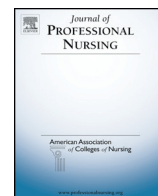


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Spiritual formation, secularization, and reform of professional nursing and education in antebellum America

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ABSTRACT

The origin story of professional nursing associated with antebellum American faith communities is all but lost. This paper provides historical evidence for professional nursing for that period using a case study approach that examines three faith communities: the Sisters and Daughters of Charity, the Shakers, and the Church of Jesus Christ of Latter Day Saints. The purpose is to present an historical analysis of the three communities' health beliefs, recipes and remedies that were foundational to the spiritual formation and education of professional nurses within their communities. The focus of the analysis is to place the evidence for professional nursing in these faith communities within the broader context of the contemporary American narrative of the "secularization" of professional nursing associated with the adoption of the Nightingale Training Model after 1873. Nursing became a profession in America because of the courage and passion of many for spiritual formation in community around a need to relieve suffering and demonstrate kindness. The history of American nursing is comprised of stories of powerful nurse ancestors that have the potential to inspire and unite us in that same purpose today despite the ambiguities that may still exist around spirituality, religiosity, and secularization.

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The definition and role of spirituality, religion, morality, and secularization in nursing has been discussed and debated internationally for decades (Aroskar, 1995; Buck, 2006; Draper & McSherry, 2002; Hussey, 2009; Paley, 2008). The United Kingdom has been identified as the "most secular" and the United States of America the "most religious" of industrialized nations (Paley, 2008). This paper provides a historical perspective of the 19th century as the period when professional nursing in America transitioned its power base from alignment with religious or faith-based community to secularized training programs in hospitals. It presents evidence for the lost decades in American nursing history leading up to secularization. In addition, the paper includes an historical analysis of the reform of professional nursing and the impact secularization has had on professional identity and those entering caring community.

Faith community nursing is part of the healing heritage that is American professional nursing. Extensive evidence for the existence of professional nursing in American faith communities was found while conducting a historical study from 2000 to 2003 about antebellum (the early and mid-19th century before the Civil War of 1860) nurses' contributions to a health reform movement referred to as the botanical-medical movement (Berman & Flannery, 2001). This finding is significant because the event most often referred to in nursing histories as marking the "beginning of professional nursing" in America is the

adoption of the Nightingale "training" model that did not occur until 1873 (Melosh, 1982; Reverby, 1987, p. 3). A historical case study approach was used to examine nursing in three faith communities: the Sisters and Daughters of Charity of Vincent de Paul (SDC), the Shakers, and the Mormons, who today are referred to as members of the Church of Jesus Christ of Latter Day Saints (LDS). That history (Libster, 2004) and a subsequent work specific to the 19th century history of the Sisters and Daughters of Charity (Libster and McNeil, 2009) are archived in the National Library of Medicine collection.

This paper is a more specific discussion of the three faith communities' health beliefs and practices that were foundational to the spiritual formation and education of professional nurses within their caring communities. The focus of the analysis is to place the evidence for professional nursing in these faith communities during the antebellum period within the broader context of the contemporary American narrative of the "secularization" of professional nursing associated with the adoption of the Nightingale Training Model. The movement from nursing service as part of religious formation to secularized nurse "training" significantly altered the professional identity of American nursing that had been aligned with religious vocation and faith community life for decades through numerous wars, epidemics, and large-scale socio-cultural change.

Today the origin story of professional nursing identity associated with antebellum faith communities is all but lost in contemporary accounts of American nursing's early history. Nursing histories often identify the existence of professional American nursing with the

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organization of nurses for service during the Civil War. More often, professional nursing is cited as having begun with the introduction of the Nightingale model in American hospital training schools. The antebellum era in general is often referred to as the “lost decades” in American history. In fact, little to no history has been written until more recently of the contributions of nurses of the period. The antebellum period was a time of extensive social reforms, the focus of which included but was not limited to major changes in health beliefs and health care.

Evidence of women identified in their faith communities as nurses, who provided healing and caring skill to community members *beyond* their families, has been extracted from numerous primary oral and written historical accounts from sources, such as diaries, journals, and community records. While men have contributed to the evolution of early American nursing, they served as “attendants” to the knowledgeable sister-nurses in the early and mid-19th century. Women of this period were specifically “set aside” or “set apart” as “nurses,” that is identified as expert caregivers (Libster, 2004, p. 16) in the faith communities in which they lived and fulfilled their calling to help others. They were paid, autonomous community healers, who were educated for their nursing service and mentored for health care leadership in their communities. The following are examples of the early nurses' health beliefs and practices that they derived through education in their faith communities' traditions and that they then as leaders transmitted orally and, in some cases, written form. The nurses relied on their healing networks in community to transmit and preserve important cultural knowledge of recipes or “receipts” for the remedies used in care and comfort.

Recipes, remedies, and reform

The Shakers

The United Society of True Believers in Christ's Second Appearing, more commonly known as shaking Quakers or “Shakers,” immigrated to the United States in 1774 from England under the leadership of Mother Ann Lee (Andrews, 1953, pp. 12–13). Shaker beliefs included recognition of women's rights, equality among the sexes, non-violence, celibacy, and the second coming of Christ as spirit in the Church (Stein, 1992, p. 327). Believers sought healing from God rather than the “Regular” physicians of the period for most health concerns other than broken bones and injuries, measles, and surgical procedures (Harvard Shakers, 1843). There were a few Shaker physicians in the community who were Botanic physicians that relied primarily upon plant-based remedies in the treatment of “family” members. The Shakers practiced the laying on of hands and the use of prayer in healing. In addition, they believed that good food, properly cooked and well digested, was the foundation of health (Whitcher, 1882, p. 1).

