PATRICIA L. MUNHALL

# NURSING RESEARCH

## *A Qualitative Perspective*

FIFTH EDITION

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JONES & BARTLETT
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# 4

# *Postmodern Philosophy and Qualitative Research*

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In the realm of science, authority is given to the empirical-analytic paradigm. In research, knowledge produced within this paradigm is regarded as real science, and randomized controlled trials are considered the gold standard. Nursing occurs not in a laboratory but within the nurse–patient interaction which is laden in social context; therefore, knowledge that is generated within a positivistic framework fails to fully embrace the perspectives of the real world. Critical science is a critique of social conditions for the purpose of creating social and political change (Chinn & Kramer, 2004). For nurses the interest lies in the ability to achieve social justice, which Kagan, Smith, Cowling, and Chinn (2009) describe as: "objectives and strategies that are explicitly directed toward changing practices and social structures that sustain advantage for some and disadvantage for many in health care" (p. 74) with the purpose of overcoming healthcare disparities that exist due to social structures.

Critical scientists look for truth in the real world and not in laboratories (Ritzer & Goodman, 2004). Maxwell (1997) states:

> Knowledge development in nursing is traditionally constructed from the perspective of modern thought, which is embedded in a social order that perpetuates dominant interests. Focus on the individual, a tendency toward realism and universalism, has produced knowledge that serves the dominant interests by expressing ideologically frozen relationships of dependence and by silencing the oppressed. (p. 215)

The application of a philosophical framework of postmodernism, critical social theory, and feminist theory in research allows for critique of social factors, such as class, and values imposed by dominant groups leading to emancipation. This ideology fits well into a qualitative research realm as it allows for subjectivity and context to enter into the development of knowledge. The subjectivity may not be a single point of view but rather a collective picture of a group or community. Nurses have embraced a global responsibility to health while identifying the disparities that often exist among those of various races, cultures, and economic groups or between the genders. A description of context and critique of factors within that context can contribute to an understanding of their impact on health and health care and the implementation of actions to overcome barriers.

## *Postmodernism*

The very term *postmodernism* implies that one is "beyond" the modern; that one has grasped the limitations of positivistic modes of knowledge acquisition and dissemination; that one recognizes multiple voices, multiple views, and multiple methods when analyzing any aspect of reality, and that one challenges the assumptions of modernist thought and reality. Disowning ideas of universal truths, postmodernism, as Cheek (2000) notes, "challenges the notion of a rationale and unified subject that is so central to modernist thought" (p. 6). Defined by what it comes after, postmodernism is a self-consciously transitional moment, "the boundary between the 'not yet' and the 'no longer'" (Lather, 1991, p. 87). The exhaustions of the paradigms of modernity create an affective space where we feel we cannot continue as we are. The modernist endeavor of control through knowledge has imploded. Lather (1991) describes the postmodern project as a "turning away from the enormous pretensions of positivism . . . to the development of a human science much more varied and reflexive about its limitations" (p. 102). Postmodern thought has infiltrated any number of disciplinary fields, most commonly since WW II. Initially influencing art and architecture, it spread rapidly to philosophy and literary studies in the 1950s and 1960s and since then, it has influenced all fields, including health care, nursing, and feminism (Cheek, 2000; Fraser & Nicholson, 1990).

## Method

According to Bauman (1992) postmodernism is an unstable concept, difficult to define. It does not represent a unified position or coherent school of thought; indeed, it is notable for its incoherence. Likewise, there is no one postmodern "method." According to Foucault (1980), postmodern and poststructural approaches become "instruments of analyses" (p. 62) rather than

rigid set of rules. If one links positivism to prediction, post-positivist inquiry, encompassing postmodern and poststructural approaches, may be said to aim to understand, emancipate, and/or deconstruct. According to Lather (1991) each of these three post-positivist "paradigms" offers a different approach to generating and legitimating knowledge (p. 7). See **Table 4–1**.

Postmodern thought argues that "knowledge is contextualized by its historical and cultural nature" (Agger, 1991, p. 117). Thus, researchers must expose rather than conceal (for instance behind methodological frames) "their own investment in a particular view of the world" (Agger, 1991, p. 117). Personal values manifest themselves in the very research questions posed as well as the methods used to seek answers to those questions. It is a short leap from postmodern thought to critical social theory, and further to feminist approaches. They spring from similar soil and intermingle in ways that enrich the growth of each.

