Routledge Advances in Social Work

AGAINST CRITICAL THINKING IN HEALTH, SOCIAL CARE AND SOCIAL WORK

REFRAMING PHILOSOPHY FOR PROFESSIONAL PRACTICE

Tom Grimwood

Against Critical Thinking in Health, Social Care and Social Work

This book stages a provocative dialogue between social work, health and social care and contemporary philosophy in order to inform theory and practice in a complex and challenging world.

Today, the social world is marked by deep-rooted complexities, tensions and challenges. Health workers and social workers are constantly reminded to employ critical thinking to navigate this world through their practice. But given how many of these challenges pose significant problems for the theories that these subjects have traditionally drawn upon, should we now be critical of critical thinking – its assumptions, its basis and its aspirations – itself? Arguing that health and social work theory must reconsider its deep-rooted assumptions about criticality in order to navigate complex neoliberalism, post-truth and the relationship between language and late capitalism, it examines how the fusion of theory and practice can re-imagine critical thinking for health, social care and social work. It will be of interest to all scholars, students and professionals of social work and health and social care.

Tom Grimwood is Professor of Social Philosophy at the University of Cumbria, where he leads the Health and Society Knowledge Exchange (HASKE) within the Centre for Research in Health and Society. He is the author of *The Problem with Stupid: Ignorance, Intellectuals, Post-Truth and Resistance* (2023), *The Shock of the Same: An Anti-Philosophy of Clichés* (2020) and *Key Debates in Social Work and Philosophy* (Routledge, 2016).

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I had the pleasure of presenting a number of these arguments at various conferences and seminars: in particular, 'The Rhetoric of Urgency and the Theory-Practice Binary,' an invited keynote at the 29th Annual Conference of *Réseau Européen de Formation Universitaire en Travail Social (REFUTS)* at the University of Luxembourg, 4 July 2018; 'Facts, critique and care: Where are we now, and where do we need to go?' presented at the Social Work Futures conference, *What 'Social Work' does the World need Now?* at Glasgow Caledonian University, 28 June 2021;

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Introduction

Against critical thinking?

In a now often-quoted passage of his book *One Way Street*, Walter Benjamin writes:

> Criticism is a matter of correct distancing. It was at home in a world where perspectives and prospects counted and where it was still possible to adopt a standpoint. Now things press too urgently on human society.
>
> (1928 [1996], p.476)

Benjamin wrote this in 1928; however, such a quote may seem even timelier in the current age. After all, today the world of welfare is marked by deep-rooted complexities, tensions and challenges which disturb the notion of the 'correct distancing' for critical appraisal. The world remains grippled by constant urgencies: welfare crises, sparsity of resources, mounting caseloads and so on, all of which challenge not only the day-to-day delivery of care, but also the conventional models that underlie demands for critical thinking in practice. The COVID-19 pandemic saw the scene of a variety of rampant discourses which constantly negotiated certainty and speculation, modelling and pragmatism, the seemingly endless power of 'the data' and not only ethical dilemmas around the provision of care, but also larger meta-ethical balance between health, welfare and the economy, as well as a rhetorical emphasis on the importance of intelligence at the expense of 'stupidity' (Grimwood 2023) that reflected wider discussions on clinical expertise and service user decision-making. And if COVID-19 was a 'once in a generation' event of huge significance, it was nevertheless one of a series of events which combined the political, socio-cultural and economic aspects of the delivery of health and social care. The banking crisis of 2008 and the austerity politics implemented in its wake (see, e.g., Raj 2019), the rise of 'populist' leaders and increasingly complex treatments of human rights and welfare provision (see Keane 2020), the increase in the speed and mass of information passing around the globe and the subsequent rise of 'post-truth' and 'fake news' and its effect on the trust in the care professions (see, all of these events have contributed to a re-questioning of the role and limits of critical thinking in professional practice).

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Chatzidakis et al. refer to this as a 'current moment of rupture' in the understanding of care in society (2020, p.97). The long-standing tensions in social care, brought to the fore during the pandemic, leads Cottam to note that '[d]espite decades of brilliant work: the research, the policy papers, the advocacy and the data, *we are stuck*' (2021, p.3, my emphasis) and as a result 'we see a hunger to reimagine these tensions and to think again' (2021, p.7). Cottam is not alone: Ioakimidis et al. suggest there is a 'profound (re) politicization of social workers' (2014); Salvage and White argue that now 'is the moment for nurses to shift the paradigm, to be taken seriously together and individually, when the old certainties and ways are being shaken to the core' (2020, p.5); Papathanasiou et al. argue that in the current climate 'we should all try to achieve some level of critical thinking to solve problems and make decisions successfully' (Papathanasiou et al. 2014, p.285); 'Now more than ever,' Laskowski-Jones (2021, online) writes, 'nurses need to draw upon their discernment abilities to aid the public in navigating the turbulent sea of health advice and differentiating high-quality information from bogus'; and Boddy and Dominelli note that the '[i]ntersecting discourses around power, privacy, embodiment, professionalism, authorship, and consequences' require all of the care professions 'to retain criticality in their practice' (2017, p.181).

