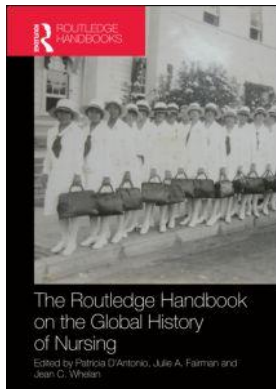
This article was downloaded by: *10.3.97.143*
On: 06 Dec 2023
Access details: *subscription number*
Publisher: *Routledge*
Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: 5 Howick Place, London SW1P 1WG, UK



Routledge Handbook on the Global History of Nursing

Patricia D'Antonio, Julie A. Fairman, Jean C. Whelan

Protestant Nursing Care in Germany in the 19th Century

Publication details
https://www.routledgehandbooks.com/doi/10.4324/9780203488515.ch10
Karen Nolte
Published online on: 24 May 2013

How to cite :- Karen Nolte. 24 May 2013, *Protestant Nursing Care in Germany in the 19th Century from:* Routledge Handbook on the Global History of Nursing Routledge
Accessed on: 06 Dec 2023
https://www.routledgehandbooks.com/doi/10.4324/9780203488515.ch10

PLEASE SCROLL DOWN FOR DOCUMENT

Full terms and conditions of use: https://www.routledgehandbooks.com/legal-notices/terms

This Document PDF may be used for research, teaching and private study purposes. Any substantial or systematic reproductions, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The publisher shall not be liable for an loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

PART 4

Nursing and the “practice turn”

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

This page intentionally left blank

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

10
PROTESTANT NURSING CARE IN GERMANY IN THE 19TH CENTURY

Concepts and social practice[1]

Karen Nolte

With the recent "practice turn" in the field of history, the main focus is again the daily life and the activities of ordinary people.[2] At the center of scholarly interest are people's daily activities and individual practices, but the historians analyze them in close relation to discourses and structures of which these agents were a part. The starting point for this "practice turn"[3] is Pierre Bourdieu's concept of social practice.[4] Bourdieu regards the practices that social agents perform as an implicit knowledge but at the same time assumes that discourses and norms are performatively created through such practices. Utilizing this praxeological point of view, this chapter brings a new perspective to the German history of nursing care in the 19th century and focuses in particular on the nurses' actions and spheres of influence while also investigating the relationship between the practices, discourses and structures in this context. It concentrates on Protestant nursing care which, due to its type of training and community style of living and working, became very influential for German nursing care in the 19th century.

Protestant nurses were mainly deaconesses who lived and worked in a strictly regulated community. While the founder of the first German deaconess motherhouse in Kaiserswerth, Theodor Fliedner (1800–1864), had originally planned to train daughters from the better circles of the educated middle class for this vocation, the actual deaconesses were mainly women from the lower middle class with either an urban or a rural background. Since Fliedner led the community in a family-like and paternalistic way, both the male and the female principals considered themselves as superiors and "parents" of their deaconesses. In return for subordinating their life to the requirements of the motherhouse, the sisters received care when they fell ill and in old age.

Historian Claudia Bischoff[5] emphasizes the normative restrictions and patriarchal structure of the community of deaconesses. Similarly, theologian Jutta Schmidt, in her nuanced study of the social composition of deaconess communities in the 19th century, argues that the community of deaconesses was not very appealing to women from the

educated middle class.[6] Both studies emphasize the repressive patriarchic character of the deaconess communities. The notion of suppression that these scholars stress, however, adheres to a one-dimensional notion of power and does not explain why so many young women joined the community of deaconesses. Theologian Silke Köser, by contrast, argues that, following Max Weber, a power relationship needs to be borne by both parties: the rulers and the ruled. She establishes how the principal pastor at the institution for deaconesses in Kaiserswerth managed to create a hierarchical structure (and thus the power of the principals at the motherhouse) by forming this particular motherhouse culture and by building an identity of the deaconesses that rested on the community. The deaconesses accepted their (inferior) status in this hierarchical order because their superiors provided the security of belonging that formed the basis of deaconesses' identity. According to Köser, central to this establishment of a "collective identity" were the distinct dresses of the deaconesses, the deaconesses' initiation with a festive confirmation, the maintaining of the community through regular letter exchanges with the deaconesses on site, and finally the regular return of those deaconesses "in the field" to the motherhouse.[7]

My arguments build on Köser's research while also drawing on studies on female religiosity in the 19th century which point out that women were crucial as facilitators of the Christian faith within the context of a bourgeois culture of piety (*Frömmigkeitskultur*).[8] Thus I will show how the deaconesses appropriated the "collective identities" in their everyday practices and what spheres of action this process opened. I argue that the thorough training the nurses received, to become both missionaries to the unfaithful in their homeland and professionals in physical nursing care, strengthened their position with respect to physicians.

