

Some Implications of Postmodernism for Nursing Theory, Research, and Practice

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Le présent article analyse l'influence de la pensée postmoderne sur la théorie et la recherche en sciences infirmières. L'accent est mis ici sur la réflexion amorcée à l'intérieur de ce courant sur l'épistémologie et le langage, en particulier en ce qui concerne la notion de vérités multiples, la nature incertaine et provisoire de la connaissance et la finalité de son développement. Les thèmes courants du postmodernisme sont exposés, y compris la critique des fondements, la divergence des discours et le rejet des grands systèmes théoriques. Une brève liste de suggestions concernant l'application de l'approche postmoderne à la pratique de la profession infirmière est présentée en guise de conclusion.

This paper explores ways in which some aspects of postmodernist thought impact upon nursing theory and research. The focus is on postmodernist accounts of epistemology and language, in particular notions such as multiple truths, uncertain and provisional knowledge, and claims as to the purposes of knowledge development. Common themes of postmodernism are articulated, including antifoundationalism, the dissonance between competing discourses, and the rejection of "grand theories." The paper concludes with a short set of suggestions for a postmodern approach to nursing practice.

Introduction

We take the liberty of anticipating that most readers will have as their dominant way of viewing the relationship between theory, practice, and research the modernist ideal of total integration. Success in pursuing this ideal requires faith in the potential of the cosmic jigsaw to yield a coherent picture, and sufficient patience to sort, assemble, and interpret the pieces. Put like this, our examination here is thus about ways of viewing the universe and our role within it. The dominant view assumes that the universe is a system that yields its truths through careful observation and analysis, that the knowledge thus acquired is universal, singular, and constructive, and that our practices are shaped

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by, and aspire to, the ideals these imply. In this paper we will outline some postmodernist challenges (Best & Kellner, 1991; Cheek, 1998; Rosenau, 1992; Seidman & Wagner, 1992) to these assumptions, and briefly indicate what they mean for the relationship between nursing research, theory, and practice. Our position loosely corresponds to what Rosenau terms "affirmative postmodernism" (pp. 14–15). It is a postmodernism leavened by neo-Marxist sympathies that admit the pungency of postmodernism as a continuation of, or adjunct to, traditional critical social theory but that are wary of its potential for epistemological chaos and sociopolitical nihilism.

Nursing Theory — Some Postmodern Approaches to Theorizing

Once we admit that theoretical statements of any kind are part of some discourse formation that primarily serves political ends — that is, power-related ends; for example, scientific, religious, professional, or domestic — then reality, or at least our understanding of it, becomes a matter of linguistic convention and our access to that reality is through discourse alone. Making sense of reality becomes synonymous with talking about and dealing with reality in ways that conform to the rules of the appropriate discourse. To do otherwise is perhaps characteristic of children, poets, fools, mad folk, and perhaps postmodernists.

Postmodernists attempt to operate outside the boundaries of the grand discourses that underpin the dominant ways of seeing the world and the regulative principles on which they are founded. They reject, to varying degrees, the traditional monolithic notions of truth and rationality, in favour of pluralistic ways of knowing. This anti-foundationalism (Cheek, 1998) entails the view that postmodernists themselves strive to be both post-disciplinary and atheoretical. In substance, their statements therefore reflect a concern for context rather than universality, specificity rather than generalization, uniqueness rather than sameness, and relativism rather than absolutism, whilst in form they are often metaphorical, fragmented, blurred, and problematic. Postmodernists challenge and dissolve the distinctions between, for example, the intelligible and the nonsensical, fact and fiction, literal and poetic, sacred and profane, ludicrous and profound, speculative and historiographical, objective and subjective, personal and impersonal, and scientific and aesthetic, and playfully cross the conventional boundaries between the research report, art work, and metaphysical treatise. For many nihilistic postmodernists, inquiry is conducted more for its potential to generate interesting, curious, playful, ironic, subversive, and awesome texts than for its performativity.

A consequence of accepting postmodernist antifoundationalism is that whilst reality becomes a matter for competing discourses, no discourse is intrinsically superior since we are free to choose whichever one(s) suit our purpose(s). We are not bound to a particular discourse and/or way of doing, but rather are free to exercise a creative pluralism in which multiple voices, views, and methods vie alongside each other (Cheek, 1998) and in which contradictory positions are valued for their capacity to generate alternative meanings. For Lyotardian postmodernists, on the other hand, knowledge claims are to be judged according to their usefulness, or performativity (Lyotard, 1992, p. 75), according to which what is said is more true if it is more productive. Many postmodernists reject performativity, however, as an appeal to the modernist enlightenment project (Rosenau, 1992, pp. 134–136).