## *Critical Social Theory*

Existing sociopolitical restraints limit individual freedoms. These limitations often remain hidden within the dominant societal structure allowing for a continuous oppressive presence. Critical examination of a situation brings recognition to these constrictions and provides a path to emancipation. The purpose of critical social theory (CST) is to provide a framework for examining and critiquing these socially constructed borders that are placed on human freedom (Kendall, 1992). For nurses, critical social theory is a pathway to come to understand how dominant societal values impact the profession and the health and welfare of patients. Critical reflection that raises awareness of the social constraints becomes an emancipatory action known as praxis (Freire, 1970/2003). An important focus of critical social theory is dialectics,

**TABLE 4–1** Post-positivist Inquiry

| Predict | Understand | Emancipate | Deconstruct |
|---|---|---|---|
| Positivism | Interpretive | Naturalistic | Poststructural |
| | Naturalistic | Neo-Marxist | Postmodern |
| | Constructivist | Feminist | Post-Paradigmatic |
| | Phenomenological | Praxis-Oriented | Diaspora |
| | Hermeneutic | Educative | |
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*Source:* Lather (1991), p. 7.

which can be defined as the need to look at broad context and not focus on a specific aspect of social life but to look for inconsistencies between ideology and social reality (Browne, 2000; Ritzer & Goodman, 2004). Knowledge is contextual so standards of truth require interpretation in a social, historical, economic, and cultural perspective (Allen, 1986). Browne (2000) states:

> Praxis refers to the dialectical relationship among knowledge, theory, and practice that can precipitate emancipator changes in relation to clients, nursing and health care. At the very least, praxis from a CST perspective necessitates a critique of the ideological assumption that drive nursing research, theory and practice. (p. 44)

Critical social theory originated as a German intellectual movement in the 1920s in response to the growing appeal of logical positivism in intellectual thought in Europe and its influence on working class oppression (Campbell & Bunting, 1991). Critical social theory began at the Institute for Social Research in Frankfurt, Germany, and is often referred to as the Frankfurt School. The underlying conviction of CST is that history and structure need to be known to understand social phenomena (Fulton, 1997). The principles originated from critical Marxist principles and Hegelian dialectics stressing contradiction, change, and movement (Stevens, 1984; Kuokkanen & Leino-Kilpi, 2000). In the beginning The Institute followed traditional Marxist belief, but around 1930 shifted focus from the economy to the cultural system (Ritzer & Goodman, 2004). In acknowledgment of its Marxist roots, the epistemology of critical social theory has been to dictate that knowledge should be used for emancipatory political aims with the goal to free one's perceptions from ideological constraints, which often are produced by the ruling elite, to allow for evaluation of the true situation (Campbell & Bunting, 1991; Ritzer & Goodman, 2004).

According to Weber (2005) the first generation of the Frankfurt School was characterized by the conceptual framework of deconstruction and "salvage operation" of Marxism/Hegelianism, but the second generation of the Frankfurt School signaled a shift to a focus on epistemological problems. This directed critical social theory away from the concentration on method and ontology, which dominated the first generation and returned it to an understanding of intersubjectivity of social life. The second generation of critical social theory was introduced in the 1960s by German theorist Jürgen Habermas. Habermas wanted to base knowledge in the social sciences as intended by Marx while looking at power structures that oppress within social systems with the goal of self-reflection about ideas clouded by values imposed by society, allowing for disempowered groups to reflect and find sources of oppression (Seidman, 1989; Welch, 1999).

Habermas focused his concerns on communication believing it was foundational for sociocultural life and human sciences (Ritzer & Goodman, 2004).

He believed communication can help to maintain power relations and internalize ideologies (Wilson-Thomas, 1995). Communicative action is assumed to achieve emancipation through a process of mutual understanding (Welch, 1999). The task set forth by Habermas was to understand how people communicate and develop symbolic meanings. An understanding of this process would uncover the constraints which impede equal, free, and uncoerced participation in society (Stevens, 1984). Through this recognition, rationality became a central issue in Habermas's work. Ritzer and Goodman (2004) define rationality as: "removal of the barriers that distort communication, but more generally it means a communication system in which ideas are openly presented and defended against criticism; unconstrained agreement develops during argumentation" (p. 146). In regard to Habermas, Bernstein (1983) states:

