaning of the term 'critical', which generally has negative connotations, from the academic meaning of 'casting a critical eye', or 'critically analysing', that is, of offering a judgement.

Critique is sometimes divided into two broad types. Barthes (2004), in discussing literary critique, refers to these as 'old' and 'new' criticism, where old criticism attempts to police and enforce the existing rules of the discourse or paradigm,¹ whilst new criticism challenges and sometimes subverts them. Eagleton (1996) refers to Barthes' old criticism as 'Enlightenment criticism', which 'is typically conservative and corrective, revising and adjusting particular phenomena to its implacable model of discourse' (p. 12). For Eagleton, academics should be concerned with a more radical (from the Latin *radix*, meaning root) critique of the discourse itself rather than attempting to enforce its rules. In this, he echoes Foucault's statement that:

A critique is not a matter of saying that things are not right as they are, it is a matter of pointing out on what kinds of assumptions, what kinds of familiar, unchallenged, unconsidered modes of thought the practices that we accept rest (Foucault, 1988, p. 154).

Thus, whilst 'old', conservative (that is, seeking to conserve the *status quo*) critique has a certain value in ensuring that the rules of a particular paradigm or discourse are correctly applied, the importance of new or radical (that is, seeking to examine the roots) critique lies in its power to push at the accepted boundaries and unspoken assumptions of the discourse. Without this constant questioning of the roots of a discourse, of 'that which comes from tradition, from Wise Men, from current opinion ... from that which *goes without saying*' (Barthes, 2004, p. 4), the discourse would rapidly become root-bound and unresponsive to change.

Nursing critique

Although there has, in my opinion, been a paucity of critique in the academic nursing press over the

years, I have nevertheless encountered enough to be able to distinguish four broad types.

Type I (procedural) critique

By far the most common type in nursing is critique of points of method or procedure. This is essentially a form of 'old' or conservative critique which aims to point out errors or misunderstandings in the way that writers have translated methodological theory into practice. Recent examples from the *Journal of Clinical Nursing*, which is one of the few nursing journals to devote a section solely to critique and review of previously published papers, include the issue of sample selection and the choice of statistical tests in a study to compare different types of thermometer (Smith and Truscott, 2006), a critique of the method employed to measure negative birth experience (Mander, 2006), and problems of construct and content validity in the development of an instrument to measure attitudes towards substance use (Guy, 2006). Occasionally this *Type I* critique will be more theoretically sophisticated, as for example, when Paley (1997) criticised a number of research studies for misunderstanding and misapplying some basic phenomenological concepts such as 'bracketing', 'phenomena' and 'essence'. Such critique takes place within the agreed parameters of a particular methodology, paradigm or discourse, and any disputes can generally be settled by reference to the rules of 'good practice' within that paradigm, for example, by consulting a textbook on statistical testing or the writings of Husserl and Heidegger. It does not, however, perform the function suggested earlier by Barthes of questioning 'that which goes without saying'; it does not trouble the theoretical foundations (the roots) of the discourse. This type of critique is therefore of a 'closed' nature and generally resolves itself fairly quickly, sometimes with a mitigation or an apology from the original authors.

Type II (internal) critique

In addition to criticising points of method that do not conform to the accepted rules of the methodology or paradigm, journals occasionally publish critique of a particular aspect of the methodology or paradigm itself. Sometimes, this critique is levelled by someone writing from within the paradigm, such as when a quantitative researcher criticises a particular sampling method as unsuitable for a particular purpose, or when a phenomenologist argues that bracketing *per se* is impossible or unsuitable in nursing research. This is different

¹ Whilst recognising some subtle and some more overt differences in meaning between terms such as 'paradigm', 'discourse' and 'methodology', I propose to use them more or less interchangeably in this paper to indicate broad schools of thought and belief about the nature of academic nursing.

