

Feminism and nursing: Historical perspectives

Feminists have often criticized nursing for lack of commitment to women's movements. This article addresses the contradictions and conflicts in the relationship of feminism and nursing from a historical perspective. Different feminist epistemologies, those of enlightened liberal, cultural, and radical feminism, are examined historically and their relevance to nursing is discussed. A reflexive theory, proposed by Harding, is used to conceptualize the differing responses, feminist and nonfeminist, of women and nurses, as alternative reactions to the many types of patriarchy they have encountered.

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THE FACT THAT nursing is primarily a women's profession has overwhelmingly influenced the principles on which it is based as well as its historical evolution. The ideals of caring and nurturing that are the essence of nursing are associated with the feminine aspects of humanity. What has been the relationship between nursing and feminism? Feminism has been defined "as a world view that values women and that confronts systematic injustices based on gender."^{1(p74)} As members of an essentially female profession, have nurses commonly held this world view? Why have nurses failed to align consistently with women's movements over history?

Vance et al describe the relationship between nursing and feminism as "an uneasy alliance"^{2(p281)} and document the impatience of feminist activists with nursing, which many feminists characterize as a traditional and sometimes oppressive female occupation. Feminists point to the dominant physician/subservient nurse stereotype, which they see as reinforcing the handmaiden role

of women.² Nurses who have a reputation for feminist activism are often not identified as nurses in feminist writing. Included in this list are Wilma Scott Heide, Margaret Sanger, and even Florence Nightingale, who has, in some literature, been identified as a social reformer, medical reformer, statistician, and policy maker but not as a nurse.² Chinn and Wheeler¹ describe the relationship between feminism and nursing as "obscure" and note that the profession has been conspicuously absent from the women's movement of the 1960s and 1970s, and that there has been little incorporation of feminist thinking into nursing literature or nursing theory.

This article will explore themes and ideas that emerge from the history of feminism and that of nursing to see how they differ and how they are alike. It will identify the patterns of development that have influenced their past and present, their contradictions and congruencies.

Feminist historians have discovered that the traditional methods of inquiry and presentation of historical events are inappropriate for researching women's past.^{3,4} The traditional view of time as linear and of history as a story of progress reflects the experiences of men, the usual historians. When women's experiences were different, they were omitted.

Historians Anderson and Zinsser make the point that "if history is defined as the deeds of men and little value is given to the actions of women, then women's lives become 'ahistorical,' lived outside the world of masculine achievements"^{5(p xviii)} such as wars, coups, and reformations.

Other schemes of periodization are equally inappropriate for women. For instance, feminist historian Kelly⁶ states that there was no renaissance for women during

the period historically hailed as the Renaissance. Nor is the characterization of history as a chronology of successful "progress" an accurate one for women; as state governments and industrial technology became pervasive, the status and autonomy of women often deteriorated.⁷

Recognizing the difficulty of placing the histories of feminism and nursing into a linear time framework, this article will bring together the conceptual themes that illustrate the development of feminism and nursing whether or not these are strictly parallel in the chronological sense. This technique has been used effectively by Davies³ and by Anderson and Zinsser.⁵

HISTORY OF FEMINIST THEORY

Early feminist theory

Whereas most Anglo-American accounts of feminist history begin with the 17th century and gather momentum with the Seneca Falls Convention in 1848, French feminist theory goes back much further. Christine de Pisan is identified as the first feminist to articulate feminist theory in writing that has survived and influenced modern thought. She began her writing in the late 1300s, setting herself up as a defender of her sex. The social changes of this time, when Europe was moving out of feudalism, fostered a secular and critical literature. The nobility, the clergy, courtly love, marriage, and women were the targets of the new satirical derision. Many antifeminist works of literary merit were being written and widely read at this time.⁶ Christine de Pisan's writing was in response to these attacks. Her 15 volumes of work were widely read, and she became

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famous—and ridiculed—during her lifetime for crossing the line between the private and public life that was demarcated for women. The ideal of *humanitas*, the notion that education would cultivate and bring out the “human” in “man,” was literally for men only, and was even more narrow than the limiting Christian culture of the medieval Church had been. Humanism as a mode of thought set up education and intellect as the paths to salvation and cast doubt on the ability of women to achieve these Renaissance ideals.⁶

The debate initiated by Christine de Pisan and continued for 400 years by her feminist successors, the *Querelles des femmes*, was carried on against formidable adversaries, misogynists Jonson, Pope, Rabelais, Boileau, and Moliere.⁶ Christine de Pisan and the feminist writers who followed her sought to present women as capable human beings able to learn and able to rule. With no previous theory and no model to guide them, this exceptional group of women rejected the prevailing view of women as powerless and irrational. They protested that this view was not supported by the experience of women and they mounted serious rebuttals to misogynous writings.

