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“Against Critical Thinking in Health, Social Care and Social Work: Reframing Philosophy for Professional Practice” by Professor Tom Grimwood

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Abstract

This article is a review of Dr. Tom Grimwood’s recent book, *Against Critical Thinking in Health, Social Care and Social Work: Reframing Philosophy for Professional Practice*, published by Routledge (2024). In this book, Grimwood takes the reader through a series of encounters between philosophy and practice, attempting to disrupt the well-established assumptions of critical thinking so that we may better understand criticality for its utility among care practice professionals, and as a mode of understanding. Grimwood’s work is a necessary antidote to the well-established prescriptive and methodological application of how critical thinking has historically been “used” in the caring practice professions, or how it has been persuasive in the kind of understandings it produces. At a time when the contemporary social welfare landscape is becoming increasingly politicized and economized in ways that create societal divisiveness, as was exacerbated by the COVID-19 pandemic, current conceptualizations of criticality have left care professionals without a way to bridge misinformation and misunderstanding in their practice. Thus, Grimwood considered his project to be inherently hermeneutical, wanting to remedy the all too familiar divide between theory and practice of critical thinking for practice professionals and in new and reimagined ways for applied hermeneutics.

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Tom Grimwood's recent book, *Against Critical Thinking in Health, Social Care and Social Work: Reframing Philosophy for Professional Practice*, is a provocative interpretation of how critical thinking in practice professions "is an area that is very much in question" (p. 5), and how world events, neoliberal healthcare policies, and longstanding societal welfare issues have prompted us to question the usefulness of critical thinking in the contemporary delivery of care. For Grimwood, traditional understandings of critical thinking, criticality, or criticalness (terms of which he uses interchangeably throughout the text depending on context) have seen it operationalized for the purposes of utility, creating a tension in the care practice environment between care professionals' expectations or hopes of what critical thinking should be able to change or produce in practice, and its limitations. Despite the ubiquitous nature of the language of critical thinking in allied health, social care, and social work, or the caring practice professions, Grimwood said it is time to be "critical of critical thinking – its assumptions, its basis and its aspirations – *itself*" (emphasis in original, p.2). Grimwood's primary aim of this book, then, is "to stage a dialogical encounter between the professions and the philosophical issues which underpin the current cultural climate regarding criticality" (p.12) to understand critical thinking differently, and in new and meaningful ways for applied hermeneutics.

There is an urgency in Grimwood's writing, having argued that the caring practice professions are at a critical juncture in the aftermath of the COVID-19 pandemic, with the rise of fake news, post-truth and the palpable, and sometimes violent, tension that arose between the authority of the expert knower guiding public health restrictions and the individual concerned with liberal autonomy. Where critical thinking failed to be useful was in its inability to offer us a way to navigate complex contemporary social welfare issues amidst changing policies and increasing neoliberal ideology, and, as Grimwood argued, becoming somewhat of a rigid and stagnant concept in practice. When there is a shock to any system there is perhaps a beautiful moment of fleeting chaos, where the disorganization of things allows for possibility and creativity in the moments right before the system regains order or the status quo. I think Grimwood has asked us to recognize that the time to philosophically, theoretically, and practically re-think critical thinking for the caring practice professions is now.

While exploring the various post-critical views that most dominate the contemporary critical thinking discourse, Grimwood suggested:

...all [post-critical viewpoints] involves thinking about how particular ways of acting and thinking have become persuasive, what models, rhetoric, images, and metaphors guide these ways, and how the debates around post-critique can illuminate the ways in which we interpret them to better respond to the challenges of critique within contemporary and future practice. (p. 11)

Therefore, it is the philosophical consideration of applied hermeneutics that Grimwood framed his consideration of critical thinking within interpretive practice professions and attempted to revive

critical thinking in dialogue with theory and practice, having argued, “I see critique as part of a broader notion of interpretation as central to us as social, cultural and political beings” (p.18).

Although Grimwood has written this book broadly for the practice professions involved in the delivery of care, as a registered nurse my mind kept leaping to my experiences in nursing practice specifically, a never-ending parade of “ah-ha!” moments, constantly threading the needle between the text and my practice, stitching the kind of patchwork of understanding I think Grimwood was hoping I would. However, Grimwood has carefully chosen not to provide the reader with examples or case studies from practice that would have served to apply the philosophical tenets presented in each chapter, arguing, “the risk of any example is that it shifts from illustrative illumination to didactic tool” (p.17) or that it risks “blunting the potential of critical thinking within the professions” (introduction, p.18). As a nurse, doctoral student, and nursing instructor, I could not help blurting out while reading, “but I need examples!” Perhaps this is where I am more comfortable, in the tangible specifics that have best served the traditional application of critical thinking in my nursing education, practice, and now teaching, thus far. In the end, I was grateful for the absence of these exemplars of practice, as I was better able to remain open to the possibilities of what Grimwood suggested critical thinking is, and what it could be.