from the *Type I* critique offered above by Paley, since in *Type II* critique it is the methods or assumptions of the paradigm itself which are the subject of critique rather than the rigour with which they are applied. For example, Sandelowski (1993), who is herself a qualitative researcher, argued that the normally accepted practice of member checking in qualitative research is a threat to validity. She was not arguing that member checking is carried out badly, but that it should not be carried out at all. It is therefore a type of 'new' or radical critique which turns attention away from the application of method to the epistemological roots of the discourse itself. *Type II* critique is therefore far more open-ended and cannot be resolved by application of general principles, since it is calling into question those very principles, albeit by writers who are broadly sympathetic to the paradigm. Although messy, such critique drives forward the paradigm or discourse by prompting its adherents to examine their own beliefs and preconceptions.

Type III (external) critique

More often, however, critique of a paradigm will come from someone writing within an alternative paradigm or discourse, such as when a qualitative researcher criticises the RCT as being an unsuitable methodology for nursing, or where a positivist researcher argues against phenomenological research. Once again, the methods and/or assumptions of the paradigm are called into question, but this time employing criteria from outside of that paradigm, and the critique is so open-ended that there is unlikely to be any resolution to the dispute. For example, White (1997) has criticised the findings from quantitative research as not being the most appropriate evidence on which to base nursing care decisions, whilst conversely, Watson (2002, p. 274) has written 'what precisely has qualitative research contributed to patient care? I am not saying that it has contributed nothing, but the list will not be very long'. There is always a danger with this type of critique of merely scoring points by criticising a method or methodology according to criteria which it was never designed or intended to meet. In the words of Darbyshire (1994), this is rather like criticising a car for being a bad bicycle. Rather than simply criticising a methodology or discourse for being different from one's own favoured approach, *Type III* critique should focus, as in the above examples, around substantive issues such as relevance to practice. To extend Darbyshire's analogy, whilst it is unfair

to criticise a car for being a bad bicycle, it is perfectly valid to point out that it pollutes the environment. Such critique often generates intense debate as writers rally around their preferred methodologies, and although the debate is rarely (if ever) conclusive, the airing of alternative views can serve to drive forward the entire discipline.

Type IV (deconstructive) critique

My fourth type of critique is seen far less often, and is sometimes referred to as deconstructive critique, or simply as deconstruction. The aim of deconstruction is to demonstrate the logical inconsistencies of a discourse or methodology by demonstrating how it fails to meet its *own* criteria. For example, I have attempted in my own writing to demonstrate how the criticisms levelled by quantitative researchers against reflective practice could be applied equally to quantitative methodologies (Rolfe, 2005); and how evidence-based practice fails to meet even the most fundamental of its own criteria since it is not itself based on research evidence (Rolfe and Gardner, 2006). *Type IV* critique is potentially the most devastating, since it undermines the basic tenets of a discourse from within.

We can see from the above examples that whereas *Type I* procedural critique is essentially conservative, *Types II, III* and *IV* are, to a greater or lesser extent, radical, insofar as they are *challenging* the rules and assumptions of the discourse rather than simply applying and *enforcing* them. We can also see that although critique of all four types is often focussed around a particular journal paper by a particular author, the paper being critiqued usually serves as an exemplar of a broader issue. It is therefore important that we regard the function of critique as shaping and informing the paradigms and discourses that constitute the discipline of nursing as a whole, and not simply as sniping at a particular writer and/or their publications. I will now examine three reasons why, in my opinion, nursing has failed to embrace radical critique and become a genuinely critical discipline.

Peer review as critique

Some of the reluctance by writers and editors to engage in critique might be that they consider all published papers to have already undergone sufficient critical examination by the journal's peer reviewers. The underlying assumption is that publication in a peer-reviewed journal is, by definition,

an indication that the paper is largely immune from further criticism. However, I would question this assumption on several counts. Firstly, of course, the reviewers should only be commenting on the suitability of the paper for publication, and are thus concerned only with *Type I* procedural critique. Submitted papers should *not* be criticised by reviewers for pushing at the boundaries of a paradigm, *nor* should they be judged according to the criteria set by other paradigms. Put another way, peer review should be restricted to 'old' critique whose function is to police the rules of the paradigm in which the paper is located.