From the 14th through the 18th centuries other feminists took up the challenge of refuting misogynous attacks; among them were Lucrezia Marinella, Rachel Speght,

Mary Astell, Aphra Behn, Laura Terracina, and others. Included in the characteristics of early feminist theory were the following: (a) a conscious dialectical stand in opposition to the defamation of women by specific authors, (b) focus on gender as culturally and socially and *not* as biologically defined, and (c) the opposition of the mistreatment of women, an aim that led to a more positive attitude toward humanity in general.⁶

Enlightenment feminist theory

Proceeding along the general theoretic lines of early feminists, who were basically pleading the case that women were competent persons and therefore should enjoy human privileges along with men, were the Enlightenment feminists. The Age of Enlightenment was a response to the philosophical imbalance that followed some of the unsettling scientific discoveries of the 17th and 18th centuries. Newton's *Principia Mathematica* and Descartes' *Discourse on Method* encouraged people to believe that, if the cosmos were governed by a few simple mathematical laws, so too could be the social, moral, political, and aesthetic world.⁸ There was an optimistic and naive belief that there is an ultimate truth that can be reached through reason. Women who subscribed to the Enlightenment conviction, labeled “liberal feminists” in contemporary writing,^{8,9} believed in the power of reason to overcome the oppression of sexism as well as other social ills.¹⁰

A basic tenet of the Enlightenment paradigm was that of the “natural rights” of humans. The movements associated with the French and American revolutions were based on natural rights theories of enlightened reason. Feminists eagerly took up this

theme, confident that rational males could not fail to reach the logical conclusion that women, who were human after all, should have rights and privileges equal to men's.

Natural rights theory based totally on reason could, however, work against women. According to the Enlightenment rationalist world view, everyone's mind worked in the same mechanical way; reasoning power was available to everyone. The metaphor, according to Donovan,⁸ was that of the world as a clock and God as the great (male) clock winder. This did not explain the subjective world, which is so much the world of women, and women's mode of thinking was seen as inferior to that of men. Because this view underlay the laws, property rights, and marriage arrangements, women had no legal public existence.

Feminists of this period, defined by Rossi¹⁰ as encompassing the years 1770 to 1870, are considered Enlightenment liberal feminists because of their faith that equality for women could be achieved within the systems of the existing social structure. Writers identified with this theoretic stance were Abigail Adams, Mary Wollstonecraft, Frances Wright, John Stuart Mill, and Harriet Martineau. Five basic tenets of Enlightenment liberal feminism are (1) faith in rationality (reason and God are nearly synonymous), (2) belief in the ontological similarity of women and men, (3) belief in the ability of education to transform society, (4) view of the individual as an isolated being who operates as a rational independent, and (5) subscription to the natural rights doctrine.⁸

Cultural feminism

Other themes of feminism that were important in the 19th century and have gained

attention and followers in recent years could be grouped under the category of cultural feminism.⁸ These are called "Theories of Difference" by Lengermann and Niebrugge-Brantley,¹¹ who group the theories according to the explanations of difference offered by the theorists: biosocial, institutional, and social-psychologic explanations.

Early American feminists categorized by Donovan as cultural feminists were Margaret Fuller, who wrote *Women of the Nineteenth Century* in 1845, and Charlotte Perkins Gillman, who struggled with the masculine competitive ascendancy theories that emerged from social Darwinism in her 1898 book *Women and Economics*. Advocates of social Darwinism, or "survival of the fittest," went far beyond Darwin's theory and maintained that progress was based on the superior male's (the strongest stag with the most effective antlers) ability to procreate. The extremists among the proponents of social Darwinism believed that progress was sustained in human populations by competition and war. Donovan suggests that this was a convenient theory for American capitalists who used it to justify morally their exploitative business practices. It was also a rationale for imperialist seizures of land in the American expansion period.

