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An Emerging Discourse Toward Epistemic Diversity in Nursing

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Grounded in a postmodern feminist methodology, this article undertakes an initial analysis of a newly emerging discourse in contemporary nursing academia in the United States. Two currently prominent discourses in nursing, a dominant discourse informed by the processes and values of "science" in the Enlightenment sense and a concurrent marginalized discourse informed by postmodernism, are described as a context for the emerging discourse. A genealogy informed by the work of Foucault is presented as a basis for an analysis of the power effects resulting from the conflict between these 2 discourses. Finally, 3 recent texts in nursing are analyzed and common themes identified as indicative of a new intertextual discourse, termed "epistemic diversity," emerging from this discursive conflict. **Key words:** *discourse analysis, epistemology, feminism, nursing, postmodernism*

DISCOURSES, understood as groups of ideas or patterned ways of thinking within wider social structures,¹ have begun to receive increasing attention within contemporary nursing scholarship.² In particular, discourse analysis as a way of examining knowledge in the tradition of critical social theory and poststructural, postmodern feminism³ has achieved a growing importance in examining the context in which nursing exists. Discourse analysis emphasizes the power relations inherent in social relations,¹ and is often identified with the work of Foucault,⁴ who emphasized the concept of power in specific human contexts. The purpose of this article is to

undertake an initial analysis of a newly emerging discourse in nursing academia using a postmodern feminist methodology. While acknowledging that at any one moment nursing has any number of competing/overlapping discourses, this article

- identifies 2 discourses currently prominent in nursing: a dominant discourse informed by the processes and values of "science" in the Enlightenment sense and a concurrent marginalized discourse informed by postmodernism;
- undertakes a genealogical analysis that emphasizes the context in which the present power relations between these discourses arose;
- describes the social/political outcomes of a dominant discourse holding epistemic hegemony within nursing; and
- analyzes 3 recent texts in nursing and identifies common themes as indicative of a new intertextual discourse, termed "epistemic diversity," emerging from this discursive conflict.

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This analysis was written in the context of a postmodern feminist lens, while recognizing the current scholarly debate regarding the separation/nonseparation of *postmodernism* from *postructuralism*, and acknowledging the multiplicity of feminisms, including the Womanist perspective. For the purposes of this article, *postmodernism* and *feminism* have been chosen as consistent terms.

GENEALOGICAL ANALYSIS

Genealogical analysis is a term used by writers in the field of discourse analysis to describe the process of how a discourse emerged historically, with the intent of interpreting how certain power relations arose. A genealogy cannot step out of its own historic situatedness, but can broaden our perspective regarding how dominant practices arose in a specific discourse. Foucault⁴ stressed that all historical analysis is entirely subjective. Thus, no assumptions are made that the genealogical analysis presented constitutes some objective "truth," but the analysis is an interpretation arising from a postmodern, antifoundational, feminist orientation concerning power in a specific context.^{2(p55)} The purpose of this particular genealogical analysis of 2 prominent discourses in nursing academia is to interpret the historical power influences that brought about the current conflict between these 2 specific discourses. An analysis of the power effects arising from this conflict is then undertaken, as a prelude to the identification of a newly emerging "intertext"—a new discourse between these 2 discourses.

Current dominant discourse in nursing

In a recent editorial in *Nursing Inquiry*, Allen states that "we are our his-

stories."^{5(p2)} The events and multiple discourses that have brought us to this present moment in nursing recede endlessly backward into a Eurocentric cultural context with sexism, racism, and classism at its heart, and we carry this context within us. To analyze the development of nursing academia within US research universities is beyond the scope of this paper; a salient starting point may be the adoption by nursing academia of the dominant discourse of what were termed the "applied sciences" in the 1950s and early 1960s. This discourse was (and remains) characterized by a supreme valuing of "science" in the Enlightenment sense, as a value-free and unquestionable authority. As initial outsiders to academia, both as women and as a subaltern voice to medicine, nursing scholars adopted this dominant discourse for survival. Marginalized groups often adopt the dominant discourse into their own context, in a conscious attempt to seem more acceptable to the dominant group.⁶ In the realpolitik world of a high-stakes, competitive environment, these early nursing academicians not only survived, but thrived. The recognition of what nursing scientists were able to accomplish under extremely difficult circumstances in a relatively short period of years is seldom mentioned in contemporary nursing history texts of any ideological context, and needs to be given far more value than has been the case. Adopting the discourse of "science" was a survival strategy that came with a price, however. At the local level, promotion and tenure necessarily depended on scholarship-as-funded research, and this narrow definition of scholarship rapidly sedimentized. The outcomes—both intentional and unintentional—of using this narrow definition of scholarship resulted in such events as the establishment of

