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# From the Editor

The topic of holistic health was planned for this issue of ANS because of the frequent references in nursing to our commitment to a holistic view of people, health and the universe. I had hoped that authors contributing to this issue might provide some insight into the meaning of the concept, and suggest some fruitful avenues for theory development and research that would be consistent with nursing's commitment to holism. I am not convinced that the articles in this issue accomplish this particular goal, but in reading these works and other literature from the current holistic health movement, I became aware of a basic contradiction existing between "science" and "holism." *Science* is commonly understood to be a body of knowledge or a process based on observed facts and tested truths arranged in an orderly system. This approach to knowledge requires the systematic examination of discrete events, phenomena or objects in terms of narrowly defined problems and variables. On the other hand, *holism* is defined as "a theory or doctrine according to which a whole cannot be analyzed without residue into the sum of its parts or *reduced to discrete elements*" (emphasis mine).<sup>1</sup>

The thrust toward holism in our society and in health care has emerged from a conviction that human experience, health or the universe cannot be comprehended or understood adequately when viewed in discrete elements. However, our socialization into the scientific mode makes it difficult to conceptualize knowledge "holistically," or to think without analysis of discrete elements. Newman offers clarification of the meaning of the holistic approach in methods of scientific inquiry and suggests that this basic contradiction can be overcome.<sup>2</sup> She states:

A holistic approach is not to be confused with, or construed to mean, a multivariate approach. It is

not the summing up of many factors (psychological, social, physiological, and so on) to make a whole. It is the identification of patterns which are reflective of the whole. What these parameters are will vary according to one's ability to see the whole. For some, the universe can be seen in a grain of sand. For others, characteristics which present identifiable patterns of the individual, e.g., the way a person walks or the way he [sic] talks, are a good place to start. The task is not easy. When one has grasped the meaning of holism and identified the phenomenon of inquiry, the next step is to find valid ways of measuring it.<sup>2</sup>

Grasping the meaning of any concept is a gradual developmental process which begins when we first hear, read or think the word label signifying the concept. The early stage of development of holistic approaches in health care and in science makes this developmental process difficult and confusing. For those who have developed sophisticated knowledge and patterns of thinking, or fairly refined scientific skill, much of the literature focusing on holistic health appears superficial, vague, inexact, subjective and generally inconsistent with traditional values upon which science is based. However, if we in nursing intend to use the concept of holism in any meaningful way, we cannot dismiss the efforts of those who focus their inquiry around a holistic framework. We need responsible, informed debate over the meaning of holism. We need critical searches for ways in which to pursue the development of nursing science and nursing practice that are consistent with our tradition and our stated holistic goals in nursing.

## Editor's Note:

The Nursing Theory Think Tank group (initiated by the School of Nursing at The University of Pennsylvania) coordinated by Margaret New-

### READER SURVEY RESULTS

In ANS 2:2 (January 1980) we published a reader survey asking for your assessment of the quality and value of *Advances in Nursing Science* as well as information about you, our readers. Your responses indicate that ANS readers make up a large cross-section of nursing—from administrators to students. On the whole, the journal scored extremely well in the area of presenting timely, well-written articles that have a universal appeal for all segments of the nursing profession. It seemed a particular favorite in graduate teaching and libraries. I was especially pleased with the individual ratings given past issues and your suggestions for future issues. Criticisms, and there were some, reflected a degree of concern for the journal's topical directions, an area I have readdressed in the "Information for Authors" section of this issue.

*Advances in Nursing Science* has tried to publish articles that (as one respondent put it) "challenge thinking and creativity" and reach all levels of nursing practice. Your positive responses make me feel that we are definitely moving in the right direction and that ANS is both appreciated and needed in the nursing world.

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### CORRECTION

In "From the editor" page xiv (ANS 2:3) a figure expressing the percentage of nonfemale nurses was quoted incorrectly. The sentence should have read: "Although fewer than 2% of nurses are not women . . ."

man recently requested clarification of any differences in meaning between the alternate spellings of "holism" and "wholism." The editors of Webster's International Dictionary stated that if there is any distinction, it cannot be proved by the evidence in their files. The preferred spelling is "holism," the term derived from the Greek *holos*, meaning whole.

### REFERENCES

1. *World Book Dictionary*, 1976 edition.
2. Newman, M., *Theory Development in Nursing* (Philadelphia: F. A. Davis Company 1979).

—Peggy L. Chinn, R.N., Ph.D.  
Editor