> Habermas, who discovered that hermeneutics not only helps to highlight the limitations of positivist modes of thought but that there is also an essential hermeneutic dimension in all social knowledge, has been primarily concerned with the question of the foundation of a critical theory of society. From his perspective, neither the critique of ideology, as developed by Marx, nor the critical theory of the older Frankfurt thinkers is sufficient to provide a satisfactory answer to this foundational question. Habermas gradually came to realize more and more clearly the need to elaborate a comprehensive theory of rationality. (pp. 180–181)

Allen, Benner, and Diekelmann (1986) assert that rationality and lack of coercion are imperative for knowledge development and evidence. Two key values of rationality are autonomy, which is being free from conscious or unconscious restraints, and responsibility, which is the creation of an environment for others to freely speak (Allen, Benner, & Diekelmann, 1986). Rationality occurs when conscious and unconscious restraints are removed and a critique of ideological assumptions about knowledge, theory, and practice occur leading to emanicipatory changes for clients, nursing, and health care (Allen et al.; Browne, 2000).

## Critical Social Theory and Nursing Science

Habermas attempted to establish knowledge that leads to autonomy and responsibility by examining lived experiences while reflecting on concealed domination (Welch, 1999). Habermas identified three categories of knowledge that are based on the interest they serve: 1) empirical/analytical, which serves an interest of technical control through the use of empirical hypothesis or theses thus contributing to oppression; 2) historical/hermeneutical knowledge, which serves as an interest in understanding subjective experiences and is neither oppressive nor liberating, and 3) critical social theory,

which aims to free persons from unacknowledged domination and transforming conditions (Ray, 1992; Ritzer & Goodman, 2004; Stevens, 1984). Knowledge that is gained through empirical means soon adheres to consensual means when actually its acceptance constrains or limits autonomy and responsibility within societal groups (Allen, 1986). Traditional notions of evidence such as that gathered through empirical inquiry do not account for the complexity of everyday lives (Kirkham, Baumbusch, Schultz, & Anderson, 2007). A driving force in health care today is the use of evidence-based practice (EBP) in order to deliver the most economic and scientifically grounded care. The emphasis that is placed on EBP and standardized care demonstrates the power of science (Sumner & Danielson, 2007). Kirkham et al. (2007) caution that: "For care to be efficient, it has to be effective, and for care to be effective, it means that it has to be appropriate to the context" (p. 28). Health care practiced within an evidence-based framework can support economic restrictions and decentralization of governance, and standardized care can lead to external controls (Kirkham et al.). The CST framework and inclusion of qualitative research methods can provide a way to establish evidence without the implications of dominance.

Browne (2000) suggests that critical social theory and the emancipatory advancement of nursing science needs to occur on two levels: 1) to generate emancipator knowledge in relation to client groups particularly disadvantaged groups, and 2) to require nurses to critique the ideology of nursing science. Without this critique, the status quo may be maintained and continue the oppressive patterns established by individuals and institutions. In addition to providing nurses a framework for examining issues of social injustice in regard to health, critical social theory provides a means for critical examination of the role of nursing in health care through the examination of social constructs placed on nursing. Allen (1986) asserts that though constraints on knowledge development can be created by dominant social values, it is the responsibility of nurses to examine the power issues that exist within their own profession. Emancipation from these constructs lead to empowerment and the ability to engage in autonomous practice and knowledge development. It has been theorized that nurses are an oppressed group as a result of their position in the medical hierarchy and the majority of nurses being female (McCall, 1996; Roberts, 1983; Skillings, 1992). The domination of this hierarchy suppresses the recognition of nurses and what nursing can bring to health care. Freire (1970/2003) states:

> As long as the oppressed remain unaware of the causes of their condition, they fatalistically "accept" their exploitation. Further, they are apt to react in a passive and alienated manner when confronted with the necessity to struggle for their freedom and self-affirmation. Little

> by little, however, they tend to try out forms of rebellious action. In working towards liberation, one must neither lose sight of this passivity nor overlook the moment of awakening. (p. 64)