centers of academic power characterized by large amounts of funded research, and the eventual development of the National Institute for Nursing Research (NINR). As a component of the National Institutes of Health (NIH), NINR and its funding priorities remain largely fixed on a focus on individually based, biobehavioral approaches to "science" congruent with a political context of neoliberalism and pan-capitalism.⁷ Thus, the dominant discourse of scholarly achievement within nursing academia came to be characterized by the privileging of the data-based article as a marker of intellectual accomplishment, and a definition of scholarly activity as a consistent trajectory of increasingly complex investigations culminating in a quantitative intervention study aimed at changing individual behaviors. The ultimate privileged text in this discourse became the R01 grant, the "gold standard" by which US research universities view their success.⁸

Yet it must also be remembered that these events did not occur in a sociopolitical vacuum—real people, mostly women, sacrificed much and took great pride in these outcomes during a time in which women were struggling for a voice within the larger political sphere. I have been privileged to hear the narratives told by individuals who paid a high personal price to see NINR *born*, as they termed it. It is significant to note the suffering reported by these individuals, as it forms an important element of the matrix of the conflict that presently exists between the dominant discourse of nursing-as-science and the newer postmodernist discourse. After all this suffering, many of these nurse scientists have asked me, what *is* this postmodernism, and (most saliently), why are some of its adherents in nursing academia

saying such terrible things about my work?

Postmodernist discourse in nursing

It is also beyond the scope of this article to describe a complete historical analysis of the introduction and spread of postmodernism as a discourse in nursing, but a useful approach may be the identification of what I subjectively view as "signal events" in its development. By no means are these events to be viewed as historical "milestones" in some privileged narrative, for such an approach is incongruent with postmodern feminism. They are, however, events that resulted in new ways of speaking and the subsequent formation of new coalitions and resistances.

Three names emerge as central to the early development of postmodernist discourse in nursing: Janice Thompson,⁹ Peggy Chinn,¹⁰ and David Allen.¹¹ The publication of their seminal works in the early to mid 80s followed closely upon the establishment of *Advances in Nursing Science* in 1978 and Carper's watershed work¹² on nursing epistemology, and can be considered signal events in the creation of a new discourse within US nursing academia. Concurrently, of course, postmodernism had already shaken the American academy in such diverse fields as Shakespearean criticism and theology. Perhaps because nursing had remained firmly entrenched in its fortress of "science," postmodernism came to it in a slightly delayed fashion. That Thompson, Chinn, Allen, and their colleagues were willing to publish and teach in openly hostile environments renders their accomplishments in the 1980s almost Promethean, although it could be argued that postmodernism would have entered the discourse of academic nursing eventually. I do not believe, however,

that postmodernism would have attained the intellectual depth and status it currently possesses within the discipline in so short a time period without the unique contributions of these particular individuals.

The introduction of postmodernist discourse into nursing also resulted in some intentional and unintentional consequences. A cadre of students in selected nursing doctoral programs began to be exposed to the work of nursing scholars situated in postmodernism, resulting in a cognitive dissonance when read in the context of the dominant discourse of nursing. The concurrent development of the Internet gave a new opportunity for geographically separated scholars to form coalitions and resistances to the dominant discourse. Voices from outside of the United States, including nurse scholars from Canada, Australia, New Zealand, and Taiwan, enriched and gave support to the growing dialogue. The first International Critical and Feminist Perspectives in Nursing Conference was held in 1990. Meanwhile, within the power centers of academic nursing, reactions to postmodernist discourse ranged from a willingness to join in the dialogue to outright mocking by senior faculty of students who employed it.⁵ As major figures such as Dr Allen moved into such power centers—his arrival at the University of Washington in 1988 may be considered a signal event—the postmodernist discourse became too prominent for the dominant discourse to discount entirely. Nursing research textbooks began to include brief (and usually at the back of the book) summaries of alternative methodologies such as feminist research, although the likelihood of the “fundability” of such approaches was never addressed. Out of this social matrix, a difficult situation faced