However, I can think of at least one occasion where an editor has rejected one of my papers because she disagreed with the focus of my critique.² In this case, a paper critical of evidence-based practice was rejected because the editor believed that it would encourage poor (that is, non-evidence-based) practice by nurses rather than for being poorly written or poorly argued. It is, of course, acceptable for a reviewer to criticise a journal submission because, for example, the sample size was wrongly calculated, but not because it employed a quantitative method, even if reviewed by someone who generally favours qualitative research. Responsibility for the overall content and stance of the journal lies with the editor, who (in contrast to reviewers) is perfectly entitled to reject papers that do not fit, or are critical of, the particular discourses or paradigm that the journal is attempting to promote. However, this is an ideological or a political decision rather than a critical one. Thus, radical (*Types II, III and IV*) critique can (or should) only be offered after the paper has been published. Critique of methodologies and paradigms (whether internal, external or deconstructive) does not fall within the remit of the peer reviewer, but is the responsibility of the *reader* of the journal. Nevertheless, most instances of critiques published in our journals are of *Type I*, and focus on procedural issues that perhaps should have been picked up during the peer review process.

A more significant difficulty with peer review as critique, however, is that it is anonymous, it is hardly ever made public, and it cannot usually elicit a response from the author. I have argued that critique should fulfil a dual purpose not only of responding to the specific points made in the pa-

per, but also of addressing more universal issues and of stimulating others to become involved in an ongoing cross-paradigm debate. In other words, critique must be in the public domain if it is to be effective. As Hohendahl (1982, p. 52) asserted, 'Criticism opens itself to debate, it attempts to convince, it invites contradiction. It becomes part of the public exchange of opinions'. Rather ironically, one of the anonymous peer reviewers of my paper³ criticised it for being based on my own personal experiences rather than on 'rigorous' external evidence. This rather misses the point that the very reason why I am forced to rely on my own experience is precisely *because* peer review is anonymous and unpublished. The only evidence that I have access to, is the unpublished peer reviews of my own work.

There has been much debate over the years about the pros and cons of removing the anonymity of the reviewer, and one or two journals, such as the *Journal of Research in Nursing*, go a step further and publish the peer reviews alongside the papers. However, most journals maintain the so-called 'gold standard' of anonymous and confidential peer review which offers no opportunity for public (or even, in most cases, private) debate between author, reviewer and reader. By failing to develop as a critical community beyond the level of conservative procedural matters, the discipline of nursing is, by default, promoting a view of critique as specialist, elitist, and concerned primarily with ensuring that published papers conform to traditional standards of scholarship imposed from above.

Critique and *ad hominem* attack

It is not enough, then, to consider that the job of critique is fulfilled by peer review, since proper and constructive critique of a paper only begins once it has been published. This brings me to my second reason why I believe there is a paucity of published critique in the nursing press: as I wrote at the start of this paper, we are simply all too nice to one another. To some extent, this might be the result of the type of person that is attracted to nursing in the first place: nurses, and hence nurse academics, are perhaps simply too caring to upset their colleagues by criticising their work. Certainly, other academic disciplines such as Philosophy and

² I have cited a number of personal examples in this paper, which sometimes include extracts from personal correspondences. These were private communications, not written with a view to being published, and I have therefore not identified the authors.

³ In an attempt to promote open and public debate about the peer review process, I have integrated some of the reviewer's comments about this paper into the paper itself.

Literary Studies have a strong tradition of critique, and do not suffer from the same reticence.

This tendency to regard critical debate as adversarial, and therefore as somehow damaging to the discipline or to the individuals concerned, appears to affect journal editors as well as authors. I recently replied to a paper in an international nursing journal which had offered a critique of something I had previously published in the same journal. My response was rejected by the editor without even being sent for peer review, with the comment that to publish it would be to 'fuel an ongoing duel' between myself and the other writer. It is perhaps significant that what in most disciplines would be referred to as a critical dialogue or dialectic was in this case perceived as a duel. The second reason given by the editor for rejecting my response was that it was longer than the paper to which it was responding. This editorial criterion that all subsequent replies should be shorter than their predecessor seems designed specifically to ensure that debate dies out relatively quickly.