This argument is based on the extensive collection of detailed letters sent by the nurses whom the motherhouse had placed in hospitals as well as in community and private care, held in the archive of the Fliedner foundation in Kaiserwerth near Düsseldorf. The deaconesses reported to the motherhouse not only about their work, their experiences and newly gained knowledge, but also about their daily conflicts with the patients, other deaconesses and, more rarely, the physicians and pastors. Since the letters were addressed to the principal couple of the motherhouse – in the first years Theodor Fliedner and his wife Caroline – the Sisters tried to fulfill their expectations of a deaconess. The principals of the motherhouse, in turn, chose individual letters to present as examples in the in-house journal "The Friend of the Poor and the Sick," published for the community of Sisters and the supporters of the institution for deaconesses. This circumstance may also have influenced the Sisters' writing behavior. The journal appeared six times a year and had between 30 and 40 pages. Keeping this background in mind, these letters are nonetheless foremost self-testimonials shaped by a normative pressure and revealing ruptures – especially when the nurses described conflicts with the social surroundings.[9] These ruptures and the descriptions of the daily routines form the starting point of a history of social practice.[10]

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Nursing care in 19th-century Germany

Around 1800 organizations were founded in Germany that dedicated themselves to the nursing care of poor people. These were women's associations that were dedicated to caring for the sick and poor, or Catholic orders for nursing care,[11] or motherhouses of deaconesses. Those working within these organizations of care reacted to the dramatic changes in society at the time. When industrialization began in Germany at the beginning of the 19th century, German cities transformed into metropolises into which the impoverished population from rural areas flocked to search for opportunities to earn a living. In large cities people who became sick could no longer be cared for at home, because all family members had to work for their livelihood. Hence, poor patients received either poor care or none at all. Disease posed a significant risk of impoverishment for the workers, artisans and servants who already lived just above the poverty level. Women earned only half of what men received for working in the factory or service professions. When the male breadwinner of the family either fell ill for a long period of time or died, the family or the widow could only exist with the aid of poor relief. Bourgeois society discussed the impoverishment occurring on a huge scale under the tagline "the social question." Due to the close relation between disease and poverty, care for the sick was understood as a measure against poverty.[12]

In 1836, the young pastor Theodor Fliedner founded a training institution for Protestant nurses in the impoverished community of Kaiserswerth near Düsseldorf which, by happenstance, was a Catholic region. As a model, he drew on the Catholic Sisters of Mercy and referred to the first deaconesses described in the communities of the New Testament. For Fliedner, referring to the occupation of those first deaconesses was not an attempt to be historically precise; rather he was looking for grounds to justify a professional life for women in the community.[13] Fliedner sympathized with a revival movement that, since the end of the 18th century, had been causing a religious awakening. These revivalists had been putting the practical Christian lifestyle of the individual at the center of their Christian self-understanding. Due to the inter-denominational features of this religious awakening movement, Fliedner had no fundamental reservations about Catholicism, which explains the mixture of Catholic and Protestant elements in the community of deaconesses.[14]

After the founding of the deaconate at Kaiserswerth, additional motherhouses were established throughout the German Reich. The institution for deaconesses in Kaiserswerth became a model for all subsequent communities of deaconesses founded within Germany, and also in the rest of Europe and the United States.

The Protestant philanthropists and the deaconesses regarded poverty as a result of a "spiritual poverty," i.e. a lack of piety. For that reason they considered the re-Christianization of the faithless, which was also called "inner mission," to be the central measure against poverty in their homeland. The concept of the "inner mission" must be understood within the context of the colonial history of the 19th century: Numerous associations were founded to convert the so-called heathens – unbelieving Christians – in the home country, a notion that was derived from the missions in the German colonies in Africa. These associations were dedicated to religious social work that focused

on fighting alcoholism, prostitution and other manifestations of a sinful life to which the lower classes had succumbed due to their lack of faith.[15] The bourgeois Protestant notion of the "inner mission" was thus a reaction to the pauperization that had been perceived as a problem, especially in larger cities. Fliedner and other protagonists of the "inner mission" shared the opinion that disease and material and spiritual impoverishment were causally linked. For that reason the sisters, in addition to caring for the body, also concerned themselves with the patients' salvation.[16]

Norms and regulations

Theodor Fliedner's concept of a community of deaconesses followed the contemporary model of the bourgeois family according to which the husband was his wife's guardian.[17] Hence, according to bourgeois norms, it was unsuitable for unmarried women to move about in public on their own, and it was likewise inappropriate for reputable bourgeois ladies to have an occupation. Honorable bourgeois women were allowed to pursue very few occupations outside the house. While bourgeois ladies worked as teachers, they straddled the fine line between acceptance and rejection.[18] Taking care of the poor was one of the few tasks that a bourgeois woman could take up in the public sphere without suffering damage to her reputation. Offering unmarried women a community in which the principal couple adopted the position of parents and ensured legal security and respect in society, Fliedner wanted to create a model for a life beyond marriage or the pitiful existence of an unmarried woman who had to live and depend on her parents or siblings until she was old.[19] The pastor introduced a uniform for the nurses that corresponded to the garments of a married woman to provide a visible sign that deaconesses were honorable: Their floor-length dresses in dark blue were made from expensive cloth (Figure 10.1). The deaconesses also wore white lace bonnets which up to then had only been worn by married women when in public to signal that they were literally "under the bonnet," which even entered the German language as an idiom for being married. As Jutta Schmidt has pointed out, it was not the daughters of pastors or other educated women that came to Kaiserswerth to become part of the community of deaconesses, but rather women with very little education from a petty rural or petty bourgeois background.[20]

In the paternally "ruled" family that was the community of deaconesses, the principal's strict role as a patriarch was crucial to earn the respect of society for this cohabitation and collaboration with unmarried women.[21] One expression of the patriarchal structure was the concept of sending the deaconesses to work where they were needed: The principal couple of the deaconesses' motherhouse decided where the nurses were to work and how long they had to stay at their post. The deaconesses from Kaiserswerth were sent to both denominational and municipal hospitals.[22] The municipal hospitals appreciated Protestant nurses since they had received a thorough training in physical care. The hospitals and the deaconesses' motherhouse signed a contract that determined the working conditions according to the "House Order and Rules of Service" in Kaiserswerth and also decided how much the directors of the hospital had to pay the motherhouse for the deaconess' work. In addition to room and