Yet, the correct critical distance remains far from obvious. This is a problem. After all, a glance at the generic critical thinking literature in health, social work and social care will tell us that it is key for the development of professional skills; it is crucial for helping service users to the fullest extent possible; it allows the anticipation of service user needs; it enables open-mindedness in the interpretation of evidence; it facilitates good communication and the healthy exchange of ideas around care plans, approaches and policies; it promotes safe practice and it encourages innovation.

Why, then, after all these pervasive lists of reasons for engaging with criticality affirmatively in practice, would this book be called '*Against* Critical Thinking'? Perhaps the simple answer is that, within the enthusiasm for critical examinations of professional practice, it seems unclear as to what extent it is possible to be critical of critical thinking – its assumptions, its basis and its aspirations – *itself*. Despite the widespread changes and challenges to models of criticality across disciplines in the past 30 years or so, the models of critical thinking available to educators and practitioners in health, social care and social work remain curiously static. For sure, we can find warnings about the rise of 'post-truth' and 'fake news' affecting the delivery of care. We can read all about the problems in contemporary practice arising directly from insufficient appraisals of evidence. We can witness the danger of workplace habits and cultures overtaking user-focused services. But textbooks on the subject often present much the same processes, powers and particularities of criticality explained. The answer to the problems of post-truth, excessive information, shifting service user demographics and ever-changing systems of governance and organisation seems to ignore

Benjamin's concerns and simply apply more of the same, regardless of how effective it has been thus far.

Critical tensions

Of course, there is no end of ready-to-hand resources available across the care professions, not to mention education research, cognitive and developmental psychology and even in self-help and lifestyle literature regarding how to improve critical thinking, with an array of names to guide the way: Dewey, Piaget, Siegel, Freire, Watson and Glaser, Ennis and Weir, Paul and Elder and so on. More broadly, the opposition of 'critical' practice to 'neoliberal' conventions has become a standard face-off in the politics of care (Hastings and Rogowski 2015; Chapman and Withers 2019). But such a framing inevitably leads to the consolidation of certain unhelpful stereotypes: that critical thinking is a kind of monolithic entity that can be inserted 'in' to practice at various appropriate moments; that practice itself is uncritical until this happens. Even when such caricatures are not explicitly in play, a tendency remains for the textbook literature on critical thinking to focus on concise, reductionist accounts; think, for example, MacLean and Harrison's 'straightforward guides' on theory and practice (2015) that are well into their third editions. Consequently, this can risk removing (unintended or otherwise) the very complexities that critical thinking sets out to understand, typically because such books are aimed at undergraduate students. In line with this notion of critique as a pedagogical tool, the term 'critical thinking' has often been enveloped by cognitive development assessments of individual competencies, where the focus is on improvements in problem solving, self-identification of personal bias or assumptions, 'learning how to learn,' and to act ethically and autonomously (Milner and Wolfer 2014, pp.274–276). Tom Boland summarises such a view of critical thinking 'as a discourse that produces truth, provides an apparatus of "knowledge" and forms and governs subjects; comparable to the disciplinary tendencies of psy-sciences and social policy' (2019, p.78). Indeed, the idea of critical thinking as a set of transferable and generic skills may be persuasive: what could be more useful, after all, than a set of tools, a process of steps or, as Elmansy suggests (2022), an abstract system to internalise until it becomes part of one's practice?

None of this really addresses the problem of correct distance that Benjamin raises. As Boland rightly argues, such tendencies present critical thinking as a form of innate or universal reason that can be unleashed with the correct training. As such, while professional practice often looks to psychological development theories for implementing critical thinking in order to reap several clear and tangible benefits, it also risks omitting the social traditions that carry (and are embodied by) such a modality of critique, and consequently undermining the 'cultural resources for shared values and ideals that might mobilise solidarity and social renewal' (Boland 2019, p.99). Henry Giroux

notes the potential problem with drawing on such limited definitions and subsequent methods:

> The most powerful, yet limited, definition of critical thinking comes out of the positivist tradition in the applied sciences and […] refers primarily to teaching students how to analyse and develop reading and writing assignments from the perspective of formal, logical patterns of consistency. […] While all of the learning skills are important, their limitations as a whole lie in what is excluded, and it is with respect to what is missing that the ideology of such an approach is revealed.
>
> (Giroux 1994, p.200ff)