Furthermore, there appears to be a widespread lack of understanding about the limits of critique. As a relatively new academic discipline, nursing has not yet worked out the difference between criticising a *writer* and criticising their *writing*, and all too often, we err on the side of caution. Once again, I will provide a personal example. I recently wrote a critique of a previously published paper which was subsequently rejected by an associate editor of the journal with the following explanation:

The issues you wish to raise are worthwhile, highly appropriate to [the journal] and are indicative of the types of issues we should be wrestling with. In principle, I wish to support the paper for publication. (personal correspondence)

However, he felt that I had crossed the boundary 'between critiquing an academic piece of work and personal carping/attack' (personal correspondence). As an example, he pointed out that:

You write that what [the author] has done is an example of poor scholarship. Another message that appears to be communicated here is that *ipso facto* [the author] is a poor scholar. (personal correspondence)

I find it quite disturbing that, in at least one of our major academic journals, the assertion that a published paper contains a passage of poor scholarship is suppressed on the grounds of a supposed personal attack on the writer of the paper, particularly when I continued at length to justify *why* I considered it to be an example of poor scholarship.

However, aside from my personal feelings connected with having a paper rejected, I am also very concerned that nursing academics in positions of power, such as journal editors, should be unable to distinguish between a critique of a journal paper (which is, as I argued earlier, the lifeblood of academic discourse) and an *ad hominem* attack on the author of the paper (which is not!). On the one hand, it concerns me that *any* critique of a paper should (as the associate editor of this particular journal puts it) *ipso facto* (that is, by the very nature of the case) be seen as a personal attack. On the other hand, my concern is that in any case there appears to be a *general* misunderstanding of just what an *ad hominem* attack actually means. According to my dictionary, *ad hominem* is defined as 'appealing to or attacking somebody on personal rather than intellectual grounds (*The New Penguin English Dictionary 2001*). Now, even if I had accused the author of being a poor scholar (which I did not), that would be an intellectual rather than a personal attack, and would be regarded as perfectly legitimate in most academic disciplines. However, since many in the nursing academy seem not to understand quite what an *ad hominem* attack actually looks like, here are two examples. The first is a reply by the novelist Martin Amis to one of his critics: 'Tibor Fischer ... is a creep and a wretch. Oh yeah: and a fat-arse' (*Amis, 2007*). Whilst Amis is to be congratulated for his economy of words and direct style, this is clearly a prime example of *ad hominem* critique. Similarly, the historian Felipe Fernandez-Armesto wrote of the philosopher Friedrich Nietzsche:

Like Hitler, Nietzsche hated people but loved animals. He died defending an abused horse. His prescription for the world was a morbid fantasy, warped and mangled out of his own lonely, sickly self-hatred, a twisted vision from the edge of insanity (*Fernandez-Armesto, 1997, p. 177*).

Clearly, this is an attack on personal grounds, and is unacceptable (although it was nevertheless published). It is, however, in a completely different league from claiming, for example, that certain passages of Nietzsche's work contain instances of poor scholarship, or even that Nietzsche was a poor scholar. I can see no objection, either on personal or on academic grounds, why I should not be able to claim in print that Nietzsche or anyone else is a poor scholar, providing that I support my claim with some credible evidence. The anonymous peer reviewer of this paper clearly disagrees, however. Despite the above discussion of the differences between personal attacks on a writer and critique of her work, the reviewer

wished to reject the paper you are reading on the grounds that it 'could be construed as a personal attack on the journal/editors who have refused to publish his work, or against those who have commented on his/her published work' (private and anonymous feedback from peer reviewer). It would appear that my very act of questioning the ability of a journal editor or reviewer to recognise *ad hominem* attack is itself construed as an *ad hominem* attack on that editor or reviewer, and should therefore not be published. If nursing journals are to reject innocuous critique on the grounds that writers might be offended by (in the former case) an accusation that their work is unscholarly or (in the latter case) an observation that reviewers do not understand the meaning of *ad hominem* attack, there is little hope of building a free and open critical community.