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Figure 10.1 A deaconess in her dress. Archive of the *Fliedner Kulturstiftung* in Kaiserswerth. Reproduced with permission.

board, the deaconesses received a financial allowance and everyday necessities from the motherhouse. Deaconesses ended up in private or community care when the church communities hired them to care for members in their own homes. In this case, a contract was negotiated between the motherhouse and the community or, in the case of private care, the motherhouse and the patient.[23]

The deaconesses' life and work were subject to strict rules that had been written down in the "House Order and Rules of Service for Deaconesses."[24] A deaconess was supposed to perceive herself as a servant not only of God but also of her patients and her fellow nurses. It was strongly expected that the nurses were to display an attitude marked by humility and self-denial. The deaconesses were supposed to subject themselves to a thorough "self-examination" with duty, humility and self-denial at its core and, if possible, to do so on a daily basis. Thus they were supposed not only to live a pious lifestyle but also to internalize the central rules of the motherhouse. [25] Furthermore, the "House Order and Rules of Service" also served to secure the social order of the deaconesses in the hospital, in which they had to subordinate themselves to the physician and the pastor. Simultaneously they were asked to assume a dominating position towards the patients and male and female paid untrained care workers, and to keep a social distance from them.

Applying the idea of performative changes of norms to the example of Protestant nursing care, through the deaconesses' everyday dealings and actions, their normative frame of action shifted. The "House Order and Rules of Service" of the first German institution for deaconesses in Kaiserswerth illustrates this well. As Silke Köser points out, its founder had to adapt his orders and instructions constantly to the social practice in the community of deaconesses; between 1837 and 1864 there were five revisions of this body of rules which was meant as a guideline for the attitude and work of the deaconesses. In the second version, created in 1850, a fund for the nurses was initiated since the prohibition against accepting gifts, which had been included in the rules in 1839, could not be upheld because, in reality, when the nurses had been successful in caring for their patients they received such gifts.[26]

Another example of an individual's appropriation of and resultant revision of Fliedner's set of regulations can be seen in a deaconess' personal copy of the "House Order and Rules of Service." The official rules did not only refer to the concrete nursing practice and the Sisters' behavior within the community of deaconesses. Rather, they spoke to how the Sisters were supposed to internalize the ideal of self-denial, willingness to serve and the required religious position using a catalogue of self-examining questions. This preserved personal copy of one deaconess' copy of the "House Order and Rules of Service" shows how she had thoroughly reviewed these questions, replacing the printed passages with her own handwritten expressions, and even deleted whole questions from the catalogue without replacing them. Thus this deaconess obviously regarded as superfluous the question on whether she had always been diligent to learn practices such as "surgical procedures," "female handiwork" or "gardening work." Furthermore, it seems that she did not want to answer daily the question of whether she had sufficiently sought to please and cheer up her patients, the children and other wards. The deaconess even deleted the whole paragraph that discusses whether and how

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

she should conduct devotions with her patients. We cannot know from this source whether she regarded herself as impeccable in these areas or whether she thought these questions unnecessary for other reasons. Most of the small adaptations in the text apparently served the purpose of formulating the self-examining questions so that they corresponded to her own way of expressing herself and giving the catalogue her own touch.[27]

Training

After their arrival in Kaiserswerth the young women who would be deaconesses began their thorough training in matters of physical and spiritual care. The training usually lasted six months but could take much longer depending on the needs and ability of the individual nurse. The "parents" of the motherhouse decided when a nurse on probation was ready to be sent to a hospital or into private care in different communities. After her apprenticeship the nurse on probation was "handed over" to an older, more experienced deaconess, the so-called probation mistress. At first the nurse on probation had to work in the kitchen, the household or the laundry and was taught "female" needle works. Only at the hospital of the institution for deaconesses in Kaiserswerth (Figure 10.2) could a young nurse get practical experience in caring for patients with mild diseases from a mentoring nurse.[28]

Together with a physician, Fliedner lectured on theory in the motherhouse, the so-called "Medical Course" (*Medicinischer Cursus*). The female principal, Caroline Fliedner (1811–1892), taught practical courses on physical care for the nurses on probation.[29] Both the theoretical and the practical courses were based on the manuals on attending to patients that the Berlin physicians Johann Friedrich Dieffenbach (1792–1847) and Carl Emil Gedike (1787–1867) had written. These two doctors worked and taught nursing at the Berlin *Charité*.[30] Handwritten resources on the training of deaconesses illustrate that, contrary to Bischoff's argument,[31] the deaconesses were indeed meticulously trained in physical care and even learned skills that were otherwise executed by non-academic surgeons[32] upon the order of an academic physician.