By reflecting on the oppression that is present and taking actions against such boundaries, nursing can move beyond oppressive ideologies to development of nursing science. Frameworks for emancipation such as critical theory fit well with research concerning nurses' workplaces (Rose & Glass, 2008). It is through an emancipatory framework that nurses can recognize dominant ideologies that exist in their work environments impeding their ability to deliver nursing care. For nurses it is not just the sociopolitical and economic contexts that must be appreciated but also the underlying gender issues that exist. Gender implications of oppression will be discussed in the next section of this chapter. This paradigm shift can begin during the educational process. In nursing education, critical social theory represents a shift from one of teaching-directed learning to one where there is an equal partnership between student and teacher. A critical view based on reflection, insight, and consciousness raising allows one to see socially dominant forces that exist and influence an individual's growth. This helps in making power relations and modes of domination visible to the nurse (Thompson, 1987). A traditional nursing education deemphasizes the subjective needs of the students. The ideal is to create an autonomous and socially responsible nurse which requires the provision of an unconstrained learning environment that seeks to uncover hidden meanings and nurture critique (Duchscher, 2000). It is imperative that students also learn to critique the environment in order to analyze the sources of their own interrelations, to question and to resist predefined meaning that educators encourage them to adopt and to develop tools to negotiate the world of nursing (Allen, Benner, & Diekelmann, 1986).

Nursing must look at its own self-limiting measures in terms of theory and practice. Ideally, theory should be applicable to the practice situation in which nurses engage and reflect on the lived experience of the nurse. According to Wuest (1994), nursing theories evolved from an "elite group" of nurse educator/academicians are often far removed from the reality of the practice world thereby endorsing a patriarchal structure. Critical social theory suggests that there must be a relationship between theory and practice, yet a disconnect occurs because practice is often delegated to a less powerful group (Ritzer & Goodman, 2004). Thus, nursing theory is often developed in the halls of academic institutions while the practice of nursing occurs during the nurse–patient interaction. The goal is to join theory and practice by developing partnerships between nurse scientists and those who are in practice and empowering each to overcome social constraints to work together for the betterment of their patients.

## *Feminist Approaches as Part of the Postmodern Enterprise*

Feminist inquiry, as it relates to nursing, can be viewed from several perspectives. It can shed light on issues of gender that enable us to provide better care to our female patients, as well as their families and loved ones; and it can, like critical social theory, shed insight on sources of our own oppression/experiences as nurses and/or as women. The aims of feminist inquiry are clearly *emancipatory*, as are the aims of critical social theory. In a wonderful, and not very widely available (in this country) chapter, "Women and the politics of career development: The case of nursing," Ellen Baer, nurse historian, relates a quote from Ethel Manson Fenwick, the organizer of the British Nurses Association and editor of the *Nursing Record*, later to become the *British Journal of Nursing*. Fenwick was a strong antagonist of her contemporary Florence Nightingale regarding the state registration of nurses. According to Baer, Fenwick aptly summed up the situation when she said in 1887: "The Nurse question is the Women question, pure and simple. We have to run the gauntlet of those historic rotten eggs" (Fenwick, quoted in Baer, 1997, pp. 256–257).

In the words of Lather (1991), to do feminist research is "to put the social construction of gender at the center of one's inquiry" (p. 71). Feminists see gender as a basic organizing principle which profoundly shapes, and mediates, the concrete conditions of our lives. Gender is seen as central in the shaping of our ideas of the world, the skills we acquire, the institutions in which we reside and work, as well as the distribution of power and privilege. According to Callaway (1981), this entails the substantive task of making gender a fundamental category for our understanding of the social order, "to see the world from women's place in it" (p. 460). An overt ideological goal of feminist research in the human sciences, according to Lather (1991), is "to correct both the *invisibility* and *distortion* of female experience in ways relevant to ending women's unequal social position" (p. 71). The focus on gender as a social constraint goes beyond the social, political, and economic ideologies explored in critical social theory to provide a more complete picture of the experience of women.

The relatively short history of feminism is often described in "waves," the first wave being the 19th- and early 20th-century Women's Rights movement that ultimately led to voting rights for women in Great Britain and the United States . The second wave commonly refers to the 1960s and early 1970s when Women's "Lib" (Women's Liberation) as it came to be called, burst across the nation's consciousness along with the anti-war protests of the same era. Then came the birth control pill and the legalization of abortion (*Roe vs. Wade*, 1973). The genie was out of the bottle; Pandora was out of the box. Women's Studies formally entered the academy.

As a consequence of the methodological legacies which early feminist scholars inadvertently took from their teachers, feminist theory from the late 1960s to the mid-1980s tended to exhibit the problematic universalizing tendencies

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of academic scholarship in general. Additionally, its analyses tended to reflect the viewpoint of the largely privileged, white, middle-class women of North America and Western Europe who composed this group of early scholars, and these women tended to reflect "liberal" feminist thought. This perspective views women's oppression as stemming from a lack of equal civil rights and educational opportunities, thus channeling women into "traditional" roles.

