

Spring 4-15-1993

The Ethic of Caring: The Moral Response to Suffering

Emily Wurster Hitchens
Seattle Pacific University

Lilyan Snow
Seattle Pacific University

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The 1993
Winifred E. Weter
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The Ethic of Caring: The Moral Response to Suffering

Weter Lecture

Given in Honor of Nancy Pries

Emily Wurster Hitchens, Ed.D., R.N.

Lilyan Snow, Ph.D., R.N.

April 15, 1993

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Acknowledgments

Nancy Pries, of the Weter Library staff, was a nationally-known expert on diaries. She served as a consultant on journal-writing for Emily Hitchens, and at the time of Nancy's untimely death they were collaborating on a study of caring as expressed in Civil War nurses' diaries. This lecture grew out of the unfinished project, and is intended as a memorial to Nancy Pries's scholarship, wisdom, and spirit of caring and collaboration.

The authors wish to thank Jeff Rombauer, president of the King County Civil War Society, for his aid in using materials from his collection.

We are here tonight to talk with you about caring. Caring is the business of nurses. It has to do with the personal nature of helping people, which is the job of nurses--to work in health care, to provide nursing care.

Caring is also about what can happen between all people, and how it is reflected in our communities and our nation. Caring is about concern, and about commitment to the good of others. When these things are missing, people suffer. Community and national suffering make the headlines. But in the end, suffering is what happens to people as individuals, and caring, one to another, is the way to alleviate suffering.

We are here tonight to talk with you about caring, and how it is the practical and the moral requisite to relieve suffering. Because it is sometimes easier to illustrate ideas from a distance, we are going to show you examples of caring in another time--130 years ago, in the midst of the Civil War. The voices you will hear are those of nurses who volunteered to do whatever was necessary to relieve the suffering that came about because people could not agree on what was right. The common thread was the conviction, North and South, that their societies were worth caring for, and that the soldiers who were fighting for the cause needed care.

The experiences of these Civil War nurses are paradigms of a compassionate response to suffering. The situations they describe are not amenable to "fixing"; there was no cure for the war, for the terrible wounds and disease, or the loneliness and death on every side. What these nurses brought was care: order, cleanliness, and food when it was possible, and simple "being with" at all times.

Dear Mother,

I hoped to have continued my journal this week, but it has not been possible. Early in the week I had a new patient--a young man who had reamputation of the arm performed on Sunday. He was brought into my ward as it was more comfortable than the one he was in; he was so ill that there was little chance of his life; you may imagine the charge he was to me: all the day I kept in the ward either directly nursing him or keeping my eye on him while about my work; in the evening sat by his side till relieved by the watcher who took charge of him during the night; so all my writing time was taken. . . .

I have been fighting the weather lately. The snow came in at the open slats on the roof, and we were nearly frozen, and wet into the bargain. I grew desperate, and when the ward-master came in, insisted upon something being done. I got possession of a ladder, one of my men mounted up, tied slats together, and wound up by nailing one of my sheets, torn in strips, over crevices that could be stopped in no other way; we finally got ahead of the deluge, and I commenced drying bed clothes by instalments round the stoves; by half-past-nine, evening, they were mostly dry, and the floor of the ward drying also. . . . My health is good, so I conclude this primitive way of life suits me; at any rate, I shall stay by my sick men while I can¹ (pp. 31-32). (Emily Elizabeth Parsons, Fort Schuyler Hospital, New York, November 8, 1862)

To set the stage, we would like to remind you of some Civil War history. You will recall that the rumblings of secession were abroad before Lincoln was elected. South Carolina had threatened to secede if Lincoln won the election--by Christmas, 1860, Florida, Alabama, Mississippi, and Georgia were ready to break with the Union, and South Carolina had already taken a vote to secede. At the beginning of the second week in January, Federal troops had occupied Fort Sumter, and a ship of reinforcements was fired upon by the South. The same day, January ninth, Louisiana and Texas seceded. Lincoln was inaugurated on the fourth of March with the clear understanding that war between the states was inevitable.

Because of the good communication network set up by the telegraph and the railroad, the news was published almost as quickly as we get it today.

Thousands of men began to make plans to join up as soon as necessary, and thousands of women formed Soldiers' Aid Societies, Sewing Circles, and Societies for Relief to prepare aid for the casualties². Civic groups on both sides began to form, to prepare for the care of the wounded³. Women's groups began to make and stockpile hospital supplies in their homes. Within hours of the first news of the surrender of Fort Sumter on July 14, Northern women left home to meet casualties in Washington D. C. The preparation in the South was much the same. It was clear that many nurses would be needed, and by the end of the war three thousand women volunteers had provided nursing services, backed up by tens of thousands of women who sewed, knit "the everlasting sock," put up food, and raised money for the cause⁴.