the new doctoral graduate who had embraced the postmodernist discourse and perhaps even dared to write a dissertation informed by its methodologies. For new tenure-track faculty, whether in a large research university or a midsized academic setting, the stated expectations for promotion and tenure were made very clear: attainment of tenure remained based on number of data-based articles resulting from funded research, with NINR funding considered the most desirable achievement. Power figures at schools of nursing in large research universities considered these criteria long-established and unquestionable; administrators at smaller schools made it clear that they wanted new doctorally prepared faculty to bring in research monies so that their schools could achieve the scholarly cachet of “the big places.” This was, until recently, the *realpolitik* of staying employed in nursing academia.

ANALYSIS OF POWER EFFECTS

As an entire second generation of postmodernist scholars, including the students of Thompson, Chinn, and Allen, entered nursing academia, growing numbers of nursing programs began to include courses on critical and feminist methodologies as required curricular components. During the 1990s, journals became increasingly receptive to nontraditional research approaches, and some funding agencies grew more willing to support nontraditional research approaches. These currently evolving changes suggest that the marginalization of postmodernist discourse is in transition to a more centralized locus in nursing academia. Nevertheless, while the postmodernist discourse is becoming more centralized, a

state of discursive conflict still remains. The above genealogies reveal a discursive history that is at its heart a conflict of epistemic heritages.

It may be that this discursive conflict is rooted in existential fears: the speakers of the dominant discourse of nursing (eg, the authors of the NINR Mission and Strategic Plan⁷) may view themselves as protecting nursing's scientific credibility in academe, and are especially cognizant of the reality that research funding (particularly NIH-based funding) keeps schools of nursing in existence in many cases. The speakers of the postmodernist discourse in nursing often see themselves as participants in a larger vision of what constitutes scholarship, and view their work as a transformative force having profound implications for the health of people on a global scale. What clearly emerges is that participants in both discourses have sustained suffering from this discursive conflict, with a feeling of devaluation on both sides. Thus, the conflict has within it an ethical component that, if nursing is to remain true to its self-identified role as an ethical agent, must be given priority status by the discipline. A discourse between discourses—an "intertext" that seeks a shared understanding—is desperately needed.

AN EMERGING DISCOURSE

I would assert that recent events—again, "signal events" that are wholly subjective on my part—suggest the possibility of the emergence of such an intertext, a new discourse that could provide a bridge between the 2 currently conflicting discourses within nursing. These signal events are by no means meant to identify a new "chapter" in some privileged text of nursing history. They are meant

to be considered as markers, perhaps, of an expanding horizon of understanding within nursing. These events are remarkable in that they have emerged from both the uppermost echelons of the centers of power within nursing, as well as more marginalized locations. They are described here in no particular order that would privilege one text over another, but all are viewed as having salience. In addition, equal salience is given regardless of the format in which these texts emerged: a published paper in an internationally recognized journal, a presentation at a major conference, and an Internet-based manifesto text.

Dr. Meleis,⁸ whose long history of scholarship in nursing is well-respected, recently wrote some extremely incisive remarks in a recent editorial in the *Journal of Nursing Scholarship* that are strongly suggestive of a new emerging discourse in nursing. In a text in which she critiques the hegemony of the R01 as the ultimate marker of scholarship in nursing, she states, "I fear yet another type of marginalization—toward the nonholder of an R01."^{8(p105)} She continues by stating that in the quest to "fit the mold" of the R01 recipient, nursing is "devaluing new talents, new scholars, and those whose research does not fit R01 priorities and criteria."^{8(p105)} She warns nursing academia not to repeat the mistakes of other disciplines, particularly disciplines "that continue to marginalize women, minorities, the humanities, and social sciences."^{8(p105)} She then follows with a remarkable statement to the reader regarding her assertions: "I want to be wrong... I want to know that nurses are learning from history to demarginalize and to be generous in... valuing and accepting diversity of thought."^{8(p105)} In these statements, there is more than just a dogmatic repetition of a preexisting

discourse or wishful thinking about “can’t we all just get along.” A strong subtext emerges from the entire piece: that uncriticized dominant practices may have silenced some of nursing’s best and brightest scholars, and that power relations are of extreme salience in the development of nursing as a discipline. There is also an open admission of uncertainty, and a request for dialogue. While Dr Meleis’s writing and teaching have always been characterized by a strong intellectual openness, this text is remarkable coming from a central power figure in nursing.