This may account for some of the differences that existed between the early feminist movement of the 1970s and 1980s and nursing. This was a point that Baer (1997) was to make, taking mainstream feminism to task. Arguing that the "women as equal" perspective seemed to have greater resonance with feminists than "women as different," she notes that this perspective has had the

> effect of seeming not to comprehend or support the values and ideas of people who *choose* society's care-taking roles. In fact, such feminists seem to refuse to believe that women who engage in "women's work" chose it, thoughtfully and happily, with full consideration of other possibilities, and were not merely following their biological destiny. (Baer, 1997, pp. 245–246)

This continuing disdain for "women's work," she pointed out, threatens the entire healthcare system which relies heavily on nursing expertise, as well as recipients of care and their families.

Even more strikingly, according to Fraser and Nicholson (1990), these early scholars tended to repeat the specific types of universalizing found in the particular schools of thought to which their work was most closely allied. They use the examples of Marxist-feminist scholarship suffering from the same faulty universalizations found in non-feminist Marxist scholarship, as well as feminist developmental scholarship, mimicking, early on, the same mistakes present in developmental psychology: "The irony was that one of the most powerful arguments that feminist scholars were making was the limitation of scholarship which falsely universalized on the basis of limited perspectives" (Fraser & Nicholson, 1990, p. 1). Feminist scholars were becoming increasingly aware that the problem with much existing scholarship was that the voices of many other social groups were not represented. Clearly, new methods were necessary. The time was ripe for a fusion of postmodern perspectives and feminist approaches, each able to enrich the other.

## An Emancipatory Agenda for Healthcare Delivery

In addition to providing a lens for self-reflection, critical social theory and feminist theory provide a means for nurses to critically evaluate the social context of health in hopes of improving health and healthcare delivery. Social structures are often at the root of human problems. Nursing has attempted to change

these structures to improve health and quality of life for patients (Kagan, Smith, Cowling, & Chinn, 2009). Emancipatory nursing actions are those actions that allow the oppressed and disenfranchised to come to understand social reality and recognize the people or situations that are oppressing them and help them gain freedom (Kendall, 1992). Within the current healthcare system, disparities and injustices exist based on gender, race, and social situations. Critical theory offers a way to examine and critique inequalities by critiquing the historical, cultural, and social context of the patient (Browne, 2000). In order to improve health outcomes, power shifts must occur that contribute to equal power and lack of domination of one group (Boutain, 2005). Kirkham, Baumbusch, Schultz, and Anderson (2007), propose that rather than focusing on the implications of cultural beliefs or practices based on individuals that the focus shifts to population-based studies that look at the root causes of disparities. Emphasis should be placed on social inequalities to address problems related to population and socioenvironmental views of health (Maxwell, 1997).

## *Applying Postmodern Philosophies to Research*

The application of critical social theory to research is the use of a conceptual framework in a manner that is consistent with the philosophy and beliefs of the approach. It is not a mechanistic application of a methodology for emancipatory insight. The purpose of the analysis of the issues is the emphasis on the context and historicity in order to increase the emancipation of individuals and groups. Critical theory is a use of narrative analysis that illustrates how social practices that are housed in political or educational institutions allow for unjust practices that benefit the dominant group (Chinn & Kramer, 2004). To fully understand phenomena of life, there must be an understanding of the historical and contextual whole, that is, the social structure conceived as a global entity (Hedin, 1986). The process itself is *praxis,* or critical reflection, on the ends and means of activity for the purpose of transformation, and it is a means of consciousness raising where theory and action become one. Research and analysis within a critical social theory framework promote a consciousness among persons who are impeded by oppressive constraints. This framework brings about conditions in which oppressive elements are brought forth to initiate a dialogue about action so change occurs. This can only aid in the anticipation of strategic action but not compel action. If it were to compel this action, those doing the research and theorizing would be placed above those who are experiencing the phenomenon addressed by the theory, which itself creates a state of domination (Stevens, 1984).

Habermas contends that certain conditions have to be met to make research *critical.* These include: a) analysis and unveiling of hidden power sources, b) commitment of the study to fill and equal participation of the researcher and

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the observed, and c) commitment to a mutually agreed upon plan for change (Welch, 1999). There is not one method to be used in conducting research using a critical social theory framework. The methods can include qualitative methods in the historical/hermeneutic tradition and quantitative methods in the empirical/analytic tradition (Stevens, 1984).