Is there any evidence of postmodernist theorizing in nursing? Holmes (1991a) argues that although Martha Rogers, Margaret Newman, and Barbara Sarter are modernist grand theorists, drawing on familiar long-established discourse formations and their underlying metanarratives, and their work would be subject to devastating postmodernist deconstruction on that account, their theories do have some postmodernist features. Benner's work, likewise, in as much as she is content to develop purely local understandings, has a postmodernist flavour. They are nursing theory's equivalent to a modernist avant-garde, and offer some interesting pickings for the scavenging postmodernist nurse.

Even those nurses who are critical of traditional polarities in nursing theory nevertheless continue to be bewitched by universalism and the obstinately cherished illusion of a grand theory. Packard and Polifroni (1991, p. 10), for example, argue in a much cited paper for the legitimacy of "pure science" approaches to nursing knowledge. In this argument they complain about the lack of a clear, central direction for all of nursing science as evidenced by the absence of an all-encompassing question and bemoan the resulting confusion, lack of consensual aims, and inconsistencies in the definition of nursing. Suggesting that other disciplines have a history of a single, clearly defined purpose, they hanker after "the true essence of nursing science" and refer to "...the question all scholars in a particular discipline are searching to answer" (p. 11). Significantly, they conclude that if this question cannot be identified, nurses "should emphasize the creativity of the craft, call themselves artists and lay science to rest" (p. 12). Postmodernists, in contrast, would relish the creative potential this lack of a totalizing paradigmatic research objective allows and the fluidity with which nursing is able to conceptualize its disciplinary purposes. They would vigor-

ously oppose all attempts to tie nursing down to absolute definitions of its nature and objects, and to the implied universal grand theory; they would also, of course, reject the implied dichotomy between nursing as science and nursing as art or craft (Holmes, 1991b, 1992; Lister, 1997; Watson, 1995).

A postmodernist analysis enjoins us to reject, overthrow, or transform all forms of theory that constitute or rely on grand theories (Lister, 1991), including those founded on totalizing metaphysical, political, or ideological metanarratives. In the case of nursing theories the offending grand theories are not difficult to identify. In some cases one or more grand theories form the explicit framework within which the theory is constructed, including systems theory, positivism, holism, evolutionism, panpsychism, humanism, existentialism, and phenomenology. It is not difficult to correlate these with specific nursing theories. The implicit metanarratives include, among others, liberal-democratic political theory, Aristotelianism, deontological ethics, Platonic idealism, reductionism, behaviourism, Cartesian dualism, Christian theology, fatalism, determinism, verificationism, falsificationism, utilitarianism, racism, ageism, androcentrism, mysticism, rationalism, economism, scientism, technologism, aestheticism, and classicism. These are less easy to discern in nursing theories and are rarely discussed in published commentaries, but one would not be surprised by their presence since there are common threads in the intellectual contexts out of which Anglo-American nursing theory has arisen.

It might reasonably be asked what we are left with if we abandon these kinds of theoretical positions and commitments. One postmodernist approach to constructing nursing knowledge would be to filter out metanarratives by dealing directly with the world "as we find it." It would acknowledge multiple realities and pursue micro-explanations — that is, small-scale accounts aimed at localized understandings, perhaps similar to those developed by Benner, although resisting her attempts to ground these in the grand narratives of phenomenology. Postmodernism would recommend a flexible pluralism that takes no offence at contradictions and discontinuities. It would expect knowledge construction to benefit from "passionate discourse," a notion that has been briefly introduced in the nursing literature (Parsons, 1995). Whilst valuing expertise, it would expect theorists to make no special claims and would value clinicians and patients alike as sources of valuable insights and sensitivities. It would recommend that theoretical statements be judged according to their ability to generate new insights, rather than to the extent that they correspond to some notion of ration-

ality, truth, or falsity, since it accepts these as having only temporary, localized authority, and once again Benner (1984) comes to mind.