One argument for women's right to vote was based on cultural feminist social reform, the belief that women must make themselves felt in the public sphere because their moral perspective would improve corrupt masculine politics.⁸ Social reformer pacifists such as Jane Addams, Emily Greene Balch, Crystal Eastman, Lillian Wald, Sophonisba Breckinridge, and Florence Kelley⁸ based their social activism (known as "social housekeeping") on the cultural feminist belief that women were different: maternal,

cooperative, altruistic, and life-affirming. Because of these and other differences, women and their children also needed protection in the form of the Maternity and Infancy-Protection Act of 1921, Child Labor Amendments, and legislation preventing abuses of women's working hours and conditions. These assumptions brought cultural feminists into conflict with enlightened liberal feminists when the former group did not support the 1923 Equal Rights Amendment (ERA) for fear of its effect on the hard-won protection for women.

Other feminists who were fundamentally natural rights enlightened liberal feminists and who also used cultural feminism in their analyses were Matilda Joselyn Gage, author of *Woman, Church, and State*, and Elizabeth Cady Stanton, who wrote the radical *Women's Bible*.⁸

Psychologist Gilligan is a contemporary writer who has articulated points of view on theories of gender differences. Gilligan¹² built on Kohlberg's¹³ moral development research, which found that female students tended not to reach the highest level of moral thinking as measured by Kohlberg's scale developed for males. Gilligan found that women's and female children's decisions were based on a different approach from that of their male counterparts in the study, using values of relationships, connections, and social responsibility in their decision making.

In summary, cultural feminists believe that there is a basic difference between the genders, that women's inner psychic life is different from that of men, and that their values, judgments, and modes of thinking are inherently different. Whether this difference results from the physiology of nervous system and hormones, the intimate connec-

tion with menstruation and birth, or the early socialization and bonding with other women, cultural feminists demand that these distinctive ways of seeing and being in the world be recognized and respected as normal behavior. Rather than seeing the feminine perception and mode of operation as deviant, cultural feminists see them as alternatives that are not only acceptable, but absolutely essential to survival in a world in which the masculine ideals of competition and conquest have been ineffective and frighteningly destructive. Some more moderate cultural feminists identify holistic, nonviolent, and nurturing characteristics as feminist in

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orientation, recognizing that not all women and some men, such as Martin Luther King, Jr. and Gandhi, demonstrate feminist qualities.¹⁴

Many cultural feminists see wars, terrorism, and ecologic exploitation as metaphoric to the relationship of dominant male to exploited female. They aspire to a goal much higher than equality between the sexes. Equality of rights is just a means to an end for these feminists, and that end is a world where the perspectives and power of women are brought into play to transform destructive social behavior.

Radical feminism

Drawing membership from the epistemological ranks of both the enlightened liberal and the cultural "difference" feminists are

the radical feminists. *Radical* is defined as "of, relating to, or proceeding from a root . . . of or relating to the origin: fundamental."^{15(p970)} In keeping with this definition, radical feminists believe that changes in sexist society will be effected only by fundamental changes in the structures of that society and in our view of reality. The very premises on which former feminists have built their arguments must be called into question. Millet, who characterizes the gender relations as one of the "great cages in which we are immured,"^{16(p22)} voices the perception of many radical feminists who believe that the heterosexual tradition, the tradition in which one group controls another, is the most basic and the source of all other oppressions—racial, class, economic and others.

Radical feminism is characterized by intense valuation of women and a deep grief and rage over their oppression. One can feel this grief and rage in Daly's¹⁷ accounts of the forced suicides of Hindu widows and the footbinding and genital mutilation of women and children by their societies.

HISTORY OF NURSING

"Roots" of nursing

Nursing is older than medicine and both are older than civilization and the keeping of records of human efforts and actions. The assumptions about the existence of early nursing are surmised from archaeological evidence, which indicates diseases suffered by early humans and some surgical treatments such as trepanation. Paleontological evidence that prehistoric persons survived fractures and trepanation in a hostile envi-

ronment¹⁸ gives substantial indication that a type of nursing care was provided. It seems clear that nursing began as an extension of the caring and maintenance of health that was part of managing the home, whether this was done by the mother or female relative, a household slave or poor relation, or by the lady of the manor who was responsible for the health of servants and serfs. Organized nursing progressed at the time of the Roman Empire when it was recognized that large numbers of soldiers were perishing of disease during the military campaigns.¹⁹

