
Postmodernism and Knowledge Development in Nursing

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Postmodernism as a concept and periodizing point between centuries has been defined as both the beginning and the end of modernity. This article explores some of the dimensions of this moment and movement between centuries and the implications of the postmodern condition on the nursing profession. Amidst the health care reform angst of deconstructing and reconstructing, challenges and opportunities await nursing's evolution into its own postmodern paradigm. Manifestations of such a postmodern paradigm are already reflected in the epistemological shifts of nursing science and knowledge development. Challenges posed for nursing science by this disorientingly free-floating era are brought to light — away from the reaction worldview, past the reciprocal and into the transformative-simultaneous, whereby nursing can emerge within its own unique postmodern discipline.

Postmodern - a response across disciplines to the contemporary crisis of profound uncertainty brought about by crash of modern hope of rationality and technology to solve human dilemmas and quest for a description of "Truth and Reality." (Lather, 1991, p. 20)

Whether reading Derrida (1976), Foucault (1972, 1973), Saussure (1974), Sarup (1988), Smith (1982), Toulmin (1990), Lacan (Benvenuto & Kennedy, 1986), or Lather (1991); whether pondering quantum physics, holograms, literature, music, or art; whether reflecting upon medical or nursing science; whether at a conference in Finland or attending an academic seminar in Sweden, Copenhagen or Colorado; whether in a gallery or coffee bar, there is a prevalent worldwide discourse on postmodernism. From one century to another, there is a struggling to make

new meaning, new sense of this modern world which William Butler Yeats captured in 1921, the sense we now share that "things fall apart; the center cannot hold" (Toulmin, 1990, p. 158).

Almost every field of human activity today is engaged in the issues related to postmodern thought, even if it is not labeled as such. Just exactly what is postmodernism is unknown and ambiguous at best. As with any *ism* there is a hesitation to engage in it at that level. However, prominent thinkers suggest postmodern thought is defined by both the beginning and end of modernity (Toulmin, 1990). Indeed, postmodernism has been dubbed the end of the Western mind with its dominance of one reality, primarily the Western worldview, leaving a multiplicity of realities (Tarnas, 1993).

The modern Western mind that stands in contrast to the postmodern has come to convey positivist reasoning with its neutrality of human values, its concern with control and dominance of one worldview for predicting and sustaining a given reality whereby knowledge = science = reality. Such a modern reality has come to value facts over meaning, has come to value science over church, and physical over non-

physical/metaphysical. Lather (1991) notes that it is considered a periodizing concept and a descriptor for a cultural, aesthetic, philosophical (and the author would add scientific) movement.

One can see the modern-postmodern scientific shift reflected through worldview characteristics referred to in the nursing literature as organismic and mechanistic (Fawcett, 1993). Differing philosophic claims manifest in what Parse (1987) has labeled simultaneity and totality paradigms, informing approaches toward humans and toward health and in what Newman (1992) has identified as the three prevailing paradigms for nursing knowledge development: the particulate-deterministic, the interactive-integrative and the unitary-transformative. These philosophical worldview critiques in nursing, which Fawcett (1993) has named a plethora of paradigms, are reflective of the broader cultural, philosophical transdisciplinary shifts occurring worldwide among the public and academicians alike.

More succinctly, postmodernism/poststructuralism has become "the code name for the crisis of confidence in Western conceptual systems . . . creating a conjunction that shifts our sense of who we are and what is possible"

Keywords: Epistemology, Knowledge Development, Nursing Paradigm, Ontology, Postmodernism

Accepted December 28, 1993

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Nursing Science Quarterly
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(Lather, 1991, p. 159). Specifically, "the essence of the postmodern argument is that the dualisms which continue to dominate Western thought are inadequate for understanding a world of multiple causes and effects interacting in complex and non-linear ways, all of which are rooted in a limitless array of historical and cultural specificities" (Lather, 1991, p. 21).

The postmodern rise has been most evident in France and throughout Europe during this century, from the *angst* of the existential philosophical movements, to the descriptive, even transcendental phenomenological attempts to grasp the human experience, and beyond, into hermeneutics, critical hermeneutics, interpretative hermeneutics, to feminism, language and semiotics, to deconstruction, to constructivist thinking and onward, toward the disownment of theory, method and dominating systems. The result has been such a decentering of rationality in the predominant reality and worldview that there is a dramatic shift in the understanding of knowledge and science toward an uprising "against all the 'experts' who proposed to speak for or on behalf of others" (Lather, 1991, p. 23). We see a search for ontological and epistemological authenticity (Guba & Lincoln, 1989) whereby "postmodernism as an intellectual movement, challenges the ideas of a single correct approach to knowledge development, of a single truth, and of a single meaning of reality... rejecting the ideal that there is one true story about reality" (Uris, 1993, p. 95). Such an ontological and epistemological shift invites and works with context, connections, relations, multiplicity, ambiguity, openness, indeterminacy, patterning, paradox, process, transcendence and mysteries of the human experience of being-in-the-world (Watson, 1992).

