
From the editor

THE POLITICS OF KNOWING

In an open system of knowledge development, we might expect to find a great diversity of opinion, point of view, and perspective on the world. Even if we subscribe to the assumption that there are some "truths" to be known about the world, there remain vast dimensions of knowing that require exploration by a diversity of scholars. This issue of *Advances in Nursing Science* rose from a commitment to encourage the widest possible expression of perspective, with the hope that we can begin to see more fully and appreciate the possibilities for the development of our nursing knowledge that might otherwise go unnoticed.

Fundamental questions that urgently relate to the development of nursing knowledge are, How is it that we come to know what we know of nursing? and Whose interests are served by the knowledge we gain? Creating a system of knowledge is not a passive human endeavor, nor is it an individual, value-free enterprise. It is a social and political activity, deriving from social and political intents and purposes and having social and political consequences. A critique begins with the raising of questions that often go unasked and the presentation of possibilities that often go unperceived. It is only when we begin to ask the questions and to perceive the possibilities that we begin to see the world more fully and to comprehend the nature of what we had previously thought to be "true."

In nursing, we cannot practice what we do not know. We need to ask, What do we actually know about nursing and health? What possibilities might exist if we were to work with a fuller range of knowledge? I contend that if we were to remove from our currently accepted nursing curricula all knowledge about nonnursing domains, particularly medical knowledge, there would be virtually nothing left to teach. We assume that what we *do* know about nursing and health, as well as what we are creating in these domains, is less

valuable or less of a priority, because the system in which we work conditions us to think this way. If we can learn to value that which we already know about wellness and about nursing and can comprehend our lack of knowledge about the phenomena that we claim to value—health, wellness, quality of life, prevention, growth—we certainly will begin to comprehend the urgency of shifting our focus in a direction that is more fully consistent with our intents and values. We will begin to comprehend possibilities for knowledge that will serve the interests we choose.

Parallel to the critical examination of our nursing knowledge, there must be a questioning of the very nature of the "health" care system and the society in which it exists. We must question the assumptions that we should seek to "know" universals and that knowledge that is "generalizable" is more significant than individual human experience. What are the very structures of thought that lead us to think of the individual as somehow less significant than the "mean"? How can we understand structures and patterns that influence human affairs and health, while retaining a respect for that which is unique and exceptional, with a full appreciation for the complexity of human experience? Are there structures in our ways of knowing that obscure these possibilities?

As we develop scholarship that addresses these questions and others like them, we will begin to comprehend the nature of the limits that shroud our thinking about knowledge and our choices of what we need to know. We will begin to reach for that which will make the fullness of life and wellness central to what we know, value, and teach. We cannot know the possibilities if we exist in a context that promotes a singular view of the world. What is required are challenge and diversity—both in the nature of the questions we ask and in the answers that we seek. A critique is a step in that direction.

—Peggy L. Chinn, PhD, FAAN
Editor