Postmodernist knowledge construction would reject language's overproduction of cognitive certainty and would avoid traditional dichotomies generated by the reification that language induces — that is, the conviction that because there are antonyms, such as "good" and "bad," these must refer to dichotomies that exist "out there" in the world. Other such linguistically authorized dichotomies include those between health and illness, science and art, objective and subjective, right and wrong, and beautiful and ugly. Some progress has been made towards deconstructing these in favour of more fluid concepts in which traditional understandings are problematized and overlap. The dichotomization of health and illness, for example, is giving way to alternatives that see them not as categories but as "aspects of being," so that, as Margaret Newman suggests, one person's illness may be another's wellness. Illness and health, according to this view, are outmoded categories that do not adequately represent people's experiences and that unnecessarily constrain the relationships between the people involved. The negative valuation of illness is also being reconsidered: according to those of Newmanian persuasion, a person's condition is "right" for them at that time rather than inherently "good," "bad," "ugly," or "beautiful." From a postmodern perspective these are, indeed, simply ascriptions that we may or may not make depending on the extent of our immersion in the dominant discourses around illness. Nursing literature speaks increasingly of the beauty in illness rather than the ugliness, of the positive as well as negative aspects of all life's experiences. It is not that postmodernists wish to drain the world of descriptive discourse; rather, they want discursive rules to be recognized as dispensable in order to develop an even richer descriptive understanding. The dispensability of existing constructions, such as health and illness, needs to be assessed against the productivity of the alternatives that breaking the discursive rules allows us to generate — in other words, a more reflexive relationship between theory and practice, in which the analysis of practice can highlight and begin to deconstruct the multiple layers, truths, and perspectives they afford.

Increasing disillusion with conventional epistemologies, and the science founded upon them, is leading nurse theorists ever nearer to a postmodernist antiphilosophical position. The value of nursing theories is increasingly called into question, for example, and, like postmodernists, clinicians regard them as outmoded and unproductive because of their divorce from the vagaries of the real situation. Clinical practice, like all aspects of our daily existence, does not conform to pre-packaged

theories; rather, it is liable to be disjunctive, fragmented, full of contradictions, complexities, and irrationalities, and, perhaps more problematically, awash with competing discourses. Many nurses will sympathize with this view and will share the postmodernist belief that grand nursing theories are of primarily historical interest. This opinion is reflected in the oft-quoted comments of Afaf Meleis.

Meleis (1987, p. 17) tells nurses to "get off their (theoretical) bandwagons and get on with the development of the business of nursing," and suggests that that we should "revise" some of the current positions in nursing academia, beginning with our "passion for methodology, for science, and for philosophy." In calling for a "passion for substance, for the business of nursing...for the knowledge itself, and *not how we get the knowledge*" (p. 8, italics added), she essentially recommends a postmodernist epistemology, namely the renunciation of technique as the basis for establishing knowledge. We are invited to value knowledge for its ability to further "the business of nursing" — that is, its performativity rather than its approximation to truth or its conformity with a predetermined theoretical standpoint. Similarly, Meleis also recommends that we abandon the old polarized debates concerning particularism and holism, and pursue a "need for the future development of other modes more congruent with the emerging shape of ontological beliefs" (p. 9). What Meleis seems to unwittingly recommend, in short, is nothing less than a postmodernist antirationalism, in which each individual is free to construct her/his own truths and retain those that they find useful, using the wisdom of those who have gone before. Of course, this has the potential to be both liberating and dangerous. Such radical reconstruction can lead us to view homosexuality, for example, in terms of "gay pride" and the positive affirmations this entails, or equally in terms of genetic inferiority, threats to the communal gene pool, and the horrendous policies of Nazism regarding the other! With the spectre of genetic manipulation looming ever closer, there is a clear need to be vigilant over the constraints placed on a postmodern rewriting of health and illness.

Research: Playing Games and Solving Problems

As indicated above, postmodernists reject the assumptions that have underscored the Enlightenment scientific research paradigm, most notably the assumption that research gives privileged access to a singular reality through the application of certain well-defined procedures. They reject the focus on causality, the subsequent elevation of prediction to a methodological and epistemological touchstone, and the gen-

eration of probabilistic knowledge with specified degrees of certainty. They champion uncertainty, provisionality, and "intertextuality" (Rosenau, 1992, pp. 112–113) — that is, the interaction of different accounts and readings.

Whereas traditionalists regard objectivity as a virtue, postmodernists dismiss it as dehumanizing and dehumanized; whereas traditionalists regard replicability as a virtue, postmodernists dismiss it as entailing decontextualization; whereas traditionalists believe that science should be value-free, postmodernists believe that science and values are inseparable. Postmodernists suggest that although all understandings can be legitimately pursued, no amount of "knowledge" will ever complete the illusory "cosmic jigsaw." They regard the Enlightenment project as a failure and argue that science and technology no longer serve its supposed ends. From a postmodernist perspective, science is not only value-laden, but the values are complex and contradictory; science is viewed not merely as often having negative consequences for humankind, but as producing effects that can no longer be evaluated; and much of present-day research is viewed as being dedicated to the exploitation and reproduction of cultural icons in order to further the interests of a powerful, wealthy minority.