This, I think, goes beyond the more obvious problems with overtly positivist accounts of critical thinking (of which there are, of course, many). It also affects the broader critically interpretative activities at the core of relating theory and practice. For example, when Stepney and Thompson (2021) boldly argue that 'applying theory to practice' (which they argue is the conventional educational approach) is replaced by 'theorising practice,' they assert that 'if carried out with *skill and critical thinking*, then theorising practice leads to *informed practice*' (p.155, my emphasis). Addressing the complexities of the social world that confronts the practitioner, they argue that when 'dealing with situations of conflict and uncertainty practitioners cannot simply draw upon their knowledge base in a direct, linear or prescriptive way, but must engage in a process of *critical exploration*' (Stepney and Thompson 2021, p.154, my emphasis). What is critical thinking, though, in this sense? It is nothing more than 'the ability to question, probe and explore beneath the surface' (2021, p.159). In this way, even a decidedly non-positivist account retains the notion of critique as an exercise in analytic process; an unmasking or excavating act, involving a subject probing an object, and which is developed and enhanced with enough training or encouragement.

Perhaps one reason that the issue pervades a range of methods and approaches is that it names a tension for the professions between criticality being understood as a form of sense-making on the one hand (which may not just be writing assignments, but more generally how effectively one is practising; or inquiring into what the salient issues are in the case before them), and on the other hand being utilised as an investment in some kind of transformative engagement. In Kathrin Thiele's words, 'a critical position is one that invests in its own power to transform, and it relies on active engagement with the issues it addresses so that it allows, or even more so, strives for changes to happen' (2021, p.21). Critique is therefore often caught between the naturalistic (i.e. an account of what there *really* is) and the normative (i.e. an account of what *really* should be), and different invocations of the term will emphasise one more than the other. The tension is not resolvable by simply picking one or the other, however. This is not just because, as Michel Foucault once commented, critique implies an 'art of not being governed

quite so much,' and, by challenging accepted practices, introduces a natural tension into professional roles where governance is vital to the safety and wellbeing of service users. The problem is also that within the contemporary cultures of care and welfare, it is *precisely* the notions of critique, truth and evidence that have been at the forefront of policy decisions at local, national and international levels, as well as decision-making at an individual level. Critical thinking is not simply a lens that professional practice can be approached through; it is an area that is very much in question.

What is critique?

Perhaps this should not be surprising. The fact that there are so many different invocations of criticality is not an accident. As McQuillan suggests, 'the words "critique" and "critical" have been popular since the enlightenment, but they remain lexically imprecise and philosophically vague' (2010, p.150). Critique, in the sense that is used here, can trace its roots back to the European Enlightenment. But even then, Delanty (2011) points out that the time of the Enlightenment saw at least four major concepts of criticality emerge, all of which gave rise to further elaborations and divisions as the 20th and 21st centuries unfolded. In many ways, this is because critique is itself always a practice, and any definition of it will, by necessity, be itself open to critique.

As such, it seems that at least part of the current appetite for critique would invite re-assessing the role of criticality itself in the caring professions, not just in terms of the application of 'critical thinking' as a pedagogic tool, but more broadly in terms of how critique takes place, its limits and its possibilities, and what kind of dialogue the practices of health, social work and social care practitioners can sustain with discussions of the same questions in philosophy and social theory. If Benjamin's issue of correct distancing is now pressing not only on theorists but also on practice education and provision, then it seems only sensible to ask whether there are alternatives to 'critical thinking' in the conventional way it inhabits the health and care professions. This is not just in the sense of intensifying the existing methods of critique – that is, trying harder to live up to the demands of the ideal mode of critical thinking, insisting on more references in the papers we review, demanding more clarity on the proposed changes to care delivery systems, berating ourselves further via critical reflections – but in terms of thinking outside of the more conventional frames of reference. That is, to consider critical thinking as something more than a question of being 'objective,' 'evidence-based' or 'logical,' and 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 – and how these inform the interpretative practices of professionals within health, social care and social work. In other words, there is a need to reframe the concepts at work in the critical practices of the caring professions.

It is important to clarify that 'rhetoric' is not used here as a pejorative term for misleading or vacuous speech, but rather to the detailed and rigorous understanding of the art of persuasion (see Crowley and Hawhee 1999); an art aimed at securing the 'adherence of minds' in a given audience (Perelman and Olbrechts-Tyteca 2008, p.8). In this sense, it offers a distinctive approach to how 'the usage of words shapes the way [a] profession communicates to itself, how it coalesces, marks out and sustains a distinctive rationality' (Garrett 2018, p.2). As such, paying attention to rhetoric involves understanding how the meaning of particular words, images or concepts is consolidated through their use and circulation around specific audiences (such as particular communities of practitioners, which are in turn formed through particular relationships between different domains of work and their respective demands).

