From the editor

THE END OF DESPAIR

What would it mean to stand on the first page of the end of despair?

—Adrienne Rich^{1(p46)}

As you begin to contemplate this question and the articles that follow in this issue of ANS (13:1), I challenge you to reflect on the nature of despair in your own experience. Are you faced with a difficult situation where you work, and do you see no avenue beyond the difficulties of the situation? Are you confronted with threats to your job security that seem insurmountable? Do you consistently face overwhelming odds against what you wish to accomplish on behalf of students, or of people who receive nursing care? Do you see homelessness, poverty, and disease in your community, with no promise of relief? Are you bewildered by misunderstandings in your personal relationships that persist despite your best attempts to create understanding?

These questions are not strictly hypothetical. They are questions to which I can answer or have answered with a resounding YES! I know many of my friends and colleagues face similar situations, and experience many of the similar feelings of despair that I often feel. I also know that like myself, many of my friends and colleagues sometimes try to resist despair by simply turning away from the frustrations and exasperations of situations that we feel we cannot change, or by absolving ourselves of responsibility with a long litany of rationalizations and self-serving explanations. The trap in these attempts to resist despair is that the situations themselves do not change, or go away.

I believe that the ideas about caring that we now have before us, as individuals and as a profession, represent the beginning of a significant leap that can place us on the first page of the end of despair. Nell Noddings,2 whose ideas about caring and ethics have influenced many nurse scholars and practitioners, suggests a pedagogy that I believe holds great promise to overcome despair in our lives and those of others in our communities. From Noddings' analysis of evil, and her ethic of caring, she suggests a process that places human relationships at the center and that serves to overcome pain, isolation, and helplessness. This process is a form of mediation that insists on genuine reconciliation and understandings between people; the content of our actions is guided by principles of moderation, of sharing, and genuine concern for the quality of human relationships.

Like Noddings, nurse scholars and practitioners who are proposing ideas about caring are providing something far beyond a passing fad, and to take these ideas seriously is not merely to jump on the latest bandwagon. Rather, ideas derived from a philosophy of caring provide frameworks within which we can tap a deep concern that leads to substantive and productive action. As you read the articles in this issue of ANS, keep in mind a situation about which you currently feel despair, and consider how you might take a first substantive step to transform the situation itself, thereby overcoming the root of the despair you feel. You yourself can take this important leap—one that will indeed place you on the first page of the end of despair.

REFERENCES

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 - -Peggy L. Chinn, RN, PHD, FAAN Editor