The research domain within any particular discourse formation often assumes its own very distinctive form, and new researchers often feel like they are going up to bat without knowing the rules of the game. In some discourses, however, these rules have failed to become highly regulated. Sociology, for example, has been at the forefront in challenging the rules that its practitioners have adopted from adjacent discourses. Researchers in nursing, by contrast, have readily assumed the discursive rules of a variety of fields of inquiry and generally failed to submit them to critical challenges and creative development. What they have taken to be adjacent discursive fields are primarily the natural sciences, and that is why so much nursing research continues to resemble college biology experiments.

Postmodernist nursing research would not be concerned with generalization or the creation of probabilistic knowledge. It would prefer local accounts, everyday talk, context-specific understandings, and local utility. It would encourage creative expressive forms using a variety of styles and media, and it would prefer accounts that fragment the smooth flow of traditional thought processes by exposing contradictions, discontinuities, and lacunae in our understanding. In short, it would represent a radical alternative to the existing discourse of nursing research.

In terms of traditional research concepts, it offers a licence to disregard the conventional wisdom. If Lyotard suggests any rule, it is to "break the rules." Thus postmodernist nursing research would pursue a creative post-paradigmatic pluralism, rejecting the sacrifice of creativity on the altars of ideology, theory, or methodology. Linguistically legitimated research dichotomies such as qualitative-quantitative, subjective-objective, and science-art would cease to command respect in the research process or in matters of interpretation. Researchers would be encouraged to utilize concepts that presently lie beyond traditional science, and, as consideration of the contents pages of Rosemary Parse's *Nursing Science Quarterly* reveals, this is indeed beginning to happen in nursing (Barnum, 1989; Newman, 1990; Sanchez, 1989). Serendipitous, haphazard, and theoretically uncommitted inquiry may be profoundly fruitful, and indeed Feyerabend (1975), in his anarchistic *Against Method*, long ago suggested that these are research virtues to be nurtured rather than eliminated. For postmodernist researchers, consistency, validity, and reliability would be deemed irrelevant since there is no single reality they would be attempting to expose. They would reject the principle that research must be logical in the traditional sense; rather, the touchstones of success would be creativity, flexibility, uniqueness, and local value. They would not be required to establish the probable truth or falsity of their findings; instead, the research would be judged according to its relevance and usefulness for practitioners and its potential to generate further inquiry.

Avant asserted that, "In the final analysis, nursing science will be judged by whether or not it can solve 'significant disciplinary problems' (DeGroot, 1988) or offer defensible interpretations of the multiple realities of interest to nurses" (Avant, 1991, p. 2). This may be achieved through the process of research as much as through the insights it generates, and Avant concludes that "[a] postmodernist approach to science is a most appropriate way to achieve these goals" (p. 2). This approach would be kickstarted, we believe, if nurses exposed and challenged the metanarratives that underlie the discourse of nursing research, as it occurs not only in research reports but in research texts, in research teaching, and in the use of research by nurses. Whilst social theorists have begun to expose the metanarratives that underlie medical and psychiatric discourse and practice, postmodernist inquiry into the nature of nursing is still rare (Watson, 1995, pp. 22-23). There is a desperate need for deconstructive analyses which reflect Lyotard's advice that we provisionally accept, and work within, a variety of language games but that we create novel, disturbing variations, disrupting, fragmenting, and destabilizing existing games (Lyotard, 1984, p. 60). Such

analyses could, for example, inform the longstanding antagonism between nursing and medicine, which has often been based on a failure to understand or respond effectively to each other's discourses.

Practice: Six Postmodern Suggestions

Postmodernism suggests a number of re-visions of nursing practice. First, the revaluing of the experience and insights of practitioners and their patients, over and above those of armchair theorists, would rehabilitate respect for practice and practitioners, and clinical practice would share centre stage. Second, as we have already noted, nurses would be enjoined to consciously expose underlying metanarratives and commence a program of demystification by disrupting and undermining the existing discourse. Third, there would be a rejection of underlying universals, absolutes, and dichotomies, and the stereotyped games that nurses play would give way to more creative and fruitful discourse. Fourth, the nurse's role would also be dramatically changed through abandonment of traditional notions of illness and wellness, since this would entail revising our notions of treatment, care, and cure. Fifth, nurses would be encouraged to look beyond not only the traditional boundaries between disciplines, but also those between nurses and non-nurses and between patients and non-patients. Finally, nurses would be encouraged to recognize and accept tensions, discontinuities, and differences within their own practices and understandings — clinical, ethical, relational, and political.