Another aspect of the postmodern in contrast to the modern has been most clearly articulated in the field of architecture (Klotz, 1988; Lather, 1991; Toulmin, 1990). Indeed, postmodernism

first gained widespread attention through architecture. Toulmin (1990) pointed out that the American architect Venturi argued in the '70s that the age of modern is past and must yield to a new postmodern style. For example, modern architecture is noted to be anonymous, timeless, and indistinguishable — boring, featureless, sterile, and stark — disconnected from its landscape and previous historical referents. Medical facilities in particular during this modern era of the 20th century became distinguishable from hotels or comfortable places to be by adopting the look of "progressive modernity with a clean, efficient, and functional appearance that symbolized the time" (Kingsley, 1988, p. 83). The postmodern style reintroduced elements of beauty, local color, decoration, historical reference, and even fantasy. Such shifts are also now reflected in redesign projects in hospitals and in neighborhoods, whereby sterility, sameness, and functionality are being replaced by emergence of beauty, variety, connection — the use of diverse models of aesthetics toward an integration of the local landscape, color, culture, and even the use of historical archetypal designs, intentionally reconnecting human experiences to human history and myth, across time and space. Postmodern architecture attempts to make places where the soul can live, not just build warehouses in which bodies may dwell (Day, 1990).

While neither "modern" nor "postmodern" has any precise definition, there is general convergence from all parties to the debate that "the modern world committed us to thinking about nature, the human condition, and institutions in a new and 'scientific way' through the use of more 'rational and precise methods' to deal with the problems of human life and society" (Toulmin, 1990, p. 9). Thus, modernity has become a worldview, which some trace back to the French Revolution, to Kant, and even to Descartes' logic and rationality, which, according to Toulmin (1990) was even extended to politics and

organization of nation states.

This modern era of course extended directly into the modern medical revolution, which became one of the pinnacles of the world for the 20th century and clearly influenced nursing's modern maturity. Now both fields are grappling with the end of modernity and how to transition from modern, with its assumption of rationality and functionality *in all things*, to the postmodern wherein the modern center no longer holds — things are falling apart.

Shadow Side of Postmodernism: Deconstruction

The falling apart represents what might be considered the down side, or shadow side, of postmodernism. It is commonly associated with what is called deconstruction. The deconstruction of reality, whether through analysis of language, knowledge, or power structures, emerged ironically from the despair of the human condition brought about through modern scientific and technological advances; it was further sparked through the implosion of knowledge, information transfer, and new insights and quests for new meaning of the human condition. All of these forces transformed the human landscape and generated new questions about humanity, nature, and survival. While enlightening insights can be obtained through deconstruction, without critique it can also lead to a void and moral confusion.

Historically, it has been pointed out that the information age and the technologies of electronic communication, which explode the space-time limits of messages and profoundly shape human experience through experiences of multidirectionality and simultaneity, constitute a different kind of human subject and what it means to be human. There is the despatializing of work; there is a language of signifiers that float in relation to referents (Poster, 1987-1988); there is a relativity of time and

space which is revealed both in experience and in physics. All have become substitutes for certain forms of social relations, undermining the Cartesian ontology of subject and object (Lather, 1991, p. 21). In this postmodern domain there exist "linguistically transformed representations" (Lather, 1991, p. 21) whereby the unreal is constituted as real, where a virtual reality can recreate a surreal reality.