At the beginning of the war, the army hastily assigned soldiers to perform all the support for wounded and sick troops, and as the war went on, soldiers who were recuperating were pressed into nursing service, eventually outnumbering the healthy nurse-soldiers. However, although men nurses outnumbered the women five to one on both sides of the conflict, most of them were not up to the task. What was needed was the kind of organization that women could provide. Women had charge of households. They knew how to manage food, cleanliness, and delegation of work to household help. And, in general, they brought a sensibility to the task of providing care that was missing with the soldier-nurses.

The boys never liked a man for a nurse. A man goes into the ward in the morning and he says: "Well, boys, I see you haven't all kicked the bucket!" Then he goes on to the next ward and says: "Well, boys, you are all here yet, I thought some of you would have passed in your checks before this!" Then to another ward: "Why, I expected to see some of your toes turned up this morning!" That sort of talk was not particularly *cheering* to a sick man. Now, a woman goes into the ward with a pleasant face and takes each one by the hand and says: "Good morning! How do you feel this morning? You are

looking better! Did you have something good for breakfast? Keep up good courage! You will soon be able to go home." It made a great difference with their feelings who was the first to greet them in the morning (p. 322)⁵. (Mary Newcomb)

In New York City, the Rev. Henry Bellows and Drs. Elizabeth and Emily Blackwell organized a meeting to consider how to "concentrate scattered efforts by a large and formal organization"². On April 29, between three and four thousand women met at Cooper Union; out of this meeting came the Women's Central Association of Relief. This organization was the seed of the U. S. Sanitary Commission, which oversaw the entire support effort for the sick and wounded of the North.

Many of the women at this meeting volunteered to provide nursing. There was no avenue for formal nursing education, so training programs were improvised at Bellevue Hospital in New York and many other hospitals in other parts of the country. Some of the woman volunteers had from one to three months of hospital practice under the supervision of physicians, but others were simply catapulted into service. Most of the women were assigned to organize hospital services, including supervising the soldier nurses and untrained women volunteers.

Wherever there were women nurses, they battled prejudice. However, they insisted on going wherever there was a need, whether they were initially welcome or not. They took charge in hospitals that were thrown up in the city suburbs or jury-rigged in taverns, libraries, and half-finished government office buildings. Many of them took trains and wagons to the battlefield and worked in tent hospitals, following the men wherever the fight took them. Some were assigned to hospital ships that took the wounded from the battlefield and transported them upriver to hospitals in Philadelphia or St. Louis.

No one knows, who did not watch the thing from the beginning, how much opposition, how much ill-will, how much unfeeling want of thought, these women nurses endured. Hardly a surgeon of whom I can think, received or treated them with even common courtesy. . . . the army surgeons. . . determined to make their lives so unbearable that they should be forced to self-defence to leave. It seemed a matter of cool calculation, just how much ill-mannered opposition would be requisite to break up the system.

Some of the bravest women I have ever known were among this first company of army nurses. They saw at once the position of affairs, the attitude assumed by the surgeons, and the wall against which they were expected to break and scatter; and they set themselves to undermine the whole thing (pp. 324-325)⁶. (Georgeanna Woolsey)

These Civil War nurses left us a legacy of what it means to care. Many of them left records of their care for the wounded and dying in diaries and letters to their families. Their voices speak to us about suffering, and they tell us of their caring response.

I have been here in the hospital ten days, dressing wounds, wetting wounds, giving drinks and stimulants, comforting the dying, trying to save the living. The heroic fortitude of the sufferers is sublime, yet I have held the hands of brave, strong men while shaking in a paroxysm of weeping. The doctors have committed to my special care wounded feet and ankles, and I kneel reverently by the mangled limbs of these heroes, and thank God and man for the privilege of washing them (p. 404)⁷. (Jane Grey Swisshelm, Campbell Hospital, Washington, D. C., May 19, 1863)

There was no lack of work to do. In this bloodiest of all American wars, 620,000 men died. There were at least 10 million cases of sickness; probably a quarter of the Union men and half of the Confederates were on sick call in the first year of the war, and both sides lost five times as many men to disease as they did to wounds⁸. The nurses' letters and diaries speak of the suffering borne by the soldiers, and by the families who came to the camps, although they seldom mention their own hardships except in passing.