The transcripts of the lessons from around 1850 by Theodor Fliedner paint a detailed picture of the training. The curriculum demanded the following central qualities of a nurse: "Attention both to the symptoms of the disease but also to what is going on within the patient," "presence of mind," "cold-bloodedness without toughness and indifference," "leniency when dealing with the patients but without sentimentality," "cheerfulness in the right sense," "discretion," "truthfulness," "punctuality" and "agreeableness." Furthermore a nurse had to have "physical strength" and had to get used to practicing "neatness and cleanliness."[33] The transcript further reveals that nurses received a basic knowledge of anatomy, and detailed explanations of all practical activities involved in physical care. Apart from washing the bedding and the patients, wound care and the correct administration of medications, the following practical skills were part of the curriculum: blood-letting, cupping, application of leeches and of fontanelles. This last procedure involved opening the skin and inserting a hair-rope to achieve "good purulence" through which substances of the disease were supposed to be drained

Figure 10.2 Deaconess motherhourse and hospital in Kaiserwerth around 1859, Archive of the *Fliedner Kulturstiftung* in Kaiserwerth. Reproduced with permission.

out. During the first half of the 19th century these surgical procedures were performed by barbers and non-academic surgeons. However, deaconesses were supposed to take on therapeutic tasks when no surgeon was available.[34] Due to their surgical skills, the nurses were in principle capable of crossing the line between the functions of the nurse and of the physician. Letters from community nurses in Kleve who reported to the motherhouse reveal that deaconesses indeed performed these procedures. Cupping and applying leeches were self-evident parts of their daily tasks with the patients.[35]

Theodor Fliedner also instructed "his" deaconesses thoroughly in the care of the patient's soul. While the nurse was required to pay attention to the patient's physical suffering, she also had to silently watch the behavior of her patient to gain an understanding about the condition of his or her soul. It was crucial that these observations occurred right after taking on the patient. After only a few days of observation the deaconesses were to ask the patient about their confirmation and check how well they knew the Ten Commandments. She also had to probe to what extent the patient was willing to reflect on his violations of the Commandments. For the care of the soul the following basic idea applied: The more a patient's character was like that of a child, the more promising the efforts for his or her soul would be. According to contemporary notions of the educated middle class, uneducated people were supposedly more open to the care of the soul than educated patients; young patients were thought to be more willing than older patients and women were assumed to be more open than men.[36] From the deaconesses' point of view the care for their patients' salvation was an act of caring without which the healing from a severe disease was impossible. After all, the

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Christian caretakers interpreted disease either as the result of a sinful lifestyle or, when the patients were pious, as a touchstone of God.

Daily nursing routine

Physical care was a significant part of the daily practice, yet the letters the nurses wrote to the motherhouse focused mainly on the care of the soul. A crucial reason for this was that care of the soul was central to the self-understanding of the community of deaconesses and even more important than physical care. Since physical care belonged to the daily routine it was presumably not worth mentioning in too much detail. For, of course, the teachers at the motherhouse knew perfectly well how each step of physical care was to be performed.[37] Therefore the Protestant nurses described each small case study of successful or failed attempts to heal the patient's condition of the soul.

Care of the soul

The narratives about conflicts with patients reveal how the pious nurses proceeded with those who resisted their religious teachings. According to the "Instructionen"[38] the nurses initially offered to read to the patients from the Bible or wholesome writings and to pray the Psalms with them. In addition, singing the hymns together was supposed to strengthen the sufferer's faith. Patients who did not want to be bothered with God or the Protestant faith had to endure the (at times not so) gentle pressure that the deaconesses exerted. Especially with severe cases the deaconesses saw an urgent need for action. They told dying patients about the approaching end and asked them whether they would be able to pass God's judgment.[39]

The deaconesses regarded some patients by default as sinful because of contemporary moralizing concepts of particular diseases. Syphilis patients endured judgmental approaches, as did patients with consumption, who supposedly had led extravagant lives with excessive diets and lax morals. Since the end of the 18th century the state had shown an increased interest in the bodies of its subjects as economic resources. Particularly people from the lower social classes were to be trained in health-conscious behavior. While the state did not explicitly require such training, an improved overall health of its people conformed with its population policies. Consequently an excessive lifestyle with respect to diet took on a moral dimension and the patient himself was held responsible for the loss of his health. Deaconesses reported from impoverished neighborhoods that fathers would drink at the tavern instead of providing their children with healthy food. Observing a lack of faith and immorality, they regarded the sinful, excessive lifestyle as the "germ" for the consumption that was spreading among the poor.[40] The letters by the Kaiserswerth nurses contain many complaints about consumption patients who were perceived as a special challenge with respect to the care of the soul, since they more frequently rejected the religious training.[41]

By contrast, the nurses identified with pious patients and at times lived through crises of faith together with them. For instance, one nurse read "some passages from Job" to a patient in the final stages of uterine cancer. She suggested to the patient and her

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

husband to identify with Job, who had been tried by God with severe suffering. In this way the nurse also overcame her own crisis of faith.[42] This case, which the nurse described very movingly, illustrates that it was the deaconess who was present at the deathbed and thus was able to address questions and crises of faith, instead of the community pastor, who could only visit the patients every so often. Since the deaconess was on site, the patients and families probably did not call for the pastor in such moments of need.