While the discipline of rhetoric carries with it a long tradition of specific methods, I agree with Melonçon and Blake Scott's (2018) argument that it can often be more helpful to think through *fields of inquiry* that are guided by rhetoric but shaped by a cross-section of disciplinary knowledge and approaches. Such an account of rhetoric is not limited to words alone, but also to the materiality of practice and the ways in which persuasive forms emerge from them (see, e.g., Barnett and Boyle 2016; Enoch 2019). Hence, rhetoric's relevance to welfare provision has been claimed by several writers for its significant re-emphasis on 'the classical relationship between *theoria* and *praxis* through a realization of theory's practical power' (Parton 2000, p.461; see also Miller 1991; Rutten et al. 2010; Roets et al. 2015). It therefore suggests a strong starting point for considering the impactful relationship between criticality and practice.

Post-critical thinking

Such questioning of the place, power and purpose of critical thinking has led to what is sometimes termed a 'post-critical turn.' As with many of the 'turns' within the history of ideas, this does not describe a single approach but rather a collection of (sometimes opposed) trends in thought and practice. I want to consider, quickly and schematically, for the sake of introduction, three quite different ways in which the post-critical expresses itself within the contexts discussed above. These, it needs to be emphasised, are not specific and named theories, but rather collections of similar rhetorical fields regarding the place of critique.

Rhetorics of exhaustion

The impact of COVID-19 has seen a marked increase in interest in reviewing and reimagining the relationship between care and society. The Care Collective concludes their manifesto with the claim that 'the COVID-19 pandemic has certainly laid bare the horrors of neoliberalism. But it has revitalised a

conversation about care, however limited it may still be' (Chatzidakis et al. 2020, p.96). Indeed, the pandemic encouraged a small explosion of visions for both social care and public health, often positioned as critiques of the existing order (see, e.g., Cottam 2021; Dowling 2021). This is, in part, due to the lens that COVID-19 brought on to the delivery of care, the systems that became overburdened and the provision of resources it needed not only now but throughout the years of economic austerity policies across Europe. (In part, too – and this should not be overlooked – it was due to research funding available being almost exclusively focused on COVID-19.)

Nevertheless, amid this renewal of visions for care, a form of post-critical sensibility also emerges. One might be reminded of Peter Sloterdijk's (1987) term 'cynical reason,' which he used to describe the sense in which the exercise of critique is 'going through the motions' to only repeat what it already knows – including the knowledge that it will not succeed. It was undoubtedly the case that many of the critiques of care arising from the pandemic were re-treading existing critiques from throughout the past 30 years. This may not be all that surprising: as Hannah et al. noted at the time, 'writing during a pandemic […] risks illuminating pre-established theoretical frameworks more than the unfolding events themselves' (Hannah et al. 2020, online). In this way, while COVID-19 brought about unprecedented changes in behaviour, for many opinion pieces, research articles and monographs, it often turned out to be more like additional evidence for long-existing programmes of criticism yet to be fulfilled. Of course, the problem is not simply rooted in the timeframe of the pandemic. Even in those works with longer-term views, such as Emma Dowling's masterful and in-depth analysis of the decline of social care in the United Kingdom, her conclusions seem somehow familiar: 'allocating more time, money and social capacities' and elevating the 'undervalued political and ethical status' of care (2021, p.195).

As I discuss in Chapter 1, this raises questions about the weariness of such programmes. If the effect of an unprecedented world event such as the pandemic is simply to confirm that we already knew we were right, it would seem that *either* unprecedented world events are not as 'eventful' as we imagined, *or* there is something more to say about how we go about thinking critically. Likewise, if everyone already knows what's wrong, and has a vague consensus around what needs to be done to address this, why has it not happened? For some, this would be a matter for politics and decision-making at the highest levels, and there is a strong case for this, given the relationship between neoliberal regimes and practices resulting in health and social inequalities (see, e.g., Collins et al. 2015; Baru and Mohan 2018). For others, neoliberalism itself is opposed to critical activities, both because the 'hegemonic discourse of neoliberalism forecloses the usual ways critique has been raised' (Foth et al. 2018, p.2), and the increase in health and care complexities alongside reductions in resources has led to education programmes emphasising almost exclusively practical, imminent training for professions at the expense of in-depth or conceptual education (Beedholm

et al. 2014). For Sloterdijk (1987), though, this turn to politics misses a more fundamental point about the underlying assumptions of politics itself. There is, he suggests, a tenet central to both the European Enlightenment and the Marxist tradition of critique, that increasing our understanding of the world will necessarily bring about social change. Cynical reason poses challenges to this view; and this is something which, while still a political issue, is also one for the nature and role of critique.