Six or eight men lie in almost every tent, and scarcely one of these who has not lost an arm at the shoulder, or else his leg. Ghastly suffering stares you in the face, and while many are cheerful and

hopeful many others are wan and downhearted. It is wonderful how the eyes of these fellows will brighten at a friendly word from a woman. . . .

Yesterday Mrs. Herbert from Michigan arrived to find that her only brother was already buried. Two days before Mrs. Reynolds from Philadelphia came to find her husband already buried. I gave to each some refreshment and then begged them to assist me for surely nothing helps us to forget our own sorrows like trying to relieve the sorrows of others⁹. (The "Philadelphia Lady", Gettysburg, July, 1863)

In our culture we have tried to abolish suffering to the television and newspaper. We have a cultural fiction that suffering can be avoided by right living--keeping ourselves physically, financially, and spiritually fit. Therefore, suffering can be a surprise because we experience it as a betrayal of our trust in the way life should be¹⁰.

This is particularly true because suffering is so commonly equated with pain and illness or punishment for wrongdoing. However, suffering is not the same as pain--it is the meaning that we attach to the painful experience. People can be lonely, or in physical pain, but not suffer. Instead, suffering comes from threats to our personal, social, and spiritual integrity. When any of these relationships is ruptured, we suffer. Eric Cassell points out that "bodies do not suffer, people do. . . Suffering is the state of distress induced by the threat of the loss of intactness or the disintegration of a person from whatever cause"¹¹.

For example, hear the letter of Matilda Champion to her husband in the field:

. . . what will become of me with my poor health and with three helpless little ones dependent upon me, for everything. Or of him with poor health, exposed to hardships, danger and death? We all call this a cruel war, but when it takes our loved ones from us, then it comes right home and we begin to feel that it is cruel indeed (pp. 243-244)¹². (Matilda Champion, July 8, 1864)

Or see the anguish of a Confederate woman as she watches the massing of blue and gray troops for the next-day's battle:

As I gained the summit of Missionary Ridge and took a last look at the two great armies filling the valley below, I thought how much nearer the millennium would be if the two nations instead of devoting all their energies to the destruction of human life and happiness, had been bent upon establishing "peace on earth and good will towards men." O Terrible at the last day will be the reckoning of those upon whose conscience rests the guilt of this *human warfare* (p. 277)¹³. (Laetitia Nutt, Chattanooga, 1863)

What do we do when we are faced with suffering--ours or someone else's? The usual response is to look for ways to relieve it, to control it, and to prevent it. We often believe that if we can somehow control the pain, the suffering will go away. Control is also a way to avoid the personal distress that we experience in the presence of suffering. Everyone knows the feeling of not wanting to see or know about another's illness or worry, or wishing that someone else's problem would go away so that we are not made uncomfortable by having to acknowledge it.

A confrontation with suffering cuts to the core of our human needs. We need to feel secure, accepted, and competent. In attempting to avoid our own discomfort in the face of suffering, we often either rush in to cure, or rush away to ignore. Taken to extremes, these impulses result in intrusive and unwanted interventions or indifference and abandonment. One Civil War surgeon describes his helplessness in doing a kindness, even though he could safely do what he is competent at:

A surgeon from Ohio who is waiting for the Harrisburg train, says he "can take a man's leg off, if it is necessary and not mind it;" but when a man says, "Can't you write to my wife and tell her how I died and tell her to kiss Mary," "that I cannot do." (p. 2)⁹ (July, 1863).

This surgeon presents a perfect example of the dilemma that faces almost everyone who is confronted with suffering. He believes that his whole job is to

cure the situation, and he knows where his skills lie. When the situation can't be fixed with the tools he has at hand, he is at a loss.

But there is another way to approach the relief of suffering. The first step is always to be open to the feelings of the one who is suffering. This means putting aside one's own ideas of what is wrong and attending very carefully to the messages of the suffering person. It may be, for instance, that someone who has physical pain suffers not only because the pain is unrelieved, but because the pain reminds them of an uncertain and frightening change in their ability to be independent or productive. Or the suffering may result from lost hope as much as from physical illness. Walt Whitman has described just such a sufferer, and what can happen when someone simply understands the feelings and responds to them:

Take this case in Ward 6, Campbell Hospital, a . . . farmer's son, aged about twenty or twenty-one. . . . Most of December and January last he lay very low, and for quite a while I never expected he would recover. . . He had been some time sick with his regiment in the field, in front, but did his duty as long as he could. . . He kept getting worse [and he received] little or no attention; lay on the ground getting worse. Toward the latter part of December, very much enfeebled, he was sent up from the front. . . in an open platform car. . . and dumped with a crowd of others on the boat at Aquia Creek, falling down like a rag where they deposited him, too weak and sick to sit up or help himself at all. . . Conveyed at last some two miles by the ambulance to the hospital and assigned a bed. . . He was [then] taken to the bathroom and scrubbed well with cold water. The attendants. . . were soon alarmed, for suddenly the half-frozen and lifeless body fell limpsy in their hands, and they hurried it back to the cot, plainly insensible, perhaps dying. . . He now lay, at times out of his head but quite silent, asking nothing of anyone for some days, with death getting a closer and a surer grip upon him; he cared not, or rather, he welcomed death. His heart was broken. He felt the struggle to keep up any longer to be useless. God, the world, humanity--all had abandoned him. It would feel so good to shut eyes forever on the cruel things around him and toward him.

As luck would have it, at this time I found him. . . and noticed his glassy eyes, with a look of despair and hopelessness. . . One learns to divine quickly in the hospital, and as I stopped by him and spoke some commonplace remark. . . I saw as I looked that it was a case for ministering to the affection first and other nourishment and medicines afterward. . . I sat down by him without any fuss; talked a little; soon saw that it did him good; led him to talk a little himself; got him somewhat interested; wrote a letter for him to his folks. . . soothed him down. . . gave him some small gifts and told him I should come again soon. (He has told me since that this little visit, at that hour, just saved him; a day more and it would have been perhaps too late.) . . For a while, I visited him almost every day, cheered him up, took him some little gifts. . . For a couple of weeks his condition was uncertain. . . but of late he is doing better. . . He will not die but will recover (pp. 88-91)¹⁴ (February 26, 1863).

What comes through in this story is what is needed in suffering: the companionship of someone who can help with healing what is broken.

Whitman, the nurse, does not talk about his own feelings, but his actions were compassionate. He was able to enter into the world of this young man, and by his usual means of chatting and giving little gifts, to relieve the heart of the suffering, which was the experience of having been abandoned. He described what he did as "distributing" what he had:

. . . to do the best that is permitted, I go around distributing myself and the contents of my pockets and haversack in infinitesimal quantities, with faith that nearly all of it will, somehow or other, fall on good ground (p. 93)¹⁴.

This picture of responding to suffering is what nurses call *caring*. Caring is what the compassionate person does. Compassion is the ability to *feel with* another person, and caring is compassion acted out. The caring person has characteristics that are extraordinary, and yet, in a sense, they are the most ordinary, the most familiar, to any of us who have experienced what it is to be cared for. Caring persons set aside their own agendas. They listen. They observe. They perceive the worth of others, and act on their perceptions.

Caring has characteristics that are familiar to all of us. The word itself comes from the Old English *cearn*, grief or sorrow; worry. We worry about what we care about, what matters to us. We care for, we take care of, we are careful: we are attentive, solicitous, protective, nurturant, responsible. What caring comes down to is what we do to nurture and support those people who matter to us^{15,16}.

There is no way to separate the affective part of caring--caring *about*--from the instrumental ways that we show caring--*giving* care. These come together in acts of commitment: fidelity, keeping promises, going out of one's way, taking responsibility. Being competent is another facet of caring--carefulness in doing tasks right rather than relying on sentimentality to do the job¹⁷. And compassion comes full circle: the act of caring for those who are vulnerable, those for whom we worry, for whom we care.

McNeil, Morrison, and Nouwen describe the model for caring:

When Jesus saw the crowd harassed and dejected like sheep without a shepherd, he felt with them in the center of his being (Mt 9:36). When he saw the blind, the paralyzed, and the deaf being brought to him from all directions, he . . . experienced their pains in his own heart (Mt 14:14). . . And so it was with the two blind men who called after him (Mt 9:27). . . and the widow of Nain who was burying her only son (Lk 7:13). . . He became lost with the lost, hungry with the hungry, and sick with the sick (p. 17)¹⁸.

Caring is a practice that is developed by use, and it becomes skillful when practitioners work to become engaged with others and to reflect on how their care was effective or not^{19,20}. Whitman had learned how to be skillful in caring, in the way he "divined" what to do. He says,

He who goes among the soldiers with gifts, etc., must be aware how he proceeds. It is much more of an art than one would imagine. They are not charity patients but American young men of pride and independence. The spirit in which you treat them and bestow your donations is just as important as the gifts themselves; sometimes

more so. Then there is continual discrimination necessary. Each case requires some peculiar adaptation to itself (p. 104)¹⁴.