In special cases, the deaconesses also took on the spiritual guidance of dying patients, as can be deduced from another story that Sister Sophie, a Kaiserswerth deaconess, told the motherhouse in one of her letters: An old lady who suffered from "chest disease" and dropsy was approaching the end of her life. The nurse had diagnosed this and the patient herself was very aware that she was dying. However, her daughter and daughter-in-law apparently refused to believe that the lady would soon pass away and tried to raise her hopes. For that reason they did not fulfill her last wish to call for a pastor to pray with her. Proudly the Sister reported how she consoled the dying patient, stood in for a pastor and stayed with the lady during her last moments.[43] While the deaconesses liked to take on the spiritual tasks of the pastors, at times they also openly criticized how the pastors they encountered in the community perceived their professional tasks. Sister Luise, for instance, complained in 1846: "I think the situation would be different if the pastors visited the poor and sick people more frequently but they don't know them. Dear Pastor, people cannot reform themselves if the Lord does not do it but He has his tool also within mankind."[44]

Since the line between care of the soul and spiritual care was blurred, Fliedner and his successors at Kaiserswerth wrote a number of clarifications on this issue. Accordingly, the deaconess was supposed to be the "spiritual caretaker on a small scale," i.e., she was responsible for the "small" issues of faith and thus was supposed do the groundwork for the pastor. In the opinion of the principals of the motherhouses the pastor was in charge for the "perceptions" of spiritual care that "addressed larger issues." In other words, the pastor was ascribed a leading position in the spiritual care at the hospital. However, in reality the pastors were seldom on site to fulfill their spiritual care duties, since they also performed community tasks outside of the hospital. For that reason it was the nurses who assumed a central role in caring for the souls of the patients.[45]

Terminal care

The Christian nurses considered dying consciously as the last opportunity for the severely ill patient to recognize his or her own sinfulness. Turning to the Lord at this last moment would allow them to die blissfully. The deaconesses' obituaries emphasize in particular the dying phase of the various nurses, inscribing these texts into a tradition that had begun a while before.[46] Since the end of the 18th century the Protestant bourgeoisie, in particular pietistic circles, had been describing the last hours of deceased family members in detail. These depictions showed the piousness of a family and also served as a memory of the departed. Part of the ongoing theme of these descriptions was the emphasis on how patiently the deceased had suffered through great pain.[47]

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Building on these bourgeois descriptions of dying, the submissive attitude the nurse showed to God as well as pain and suffering was stressed. During their life the pious caregivers interpreted a severe disease that they barely survived as God's biggest award. Indeed, the deaconesses thank God in many letters that He tried them with a severe disease but let them live. Matthias Benad coined the term "piousness of dying" (*Sterbefrömmigkeit*) for these popular depictions and identified them as the center of the deaconesses' religious self-understanding.[48] The nurses wanted to convey the experience of dying as a religious purification and the feeling of being especially close to God with their severely ill and dying patients.

To begin as early as possible with the care of the soul of dying patients, the deaconesses had a keen interest in the terminally ill patients' knowing at the earliest possible stage about their lethal prognosis. However, in the 19th century many physicians rejected the idea of informing severely ill patients about their imminent death. According to contemporary medical thinking, the physicians assumed that the fear of death could cause an "emotional upset" (*Gemütserschütterung*) and subsequently a deterioration of the physical condition, or even a premature death. Towards the end of the 19th century, the notion of the "emotional upset" was no longer valid, but now the doctors were afraid that terminally ill patients would take their own life right after the physician had explained the imminent end to them. For this reason, many doctors took a critical stand towards the care of the soul by clergymen at the deathbed because they were afraid that the pastors would talk too openly and would frighten the terminally ill patients with such conversations. However, physicians did not necessarily have a negative attitude to Christian terminal care – some physicians regarded themselves as the better spiritual caregivers because, in their opinion, the doctor was the symbol of hope while they believed that the patients perceived the clergyman as a messenger of death.[49]

In principle there was a conflict between the physicians' idea of how to deal with dying patients and the deaconesses' Christian convictions. At times the doctors demanded that the deaconesses conceal from the patients that they were dying. In such situations the nurses were in conflict between their professional duty to obey the doctors and the Christian duty to provide their patients with a death in peace. There are very few descriptions of such conflicts in the letters by the nurses, presumably because the deaconesses were only interested in the doctors' orders in the area of physical care. The care of the soul was regarded as the deaconesses' domain. Here they asked the principals of the motherhouse for advice. Many letters by the nurses reveal that the deaconesses initiated the religious terminal care independently and without any reservations. There seem to have been conflicts only when physicians explicitly required them not to talk with the terminally ill patients about their imminent death: pursuant to the guidelines of service, the nurses had to obey doctors' orders. However, when doctors remained silent on the question of informing dying patients about their situation and providing religious aid, the deaconesses acted of their own accord.[50] In one case a deaconess who took care of a terminally ill girl had to obey the doctor's orders to conceal the girl's imminent death from the parents. The parents were still full of hope that their child would get well again and the doctor did nothing to change that

belief, which the nurse clearly condemned. In another case, two community nurses even wanted to terminate the care because the doctor had demanded from them that they should lie to their patients who suffered from typhus. Here the situation was resolved when the patients learned the truth through other channels.[51]

In many letters the deaconesses describe the experience of their patients' suffering, dying, and death as an "uplifting feeling" that made the sisters feel "God's almightiness." This handling of death can be seen firstly as a deeply felt religiosity. Yet it also served as a mechanism to cope with this borderline experience during which the deaconesses working in home care were often completely on their own. Caring for dying patients who strictly refused a religious monitoring of death was consequently very hard for them. For example, the deaconesses emphasized in their letters how they went to these sinful terminally ill persons "with a heavy heart which had not changed leaving them."[52] In the nurses' descriptions, the condition of the soul of these godless critically ill people was reflected in the visible mortal agony these "sinners" suffered. At times the pious nurses became so afraid watching this pain that they could only approach the deathbed of these "difficult" patients in the company of a second deaconess.[53] Fear of the "devil incarnate" and a possible contestation of their own faith may well have been reasons why the nurses sometimes, when they were alone, walked away from the deathbed and into the center of the room.[54]