The formal concept of "deconstruction" (also framed as post-structuralism) gained attention as an avant-garde intellectual movement through the work of Derrida (1976) and Foucault (1972, 1973) in France in the late '60s. The close reading of text for meaning and for power and knowledge relationships became an attempt to discover another picture of reality; to analyze in terms of what is in the text as well as what is not said, or on the margin; to analyze and deconstruct for how knowledge and language function as a form of power and disseminate the effects of power (Sarup, 1988, p. 55). Thus to deconstruct a text is:

to locate the promising marginal text, to disclose the undecidable moment, to pry it loose with the positive level of the signifier, to reverse the resident hierarchy, only to displace; to dismantle in order to reconstitute what is always already inscribed. (Sarup, 1988, p. 56)

Such efforts toward deconstruction carry over into society and science generally wherein is finally seen that things fall apart and the center can no longer hold, acknowledging that there is *no known solution*; there is no one way of knowing, being, and experiencing reality; recognizing the rationalist model does not fit; people are not here to adapt, to focus on problems to be fixed, but rather to focus on solutions with open possibilities, for what might be. While aspects of deconstruction are liberating, revealing, and giving birth to a new reality, there is the other side. What can also be experienced socially, from such

an unraveling of reality, is social and scientific confusion, human and environmental violence, and even moral anarchy, where it is possible to ponder that even humanity cannot hold.

In summary, the other side of the postmodern era's

openness and indeterminacy is thus the lack of any firm ground for a worldview. Both inner and outer realities have become unfathomably ramified, multi-dimensional, malleable, and unbounded — bringing a spur to courage and ... unending relativism and existential finitude. (Tarnas, 1993, p. 398)

As Tarnas points out, with the ascendance of the postmodern mind, the human quest for meaning in the cosmos has devolved upon a hermeneutic enterprise that is disorientingly free-floating: the postmodern exists in a universe whose significance is at once utterly open and without warrantable foundation. Perhaps it is at this point that nursing's transformative paradigm of caring (healing) in the human health experience (Newman, Sime, & Corcoran-Perry, 1991), with its moral foundation and imperative of human caring with respect to human health experience, comes into such powerful light (Fry, 1993; Noddings, 1984; Watson, 1990). It is here, during this latter part of the 20th century, that perhaps the evolution of nursing's modern worldview is shifting from what Fawcett (1993) labeled a *reaction* worldview into the *reciprocal*. As such, the next turn in nursing's development holds great potential for nursing's postmodern paradigm to collapse toward the *transformative-simultaneous*. (See Fawcett, 1993.)

Into the Light of Postmodernism: Reconstruction

Thus, the other side of postmodernism, moving from the reaction worldview, through the reciprocal, and toward the simultaneous, brings with it an aim

toward emancipation from oppression, from strict dualism, from domination of rationality, technological controls, and knowledge discourses which have been thrust upon humanity since the rise of modernity. The reconstruction of reality is now being called for, acknowledging that another reality is emerging, in that there is a search for meaning that calls forth personal experience as a truth of its own; that allows for an emergence of beauty, wholeness, and connectedness to replace the emptiness of the initial modern residual associated with the downside of the postmodern condition. The positive side of postmodernism is to acknowledge that this is a historic moment in human evolutionary history as well as nursing's; to realize that the ground of postmodernism and the condition which rises from it is to participate in an explosion of shifting change, complexity, and chaos. What is thus required is nothing less than a radical transformative process of constructing-reconstructing ourselves and our worlds. This reconstruction project for humanity is the light side that counters the down, despairing side of human deconstruction.

So, while we can now acknowledge that the center cannot hold, can we create, recreate, cocreate a new center and a new form of human experience and knowledge which will lead humanity toward emancipation and higher evolution, especially with respect to the art and science of nursing and its caring-healing practices and diverse ways of knowing and being within a wide universe of the human health experience? Or will we submit to further chaos and decline, deconstruction, if not destruction, of humanity and the planet Earth as we know it?

Postmodern Implications for Nursing Knowledge

Is it possible for [nursing science] to be different, that is to forget itself and to become something else — or must it remain a partner in domination and

hegemony? (Said, 1989, p. 225)

The postmodern turn in the history of nursing is hallmarked by the fact that the knowledge that has been systematically excluded from the human consciousness now has to be restored and reconnected in order to reconnect with the human condition (Smith, 1982). Some of that knowledge is knowledge of what it means to be human that goes beyond the physicalist, material orientation and fixation of the modern era. Part of that knowledge is an awakening of nursing's moral consciousness and compassion that moves in concentric circles and chains (Noddings, 1984), from self care, to caring for others, to environment, to nature, to caring for and being a part of an evolving universe that people are cocreating.

Nursing, like all other disciplines, must now yield to a postmodern approach, even though it is perhaps yet to be fully redefined. During such redefining during the paradigm shift, even Kuhn (1970) believes that each field of inquiry is called to develop its proper methods, adapted to its special problems and phenomena.