Whitman has described four basic elements of caring: *attending* to others with respect, *knowing* them well enough to understand what to do, *doing for* them what they need, and simply *being with* them, without any particular agenda. *Attending* is the most fundamental element of all; the caregiver is paying attention, on purpose, and not thinking about something else at the same time. *Attending* gives us a chance to pick up on subtle cues about the other person, the surrounding environment, and the rhythm of the relationship²¹.

Knowing, doing for, and being with are interwoven. Knowing develops from the experience of doing for; as the nurses worked many weeks in the hospitals, they saw patterns in their patients' conditions. On the other hand, expertise in *doing for* is properly founded on knowing the person. What is right for one person or one situation may not be right for another. The better the nurses knew their patients, the more likely they were to be able to respond almost intuitively, before a need could be identified²².

Knowing also grows out of *being with--standing* by another, often saying or doing nothing. It is the steadfast and trustworthy presence of the caring person that matters. *Being with* is difficult work; it requires quietness, faithfulness, and patience.

The Civil War examples of caring are more than the natural response to terrible situations. The actions of these nurses were examples of ethical practice. They were the moral response to suffering: the right thing to do in the circumstances. Louisa May Alcott shows the ethic in action:

The next night, as I went my rounds with Dr. P., I happened to ask which man in the room probably suffered most; and, to my great surprise he glanced at John. . . "He won't last more than a day or two, at furthest. . . you'd better tell him so before long; [women have

a way of doing such things comfortably, so I leave it to you. . . .]" It was an easy thing for Dr. P. to say: "Tell him he must die," but a cruelly hard thing to do. . . . A few minutes later. . . . I saw John sitting erect, with no one to support him, while the surgeon dressed his back. . . . [He] looked lonely and forsaken just then, as he sat with bent head, hands folded on his knee, and no outward sigh of suffering, till, looking nearer, I saw great tears roll down and drop upon the floor. . . . My heart opened wide and took him in, as, gathering the bent head in my arms, as freely as if he had been a little child, I said, "Let me help you bear it, John." Never, on any human countenance, have I seen so swift and beautiful a look of gratitude, surprise and comfort, as that which answered me more eloquently than the whispered--"Thank you, ma'am, this is right good: this is what I wanted!" "Then why did you not ask for it before?" "I didn't want to be a trouble; you seemed so busy, and I could manage to get along alone." "You shall not want it any more, John (pp. 50-52)²³." (Louisa May Alcott, Union Hotel Hospital, Georgetown, January, 1863)

Alcott, disguised in her book as Nurse Periwinkle, described entering into the world of the sufferer. She did not hesitate, or wait for him to ask. Her action was an unconsidered response, quick, wholehearted, and right.

Was the nurse under any ethical obligation to care for this man? What was her duty? Surely one duty of the physician was to offer what he could in the way of cure. But what was the nurse's part? To assist the physician? To leave the patient and go look after the needs of other men who were not already being seen to? In this case, she had already formed a relationship with this man; she *knew* him--and the relationship called out for her to be obliged to care for him. At the same time, she wanted to care for him. In this coming together of "having to" and "wanting to", because of the nature of the relationship, we can see the nature of the ethic of caring²¹.

Let us look at how this story shows the ethic of caring. The nurse has developed a relationship with her patient. She has gotten to know him in the course of her *taking care of* him, and she *cares about* him. She intends to do whatever she must for his good, to *care for* him.

How the nurse cares for her patient is intimate in the sense that she knows him and she is willing to be open to the certain pain of forming a bond with a man who will surely die. She enters into his world and comes to understand his life as it means to him. As their relationship grows, she becomes better and better able to understand what he needs, even without his asking. Finally, she is able to risk doing the hardest task, to answer his questions about his own death and to help him finish his farewells.

This man had suffered without murmuring until the nurse came in to "make friends" with him. The caring bond between them made it possible for him to talk about his fears, to rely on her comforting presence during painful treatments, and at last to grasp her hand as he died. While his pain never lessened, his suffering was eased.

Would Nurse Periwinkle have done the same for another soldier? We can glean from other parts of the story that while she had a special affection for this man, she valued and cared for all of the men in the ward. *Caring for each one involved doing just for each one what he needed.*

Nurse Periwinkle's decisions of what to do were not based on rule-directed ethical decision-making. Where principled ethics require one to be detached enough to make impartial and reasoned decisions, ethical caring calls for responsibilities that "arise from within a relationship"(p. 23)^{24,25}. Ethical caring gives no formula for deciding for what to do. It depends on the meaning of the situation for the care-giver and the care-receiver. *What to do* depends on the persons, on their relationship, in the context. And how did Nurse Periwinkle know that what she had done was the right thing to do? By the soldier's response: "Thank you, ma'am, this is right good: this is what I wanted!"

