

From the editor ...

This issue begins the second year of publication of ANS. The first year has provided an embryonic beginning for a potentially dynamic force in nursing literature; the launching of the journal has been a significant effort. And yet, what *has not* been published in nursing literature is more significant, holding out the promise to reenergize nurses. In preparing each issue of ANS, I have felt a vacuum, sensed the absence of something not yet put into words. I think that the increasingly clear commitment of what nursing *is* philosophically has been well documented in the first volume of ANS. Our values are haltingly, but fairly clearly stated in the written word. What we lack, with this lack reflected in the nature of what we write, is *praxis*—reflection and action upon the world in order to transform it.

The significance of the concept and the process of "nursing diagnosis" lies in its potential to mirror our praxis as an emerging power within the health field and society. First and foremost, this praxis requires that nurses name and/or rename their world. The result will be dramatically different from the naming done by other health care disciplines, and will ultimately become different from the naming now reflected in nursing literature. If we are truly committed to the stated values that have been published, then we must, through serious, concentrated reflection, consider the ways in which the world must be named. We must also face the incongruities between our stated values and our actions—incongruities that cannot exist if a transformation of the world is to occur.

Although the importance of language in shaping our thoughts and action has been widely acknowledged, it has not been stressed in nursing literature. Passed on to us by generations of

health care "professionals," much of the language we use in nursing mythicizes reality and conceals certain facts which explain the ways that people experience health. Reflect, for example, on the term "illness." This term, and most if not all of the medically established "illness" diagnoses cast an aura of myth around basic human experience, focusing attention on biologic events and the vaguely magical technology developed to "cure" illness. This terminology dramatically omits anything that we, as nurses, consider of vital importance in health, thereby negating the potential for health promotion and enrichment of human existence that we are beginning to discover and bring into our awareness.

The most dramatic and courageous example to date of renaming the world, and of developing a framework for action upon the world in order to transform it, has been presented by feminist philosopher and theologian Mary Daly. Many nurses with whom I have spoken are beginning to develop an awareness of the inadequacies of our language to express the human experiences of body/mind/spirit health. An awareness is only a beginning. In order to move beyond this awareness, we must, as Daly has done, expose the myths inherent in the language we speak and use, and begin to create a language that expresses the full dimensions of the world as we view them. This language can then stimulate substantive action to create new levels of health for ourselves and our clients.

SUGGESTED READINGS

- Daly, M. *Gyn/Ecology: The Metaethics of Radical Feminism* (Boston: Beacon Press 1978).
 Freire, P. *Pedagogy of the Oppressed* (New York: The Seabury Press 1970).
 Rich, A. *On Lies, Secrets, and Silence* (New York: W. W. Norton 1979).
 Sontag, S. *Illness as Metaphor* (New York: Farrar, Straus and Giroux 1977).

—Peggy L. Chinn, R.N., Ph.D.
 Editor

CORRECTION

The name of Mary Lou Villafuerte was inadvertently omitted from the Table of Contents and the article heading in Volume 1:4. Ms. Villafuerte co-authored "Response to Territorial Intrusion by Nursing Home Residents."

Mary Lou Villafuerte, M.S.N.

Instructor

Bishop Clarkson Memorial

School of Nursing

Omaha, Nebraska