At least half of the organized nursing services associated with church and military were delivered by men from the early Christian period to the early modern era. During the 13th century monks and nuns worked in the same hospitals, which were also centers of learning. Women distinguished themselves along with men, and abbesses wielded considerable wealth and control.^{19,20} Hospitals were often charitable institutions because those who had family or servants to care for them were cared for at home. Other than military installations, hospitals had no physicians associated with them and focused on nursing care only.²¹

With increasing institutionalization of nursing, the political ramifications of this service, so historically connected with the church and the military, became more obvious. The issue of control of what was to become the profession of nursing became a theme that reappeared throughout its history. Nursing leaders themselves were not unified in their aspirations for the profession. As feminism had its different philosophic points of view—the enlightened liberals, the cultural feminists, and the radical feminists—that often disagreed with one another, so nursing had its differing factions. Identifi-

fiable perspectives in nursing were those of the enlightened liberal feminist nurses, the social reformers (analogous to cultural feminists), a few radical feminist nurses, and the professional advocates. Control of nursing, both internally and externally by groups holding these differing views, has continued to be a debated issue.

Early struggles for control

Midwifery was considered the domain of women for many centuries. It was controlled by women; men were excluded and severely punished for encroachment.²⁰ Another indication that women were exerting some control over their own lives and over nursing in medieval times is the account of the Beguines, who established a nursing order for women outside the control of the church. Not a small group of women, their communities existed in most cities and villages of Northern France, Germany, and the Low Countries, and were estimated to make up 10% to 15% of Strasbourg and other important cities.²² Beguines, unlike women in some religious orders, could control their own property. Many of the women left their worldly goods to the community, which cut across class lines, offering advantages of support, autonomy, sorority, and security to crafts-women of all ranks as well as nurses. During this time of feminine independence, which is associated with massive social changes in medieval society, nurses at the Hotel Dieu in Paris went on strike in 1487 to protest the Church's efforts to maintain control of the hospital.²⁰

The class difference between nurses and physicians is seen by many nurse historians as creating the motivation and basis for the

subjugation of nurses. Women healers, according to Ehrenreich and English,²³ were aligned with the peasant classes; their power derived from the faith and support of this group. The physicians, on the other hand, were under the patronage of the ruling class. The witch-hunting that spanned four centuries of European history is seen by Ehrenreich and English as a ruling class campaign of terror directed against the female peasant population. These authors note that the explanation of mass hysteria to account for the phenomenon of the violent execution of millions of women is basically a medical interpretation. Ehrenreich and English reject this explanation, saying that the witch hunts followed well-ordered, legalistic procedures that were financed and executed by church and state institutions. Their alternative explanation is that witches (and powerful women) represented a political, religious, and sexual threat to Protestant and Catholic churches, a view shared by radical feminist Daly¹⁷ and by MacPherson,²⁴ whose writings on the medicalization of women qualify her as one of nursing's rare radical feminists.

The theory of class as an explanation for gender inequality and oppression is also addressed by Edelstein,²⁰ who notes that the history of this class inequality of physicians and nurses in the control of health care has come to be seen as inevitable and even functional. Marxist and Socialist feminism, not addressed here, are two strands of feminist theory that have had great explanatory power in conceptualizing the oppression of women and that continue to have a growing influence in nursing.²⁵

The rise of Protestantism in Europe has been characterized as a dark age for nursing.^{21,26} Two effects of the Reformation, arising from the closing of monastic institutions

such as hospitals and schools, were the removal of almost all men from nursing and a decline in the quality of care. Both Protestant and Catholic religious orders in Europe were aware of the inadequate nursing care, and eventually support was raised from private and state groups for the nurse-deaconesses on the continent. Records of this time indicate that hospital nurses were women; they were subject to the matron, and they spun and wove the cloth for the bed sheets. Requirements were mentioned for health and character, but none for education or skill.²¹

Nursing in the United States

Unlike the hospitals of the old world, which were founded on the principle of charity and one's duty to care for one's fellow person, hospitals in the United States were established with an eye to business. The petition for the first US hospital was written by Benjamin Franklin and its purpose was to assist persons to regain their health to return to work.²² Ashley²⁷ points out that hospitals in the United States have never been charitable institutions, but were always profitable business ventures.

