
Letters to the editor

Letters received from readers in response to articles and ideas published in ANS are regularly featured, providing an opportunity for constructive critique, discussion, disagreements, and comment intended to stimulate the development of nursing science. Unless otherwise stated, we assume that letters addressed to the editor are intended for publication with your name and affiliation. As many letters as possible are published. When space is limited and we cannot publish all letters received, we select letters reflecting the range of opinions and ideas received. If a letter merits a response from an ANS author, we will obtain a reply and publish both letters.

THE DEVELOPMENTAL CONCEPT

To the editor:

As someone interested in life-span developmental phenomena, I was particularly intrigued by Hall's article, "Toward an understanding of stability in nursing phenomena" (ANS 5:3, April 1983). One characteristic of development is, in fact, the way in which individuals change over time and events, yet exhibit "stability" or patterns that identify their uniqueness. Because of a "persistence" in human nature, to use Hall's thought provoking word, I am forever able to instantly recognize my dad even when his back is turned toward me, regardless of how he changes with the passing years. Patients have a regularity of patterning such that staff can incorporate some past assessment data upon their readmission to a psychiatric unit.

However, Hall's article did raise some concerns about the idea of stability, particularly in reference to it as "the basis of health."^{1(p15)} This statement conveys a view of health in opposition to understandings about health and human functioning expressed by some of our major nursing theorists who emphasize developmental processes such as Peplau, Rogers, Neuman, King, and Parse. Perhaps Hall's con-

cept of persistence incorporates some of their principles. Further clarification is needed; the words "change," "development," "growth," and "adaptation" all seem to be used more or less synonymously in contrasting them to the values of stability. A case for "stability" over "development" cannot be built upon the weaknesses of the adaptation framework^{1(p19)} or the change paradigm.²

I suggest that development is qualitatively different from change^{3,4} and that it is "natural, good, and ubiquitous."^{2(p3)} Development is a healthy way of interacting with the environment. A deficiency in developmental change contributes to neuroses, the increased death and suicidal rate following retirement, increased morbidity in early widowhood, and the so-called "empty-nest syndrome." I propose, then, that stability of health requires flexibility of behavior, and that development is a basis of health.

Could Hall and I be tapping different aspects of the same idea? Whether something appears to be changing or stable may depend on one's level of analysis; in one sense culture, for example, offers people a sense of stability yet from a broader perspective evidences continual change. While change and stability may be regarded as dichotomous, development and stability cannot be. I refer interested readers to an article by Fox⁵ which offers more food for thought on this tantalizing issue. She proposes that change and stability are two dimensions of the concept, "continuity," a developmental concept.

I thank Dr. Hall for her stimulating article. One reading of it was not enough as it raises questions that are fundamental to the development of nursing science.

REFERENCES

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3. Rogers MA: *An Introduction to the Theoretical Basis of Nursing*. Philadelphia, FA Davis, 1970.
 4. Werner H: *Comparative Psychology of Mental Development*. New York, International Universities Press, Inc., 1948.
 5. Fox JH: Perspectives on the continuity perspective. *Int'l J Aging & Hum Devel* 1981-82;14:97-115.

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Author's response:

Every time I speak or write on the idea of stability, I am rewarded by responses such as Reed's and Newman's, which appeared in the October 1983 issue of ANS (6:1, pvi). By presenting alternative explanations to my observations, they enrich my thinking. Newman correctly identified the phenomena of interest to me as pattern continuity, a label that has broader understanding and appeal in nursing than persistence.

Reed and I seem to be tapping not the same idea, as she suggests, but perhaps different aspects of human potential. In my view, developmentalists do not attend at all to the need for stability of human patterns and the presence of routines that help to resist change. If the learning patterns that control the environment and buffer the individual from environmental demands for change had been traditionally regarded by developmental theorists as essential to every life stage, then I would have no need to include them in my critique of "change oriented" theories. I appreciate Reed's differentiation of development from change and growth in her recent article (ANS 6:1, October 1983, p19). This argument has not always been made clear and clarifying; it opens the door to develop a comprehensive theory of human behavior.

A major factor, though, mitigating against the introduction of the concept of stability into developmental theories, other than the

ones I have already addressed in my article, is the idea of life stages; an idea that I regard as central to the developmental argument. When human and environmental life situations are clustered and categorized by stage, age, or other points that suggest milestones, the individual is set up for self-fulfilling prophecies in reaction to societal expectations. This could be very disruptive to normal pattern continuity and identity stability.

Although it may appear that I am using the words "change," "development," "growth," and "adaptation" synonymously, I am really leveling my attack on the basic assumptions that seem to be underlying all the nursing theories that Reed mentioned—the metaphor of life as change and the argument that lack of change has unhealthy consequences. I do not believe that empirical evidence exists to support either of these beliefs.

Finally, the empirical examples that Reed cited to support the view that health requires flexibility are the same ones that I have used to support the argument that stability is the basis of health. So much for using facts to support our theoretical biases.

I thank Dr. Reed for her thoughtful letter.

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CONCERNING MORAL DEVELOPMENT

To the editor:

I read with interest Patricia Munhall's article, "Methodological fallacies: a critical self-appraisal" (ANS 5:4, July 1983), and feel there were several points not addressed. For instance, in the review of related literature although Kolberg did his original work on boys, Rest, Crisham, and others have refined