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# 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.*

## QUALITY OF LIFE

*To the editor:*

The editorial "Quality of Life: A Values Transformation" (ANS 8:1, October 1985) was excellent. The *what if* possibilities that were developed relevant to nurse scholarship in the human interest expose a root cause of the progressive weakening of the ethical stance of professional nursing. The questions posed reveal issues that we have refused to acknowledge in our time, substantive issues of human concern that once gave definition and validity to the foundations of nursing as a profession.

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## PRIMITIVE PLEASURE

*To the editor:*

I found Catherine M. Norris' article "Primitive Pleasure as the Basic Human State" (ANS 8:1, October 1985) provocative and creative. Dr. Norris' questioning of the physiological goal of homeostasis was thoughtful and intriguing. I am excited by the dialectical synthesis issue of "... whether primitive pleasure as the basic human state is not part of the concept of physiological homeostasis or whether physiological homeostasis is not an aspect of pleasure." Her argument is not that these are opposites but that homeostasis is quantitative and particularistic whereas primitive pleasure is qualitative and holistic. Therefore, a dialectical answer, combining the two into something different than either alone, seems unlikely. Is it possible that these are complementary ideas, where the nurse practitioner's conceptual view of a situation can shift back and forth between the two ideas but cannot maintain the two views simultaneously? Nurses of course need to study the time, intensity, variation, and innovation of primitive sensory pleasure in relation to varying levels of physiological homeostasis.

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# From the editor

## THE REALITY OF GROUP DYNAMICS

We live in an age in which "do your own thing" is an ideal, and the reality of groups is

seemingly denied, feared, or resisted. Individuals who proudly identify with groups are mistrusted as "groupies," ie, weak and unable to think for themselves. Judging from nursing theory's heavy emphasis on the individual, and

the low level of response to the issue topic of group dynamics, nursing is blindly subscribing to and reinforcing the social trend.

My experience and my observation of the experiences of others lead me to think that there are group dynamics that we need to bring into clearer focus, into our conscious awareness. The first dynamic is the prominence of group experience. Commonly, the descriptors by which we identify ourselves implicitly emphasize our group identities, not the individual qualities that give us identity. When we say "I am a nurse," we refer to our occupational group; an implicitly individual identity would be "I am a caring person." When we say "I am a student," we essentially refer to our formal academic (group) affiliation; an individual identity that does not imply group structure would be "I am a learner." When we use our surname to identify ourselves, we are essentially identifying the fundamental group affiliation with family; our first names, which provide individual identity, are seldom used as a sole means of identification.

Another group dynamic that we need to bring into clearer focus is the reality of groups in shaping human experience. What we think and what we do individually are largely shaped and determined by the groups with which we identify, in both positive and negative ways. We feel comfortable in some sociocultural groups and not in others; where we fit determines to a significant extent our neighborhood, our friends, our choices in activities of daily living, our choices related to diet and nutrition, many of our values, our habits, our choices of environmental stimuli to attend to, and endless other health-related choices. The ideal of individual choice is recognizable as a misnomer when we examine the actual range of choices available to individuals in a given situation that are not conceived of as choices at all because they are largely influenced by group identity. Consider for example an individual's choice of where to live. Ideally, all individuals could live almost anywhere on earth,

in any neighborhood. The influence of group identity becomes evident when we observe where those of us with reasonable economic resources choose to live and where we do not choose to live. There are in fact a vast majority of locations available to us that we discount as not acceptable; these are value judgments essentially formed by our sociocultural group. If we accept the reality of group influence in human choice, we can more realistically examine the limits of individual possibility and choice.

Finally, the necessity of group experience needs to be consciously valued. It may be inspiring to advocate or believe in a "do your own thing" ideal but toward what end? Social change does not occur by means of individuals who do their own thing; leaders may emerge who have conceived the possibility for social change, but it is the belief and action of groups that make the possibility a reality. Theories that revolutionize may be conceived by an individual, but they do not revolutionize because of the conception; theories revolutionize because a political, social, or academic group tests, debates, and develops the merits and implications of the ideas embodied in the theory. Even more fundamentally, the role of the individual is made possible because of and by the dynamic of the group itself.

Nursing, because of its philosophical and theoretical heritage of holism, is well prepared to seriously consider the whole of individuals and groups. It is clear that one cannot exist without the other, that groups are greater than the sum of the individuals who comprise them. The study of groups may be one of our most fruitful avenues through which to explore alternative methods of research and theory development within a holistic frame of reference. Perhaps the articles in this issue of *ANS* will help stimulate some possibilities for further exploration.

—Peggy L. Chinn, PhD, FAAN  
Editor