Whereas Florence Nightingale established training schools that had sound financing and administration totally independent of the hospitals themselves, US schools were not endowed and thus had no independent financial backing. Because US nursing schools had financial problems from their beginning, they exchanged student labor for financial support. This system of exploitative apprenticeship in which the unpaid labor of nursing students was sold by hospital administrators is blamed by many

for the position of nursing to this day.²⁸ In contrast to the nursing education model, medical schools were not connected to hospitals. They were commercial ventures and students had to pay to attend them.²⁷

In the early 19th century in the United States, nursing was associated with the home and with mothers who provided care to sick relatives and friends. In Philadelphia the idea of professionalism and education for nurses was initiated and supported by physicians who realized that, without nursing care, all of the medicine and surgery of physicians might well be ineffective.²⁹ To help establish their own legitimacy, physicians supported hospital schools of nursing and took a hand in the training of the new professionals. It was assumed that these nurses would be women and that they would answer to physicians. This control by physicians of US nursing and nursing education contrasted with the model in England of Nightingale's autonomous school.³⁰

Attempting to organize as a women's profession during the late 19th and early 20th centuries, nurses allied with philanthropic social reformers. These women, Lena Potter Cowdin, Elisabeth Mills Reid, Anna Roosevelt Cowles, and Frances Payne Bolton, were of a higher social class than the nurses whose cause they espoused,^{6,31} but the two groups shared an interest in public issues. Armeny characterizes these shared interests and goals as an aversion to "decentralization, disorder, and amateurism" and states that the reformers, both lay women and nurses, were dedicated to what she labels a "Sanitary ideal."^{31(p17)} Following this alliance, which prevailed for several decades of the 20th century, nurses built their own power base based on connections with governmental agencies and, notably, an identifi-

cation not with feminist women but with other professions such as medicine. Proponents of a woman-centered agenda, such as Washington physician Dr Anita Newcomb McGee, did not take seriously the need for training for nurses in the Spanish-American War, nor did they require that these nurses be led by a nurse. These were both crucial items for Isabel Hampton Robb and other nursing leaders of that period.³¹ Thus professional advocacy, a strong theme that would continue to influence nursing, was a factor in one rift between nursing and feminism. This could be conceptualized as a division between two types of feminism: the cultural feminists, who saw an underlying bond between women, and the professional advocates, who wanted to protect the economic and professional autonomy of one group of women—nurses.

Feminism in nursing

There have been many cases in which nurses have not been leaders or even active in the women's rights movements. Florence Nightingale, although she believed strongly in women's suffrage and women's rights, has been criticized^{1,32} for her failure to identify with the women's movement. Nightingale's endorsement would have been significant not only because of her prestige

in her own time, but also because her stance has influenced the position and the decisions of organized nursing in our time. Considering the cases in which nurses have not been leaders in the light of the differing nursing stances of the enlightened liberal, social reformer/cultural, radical, and professional advocate provides a framework for examination of their perspectives in decision making.

The professional advocate model might help to explain the position of the American Nurses' Association, which declined to endorse women's suffrage until 1915, although the struggle for the vote for women had been going on for 40 years before that.³² The association members' explanation for their position, supported by a large majority of votes, was that, as a professional organization, they wished to remain "neutral."^{33(p290)} A more cultural feminist argument was given for the association's position on passage of the ERA, which it did not endorse until the late 1970s. Members stated their concern that "the fact of biological differences between men and women demands special legislation."^{33(p292)}

Nurses who allied with social reformers in the early decades of the 20th century were united in their dedication to the "Sanitary ideal"^{31(p17)} and not to a feminist mission. Faced with a choice between feminist ideals and nurturing of the threatened infant nursing profession, many nursing leaders rejected feminism and chose professionalism.

There were, however, outstanding feminist nurses who were active in the women's movement. Most spectacular was Lavinia Dock, who spoke eloquently in favor of both the right to vote and the ERA. An enlightened liberal feminist in her writing, but radical in her actions, Lavinia Dock picketed the

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executive mansion for women's suffrage and proudly spent the night in jail.³³ She was supported by Isabel Stuart, Adelaide Nutting, and Lillian Wald, who were in favor of women's suffrage.^{33,34} The strong feeling toward woman-centered orientation is evident in Palmer's editorial in the *American Journal of Nursing* published in 1903: "We are a part of the great woman's movement of the age in which we live, and women in other lines of work need us, just as much as we need them, to prevent our becoming narrow and one-sided."^{35(p27)}

