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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, pviii). 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 prophesies 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