Before proceeding, I lay bare my limitations in writing this review: I am a practice professional and novice doctoral student at the University of Calgary in the Faculty of Nursing, not a philosopher or critical theorist. While Grimwood colorfully illustrated the current philosophical and theoretical landscape of competing viewpoints and interests when it comes to the criticality debate, the focus of this review will be to summarize each chapter with a focus on what speaks to me most as a practicing nurse.

Introduction: Against Critical Thinking?

In his introduction, Grimwood told us, there is no shortage of definitions or pedagogical tools for what critical thinking is, or is not, and how we should use it. Yet, he argued critical thinking has remained something of an intangible concept in nursing practice, especially in a pedagogical sense. The overuse of critical thinking as a learner outcome or inherent nursing practice standard has seen critical thinking come to be a concept that is both bursting at the seams and devoid of meaning, myself having grappled with this slipperiness of concept in my teaching practice. “Use your critical thinking” I have told students before, them nervously staring at a dressing tray ready to remove sutures or holding out a concept map of a patient, inquiring what nursing practice they should prioritize. As if I am presenting them with a tool that can be used or a cap that can be donned, my students now ready to employ logic and evidence toward the task at hand, I have been culpable in perpetuating the notion that critical thinking requires some sort of sensible distance between the knower and their practice. I think Grimwood would be empathetic to how I have come to perhaps overuse or misuse critical thinking as a concept in my teaching, as he argued that efforts to address the murkiness of critical thinking have often focused on reiteration and clarification. Instead of offering new avenues of understanding critical thinking differently, and philosophically, the literature has instead piled on top of itself, entombing us in an all too familiar objective account of criticality, “berating ourselves further via critical reflections” from within a positivist paradigm (p. 5).

The path forward to a better understanding of critical thinking in the practice professions beyond these established confines, then, is not through more reiteration or clarification of established positivist concepts, but instead “attending to the atmospheres through which critique takes place – the rhetorics and resonances of practice, and how these affect modes of justification, representation and communication” (p. 5). Grimwood wants us to pay attention to these tensions, having argued the practice professional, or nurse, is not only uniquely positioned to consider issues of criticality in their practice, but to question the very influence of polemics and rhetoric on the role of criticality.

Chapter 1: Critical Atmospheres: Where Are We Now with Facts, Critique and Care?

In Chapter 1, Grimwood began by asking if critical thinking has become somewhat of a performative act in the care professions, perhaps an exercise in increasing futility incapable of effecting needed change at either the level of the individual decision maker, or for critiquing broader contemporary social welfare issues, of which many came to light during the coronavirus pandemic. For example, the first few years of the pandemic sparked global criticism regarding the quality of care received by older adults living in residential care facilities, yet arguably little change has come of that critique in practice or at a systems level. How, then, should we be critical of critical thinking or “critique critique” in ways that do not serve to double down on the very modes of thinking we are attempting to reconsider, and offer new and meaningful avenues for understanding, and ultimately improve care?

Picking up where he left off in his introduction, Grimwood explored how these “atmospheric conditions,” or current cultural landscape, primarily during the coronavirus pandemic, put pressure on the criticality debate, considering questions of post-truth, the rise of fake news and conspiracy theories, populist politics, and diminishing trust in the expert and epidemiological, political, clinical, or academic institutions. For nurses, the rhetoric of fake news and questions of the credibility of the expert may evoke an emotional response, nurses having been on the frontlines of the pandemic and often put in difficult positions. Representing the physical manifestation of policies meant to guide public health decisions and practice, nurses were the ones to tell family members they could not visit dying loved ones in residential care facilities or intensive care units. They were also the ones to listen to the testimonies of those denying the existence of COVID-19 while those same people were receiving care for being sick with the virus. In a world where everyone’s fingers are pointed and people are becoming increasingly critical of each other, thinking themselves their own expert, judge, and prosecutor, Grimwood argued the answer to improve critical thinking for the practice professions cannot be with more criticalness, but rather by a mode of trust and understanding that gets at the philosophical roots of the issue. Here lies the hermeneutical nature of Grimwood’s task:

... the challenge to the caring professions of post-critique, no less than the challenge of post-truth, is to re-energise the role of interpretation within their practice, to apply a critical lens to critical thinking and to reflect on the ways in which certain models of critique are more persuasive than others, and to think through whether such persuasiveness makes them more or less effective. (p. 50)

Chapter 2: The Rhetoric of Urgency: Tensions Between Critique and Practice

Where Chapter 1 served to present the reader with the current atmospheric conditions that inform the post-critical debate, Grimwood turned his attention to the specific condition of time in Chapter 2, and the ways an ever-present sense of urgency in the practice professions, particularly in social work and nursing, serve to distance critique from practice: “For here, we frequently find critical thinking applied in ahistorical ways, placed within settings where the problem of time is a preventative, rather than an enabler, of its deployment” (p. 55). Where so much of nursing practice is caught up in the complexity of time, and never having enough of it, Grimwood wrote:

This has obvious knock-on effects on criticality in practice and, as such, there is a need to re-think the ways of acknowledging and representing this urgency, the problem of time that underlies the relationship between practice and theoretical inquiry, and the models of critique that can be applied to it. (p. 56)

Grimwood argued this normalized shortage of time for practicing nurses is often presented as an issue of space; the space of nursing practice ever pressed upon in light of staffing shortages or stretched beyond the reasonable abilities of a single nurse in ways often experienced as a lack of time to be critical in or of practice. Where “matters of time are modelled and reduced to issues of space” (p. 58), Grimwood said there must be a philosophical reconsideration of the persuasiveness of this urgency that is so commonplace in a society increasingly dominated by a rhetoric of crisis. According to Grimwood, if we consider issues of time as not only a temporal phenomenon then, but as a “consequence of the spatialising or ‘placement’ of practice” (p. 57), there can be reimagined ways to consider issues of urgency as kairotic opportunities, meaning “a situational kind of time” (p. 67) or a “timely or appropriate moment” (p. 68) to be critical in practice. Although I understand these kairotic opportunities to be critical moments when the nurse would put the boundaries of their practice in question, I must confess I struggle to fully understand what these opportunities in practice might actually look like.

Nevertheless, Grimwood offered three philosophical and alternative ways we might understand the persuasiveness and rhetoric of urgency in order to re-think critical thinking as kairotic opportunities for care professionals. These are: how urgency in decision making distances critique from practice, how the complexity of urgency and critique in a globalized world is inundated with neoliberal influences, and how a certain rhetoric of urgency has lifted the responsibility of criticalness from that of collective society and instead placed critical thinking on the shoulders of the individual to be carried out in isolation.

Chapter 3: Autonomy, Critique and Consensus

In Chapter 3, Grimwood explored “the relationship between autonomy and critique that underlies the more prominent discussions on autonomy as a right or principle” (p. 78) for the caring professions, and how we may rethink autonomy and critique as an interpretive practice. Similar to the omnipresent language of critical thinking in the practice professions, Grimwood suggested the definitions and language of autonomy are perhaps becoming meaningless for the practice professional, with the word “autonomy” often used interchangeably with independence, freedom, and choice, in ways that do not reflect the unique care practice environment tasked with balancing autonomy as a professional value and autonomy as moral principle for the service user.

Considering autonomy is largely agreed to be of benefit in clinical practice and critical thinking for the caring professionals, Grimwood asked, how can we be critical of autonomy as a professional value “if critique depends *upon* autonomy?” (emphasis in original, p. 82). To unpack this, Grimwood began this chapter with a Kantian exploration of moral philosophy and explored the ways in which Kant’s beliefs regarding autonomy as not only “good” and essential for self-sufficiency, or independent rationality, still echo loudly in the criticality debate today. In nursing practice, for example, the rhetoric of this “autonomous critical thinker” may serve to isolate individual nurses from a community with others and further perpetuate the prioritization of the technical over the personal, and clinical tasks over relationality. Although critical theorists like Jürgen Habermas have since illuminated the dialogical nature of critical reasoning that is necessary for the kind of autonomy that takes place in community with others, Grimwood argued the consideration of autonomy as one of agreement and consensus does not necessarily hold true in a complex care environment. An obvious example being the institutionalization of mental health patients where care is, at times, not guided by consensus and agreement between the patient and the team delivering care, but by the expert opinion of care professionals.