We have talked up to now about the ethic of caring on a personal level. The ethic of caring also involves managing the personal, physical, and organizational environment. The nurses whose words we are hearing used the fundamental public health principle of engineering the environment to enable the men under their care to get well if it was at all possible, or at least to be as comfortable as they could be. We must remember that these nurses were breaking ground at nearly every turn. They had to invent ways to provide the proper care for the soldiers in their charge, and most of them met opposition from bureaucracies. In their letters they tell us about how they managed by *stepping in where they were needed, setting things in order, making do with what was at hand, persevering, and doing whatever it took*. Let us listen to some of their words:

Towards the latter part of November, I learned from bitter experience the meaning of the phrase "red tape", so commonly made use of in the army. I also fell in with a practice which I had always greatly abhorred, that of kidnapping--not black men, however, but white men--soldiers. But in this business I never had--as many kidnappers must have--any remorse of conscience. Perhaps it was because I stole with the free will and consent of the stolen, but somehow I felt that I was bidden "God-speed". I know I had the benediction of the soldiers and their friends, and God's approval; what more could I ask? My kidnapping consisted in bringing sick men from Camp Convalescent without permission (pp. 55-56)²⁶. (Julia S. Wheelock, Michigan Relief Association "hospital agent")

Back of this house I live in is. . . our erysipelas ward. . . . There was no woman in there to keep things nice; no one hardly would go in or near it; it was looked upon as a sort of Botany Bay among the wards. I found the wards dirty: no whitewash, old wooden bunks, mattresses that had not been changed for a long time; everything requiring renovation. . . We revolutionized the place. We got in an army of whitewashers, for lime is a disinfectant. While the new Doctor superintended whitewashers. . . I got in iron bedsteads, new mattresses, pillows, bed furniture, mosquito nettings; had the tables and cupboards washed. . . everything is now as clean and nice as any other ward (pp. 100-101)¹. (Emily Elizabeth Parsons, St. Louis, June 7, 1863)

. . . we were a little band of almost empty-handed workers literally by ourselves in the wild woods of Virginia, with three thousand suffering men crowded upon the few acres within our reach.

After gathering up every available implement or convenience for our work, our domestic inventory stood, two water buckets, five tin cups, one camp kettle, one stewpan, two lanterns, four bread knives, three plates, and two-quart tin dish, and three thousand guests to serve. . . . Notwithstanding these difficulties, within fifteen minutes from the time of our arrival we were preparing food and dressing wounds (p. 176-177)²⁷. (Clara Barton, 1862)

We were called to go on board "The Wissahickon," . . .to bring off twenty-five men said to be lying there [at West Point] sick and destitute. Two doctors went with us. After hunting an hour . . .in vain. . . we decided (*we* being Mrs. Howland and I, for the doctors were new and docile, and glad to leave the responsibility upon us women) to push on in the tug. . . . It was night before the last man was got on board. There were fifty-six of them, ten *very* sick ones. . . . As we were laying mattresses on the floor. . . the captain stopped us, refusing to let us put typhoid fever below the deck, on account of the crew, he said, and threatening to push off, at once, from the shore. Mrs. Howland and I looked at him! I did the terrible, and she the pathetic,--and he abandoned the contest (pp. 306-307)². (Katherine Prescott Wormeley, July, 1862)

Whether the nurses were caring for soldiers one by one or managing care for many, they also showed the essential characteristic of caring as an ethic: valuing others well enough to participate in their suffering. *Valuing without judgment* is a theme in many of the nurses' stories. They cared for the soldiers as they came, without prejudice:

[Near Belle Plain, seeing wounded soldiers housed in a stable] Many of these were Rebels. . . I could not pass them by neglected though enemies, they were nevertheless helpless, suffering human beings. I deemed it best to act in accordance with the injunction: "If thine enemy hunger, feed him (pp. 204-205)²⁶. (Julia S. Wheelock, Union nurse, during the Peninsular campaign, July, 1862)

Have you friends in the Army, madam?" a rebel soldier lying on the floor of the car said to me as I gave him some milk. "Yes, my brother is on Meade's staff." "I thought so, ma'am. You can always tell when people are good to soldiers they usually are sure to have

friends in the Army." Another said, "We are rebels, ma'am, why do you treat us so good?" (p. 21)⁹. (Georgeanna Woolsey, July, 1863, Gettysburg)

The ethic of caring, as the moral response to suffering, comes at a price. It means that the one-caring²⁸ is open and vulnerable in the relationship. Vulnerability embodies not only the possibility for growth, but the risk of exhaustion. When *caring for* is mostly hard, dirty, and unappreciated, the caregiver is at risk for disillusionment, indifference, and breakdown.