Another good illustration for how uncanny handling death was for young nurses is a letter that describes how the deaconess overcame her "fear of a corpse" during her practical experience, which had haunted her during her time of training in the motherhouse. Together with a woman from the community, she undressed the dead woman. Since she was the only nurse present, she had to overcome her fear.[55]

Conclusion

In the 19th century deaconesses were bound by a strict set of rules, norms and even social control. A praxeological perspective enables the illustration of how practices of Protestant nursing care were integrated into these structures while simultaneously creating them and also shifting their boundaries. The catalogue of self-examining questions is a nice example of the daily or at least regularly ritualized performative creation of the order and the normative ideas set by the motherhouse. A Sister's personal copy of the examining questions reveals, however, the extent to which such a normative framework was reworked and, through that revision, also adopted in real life. This process of revising and adopting also becomes apparent in the many "new editions" of the "House Order and Rules of Service" with which Fliedner responded to the practical experiences of the community of deaconesses.

The order and training of deaconesses already laid out the opportunities for spheres of action within the strictly hierarchically organized work of the nurses: as the case stories presented reveal, the line between spiritual care, which was one of the core competencies of the pastor, and care of the soul, which was the nurses' main area of competence, was blurry. At times the deaconesses consciously adopted the tasks of a clergyman and had many criticisms of how the pastors performed their tasks.

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

Apparently this activity of the nurses that fell in the pastors' domain was perceived as a problem, so the principals had reasons to clearly define the tasks of nurses and pastors in the area of spiritual care at the hospital.

The relationship between deaconesses and physicians that was also clearly defined in the "House Order and Rules of Service" was also more complex in real life. The deaconesses received some training in the area of small surgery and they were in principle allowed to perform such medical tasks when no surgeon was available. In other words the deaconesses were able to enter the realm of doctor's competency by deciding and performing themselves procedures such as bloodletting, cupping and applying leeches or fontanelles.

Yet the requirement to obey the physician at all times collided with the deaconesses' central task, namely to care for the soul. Fliedner and the nurses regarded the care of the soul as the competency of caregivers and thus placed it at the core of their notion of Protestant nursing care. For that reason the nurses experienced a conflict between their duty for obedience and their commitment to the dying patients' salvation when the doctor demanded to conceal from the patients their imminent death. In general, however, the nurses decided when to initiate their care for the soul of the dying patients without consultation with the doctors.

The care of the soul as the core area of Protestant nursing care points to the significance of female religiosity in the daily practice of nursing care these nurses experienced. Their role as facilitators of the Christian faith that they had adopted within the community of deaconesses enabled them to encounter pastors and physicians alike in a self-confident manner. Hence the religious foundation of the work of Protestant nurses did not only contribute to their humble attitude with respect to male authorities that had so far been the main point of emphasis in the studies of deaconesses. Rather their task to bring the Christian faith to the patients and to take care of their souls also had an empowering effect for the deaconesses. Studying the simultaneity of subordination and empowerment more thoroughly could initiate a change of perspective and thus a reassessment of the history of nursing care in the 19th century.

Notes

1 Translated by Ulrike Nichols.
2 S. Reichhardt, 2007, "Praxeologische Geschichtswissenschaft. Eine Diskussionsanregung." *Sozial. Geschichte*, 3, 22, pp. 43–65.
3 On the "practice turn" see T. Schatzki, K. Knorr-Cetina and E. v. Savigny 2001 (eds.), *The Practice Turn in Contemporary Theory*, Routledge: London; A. Reckwitz, 2003, "Grundelemente einer Theorie sozialer Praktiken. Eine sozialtheoretische Perspektive", *Zeitschrift für Soziologie*, 32, 4, pp. 282–301; Reichardt, Praxeologische Geschichtswissenschaft.
4 P. Bourdieu, 1999, *Sozialer Sinn. Kritik der theoretischen Vernunft*, Suhrkamp: Frankfurt am Main (P. Bourdieu, 1980, *Le sens practique*, Paris).
5 C. Bischoff, 1997, *Frauen in der Krankenpflege. Zur Entwicklung von Frauenrolle und Frauenberufstätigkeit im 19. und 20. Jahrhundert*, Campus: Frankfurt am Main.
6 J. Schmidt, 1998, *Beruf: Schwester. Mutterhausdiakonie im 19. Jahrhundert*, Campus: Frankfurt am Main.

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

7 S.C. Köser, 2006, *Denn eine Diakonisse darf kein Alltagsmensch sein. Kollektive Identitäten Kaiserswerther Diakonissen 1836–1914*, Leipzig: Evangelische Verlagsanstalt.

8 R. Habermas, 1994, "Weibliche Religiosität – oder: Von der Fragilität bürgerlicher Identitäten," in K. Tenfelde and H.U. Wehler (eds.), *Wege zur Geschichte des Bürgertums*, Vandenhoeck & Ruprecht: Göttingen, pp. 125–148; I. Götz Von Olenhusen, 1995, "Die Feminisierung von Religion und Kirche im 19. und 20. Jahrhundert," in I. Götz von Olenhusen (ed.), *Frauen unter dem Patriarchat der Kirchen*, Kohlhammer: Stuttgart, pp. 9–21; U. Gause, 1998, "Frauen und Frömmigkeit im 19. Jahrhundert: Der Aufbruch in die Öffentlichkeit," *Pietismus und Neuzeit*, 24, pp. 309–327; U. Gause, 2001, "Friederike Fliedner und die 'Feminisierung des Religiösen' im 19. Jahrhundert," in M. Friedrich, N. Friedrich, T. Jähnichen and J.C. Kaiser (eds.), *Sozialer Protestantismus im Vormärz*, LIT-Verlag: Münster, pp. 123–131.