Rhetorics of dataism

In stark contrast to the repetitive critiques of contemporary care systems that are (and not without good reason) well-known to us, another rhetorical field suggests the *removal* of criticality via a turn to different modalities. I am thinking here specifically of the turn to 'data' as a substitute for critical interpretation in practice.

One pertinent example is Sir Simon Stevens, Chief Executive of the NHS, response to the health inequalities raised during the pandemic. Stevens wrote that it

> is increasingly clear that COVID-19 is having a disproportionate impact on our black, Asian and minority ethnic (BAME) patients, friends and colleagues. And this in turn has brought into stark and urgent focus the layered impacts of years of disadvantage and inequality.
>
> (Stevens 2020)

Furthermore, 'if we're honest with ourselves, the NHS as an embedded part of society is both part of the problem and part of the solution.' From this initially judicious and reflexive position, his response was to launch a *Race and Health Observatory*, which would identify challenges to inclusion and diversity. There is certainly nothing wrong with such a move in itself, and the acknowledgement of the systemic problems of race and culture within the delivery of care is fundamental to addressing inequalities in this sense. What is striking, though, is that the Observatory does not carry any of the language of critique. Unlike the discourse of, say, intersectionality approaches, which examine the overlap of certain categories precisely to challenge inequalities in service provision (see Esposito and Evans-Winters 2021), the observatory held a strict focus on *data*.

This is not a problem with data per se, but rather the mode in which data is presented as a move beyond interpretation and, by extension, critique; it promises, instead, a '*behaviourist theory of information* that can do without discourse' (Han 2022, p.37, emphasis original). Byung-Chul Han terms this 'dataism,' a mode of understanding that promises 'a society that works *without any kind of politics*. […] Politics will be replaced by *data-driven systems management*' (Han 2022, pp.38–39, emphasis original). This broader shift regarding criticality and data crystallised during the pandemic: a certain

fetishising of facts and objectivity (as figures of discourse) within what can be incredibly complex, nuanced and fundamentally interpretative contexts. Philosophically, this points towards a pre-critical model of thinking exemplified in the 16th century thinker David Hume (see Lillywhite 2017, p.25). In its more troubling form, it is seen in the increasing rise of behavioural science within health and social care policies (see, e.g., Cohen et al. 2016; Michie et al. 2020; Ghebreyesus 2021).

This approach was popularised in 2008 with the publication of Thaler and Sunstein's book *Nudge: Improving Decisions about Health, Wealth, and Happiness*, and institutionalised with the creation of the Behavioural Insights Team within the UK Cabinet Office in 2010 by David Cameron, followed by similar teams in the governments of Australia, Germany, the United States and elsewhere, as well as the Joint Research Centre in the European Commission. In earlier decades, behavioural science tended to refer to cross-disciplinary studies in social, economic and physical sciences addressing causes of behaviour (see Mass 1958). More recently, though, health-based behavioural interventions have moved towards the 'hard data' of fact: as Holman et al. argue, the number of health behaviour interventions has grown rapidly since around 2006, and that 'references to social science disciplines and concepts that foreground issues of social context are rare.' In its place, the availability of large-scale data sets means that the more common concepts used are quantifiable, and those closer 'to the complexities of social context are mentioned least' (Holman et al. 2018, pp.389–990). The narrowing of the behavioural field to 'data' means that a wide number of other determinants can be obscured due to the fundamental assumptions in some behavioural approaches (Mackay and Quigley 2018). And, indeed, research suggests this dataism can be unintentionally complicit in amplifying existing inequalities (Lonne et al. 2022).

This is not the place to weigh up the merits of behavioural insights with all the due diligence that would need to be paid. What I do want to draw attention to, though, is its use as a form of post-critical intervention that serves less as a dynamic response to the complexities of contemporary practice, and more as a desire for factual certainty – clear outcomes and impacts, as intervention evaluations so often call for – in a world that, in Tina Wilson's words, has seen a definitive a 'shift from linear human causality and progressive problem solving to constitutive complexity and an unpredictable relation with more-than-human worlds' (Wilson 2021, p.42). Such complexities can result, somewhat understandably, in calls for relatively clear and concise 'answers': be this the re-tread of critical theory's calls to arms or the emptying of interventions from any criticality in the name of behavioural patterns (so-called 'nudges' should be, according to Thaler and Sunstein, 'easy and cheap'). The absence of what we might call 'critical points' in the general trend for evidence in practice, suggests that applying quantitative reasoning produces self-evident truths which remove the need for criticality. But following the TV detective Dragnet and asking for 'just the facts, ma'am,'

seems to leave us only with the option of being, perhaps, *mindful* rather than overtly critical.