Another signal event that a new discourse may be emerging in nursing was the presentation of a paper by Dr. Flaskerud¹³ at the Western Institute of Nursing Assembly in April 2002. That this paper was placed in a privileged position at this conference—the opening address labeled as a “State of the Science” paper—makes it all the more notable. The Western Institute of Nursing (WIN) research conference is one of the premiere events in nursing academia each year, and has been largely informed by the dominant discourse of nursing, with some notable exceptions. Flaskerud gave a clear and unflinching critique of the dominant discourse in nursing academia: she stated that current progress toward reducing health disparities through research is “paralyzed by a traditional focus on the individual; the process, procedures, and values of biomedicine; and the scientific method.”^{13(p5)} She then went on to state that these “modes of thinking are inadequate . . . because they fail to address the underlying sources of vulnerability to health problems.”^{13(p5)} She then presented the use of participatory research as an exemplar of one potential solution, arguing that social power—by research participants, their communities, and researchers—must be shared if

any real change is to result from the research process. “The products of research belong to the community and these products include power.”^{13(p8)} She concluded with a strong critique of the current processes used by NINR and some journal editors that which privilege research proposals and articles informed by the dominant discourse of nursing as value-free science. Again, a new subtext of the importance of power relations in the planning, conduct, and dissemination of research results emerges from her paper. Nowhere in her text are any polarizing statements containing the “us vs them” language often found in critiques of the dominant discourse in nursing. There is a primary focus on problem-solving, with the inclusion of a salient quote from Cleaver’s classic text, *Soul on Ice*¹⁴: “If you’re not part of the solution, you’re part of the problem.” The language of her text emphasizes the salience of power relations, social justice, and the need for the study of the sociopolitical context in which nursing exists.

The World Wide Web has created opportunities previously unimagined for exchanges of ideas and the growth of new discourses. In this context, 3 nurse scholars, Richard Cowling, Peggy Chinn, and Sue Hagedorn,¹⁵ initiated as a combined effort “A Nursing Manifesto: A Call to Conscience and Action.” The appearance of this text in 2000 on a web site available to a global audience constituted a signal event whose effects are still resounding throughout nursing. Of particular salience is that this text appeared in a truly global context, unlike the texts described above, which were disseminated to a target audience of mostly White, privileged nurses. Cowling, Chinn, and Hagedorn call for a movement “to awaken those precious and powerful ideals that are rooted in nursing’s worldwide

historical traditions."^{15(p2)} Among those ideals are an opposition to forms of dominance; a belief that "nurses are particularly attuned to the needs for social justice throughout the world;"^{15(p4)} and a valuing of context, including the sacred or fundamental values held by individual nurses. Concurrent with these ideals is a critique of an educational and health care system that places "outcomes and economics at the expense of human needs,"^{15(p7)} and the use of data to serve self-interests and needs. A principle emphasis is placed on the need for nurses to reclaim and reawaken their "individual and professional sovereignty."^{15(p2)}

The themes of this text resonate with those found in the texts of Meleis and Flaskerud cited above, and may in fact have helped create a context in which Meleis and Flaskerud could openly make their statements in settings traditionally informed largely by the dominant discourse in nursing. I submit no historical "proof" either way; what is salient is that the global appearance of the Nursing Manifesto was a powerful event that significantly expanded the horizon of understanding in nursing. The consequences of the publication of the Nurse Manifesto have only just begun to be recognized; in years to come, it may in fact be viewed as the "midwife" of a newly emerging discourse. On a local level, I have witnessed my students crying when first reading it, as an expression of the depth at which this document touched their "true selves" as humans and nurses. What has become clear to me is that the suffering endured by all nurses, regardless of practice setting, finally has been recognized openly by the Manifesto, and the themes it contains represent a new discourse that has the potential to transform the entire discipline of nursing.