Each Shaker village had its own infirmary nurses who were appointed or “set aside” as nurses by the spiritual leadership that were the main providers of healing services to their communities (Libster, 2004, p. 311). The Shakers listed their “nurses” separately in community records (Watervliet Shakers, 1797) and defined their community service in the *Millennial Laws*: “As the natural body is prone to sickness and disease, it is proper that there should be suitable persons appointed to attend to necessary duties in administering medical aid to those in need. Brethren may not apply medical aid to sisters who are sick, without the knowledge and union of the sisters who officiate as nurses in the family” (Shakers, 1781).

The Shaker nurses rotated through their communities' (referred to as families) infirmaries that they called the “Nurses' Shop” or “Sick Room.” They were the primary caregivers for patients with acute, chronic, and infectious diseases during the period when cholera, one of the most common diseases of the 19th century reached a nationwide epidemic level in 1832, 1849, and again in 1866 (Rosenberg, 1962). The infirmary nurses administered emetics, cathartics, injections (enemas), steams, and sweats for mild to moderate illness, such as stomach pain and influenza (Harvard Shakers, 1843) and then documented patient

interactions, recipes, remedies, and responses. Nineteenth-century Americans believed that the power of a remedy was demonstrated in the “action” of that remedy, such as in the action of vomiting. The Shaker nurses used plant-based emetics, such as lobelia (*Lobelia inflata*) and cayenne pepper (*Capsicum frutescens*) to encourage an action.

The Shaker nurses were highly skilled in producing most of their own botanical remedies (Libster, 2004). The herbs they gathered from the wild or grew in their extensive herb gardens were “put up” as medicinal powders, extracts, and ointments (Andrews, 1933, p. 107). Shaker Elder Henry Blinn records that “simple doses of root or herb tea entered into nearly every prescription” (Blinn, 1892, p. 139) Examples of herbs listed in the *Nurse House Book* include juniper, orange peel, saffron, myrrh, lavender and rhubarb (Shirley Shakers, n.d.). They documented numerous recipes such as a blackberry and clove syrup for dysentery that had “cured many” (Shirley Shakers, n.d.). The rose water that the sisters produced to pay for injured family members' medical bills was sold as a topical application to the temples to alleviate headache. The sisters also harvested juice from the seed capsules of the poppies they grew and were the major supplier of the crude pain-relieving drug during the Civil War (Bullard, 1906).

The Shaker nurses used remedies they had learned about from numerous sources, such as the Botanics in their families and booklets of “medical prescriptions and directions for the care of the sick” (Blinn, 1892, p. 159) provided by community elders. The nurses had their own healing network in which they shared medicinal recipes, called “receipts” that were collections of remedies from various sources. Their herbal receipts that began as an expression of their spiritual life, became the platform for the international Shaker herb industry that would become the American pharmaceutical industry (Hoffman, 1920).

The Church of Jesus Christ of Latter Day Saints

The Prophet Joseph Smith established the LDS community and in 1842, in Nauvoo, Illinois, he appointed women to their first offices in the Church as leaders of the Women's Relief Society (Derr, Cannon, & Beecher, 1992). The Society educated the professional nurses and midwives of the LDS community who would then create an extensive healing network that brought comfort and care to communities during the early periods of the Church. “Spiritual gifts of charity, comfort, anointing, and healing among early Mormon women were accepted among Church members, and significant to the early culture” (Sorenson, 1998). The skills of nurses and midwives were highly regarded by community members who trekked across the plains to the state of Utah to establish the Church's headquarters in what came to be known as Salt Lake City. Brigham Young, church leader, said of the early LDS nurses, “I would rather have the sisters wait upon me in sickness than many of those who profess to be physicians” (Young & Church of Jesus Christ of Latter-Day Saints, 1956, Feb. 17, 1861).

LDS nurses and midwives of the period learned their healing skills from books, “Regular” and Botanic physicians, and from each other by participating in their church's healing network called the “Council of Health” that focused on health promotion (Church of Jesus Christ of Latter-Day Saints, 1850). In addition nurse leaders formed the Female Council of Health in 1851 where they taught midwifery, childcare, and domestic remedies (Derr et al., 1992, p. 70). When community members became ill, “herbs and mild foods” were used as remedies in keeping with religious belief (Church of Jesus Christ of Latter-Day Saints, 1850).

The early LDS believed first and foremost in the power of spiritual healing. Brigham Young said, “I say, again, however that it is absolutely necessary that we all possess the gift God has seen fit to bestow upon His children to counteract the power of death” (Young & Church of Jesus Christ of Latter-Day Saints, 1956, July 1, 1869, vol. 13 p. 142). Young instructed parents to care for their sick children by “laying on of hands and anointing them with oil” (Young and Church of Jesus Christ of Latter-Day Saints, 1956, August 31, 1875, vol. 18 p. 71). Elders

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