9 Letters, Archive of the Fliedner Cultural Foundation (Archiv der Fliedner Kulturstiftung = AFKSK).

10 For reconstructing the practical and theoretical training in nursing care that the deaconesses received, additional handwritten sources from the archive in Kaiserswerth are enlightening. For instance, the transcripts a nurse on probation took during a "Medical Course" offer insight into the kind of medical training and lessons on physical care the deaconesses received; see: T. Fliedner, Medicinischer Cursus, Heft I–III, AFKSK, Sign.: Rep. II: Fd 1.3. Fliedner's "Instructions for the initial care of the soul" formed the basis of the practice of the so-called care of the soul, i.e. tending to ensure the salvation of the patients; see: Theodor Fliedner, Instruktionen für die erste Seelenpflege bei einem Kranken (Instructions for the initial care for the soul of a patient), AFKSK: Rep. II: Fb.

11 Since the Middle Ages Catholic orders had been dedicated to the care of poor patients. After the Reformation many monasteries were closed. Most of the orders that survived the Reformation were dissolved in the 18th century when, as a result of the Enlightenment, a secularization process began. Around 1830 a new wave of founding Catholic orders for nursing care began, since at this time the State embraced the Catholic care for poor patients as a measure in the fight against poverty; see: R. Meiwes, 2000, *"Arbeiterinnen des Herrn". Katholische Frauenkongregationen im 19. Jahrhundert*, Campus: Frankfurt; R. Meiwes, 2008, "Katholische Frauenkongregationen und die Krankenpflege im 19. Jahrhundert," *L'Homme. Europäische Zeitschrift für Feministische Geschichtswissenschaft*, 19, 1, pp. 39–60.

12 C. Sachße and F. Tennstedt (eds.), 1980, *Geschichte der Armenfürsorge in Deutschland. Vom Spätmittelalter bis zum 1. Weltkrieg*, Kohlhammer: Stuttgart, pp. 222–243.

13 Schmidt, Beruf: Schwester, p. 249; Köser, Denn eine Diakonisse, p. 93.

14 Köser, Denn eine Diakonisse, pp. 91–92.

15 R. Habermas, 2008, "Mission im 19. Jahrhundert. Globale Netzte des Religiösen," *Historische Zeitschrift*, 287, pp. 646–647.

16 K. Nolte, 2009, "Pflege von Leib und Seele – Krankenpflege in Armutsvierteln des 19. Jahrhunderts," in S. Hähner-Rombach (ed.), *Alltag in der Krankenpflege: Geschichte und Gegenwart/Everyday Nursing Life, Past and Present*, Franz Steiner Verlag: Stuttgart, pp. 23–45.

17 Women could only sign contracts including working agreements with their guardian's approval. If they were not married, the closest male relative adopted that role.

18 E. Kleinau and C. Opitz (eds.), 1996, *Geschichte der Mädchen- und Frauenbildung*. Vol. 2: Vom Vormärz bis zur Gegenwart, Campus: Frankfurt am Main, pp. 85–202.

19 Bischoff, *Frauen in der Krankenpflege*, pp. 82–83.

20 Schmidt, Beruf: Schwester, pp. 167–182.

21 Schmidt, Beruf: Schwester; SC Köser, 2001, "'Denn eine Diakonisse darf = kann kein Alltagsmensch sein.' Zur Konstruktion kollektiver Identitäten in der Kaiserswerther Diakonie," in M. Friedrich, N. Friedrich, T. Jähnichen and J.C. Kaiser (eds.), *Sozialer Protestantismus im Vormärz*, LIT-Verlag: Münster, pp. 109–121.