In the 1970s Wilma Scott Heide, a nurse, was an early president of the National Organization for Women. A scholar and untiring activist, Heide made the radical statement, "Sexism is splitting the world . . . the medical model is dangerous to our health in the wholistic sense,"^{36(p33)} and went on to cite feminist ideals as the hope for individual and societal health in the future. Heide, like Lavinia Dock, advocated rights for women from an enlightened liberal perspective and worked within the existing system, but her radical solutions to health care problems and her innovative language (she proposed that women give "breastimony" for passages of legislation³⁶) place her in spirit with the radical feminists. It was also in the 1970s that nurses who were members of the National Organization for Women (NOW) created a national task force, Nurses NOW, to address the specific interests of feminist nurses. The 1980s have seen the organization of a radical feminist nurses network, Cassandra, which has the avowed purpose of nurturing support and connection for women nurses who are creating a woman-centered reality.³⁷ In their *Newsjournal*, Cassandrans can read feminist critiques and book reviews on nursing issues and can connect with other feminist nurses.

"REFLEXIVE" ANALYSIS OF FEMINIST AND NURSING POINTS OF VIEW

Patriarchy as a common theme

For those who would undertake a feminist analysis of the social sciences, including history, feminist philosopher Harding prescribes a "reflexive" feminist theory, "one which consciously explains its own social production as a result of the *same kinds of causes* it claims function in history more generally."³⁸ Harding states that one's own perspectives and assumptions in undertaking a feminist critique must be scrutinized because "there can be no single, experiencing, knowing, acting, reflecting, female subject through whose experience we can understand politics and social life, for the sex/gender system is expressed only in historically and culturally specific ways."^{38(p27)} Harding looks for common causes in the different responses of women, comparing those of women of color, feminist theorists, "pro-life" and "total womanhood" advocates. The differences, suggests Harding, can be accounted for by the differences in the patriarchal systems under which the various groups must function. There are many kinds of patriarchy with which women must contend to survive, and different tactics must be used with each.

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Contradictions and conflicts

As different schools of feminists have disagreed with one another, so nursing factions have come into conflict. Donovan⁸ describes the clash between enlightened liberal and cultural feminists over the 1923 ERA as a conflict between feminists who believed that women were like men and needed only the freedom and rights to act, and feminists who believed women were different from men and required special protective legislation. This same difference of belief existed between Lavinia Dock, an enlightened feminist nurse, and the American Nurses' Association, which took a cultural feminist stand in wanting to protect American women from the ERA.³³

It is often lamented that nursing has come to feminism late, that organized nursing, at least, has lagged behind and even obstructed first (1840s to 1920), and second wave (1960s to 1980s) feminism. However, in the longer view, nursing has been a haven for strong women to practice a relatively autonomous, intellectually stimulating, caring profession during periods of history when women were generally dominated. For instance, strong women, such as Olympia, Macrina, Marcella, and Fabiola, were able to practice nursing and organize hospitals in 300 AD when Roman law totally subjugated women.¹⁹ Similarly, abbesses and the Beguines were the most autonomous groups of women in the medieval period and provided leadership in nursing and scholarship.²⁰ Women healers had become so strong during the late medieval period that the leaders of the Renaissance (which might better be thought of as the rebirth of absolute patriarchy) had to mount an organized persecution in the form of witch burning.²³

Having suffered from the constraints of Victorian women's life, Florence Nightingale established modern nursing with the goal of giving women a respectable way to contribute to society.³⁰ She lamented, "Why have women passion, intellect and moral activity—these three—and a place in society where none of these three can be exercised?"³⁹ and yet declined to actively champion feminism.²⁹ Reverby³⁰ states that Nightingale's emphasis on the duties and responsibilities of nursing, as opposed to rights of nurses themselves, was an outgrowth of her upper class background as well as her strong religious motivations. Diers⁴⁰ relates anecdotes of Nightingale's strong ego and ambition, suggesting that the founder of modern nursing shared a characteristic of many strong women: a lack of empathy with those who experience patriarchy in a more devastating way. Nightingale's inherited advantages (relative wealth, class privilege, intelligence), similar to those of later vanguard, white, middle-class feminists, interfered with her perception of the need to tear down oppressive barriers for all women. She felt that providing opportunity (a dignified profession and better health) should be enough. Nightingale's mobilizing of resources for the public health of the lower classes as a response to Victorian patriarchy is similar to the responses of cultural/social reform feminists Lillian Wald and Jane Addams. Her cultural feminist sentiments made her impatient with the idea of women seeking rights and activities just because men valued these entities. She saw care as a far greater value and was willing to delegate the less significant activity of "cure" to the physicians.³⁰

American nurses, originally allied with social reformers and early American activist

feminists,³¹ faced a choice between feminist ideology and the much-valued professionalism in the form of recognition of training and nursing control. It seems that, given a difficult choice, they made the practical decision to align themselves with patriarchal medicine to achieve their goals.