Radical critique and the dominant discourse

I now wish to suggest a third and more intractable reason why radical critique is not published more often in the nursing journals. As I pointed out earlier, a great deal of the critique that is published is conservative procedural critique that simply polices the boundaries of the discipline, passing judgement on what should and should not be accepted within a particular paradigm or discourse. The difficulty here is twofold. Firstly, because it constitutes the majority of what passes for critique in nursing, this conservative procedural approach has come to be regarded as the norm or dominant discourse. Secondly, it is perhaps clear by now that conservative and radical critique are not simply different, but are antagonistic. Thus, if radical critics practice what they preach, not only in the *content*, but also in the *style* of their writing, they run the risk of having their work rejected for contravening the rules of 'good' (that is, traditional) critical analysis.

Barthes (2004) suggests five features or rules of conservative 'old' critique which are counter to the values of radical critique. These are 'critical verisimilitude' (adhering to common practice and common sense), objectivity (attempting to present all sides of an argument), good taste (respecting the taboos which govern what might be said), clarity (communication through clear and simple language) and 'asymbolia' (concrete thinking, taking statements at face value). Thus, any attempt by the radical critic deliberately to subvert these rules can be dismissed by writers from the dominant dis-

course of conservative critique as simply a failure to understand the accepted procedures of academic scholarship.

My own attempts at critical writing have met with objections based on all of these 'rules'. Over the years, I have been personally accused on several occasions of flaunting 'common sense' academic conventions, of writing in a playful way (Balsamo, 2003), of writing in an obscure way (Closs and Draper, 1998), of having 'an agenda' (Whitfield, 2004), of being 'a sensitive soul at work' and 'a touch petulant' (Griffiths, 2005), of needing 'to get out more' (Thompson, 2002), of employing *ad hominem* arguments (Gournay and Ritter, 1998), of attacking 'distinguished figures in UK nursing' (Watson, 2002) and of generally 'going too far' (Burnard, 1999). On each occasion I believed that I was writing in the spirit of collegial debate, and on each occasion my work was interpreted negatively and disapprovingly from a conservative frame of reference as contravening one or more of the unwritten rules of critique. Unfortunately, as I argued earlier, conservative procedural critique appears to be the dominant discourse in nursing, so that, by definition, most radical critique is censured (and occasionally censored) for falling outside of the accepted rules that govern the discipline. In the same way that conservative *Type I* critics police the rules and conventions of the academic discipline of nursing, they also attempt to enforce the rules of what might be written in the name of critique.

Conclusion

I have attempted in this paper to distinguish between conservative 'old' critique which functions to maintain the status quo in the academic discipline of nursing, and radical 'new' critique which challenges it and pushes at its boundaries. I also identified three reasons why I believe so little radical critique is published in nursing journals, and illustrated each with examples from my own experience. Firstly, there is an assumption that peer reviewers are fulfilling this critical function, whereas I have argued that peer review should be concerned only with *Type I* procedural matters and not with 'new' or radical critique, which in any case should be in the public domain for it to be effective and influential. Secondly, radical critique is frequently mistaken for *ad hominem* attack, causing reluctance amongst writers, reviewers and editors to see it made public. And thirdly, radical critique lies outside of the dominant academic discourse and is therefore itself sub-

ject to the very same conservative and repressive attitudes against which it is poised. Nurse academics would do well to look to other disciplines such as philosophy and the arts for examples of radical critique and of the ways in which journal editors and contributors strive to keep academic debate and discourse alive. To do otherwise, I would argue, is to condemn the academic discipline of nursing to a slow and painful death.

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