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From the Editor

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HEALING FEAR AND HATRED

The medical model of diagnosing disease and seeking cures, or ameliorating symptoms, has been important in curing illness, or diverting the devastating effects of progressive disease. The model is compelling, and it captures the popular imagination because of the dramatic and welcomed relief from disease, suffering, and possible death. The problem is, this model, while it serves important ends, does not, and cannot, address some of the deepest challenges to health and well-being. For lack of better language, the idea of "healing" has been distinguished from ideas of "curing" to delineate processes by which we seek peace, comfort, wholeness, and well-being, apart from and despite processes of disease. Still, it seems to me that we do not yet have an adequate conceptual model that might lead toward a more comprehensive and satisfying way to address large, very dangerous, societal problems such as hatred, prejudice, war, fear and oppression.

During the fall semester of 1999, the campus of the University of Connecticut was ranked 12th among campuses in the United States perceived by students to discriminate against homosexual people. ¹ There were 19 reported anti-gay incidents by mid-semester, ranging from threats and hate messages scrawled on sidewalks, to vandalizing of dorm room doors, to physical assault. Two students were arrested for acts of anti-Semitic violence. The University administration called a "town meeting" to discuss the problems and to seek a broad base of participation in finding constructive ways to address the problem.

The person in charge of the meeting realized, early in the discussion, that the microphone set-up was not working to facilitate people's participation, and quickly changed the arrangement. For 2 hours, she moved around the large room, giving every speaker 2 minutes to express their opinion and making sure that everyone who wished to speak was given access to the microphone, and was heard by the entire audience. Every conceivable point of view was expressed, and while there were clearly speakers who offended and enraged many people present, the atmosphere remained one of respect for the right of every individual to be heard. The fears among many present were palpable. The frustrations of almost everyone present hung in the air like a dense fog. We all left with some enlightenment concerning the extent of the problem, perhaps more fearful, but gratified that the

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leadership of the University had taken at least this one step toward finding ways to understand the problem, and to explore ways to better assure the safety-physically, intellectually, and emotionally-of those who are threatened. It is true that this experience on one University campus is much smaller in scope than the wars of hatred raging throughout the world. But in fact, it is this very type of situation that breeds national and international war.

Clearly, even though many speakers at the town meeting on UConn's campus used phrases like "let's fix this problem," there was general awareness-and frustration-that this is a problem, a challenge, for which there is no "fix" in the sense of prescribing a drug to eradicate the invading organism. The administrators present outlined steps they are putting in place within the University community to assure that ongoing attention is given to the problem at hand-orientation of residence hall workers to issues of homophobia and racism, programs to educate all workers in the University regarding gay, lesbian, bisexual and transgender perspectives, etc. But the problems and the issues run much deeper, and clearly, if a community such as a University is to constructively, and effectively, heal the wounds, and bring about real peace and well-being in the community, the greatest of healing and caring abilities are called for. I suspect that few who were present for the town meeting left with a change of heart or mind. I am not even sure that this is possible, and if we assume that this is impossible, then individual approaches to "healing," which is our dominant model for healing, will not address social and political issues. What we need are models for healing in societies, in communities. Perhaps the approaches demonstrated at the UConn town meeting are part of such a potential model. But the models we need will lead toward the kind of healing that prevents war, and achieves true peace. As we begin a new age in the year 2000, this is my hope, my deepest desire for the future.

It is gratifying, as I look through the articles contained in this issue of *Advances in Nursing Science* (22:3), to realize how many of the healing and caring perspectives coming from nurse scholars are grounded in relationships. This fundamental aspect of healing will be, I believe, a major key that will open paths toward social and political healing. Nurses can be at the forefront; I hope that many of the ideas that come from the contents of this issue of ANS will indeed give rise to other work that moves in this direction.

-Peggy L. Chinn, RN, PhD, FAAN

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