Toward a reflexive view of feminism in nursing

Organized nursing's traditional alliances with the Christian church and with the military have both hampered its development of autonomy and protected it during times of particularly strong female oppression. The very earliest Christian church was led by women as well as men, and monasteries provided a setting for both nursing and teaching in the first century.¹⁴ However, by 1000 AD, the Church had been totally organized along patriarchal lines and had become one of the most oppressive institutions for women. Yet, within its purview, nursing continued to provide a haven for strong women, such as in the Franciscan orders in the early medieval period. The Church also usurped the power of secular nursing, which was expanding during the 1400s. Attacks took the form of official action as well as witch hunts. Nurses protested this encroachment with a symbolically important successful strike in the Hotel Dieu in Paris in 1487.²⁰ Much of the best nursing in the centuries that followed was carried out by nuns. The Christian caring ethic has always seemed congruent with nursing and thus provided a powerful attraction, even when the equally strong patriarchal and persecutory church tradition has been oppressive and deeply painful for women in general.²³

The military, the strongest symbol of the dominator mentality described by Eisler,¹⁴ has also been an institution of mixed experience for nursing. While times of military dominance and warfare have been generally traumatic for women and feminine values, they have often been periods of advancement for nursing. During war, the patriarchy has valued nursing's ability to keep soldiers able to fight. Thus the Crusades, the American Civil War, the Crimean War, the Spanish American War, and the world wars were periods of significant nursing advancement. Yet within the military structure nursing has had to struggle to maintain prestige. The relationship between the military and nursing has been a paradoxical one, played out today in the controversy over a statue to recognize nurses of the Vietnam War.⁴¹ This cause was not particularly supported by feminists outside of nursing until very recently, a reflection of both nursing and feminist antithesis and our current developing synthesis.

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In *Ordered to Care*, Reverby²⁸ describes the situation of nursing within the patriarchal framework—caught between medicine and the burgeoning hospital industry. She depicts nurses as women differing in education, class, race, and ethnic origins, all competing for the title of "nurse" and for the limited number of nursing positions. Political unity was difficult because of the diversity of the group.

Harding's theory³⁸ of differing responses to patriarchy would find many alternative responses, from subservience to anger, in the members of the group described by Reverby. The various categories of feminists may

have been represented in that group, as they are in nursing groups today. In an effort to change the system, enlightened liberal feminist nurses champion their rights—often in the legislative or collective bargaining arena—to equitable wages and benefits and for optimal conditions for quality patient care. Their sisters, the cultural feminists, have often rejected the rights framework as inadequate for nursing. Reverby suggests that this is “because of some deep understandings of the limited promise of equality and autonomy.”^{30(p10)}

Equality and autonomy have indeed been limited in the systems within which nursing has historically functioned—patriarchal systems that were outgrowths of the church and military establishments. Nurses, as women and as professionals, have been innovative and creative in their varied responses to the manifestations of patriarchy they have encountered. They have not always been proud of their compromises and certainly they have not always agreed with one another, no more than feminist Sonia Johnson would agree with anti-ERA advo-

cate Phyllis Schlafly. Yet Johnson, responding to a reporter who invited her to criticize Schlafly, made the comment that she had more in common with Mrs Schlafly than she would ever have with any man.⁴² That commonality, as Harding³⁸ has pointed out, is the common condition of patriarchy.

History can be viewed as a series of movements (always having their resistors) and retreats (backlashes) that are probably accelerating in their frequency, forming complex patterns. Feminism and nursing have both nurtured one another and formed opposing patterns that have led to new syntheses. Certainly, the social housekeeping period was such a mutual facilitation period for feminism and public health nursing. However, hospital nursing experienced the patriarchy in a particularly frightening way at the same time.²⁶ Using a dialectical analysis and Harding's reflexive critique, nurses can move beyond blaming nursing for a lack of feminism, move toward understanding and valuing their interwoven complex history, and celebrate this new and exciting version of their synthesis.

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