Late one afternoon. . . a train of ambulances arrived at the depot with over one hundred wounded rebels to be cared for through the night. Only one among them seemed too weak and faint to take anything. He was badly hurt and failing. I went to him after his wound was dressed and found him lying on his blanket stretched over the straw. A fair-haired, blue-eyed young Lieutenant, a face innocent enough for one of our own New England boys. I could not think of him as a rebel. He was too near heaven for that. He wanted nothing and had not been willing to eat for days, his comrades said. I coaxed him to try a little milk gruel flavored nicely with lemon and with brandy. One of the satisfactions of our three weeks [in Gettysburg] is the remembrance of the empty cup I took away afterwards and his perfect enjoyment of the supper (p. 23)⁹. (Georgeanna Woolsey, "the New York Lady", July, 1863)

I see such awful things. I expect one of these days, if I live, I shall have awful thoughts and dreams--but it is such a great thing to be able to do some real good; assuage these horrible pains and wounds, and save life even--that's the only thing that keeps a fellow up. . . . (p. 161)¹⁴ (Walt Whitman, June 16, 1864)

Shortly after diet was attended to, No. 21 suddenly had an epileptic fit, and the young Catholic priest and a woman from one of the relief societies being on hand, both were extremely interested, and I suppose thought me extremely cool, as I am becoming quite automaton-like in my manner (pp. 190-191)²⁹. (Amanda Akin Stearns)

What saves the work of caring from the final risk of becoming a burden is its ethical dimension. In considering moral responsibility and obligation, caring considers the rights of all concerned, rather than a unidirectional demand of duty²⁵. In the ethic of caring, the rights of the caregiver are just as

valid as those of the care-receiver. Because the demands of caring can become a burden, the ethical thing to do is to provide care for the caregiver, and for caregivers to graciously receive care. Amanda Stearns and Emily Parsons wrote about self-care:

Last evening I suddenly decided that I must have a rest and recruit before this terrible warfare is renewed, and before our wards are again filled with wounded soldiers. . . . (p. 241)²⁹ (Amanda Akin Stearns)

It is a life of hard work, and uncertain work: you never know one week where you may be sent the next. I have gone wherever I was asked since I came here, and nearly killed myself,--though I do not mind that,--and now if I get my strength back, I shall keep where I can use it, and not, by getting sick, become of no use or comfort to anybody. We must have our bodies in good order, if we want to do for others (p. 96)¹. (Emily Elizabeth Parsons, May 14, 1863, St. Louis)

Many nurses learned to keep a healthy distance with wit instead of alienation:

To and fro rushed matrons, maids, and convalescent "boys," skirmishing with knives and forks; retreating with empty plates; marching and counter-marching, with unvaried success, while the clash of busy spoons made most inspiring music for the charge of our Light Brigade:

Beds to the front of them,
Beds to the right of them,
Beds to the left of them,
 Nobody blundered.
Screamed at with brimming bowls,
Steamed at by army rolls,
 Buttered and sundered.
With coffee not cannon plied,
Each must be satisfied,
Whether they lived or died;
 All the men wondered²³ (pp. 34-35).
 (Louisa May Alcott)

In the midst of the war, the nurses learned to accept care from companionship and to enjoy moments of rest and beauty:

My dear mother, For the first time since I started from home I am at leisure and enjoying myself highly. . . . The head-qts [sic] hospital is a Virginia mansion and I am back *home* with Dr. Potter and Aiken & Dr. Dudley. One after another they come in to see me, and I am luxuriating on a back piazza overlooking a splendid garden of flowers, the birds singing beautifully and the air splendid. There is no firing this morning. . . . The only thing that is painful to witness is the thinness of my friends (p. 106)³⁰. (Cornelia Hancock, June 7, 1864,)

And always there is the support of a trusting relationship with God:

There is one thing I try to remember,--that we are in the hands of One who knowest best, and He will put me where it is best for me to go. If sees it is best for me to continue in my work, He will give me a place, and if He does not, I shall pray to be willing to do just what He wishes (pp. 59-60)¹. (Emily Elizabeth Parsons, 1863, on a hospital transport ship near Cairo, Illinois)

How can these nurses' stories be translated into our own frame of reference, as individuals and as a community? At first sight, these stories represent the work of extraordinary people, or work that is brought out in extraordinary situations. However, caring is familiar to us all because we have received it, and because we have had the chance to practice it²⁸. We have daily chances to make the choice to care or to turn away. The more often we put ourselves in situations where we have the opportunity to *practice* caring, the more likely it is to become a part of our fabric.