Preparing to offer recommendations for how we may consider autonomy and criticality differently, and perhaps more interpretively for the caring practice professions, Grimwood discussed the various and competing rhetoric surrounding the relationship between autonomy and criticality. For example, the concept of autonomy as a historically more favourable, and arguably masculine, characteristic of criticality when compared to that of relationality, which is perhaps considered more “feminine” in character. Following this premise, the autonomy of critique can then be re-interpreted as somewhat of a gendered issue, especially in professions like nursing where relationality is arguably the bedrock of nursing practice. In conclusion of this chapter, Grimwood argued the task to better understand the relationship between autonomy and critical thinking is to first better understand the role of autonomy itself in any event of understanding.

Chapter 4: Placing the Review Under Review: Reconciling Critique with Assemblage in Safeguarding Reviews

In healthcare there is a palpable tension between the demands of the larger system in which a nurse works, and the inherently human aspects and experiences involved in the delivery of care. Despite the uniquely relational aspect of nursing foundational to its practice, Grimwood argued the practice of care professionals is often at odds with the policies, rules, and procedures that are produced by systems of critique meant to guide practice. One such system of critique that produces this tension is that of the safeguarding review: the systematic investigation of organizational processes that occurs when a vulnerable adult or child dies while receiving care or social welfare services. By exploring the systematic processes of the safeguarding review, Grimwood suggested these reviews are critical in their collective focus on *what* went wrong in the care of a vulnerable person, and not often critical of the broader cultural landscape or system within which events happened, or *why* something went wrong. For this, Grimwood wrote, “the procedural approach of the review always risks reducing or obscuring these difficulties and complexities, and in doing so leaving them to continue to expand” (pp. 105-106).

In order to better understand why failures in practice occur and avoid the all-too-common conclusion that simply more training or research is needed, Grimwood suggested an ontological

reconsideration “of both a system under review, and a systematic review of that system” (p. 109), namely the notions of “reality” that both these forms of critique produce, or what he calls their ontological assemblages.

Chapter 5: The Power of Critique Looking Back and Forwards with Foucault

Grimwood began Chapter 5 by challenging the widely accepted premise that, when it comes to the context of social welfare and patient empowerment, the patient who possesses the ability to critically sift through an overabundance of information in ways that allow for the transformation of information into meaningful knowledge, will be rational, and thus empowered. In other words, the ability to employ critical thinking as a tool is what will separate the rational patient from the irrational and the empowered patient from the unempowered. Whilst agreeing that critical thinking is a necessary component of patient empowerment, or power generally, Grimwood takes issue with this oversimplified binary, the rational and the irrational, having argued, “...the complexities of contemporary care render these binaries unhelpful, if not debilitating, for critical activity” (p. 123).

To reimagine this binary, then, Grimwood first looked to Foucault to explore the ways in which established, and thus powerful, knowledge domains have been thought to be undeniable, unchanging, and widely accepted truths capable of escaping criticality, and therefore end up normalizing behaviour of patients or practice professionals in unquestioned ways. Consequentially, insidious relational norms in social welfare may exclude those that deviate from normalized behaviour and create otherness. Whether socially excluded or not, Grimwood argued the patient or client participating in social welfare would be under the care of professionals conditioned to employ a kind of criticality Foucault considered to be a “judicial exercise of power” (p. 149), whereby individuals submit themselves to the welfare regime and are judged based on their ability to be “useful” as service users. Furthermore, the care professional practicing critical thinking in this judicial sense will experience and perpetuate a kind of disciplining effect of their knowledge, or rationality, and thus maintain a position of power that may impede meaningful understanding with patients or service users. For Foucault then, critique becomes a criticism of normative knowledge domains, or what we unquestioningly accept as rationality.

A Foucauldian understanding of the disciplining effect of knowledge, or normative-judicial critique, remains a valuable starting point for any examination of the relationship between critique and power in social society. However, Grimwood argued a well-trodden focus on the characteristics of exclusion and otherness for the purpose of deconstructing critical thinking is perhaps no longer suited to our time. The assumption that care professionals hold the antidote to irrational thought and bestow empowerment upon service users is no longer useful in a modern-day neoliberal welfare system where service users must navigate limitless, and often contradictory, access to information and misinformation. If Foucault’s “alienation [of welfare service users] is replaced with saturation [service user’s limitless access to information]” (p. 138) how, then, do nurses escape the negative milieu of critical thinking as more than a brokering of information between themselves and their patients and consider empowerment differently? For this, Grimwood suggested:

... positioning critical thinking as a ‘life preserver’ against misinformation will be problematic, if the vast array of information in the sphere of care delivery requires a certain

amount of misinformation, misuse of data, poorly collected or unnecessary data. These are not accidents; they are a consequence of the growth of information. No amount of critical thinking will relieve current care systems from them. They are there to be negotiated, and such negotiation requires careful consideration of how information is being framed discursively, what position it holds in the rhetoric of care delivery, and to which audiences it is being applied. (p.139)