Such postmodern directions are already evident in nursing science knowledge and contemporary nursing theories, even though they may not be labeled as postmodern. (See Newman, 1986, 1992; Newman et al., 1991; Parse, 1981, 1992; Rogers, 1970, 1989; Sarter, 1988; Watson, 1988, 1992). Sarter's (1988) critique of four contemporary nursing theories (Rogers' science of unitary human beings, Newman's health as expanding consciousness, Parse's theory of human becoming, and Watson's theory of transpersonal human caring) revealed shared themes related to what might be considered a redefining of nursing and nursing knowledge from the modern, to the postmodern. This shift in extant nursing science and knowledge matrix is reflected in such shared concepts as evolution of consciousness, self-transcendence, open system, harmony, relativity of space-time, patterning, and holism (Sarter,

1988). Such thinking stands in sharp contrast to previous themes in nursing science associated with concepts such as steady state maintenance, adaptation, linear interactions between humans and the environment, problem-based practice, stress-coping, bio-psycho-social need hierarchy, nursing problem diagnosis, and so on.

The art and science of nursing with its concern with caring-healing and health as a field of study, research, and practice within its own paradigm is realizing that in this postmodern time, science, knowledge, and even images of nursing, health, environment, person become one among many truth games. Thus truth becomes viewed at least as rhetorical as it is procedural (paraphrased from Lather, 1991). The postmodern truth for nursing reconnects with the truth of unfoldment, an expansion and fusing of horizons of meaning, an attending to the authenticity, ethos, and ethic of caring relations, context, continuity, connections, aesthetics, interpretation, and construction. Returning nursing to some of its finest art and artistry from the era of Nightingale is yet to be actualized. This would include acknowledging plasticity and constant change; recognizing all knowledge is constructed as a human endeavor; returning to the context rather than the abstract voice of theory, authority; celebrating ambiguity and pluralism for its openness and possibilities; questioning of all truth statements and assumptions; noting that nothing is fixed, but evolving and fallible — endlessly self-revising and self-reflecting.

The implications for knowledge development in nursing are already reflected in the epistemological shifting from:

- strict rationalist — toward ambiguity, poetic, aesthetic, imaginary;
- analytic, descriptive — toward critical, interpretative hermeneutics, co-constructed meaning;
- phenomena per se — toward lived experience, endlessly deconstructing-reconstructing;
- ontic (fixed) categories, entities —

- toward the ontologically authentic;
- structure — toward process, patterning, transformation;
- numbers, factual data — toward text, meaning, extracting embedded theory laden in the fact;
- profane — sacred (Watson, 1993).

In summary, as nursing locates itself within the postmodern condition of complexity, with its shadow and light side, and as nursing seeks a dwelling place which is open-ended, ambiguous, dynamically constructed, incessantly questioned, endlessly self-revising, never set, but floating and moving with the river of life:

- Will nurses extract from the margin, uncover, and reconstruct nursing's most ancient and contemporary extant caring-healing-health knowledge and practices?
- Will nurses construct and co-construct ancient and new knowledge of the human health-illness, caring-healing experiences, and thereby move knowledge with its artistry of practice to the center, further clarifying nursing for a new era?
- Will nurses be part of helping nursing to mature and grow up both ontologically and epistemologically, within its own transformative praxis paradigm?

Or will nurses remain as constituted and sustain themselves as highly trained technicians serving a newly "redesigned" medical care system, which has already moved from the modern to the postmodern, with respect to "mindbodyspirit — whole person" medicine as the emerging model for health care reform?

The postmodern challenge is our challenge: the issue is whether we will take advantage of the fact of change, chaos, and ambiguity, deconstruction, and so on, and participate in reconstructing, cocreating a novel and moral direction for knowledge and practice, leading us forward, toward an ever-evolving humanity of possibilities or, will "we go on acting as though nothing ha[s] happened?" (Toulmin, 1990, p. 208).

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The Correct Sequence of Epithets — According to Bartholomew (1948, p. 80) the following order should be used in placing epithets after one's name. Abbreviations for licensure in an area are the first to follow immediately after the name. A semicolon follows to separate these abbreviations from those of the educational degrees. Educational degrees appear in order of their issue. Abbreviations for professional societies are always the last of the epithets and are separated from the educational degrees with a semicolon. Example: Helen Doe, RN; BSN, MSN, PhD; FAAN.

Bartholomew, C. A. (1948). *Epithetology*. Red Bank, NJ: Commercial Press.