Feminists, like postmodernists and critical social theorists, have sought to develop new paradigms of social criticism that do not rely on traditional philosophical underpinnings. Both schools of thought have criticized modern epistemologies and universal and ahistorical "truths." There has been a "growing interest among feminists in modes of theorizing which are attentive to differences and to cultural and historical specificity" (Fraser & Nicholson, 1990, p. 33).

Women comprise more than half of our population. Research approaches to issues of gender, whether conducted by women or men, may vary. Feminist empirical work, as nursing research, is multi-paradigmatic (Dzurec, 1989; Lather, 1991). Westcott (1977) situates the feminist scholarship of the 1970s and 1980s as operating largely within the conventional positivist frame, whereas for many current feminist researchers, the methodological task has become generating and refining more contextualized, interactive methods in the search for pattern and meaning rather than prediction and control (Lather, 1991).

> When we began theorizing our experience during the second women's movement a mere decade and a half ago, we knew our task would be a difficult though exciting one. But I doubt that in our wildest dreams we ever imagined we would have to reinvent both science and theorizing in order to make sense of women's social experience. (Harding & O'Barr, 1987, p. 251)

One could extrapolate the words "we [i.e., nursing] would have to reinvent in medicine and therapeutics in order to make sense of the human experience of health care." This is the main point of Jean Watson's 1999 book *Postmodern Nursing;* she writes:

> Nursing is presented as a paradigm case for women and the caring-healing dimensions of women's work, work that has been expunged from the traditional western world cosmology, and particularly the modern masculine archetype of traditional science and medicine—the latent and not so latent, archetype under which nursing has located itself within this modern era of the 20th century. (p. 6)

Kroker and Cook (1986) state that "Feminism is the quantum physics of postmodernism" (p. 22) while others postulate a "post-feminism," enveloping issues beyond gender. According to Flax (1990), feminist theories, like other forms of postmodernism, including critical social theory, should encourage us

to tolerate and interpret ambivalence, ambiguity, and multiplicity as well as to expose the roots of our needs for imposing order and structure. Flax concludes, "If we do our work well, reality will appear even more unstable, complex, and disorderly than it does now. In this sense perhaps Freud was right when he declared that women are the enemies of civilization" (p. 57).

None of the approaches discussed earlier are axiomatic. This is not a time for a new orthodoxy. Uncertainty and dissonance will persist. Lather (1991) states that her goal is to move research in many different and occasionally contradictory directions in the hope that "more interesting and useful ways of knowing will emerge" (p. 69). She supports experimentation, collaboration, and sharing, enterprises supported by feminist approaches. And she quotes Polkinghorne (1983):

> What is needed most is for practitioners to experiment with new designs and to submit their attempt and results to examination by other participants in the debate. The new historians of science have made it clear that methodological questions are decided in the practice of research by those committed to developing the best possible answers to their questions, not armchair philosophers of research (p. xi).

As nurses, and knowledgeable consumers of health care, there is very little chance of our becoming "armchair philosophers of research." There is too much important work to be done.

To further this train of thought, we would quote Salas (2005), "Toward a North-South Dialogue: Revisiting Nursing Theory (From the South)." Noting that nursing theories have "universalizing and generalizing" tendencies that do not address "the diversities of nursing phenomena . . . and thus offer little understanding of people's experiences" (Meleis, quoted in Salas, 2005, p. 19), the author claims, "the need to have an organizing framework to order the phenomena of interest for the discipline does not reflect an understanding of the way that nursing is lived in practice" (p. 22). This author suggests revisiting nursing theory in a "global world." What this means has relevance for us all, as nurses: attention to the marginalized and often exteriorized (Hall & Steven, 1991). A "path of solidarity" with the exteriorized is postulated as a way of coming to "a deeper understanding and appreciation of the interdependent character of the global community" (Smith, quoted in Salas, 2005, p. 23). Human interdependency demonstrates the need of the weak for the strong, and conversely, at the same time, the strong for the weak. This echoes the important theme of "cyclical continuum," identified by Munhall (2001)—the idea of "an absolution" to the eternal quantitative-quantitative polarization. Put another way, it suggests "moving to postpositivism and reconciliation" (Stevens, quoted in Munhall, 2001, p. 5). The global world is the postmodern. We are there. There is no going back. Take the plunge. The water is fine.

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