Rhetorics of post-critique

The third example is not from professional practice, but from theoretical discussions in the humanities and social sciences. A number of philosophical discussions have arisen in the last 30 years or so which point to ways in which the practice of critique can be understood outside of simply an instrument of 'better' thinking. Such discussions vary in approaches and traditions: from literary realists to new materialists, affect theorists and feminist accounts, as well as those drawing on sources as diverse as the sophists of ancient Athens and the cynicism of Nietzsche. However, what links these 'post-critical' discussions and debates is a general sense in which the application of critique has become stale, hackneyed, and generally opposed to the very criticality it is purported to achieve. This leads, ironically, to the idea of what constitutes 'being critical,' of the distance between the 'critic' and the object of their critical analyses, and what the aim of critique should be, all relatively unchallenged.

Consider how Jones-Devitt and Smith describe four commonalities across the ways in which critical thinking is established across health, social care and social work (2007, p.10): (a) the exploration of definitions, concepts and boundaries of critical thinking; (b) the relationship between knowledge and the production and ownership of knowledge; (c) questioning assumptions, considering contexts and the tensions between universal truth and multiple realities; and (d) evaluating different forms of evidence, exploring the different forms and typologies. In many senses, all of these are vital projects within both the applied professions and philosophical thinking. However, post-critical writers point to the habits that slip into what are otherwise pressing sites of interest. Rita Felski (2015), for example, suggests some common core assumptions that have come to dominate how such criticality is enacted: first, it is negative (indeed, as far back as the 1970s, Raymond Williams raised concerns that the notion of criticism has been restricted to the notion of 'fault-finding' (1976, p.76)); second, it is secondary (one can only be critical of something already existing); third, it is intellectual (critical thinking challenges 'common' sense and practice); fourth, proper critique comes from below (in the sense that it is iconoclastic, often aimed at conventional authorities and the status quo they are perceived to uphold), and finally, critique does not 'tolerate rivals' (it is difficult to postulate forms of criticism that do not conform to all or most of the above).

One need not subscribe to Felski's taxonomy to recognise the more general point, which Timothy O'Leary makes succinctly: 'In a world in which even "critical thinking" has been commodified and sanitized by universities, as an employer-friendly graduate attribute, it can be difficult to maintain a focus on

what it is that makes critique valuable and effective' (O'Leary 2021, p.155). Indeed, there remains a wide discrepancy between the importance of the concept of criticality to the professionalisation of health and social care, its rooting in degree-level qualifications and the amount of time and space dedicated to exploring what this actually *means*. Critique is not only 'the primary mode of practicing theory' (Hardt 2011, p.19), but also an applied theorisation of practice. Thus, if critical thinking only produces fault-finding, it may obscure any number of useful (if less 'neutral,' and possibly even partial) views and approaches (see Hayes 2015).

This said, a number of the post-critical arguments within this rhetorical field often appear conservative in nature, or at the least optimistic as to the transparency of the world. They are certainly opposed to more radical traditions of thought such as Marxism, the broad range of theories often labelled 'postmodern' or more broadly, the 'hermeneutics of suspicion.' Indeed, some of the approaches can seem to align comfortably with the rise of behavioural science in the design of care policies and interventions: that is to say, the very *rejection* of meaning (which is, it is suggested, merely subjective and individual) and its replacement with *behaviours* (which are easier to both analyse for patterns and shape through interventions).

My view, however, is that this conservatism is a residue of theoretical skirmishes in various disciplines (Benjamin Noys has pointed out the irony that, while many post-critical thinkers emphasise the materiality and surface of practice as an *anti*-theoretical move, this move is in fact rooted in decidedly theoretical origins; 2017, p.298). I am less interested in these conflicts, or, indeed, endorsing a 'position' on one or the other side. Instead, at its most basic level, I take these post-critical moves not to be opposed to critical thinking, but rather opening up the ways in which conventions of critique self-deconstruct. As such, while we may ultimately disagree with them, post-critical viewpoints enable us to think *against* the dominant assumptions of criticality (in whatever tradition), *precisely* in order to return to the themes raised by Jones-Devitt and Smith, and in doing so answer the calls for the caring professions to attend to their critical possibilities.