The postmodernist rejection of positivistic science, and its openness to marginalized discourses, also offers nurses an opportunity to practise according to alternative ways of knowing and according to theories that draw on prepositivist, postpositivist, and postmodernist insights. This might include, for example, the use of non-Western therapies such as shiatsu and acupuncture, or even unconventional non-scientific interpretive frameworks such as astrology and the paranormal.

Before leaving the issue of practice, it is worth noting that nursing has generally assumed a humanistic psychology in its conceptualization of the person, their needs, their problems, and the psychological techniques to which they are susceptible. The postmodernist position against humanistic psychology, most notably that derived from the work of Heidegger and Foucault, holds that as knowledge of the nature of persons increases, so the notion of the transcendental self or ego, freely choosing and creating, evaporates (Schwartz, 1990; Soper, 1986). Another strand to this position is the view that the humanist subject is a masculinist concept (Soper, 1990; Weedon, 1987), a view that is perhaps

immanent in the work of feminist nurse scholars (Parker, 1991) but rarely articulated. In these circumstances, not only the concept of the person as "patient" becomes problematic, but so too does that of the "reflective practitioner," and the postmodernist rejection of the humanistic self would undoubtedly entail a major turn-about in nursing theorization and practice.

(In)conclusions

As we have tried to indicate, postmodernism is not a single set of clearly articulated doctrines. Our brief review has focused on specific aspects that are common themes in some accounts of postmodern theory, especially as they concern language and epistemology. Forms of postmodernism that oppose universal theories and systematic philosophy, and thereby set thinking free from the anchor of absolute principles, have been criticized for undermining rationality and language as bases for the systematic construction of knowledge. Critics such as Crook (1990, 1991) insist that social order would thereby be destroyed and that postmodernism's political radicalism (Best & Kellner, 1991; Cheek, 1999; Rosenau, 1992) amounts to a destructive nihilism. Indeed, Crook argues that postmodernism is inherently nihilistic in coupling a program for change with a refusal to provide a rationale or to specify possible mechanisms for bringing it about (Crook, 1990, p. 59). At worst, then, postmodernism offers only "regressive amalgams of metaphysics and nihilism" (Crook, 1991, p. 167).

However, others have suggested that for some postmodernists "each language game is sustained by values that must be respected" (Murphy, 1988, pp. 106–107) and that they do not entirely jettison truth and order (Lyotard, 1984). We might say that their analyses do not allow for the indiscriminate acceptance of just any interpretation of reality: rather, interpretation must be based on a careful consideration of the strengths and weaknesses of each language game. What counts is what actually happens in the game, not theoretical principles, and, as suggested above, at least some postmodernists seek to establish new, temporary rules, governed by utility, rather than to abolish rules altogether. This revision of grand narratives is also suggested by the observation that, in its own discourse, postmodernism comes very close to establishing implicit metanarratives of its own. Whilst opinions clearly differ and postmodernism is not a homogeneous position (Rosenau, 1992, distinguishes between "sceptical" and "affirmative" postmodernists, for example), we may say that Lyotard's postmodernism recommends the fragmentation of language games, the rejection of meta-

narratives, and the dissolution of traditional disciplinary boundaries. At best, then, postmodernism heralds a post-disciplinary intellectual process, not in pursuit of any unitary epistemology or holistic explanation, but in order to maximize creativity and to generate knowledge that is useful in the real, unbounded world of the discontinuous and the unexpected.

What of the nexus between theory, research, and practice? Postmodernists reject the ideal of a smooth dialectical flow between them and the underlying notion of the "cosmic jigsaw," as well as the assumption that complex phenomena should be understood according to discursively legitimated categories such as "theory," "research," and "practice." For many, more nihilistic, postmodernists any evaluative criteria are to be avoided, but for the Lyotardian and "affirmative" postmodernists performativity is a criterion that may be applied across the board and will be served by the breakdown of the discursive barriers between those categories. In any case, nursing is simply what it is and to call it "science" or "art" or both, or to force the activities of nurses into neat categories such as "theory," "research," or "practice," is to constrain or enlarge it for political — that is, power-related — purposes. To refer to these categories is, for postmodernists, to locate nursing within particular discourse formations sustained and legitimated through a variety of metanarratives, the assumptions of which are at least questionable and the purposes of which are always political.

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