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10

22 One of the first municipal hospitals deaconesses were placed in was the hospital in Saarbrücken. W. Klein, 2002, "'Sie sehen mir alle mit freundlichen Gesichtern entgegen.' Die Beziehung zwischen Patienten und Krankenschwestern im Saarbrücker Bürgerhospital in der Mitte des 19. Jahrhunderts." *Medizin, Gesellschaft und Geschichte*, 21, pp. 63–90.
23 A. Sticker, 1960, *Die Entstehung der neuzeitlichen Krankenpflege. Deutsche Quellenstücke aus der ersten Hälfte des 19. Jahrhunderts*, Kohlhammer: Stuttgart, pp. 37–42; 282–319.
24 T. Fliedner, *Haus-Ordnung und Dienst-Anweisung für die Diakonissenanstalt zu Kaiserswerth* (House order and rules of service for 'Institution for Deaconesses in Kaiserswerth'), 1852, AFKSK, Sign.: Rep II Fc1.
25 Ibid.
26 Köser, Denn eine Diakonisse, pp. 191–251.
27 Fliedner, Haus-Ordnung.
28 E.C. Hummel, 1986, *Krankenpflege im Umbruch. Ein Beitrag zum Problem der Berufsfindung "Krankenpflege"*, Hans Ferdinand Schulz Verlag: Freiburg i.Br., pp. 14–15.
29 R. Felgentreff, 1998, *Das Diakoniewerk Kaiserswerth 1836–1998. Von der Diakonissenanstalt zum Diakoniewerk – ein Überblick*, Heimat- und Bürgerverein Kaiserswerth e.V.: Düsseldorf-Kaiserswerth, pp. 21–24.
30 C.E. Gedike, 1854, *Handbuch der Krankenwartung. Zum Gebrauch für die Krankenwart-Schule der K. Berliner Charité-Heilanstalt sowie zum Selbstunterricht*, August Hirschwald: Berlin; J.F. Dieffenbach, 1832, *Anleitung zur Krankenwartung*, August Hirschwald: Berlin.
31 Bischoff, *Frauen in der Krankenpflege*.
32 Passing on the empirical knowledge from generation to generation, these surgeons learnt their craft from experienced doctors.
33 T. Fliedner, Medicinischer Cursus, Heft I, § 20.
34 T. Fliedner, Medicinischer Cursus, Heft II, § 61.
35 Letters, Kleve Gemeinde (Community of Kleve) 1845–1854, AFKSK, Sign.: 1337.
36 Fliedner, Instruktionen; S Kreutzer and K Nolte, 2010, "Seelsorgerin 'im Kleinen' – Krankenseelsorge durch Diakonissen im 19. und 20. Jahrhundert," *Zeitschrift für medizinische Ethik*, 56, pp. 45–56.
37 From the sources it is impossible to reconstruct whether and to what extent the competent execution of physical care was monitored. The principals may have gained an impression of the physical care during their occasional visits at the locations to which the nurses had been sent. Presumably they could assume that everything was done properly when neither doctors nor patients complained.
38 Fliedner, Instruktionen.
39 Letters, Kleve Gemeinde (Community of Kleve) 1845–1854, AFKSK, Sign.: 1337, Sister Louise Türner and Sister Lisette Steiner: September 24 1847.
40 Letters Gemeinde Elberfeld 1846–1862, AFKSK: Sign.: 1787, Sister Elisabeth Born, June 30 1849.
41 K. Nolte, 2010, "Schwindsucht – Krankheit, Gesundheit und Moral im frühen 19. Jahrhundert," *Medizin, Gesellschaft und Geschichte*, 29, pp. 47–70.
42 Letters, Privatpflege (Private Care) 1888–1893(1894), AFKSK, Sign.: DA 201, Sister Sophie Stock, October 10 1893; K. Nolte, 2010, "Pflege von Sterbenden im 19. Jahrhundert. Eine ethikgeschichtliche Annäherung," in S. Kreutzer (ed.), *Transformationen pflegerischen Handelns. Institutionelle Kontexte und soziale Praxis vom 19. bis zum 21. Jahrhundert*, Vandenhoeck & Rupprecht: Göttingen, pp. 87–108.
43 Letters, Privatpflege, Sister Sophie Stock, January 2 1894.
44 Letters, Kleve Gemeinde, Sister Louise, February 18 1845.
45 Kreutzer/Nolte, Seelsorgerin 'im Kleinen'.
46 Köser, Denn eine Diakonisse, p. 364.
47 U. Gleixner, 2005, *Pietismus und Bürgertum: eine historische Anthropologie der Frömmigkeit. Württemberg 17. – 19. Jahrhundert*, Vandenhoeck & Rupprecht: Göttingen, pp. 195–209.

48 M. Benad, 1996, “Sterbefrömmigkeit im ‘Boten von Bethel’ 1894–1900,” in M. Benad (ed.), *Diakonie der Religionen*, Peter Lang: Frankfurt am Main, pp. 39–48; Köser, Denn eine Diakonisse.
49 K. Nolte, 2010, “Ärztliche Praxis am Sterbebett in der ersten Hälfte des 19. Jahrhunderts,” W. Bruchhausen and H.G. Hofer (eds.), *Ärztlicher Ethos im Kontext. Historische, phänomenologische und didaktische Analysen*, V&R press: Göttingen, pp. 39–58.
50 K. Nolte, 2008, “Telling the Painful Truth – Nurses and Physicians in the Nineteenth Century,” *Nursing History Review*, 16, pp. 115–134; Heller, A., 1996, “‘Da ist die Schwester nicht weggegangen von dem Bett . . .’ Berufsgeschichtliche Aspekte der Pflege von Sterbenden im Krankenhaus in der ersten Hälfte des 20. Jahrhunderts,” in E. Seidl and H. Steppe (eds.), *Zur Sozialgeschichte der Pflege in Österreich. Krankenschwestern erzählen über die Zeit von 1920 bis 1950*, Maudrich: Vienna, pp. 192–211.
51 K. Nolte, “Telling the painful truth.”
52 K. Nolte, 2006, “Vom Umgang mit Tod und Sterben in der klinischen und häuslichen Krankenpflege des 19. Jahrhunderts,” in S Braunschweig (ed.), *Pflege – Räume, Macht und Alltag*, Chronos: Zürich, pp. 165–174.
53 Letters, Kleve Gemeinde, Sister Dorothee Haube, February 11 1853.
54 Letters, Wuppertal-Elberfeld, Krankenhaus (Hospital), 1844–1850, AFKSK, Sign.: 1778, Sister Johanne Niendieker, January 1 1862.
55 Letters, Kleve Gemeinde, Sister Dorothee Haube, February 15 1848.

Downloaded By: 10.3.97.143 At: 17:56 06 Dec 2023; For: 9780203488515, chapter10, 10.4324/9780203488515.ch10