Whether critique appears somewhat tired and repetitious precisely at the point it is being called upon; whether it increasingly struggles to identify its uses in relation to the promises of dataism; or whether there is dissatisfaction with the various modes of critique – from positivist to postmodern – all 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. Anker and Felski point out that:

> It is no longer just a matter of engaging in critiques of critique – thereby prolonging the very style of thinking that is at issue. Rather, influential arguments over the last two decades suggest that the language game of

> critique may have played itself out: that there is a need not just for different kinds of thinking but for an alternative ethos, mood, or disposition. (2017, p.10)

If Benjamin suggested that 'things pressing too urgently' troubles the correct distance that allowed for the sensible application of critique, then Anker and Felski point us towards thinking through how such distance (and its lack thereof) is felt, experienced and practised. Focusing on ethos, mood or disposition necessarily involves looking not just at the models and dictums of critical thinking literature, but also looking to the edges of what is traditionally their concern. It is impossible to separate either the disposition of criticality or its reception from cultural practices within organisations and disciplines.

The importance of interpretation

If we are to think beyond these fields, it seems necessary to stage a dialogical encounter between the professions and the philosophical issues which underpin the current cultural climate regarding criticality. That, therefore, is the aim of this book.

Hopefully it does not sound as though this book is going to be a case of picking some theories from other disciplines and imposing them on the care professions, with all the blunt arrogance that entails. It is important to be clear that while it is true that exploring the nature of critique seems to imply an element of self-scrutiny, this is not a question asked from somewhere 'up on high.' This book is certainly not a philosophical judgement of the non-philosophical. Instead, its concern is that the contexts of today point to the need for broader questions around the status of criticality in *both* theory and practice.

The reasons for this are straightforward. As I have already suggested, it is clear that Benjamin's call for a 'correct distance' of critique is problematic, and that while this reflects the changing context of care delivery, it also reflects the development of the concept and practice of criticality itself. While I see a number of resources within the debates and discussions around the notion of the post-critical, they also leave a number of questions unanswered; questions that might be, I think, answered in dialogue with practitioner research. This would include not just the ways in which dominant forms of characterising critical thinking can lead to artificially weighting concerns in practice towards certain areas over others, but also the complicity certain characteristics of critical thinking itself have been in the current malaise regarding truth, fact, meaning and purpose within the caring professions and in wider society. If the question of what critical thinking should be today extends across essential practice skills, academic literacy, theoretical exploration and the use of evidence to inform practice, then it is precisely these contexts which philosophers can learn from when considering the value of critique today.

This is not to say, by the way, that I want to uphold the commonplace identification of philosophy with the 'abstract' and care provision with the 'applied' or 'real.' After many years of working on evaluations and research in health and social care, it seems to me that there is just as much abstraction at the front line of practices than there is in the work of the academics. Critical thinking is, in fact, an excellent example of this. If we scour the critical thinking textbooks in health, social care and social work, what we will usually find are a set of rules, tools or guidelines that are designed to apply to any (or at least most) situations in practice. In order to do this, they pick the core functions of criticality and economise them in ways that will fit more easily into the everyday demands of practice. This is, of course, an act of abstraction. We might also think of the codes of ethics for professional bodies: there is no way that codes so brief could engage in every possible moral conundrum raised at the frontline other than as a 'principle' interpreted in the moment.

It is not about abstract versus embodied work, then, so much as the space of practice offering a distinct lens through which arguments and polemics about the role of criticality can be considered. For example, the prospect of the post-critical tends to be met with a somewhat instinctive response in many areas of philosophy, social science and the humanities: either it is dismissed as being too conservative, lacking any insight or capacity to change the world; or, it is dismissed as being flawed, because its proponents must, by necessity, be critical in order to make the case for post-critique. I do not contest these responses, as they all hold merit in some ways. My view, though, is that post-critical challenges offer a way of reinvigorating critical practice towards the nuances and complexities today. Such complexities of policy and practice are interwoven with the increased questioning of existing evidence forms. As I will argue in Chapter 1, this is not (as many conservative academic spokespersons have argued) the result of some kind of invasion of postmodern relativism degrading our rational capacities, or an infection of laziness and stupidity into decision-making, but rather a *consequence* or *evolution* of more traditional methods of ascertaining 'truth' in a digital media age.

I also need to be clear that I am not advocating *one* form of critique to replace the problematic or fatigued versions discussed. In rejecting the conception of critical thinking as an instrumental exercise, we also need to reject its correlative alternatives: that is, to treat critical thinking as a 'pure' subject in itself (often prefaced as the ultimate transferrable skill across all disciplines, as Paul and Elder (2008) suggest), or as a 'mixed approach' between applied and discrete aspects of the topic (Jones-Devitt and Smith 2007, pp.8–9). If we treat critique as an abstract and separate entity, this naturally creates a distance between it and the challenges of everyday application in the contexts we have raised; this inevitably leads to a use of criticality which is more aspirational than effective. If we adopt a mixed approach, then we are simply taking both of the previous faltering paths without necessarily addressing either. In many ways, all of these approaches

reflect a blurring of the philosophical distinction between *process* and *product*. As Max Black once wrote, certain words are ambiguous as to whether they are one or the other: 'science,' for example, or 'education.' Of course, critical thinking can also be ambiguous: criticality is practised, but in order to produce critical thought. The problem with viewing critical thinking as a subject in and of itself is that it begins with treating criticality as a product which can then be applied to a process (e.g. care delivery). However, this omits the possibility of distinctive forms of critique emerging from care practices themselves.