The significance of the 3 texts described above lies in the resonance of themes emerging from both the power centers of nursing and a coalition of nurse scholars situated in a global perspective: the identification and critique of uncriticized dominant practices, a sense of connectedness and valuing of all voices in the dialogue, and the recognition that our work as scholars cannot be divorced from our inner selves, particularly what we hold sacred and ethical as individuals. That these themes are emerging contemporaneously is no coincidence, in my opinion. A new discourse is emerging at both local and central levels of nursing, which is an "intertext" or discursive bridge between the dominant discourse of nursing as science and the marginalized discourse of postmodernist nursing scholarship.

EPISTEMIC DIVERSITY

I term this new discourse "epistemic diversity," although it could potentially have any number of other identifying terms. I chose the term "epistemic diversity" using the Greek word *episteme* (knowledge) as a basis; it expresses to me that no single way of knowing is privileged above another in this discourse. Epistemic diversity is not just a toleration of philosophical differences or heritage, but is an active cherishing of a diversity that is essential for nursing to make a positive difference in a global community informed by multiple lived realities. Thus, epistemic diversity potentially values nursing scholarship as textual/cultural critique and scholarship characterized by NINR funding. Epistemic diversity seems to be emerging as a discourse in the spirit of Lemke's comment^{16(p6)} on multiple

discourses: it is not possible to say absolutely whether discourses are consistent with each other or incompatible. They can be construed as either, and usually are. Thus, speakers of the dominant discourse of nursing as "science," speakers of the marginalized discourse of post-modernist nursing, and speakers of other multiple and overlapping discourses in nursing may find consistency and incompatibility within some elements of epistemic diversity.

From the above analysis of the 3 texts that emerged from "signal events," the following themes that characterize epistemic diversity can be identified: a critique of dominant practices, both locally and globally; an emphasis on social justice as a central teleology of nursing scholarship; the importance of the inclusion of multiple voices in the dialogue regarding nursing scholarship; and a fundamental awareness of the salience of context, with the integration of our inner selves into our professional endeavors. Epistemic diversity potentially creates a space for dialogue to occur, and creates what Allen terms "new possibilities for coalitions and resistances."^{5(p2)} I submit that an important element of epistemic diversity will be its stance that philosophical assumptions not be used as weapons to gain power over those with whom we disagree in an intellectual debate. Within such debates, past suffering inflicted by dominant practices will be acknowledged, and strategies for power sharing will be developed.

SUMMARY AND IMPLICATIONS

Flowing from this context of the critique of dominant practices, a new model of scholarship could develop in which the teleology of nursing scholarship as

a fundamentally emancipatory act, supportive of social justice, could emerge. Such a shared teleology need not imply a new dominant discourse or another uncriticized pattern of dominance imposed on nurses, but a shared tradition that can be manifested in multiple ways. It would be shared in the context of dialogue in which freedom to speak from one's own individual tradition would be honored. As Powers states, transformative work could then be understood as "challenging a totalizing narrative without setting up universal standards for evaluation of knowledge generation."^{2(p38)} However, speakers of the epistemic diversity discourse also would be responsible for questioning the authority of their own analysis, and not privileging one text over another. As Traynor¹⁷ has pointed out, there is a danger in exchanging one discursive identity for another because such a change can create new oppressions. The scholarship that would emerge from the discursive practices of epistemic diversity would seek a contextualized understanding, and would promote radical critique of the social context by all participants in the scholarly endeavor.

Is such a transformation achievable, or even worthy of consideration, given the strongly embedded processes present in nursing academia? We might as well ask why we continue to exist as a discipline. If we fail to recognize the possibilities of a discourse that could, as Meleis states, "benefit the discipline, the entire range of nursing scholars, and the people nurses intend to serve,"^{8(p105)} then we continue to participate in a pattern of practices that only perpetuates suffering. The poet W.H. Auden wrote, "We must love one another or die."^{18(p586)} Truly, we need to consider a discourse of epistemic diversity, or the soul of nursing may die.

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