Chapter 6: The Vulnerability of Critique

In his final and most powerful chapter, Grimwood concluded his book by considering the vulnerability of critique, and what different avenues this vulnerability opens up for a more meaningful understanding and application of critique for caring professionals. According to Grimwood, critique is inherently vulnerable as its positionality towards the future, a better future, often means it is incapable of fully “delivering on its promises” (p. 144) in complex or less than ideal care contexts. In other words, critique, or critique done well, is vulnerable in its hopefulness for a better way of doing things (or its ability to save us from irrationality), and is thus open to endless possibilities of thinking and practicing differently. Furthermore, the person engaging with critique is also vulnerable in this openness, because, especially in nursing, what we are being critical of is often of critical importance. Moules (2023) spoke to this idea when she wrote:

This hermeneutic wager on understanding and openness in liminal spaces has much at stake in nursing, for what we strive to understand are matters of human consequence in situations that may likely occur in-between and are often inhabited or accompanied by suffering. Nursing knows something of human suffering and embraces it. (p. 385)

While this vulnerability of critique has often been considered a limitation in the practice setting for its inability to effect immediate change or produce results, Grimwood suggested that, instead, this vulnerability is imperative for critique to be effective: “Without a certain idealism, a certain naïve hope in the capacity to transform services in even the smallest ways, there is no criticality to critical thinking” (p. 144). Thus, Grimwood offered us two avenues for reconsidering the importance of the vulnerability of critique for practice professionals: non-ideal theory and hermeneutics.

Where idealized theory fails to account for the actualities in “real-life” practice environments, non-ideal theory accounts for the ways in which critique does not occur within utopian social welfare systems, but is playing out in complex care environments that do not possess all the required elements that would support such “perfect” critique. After an exploration of the current debate surrounding non-ideal theory and its approaches to managing vulnerability, Grimwood suggested that, for more meaningful and effective critique, there should be “a reconciliation between the hope of critique and its application” (p. 149). In other words, critique should *lean into* its vulnerability, fully acknowledging the limitations and constraints in non-ideal practice, not theorize over and above these things.

If non-ideal theory attempts to manage the kind of vulnerabilities critique poses in practice, then hermeneutics is what allows us to take a step back to ontologically consider our very understanding of the ideals that warrant our criticalness in the first place. For this, Grimwood called on Hans-

Georg Gadamer's fusion of horizons and his emphasis on understanding our historically effected consciousness, traditions, and prejudices so that we may avoid the rational-irrational binaries in critique that have historically created exclusion and otherness. Grimwood argued the inherent vulnerability in any act of interpretation can be best understood with Theodore George's concepts of displacement (2020), the idea that every event of understanding is unique unto itself, and we must be "open to the possibility of our own horizon being in need of adjustment or expansion" (Grimwood, p. 154). In other words, the nurse must throw themselves into question in any event of understanding if they are to best meaningfully care for and understand their patient. Finally, Grimwood concluded his book by suggesting this displacement of ourselves is what will allow for these "opportunities for concerned engagement" (p. 157), if only we listen to the other, or what George (2020) considered "a certain responsibility to listen" (Grimwood, p. 157):

...critical thinking is not just a professional requirement, useful for decision-making, a tool that supports service user safety or a way of discerning evidence from misinformation. It is, instead, a responsibility which forms part of the interpretative commitment of health, social care and social work to the world. (p. 157)

Concluding Thoughts

Although I am not qualified to evaluate this text in ways that would impactfully contribute to an ongoing philosophical and theoretical debate on critique, I felt this text was a powerful contribution to the field of applied hermeneutics and imperative reading for anyone looking to gain a deeper understanding of how the persuasiveness and utility of criticality has influenced, and continues to influence, caring practices. As Grimwood argued, caring practice professionals often intimately experience the politicization and economization of social welfare services and as such must navigate societal division on matters of public health concern. It is from within this complexity of our current social world that Grimwood argued a re-interpretation of critical thinking for caring practice professionals must therefore be one of openness and possibility. To that point, I will end my review of Grimwood's new book with a quote by Moules that speaks to this unique space of nursing practice: "Finally, hermeneutics, like nursing, requires a practice amid uncertainty and ambiguity, a willingness to tolerate unknowingness and awe, being prepared to meet the unexpected and, more importantly, to respond to it" (Moules, 2022, p. 380).

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