In some ways the interaction I propose between philosophies of critique, post-critique and practice is summarised well by Joy Higgs, when she writes of the importance of practice wisdom:

> Professionals are not simply third-party receivers of the knowledge and wisdom of others. Instead they are critical consumers of the knowledge of their own and other relevant fields plus the vast knowledge (as well as the lesser entity, information) that pervades the Internet and industry/professional work spaces. With these tools they are capable of using knowledge in action, to make judgements, to guide and promote human interaction, to make sense of experiences and to inform behaviour, particularly wise and moral practice such as ethical conduct, benevolence, practice decision making and the promotion of social justice. Further, they are knowledge generators, being responsible for creating and critiquing practice-based knowledge from their own practice and contributing this to their field and the wider professional knowledge base.
>
> (Higgs 2019, pp.11–12)

While I find much resonance with this passage, I am nevertheless aware of not only how it expresses the relationship between knowledge and practice, but also it's *pacing* in the process. 'Criticality' slips through rather unnoticed and is framed only in terms of the generation and consumption of knowledge. Interpretation, which forms the basis of both Aristotle and Heidegger's philosophies that Higgs draws upon in her work, is not mentioned at all, although the notion of sense-making tools are. As such, Higgs' summary presents an agreeable account of how philosophical questions emerge within practice. But it also highlights a particular direction in which critique is already set, as an adjective for practice-based knowledge rather than a distinct set of conceptual tensions in and of itself. This is one of the directions I want to challenge.

There is often an urge to place such tensions in the centre of practice ('otherwise, what's the use?!'), and this, I think, presents a number of risks. Instead, I want to explore them as a hermeneutic project. That is to say, it is aimed at a dynamic space between theorisation of critique and its implementation in practice. Hermeneutics broadly refers to the philosophy of interpretation,

and emphasises the situatedness of our knowledge. In my view, what links philosophical practice to that of the applied health and social care professions is – to boil it down to the absolute basics – the role of *interpretation*. The book, then, is not a theory of practice, but a mediating space in between. Moules et al. put this well:

> The kinds of discretion that are called forth in our practices are about making sense of particulars, putting them in context, assigning relevance and meaning, and acting on the implications of that meaning. This is an interpretive practice that occurs in a shifting in-between, in the middle of relationships, contexts, and particularities. As such, practitioners are brokers of understanding. For example, in nursing, there is no such thing as an uninterpreted observation. Even the measure of an elevated blood pressure is contextualized. Is the patient anxious, in pain, upset? Educators, therapists, psychologists, social workers, and nurses innately are always in the process of contextualizing, appreciating that "facts are not separate from the meaning of facts" (Walsh 1996, p.233). Understanding occurs through language and in tradition (Walsh 1996), and practice disciplines have long known this interpretive tradition.
>
> (Moules et al. 2011, p.2)

This space is at odds with much of the direction of the post-critical theorists that the book encounters. Indeed, the aim of movements such as the new materialists in philosophy, or the post-critical theorists in literary and science studies, is precisely to remove the hermeneutic dimension of the world, because they often align interpretation with the conventions of traditional critique. This is often due to a tendency to reduce interpretation to a caricature of the 'hermeneutics of suspicion' (see Felski 2015). I do not agree with this reduction, though. As the following chapters show, I find that the challenge of post-critical thinking demonstrates the need, not to reject, but to *return* to the interpretative aspects of practice, although somewhat the wiser to how the conventions involved in these aspects might be reimagined.

As such, I position the interdisciplinary engagement in this book as something of a two-way dialogue, in order to suggest that a closer alignment between practice-based expertise and in-depth philosophical considerations opens possibilities for reframing the provision of care for the current and future world. One way I have used to illustrate this is to imagine two lecture halls, either side of a corridor: in one, a lecture from one of the health, social care or social work disciplines, and in the other, a lecture on philosophy. If the doors at the back of each hall are left open, so that those at the back can also catch parts of the lecture across the corridor, they will find that much of the time this is just an irritating distraction. But at some points, the substance of the lectures may coincide so that the space in between the two halls

Introduction

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