Robert Bellah and his colleagues argue that the ethic of caring is essential today when "the individual can only rarely and with difficulty understand himself and his activities as interrelated in morally meaningful ways with those of other[s]. . . ." ³¹(p. 50). When compassionate persons reach out to serve others, they enrich and empower themselves and their communities as well³², ³³. Community life provides us with constant opportunities to practice caring.

Caring is the center of true community life, and it is the "glue" that holds a community together. Like Whitman's abandoned young soldier, a community that has lost a sense of caring has a broken heart.

In our "bottom-line" oriented society, *doing for* gets more attention than any of the other components of ethical caring. Contemporary life sets the trap of valuing *doing for* without valuing or making it easy to take time for complete caring. And yet, *doing for* is incomplete without attending to others, without knowing them and our purpose in community together.

Henry Nouwen writes about the "discipline of community":

Celebrating together, working together, playing together--these are all ways in which the discipline of community can be practiced. . . . The discipline of community makes us persons; that is, people who are sounding through to each other. . . a truth, a beauty, and a love which is greater, fuller, and richer than we ourselves can grasp. . . . The discipline of community is a true discipline of prayer. . . [It is] obedience practiced together. . . .The question is not simply, "Where does God lead me as an individual person who tries to do his will? More basic and more significant is the question, "Where does God lead us as a people?" This question requires that we pay careful attention to God's guidance in our life together and that together we search for a creative response (pp. 86-88)³⁴.

The ethic of caring is the foundation for living in a Christian community. The Body of Christ is served in every situation by considering the right thing to do to prevent or heal suffering. And since we dwell in relationships, in which our well-being and the well-being of others are connected, we are required to attend to our own care, as well as to that of others²⁵.

For Christians, caring is not optional. It is clearly what is mandated by the Biblical principles of loving one's neighbor, caring for others in the name of Christ, "rejoice[ing] with those who rejoice, [and] weep[ing] with those who weep" (Rom. 12:15, RSV). The secret is that the one who cares is cared for in the doing.

Listen again to the words of the Civil War nurses about their calling. Remembering those with whom we are in community, and substituting our own circumstances for theirs, we also could say:

We all know in our hearts that it is thorough enjoyment to be here,-- *it is life*, in short; and we wouldn't be anywhere else for anything in the world. . . . Hundreds of lives are being saved by it. I have seen with my own eyes in one week fifty men who must have died without it, and many more who probably would have done so. I speak of lives saved only; the amount of suffering saved is incalculable (p. 333)³⁵. (Katherine Wormeley)

Let no one who sincerely desires to help the work on in this way, delay going through any fear; for the worth of life lies in the experiences that fill it, and this is one which cannot be forgotten. All that is best and bravest in the hearts of men and women, comes out in scenes like these; and though a hospital is a rough school, its lessons are both stern and salutary; and the humblest of pupils there, in proportion to his faithfulness, learns a deeper faith in God and in himself (pp. 75-76)²³. (Louisa May Alcott, Civil War nurse)

Epilogue

While many of the nurses whose words appear above returned to their homes after the end of the Civil War, many of them continued to nurse. Their experience with first-hand care and the administration of care prepared them to remedy the nursing situation in the United States. Prior to the Civil war there were no schools of nursing for "lady nurses", and most nursing care was given by untrained and often unsuitable workers, under the supervision of physicians.

Jane Woolsey wrote of the "system" of nursing in the War:

Was the system of women-nurses in hospitals a failure? There never was any system. That the presence of hundreds of individual women as nurses in hospitals was neither an intrusion nor a blunder, let the multitude of their--unsystematized--labor and achievements testify. So far as I know, the experiment of a compact, general organization was never fairly tried. Hospital nurses were of all sorts, and came from the various sources of supply; volunteers paid or unpaid; soldiers' wives and sisters who had come to see their friends, and remained without any clear commission of duties; women assigned by the General Superintendent of Nurses [Dorothea Dix]. . . . These women were set adrift in a hospital, eight to twenty of them for the most part slightly educated, without training or discipline, without company organization or officers, so to speak, of their own, "reporting" to the surgeons, or Superintendent, which is very much, in a small way as if Private Robinson should "report" to General Grant³⁶(pp. 113-114).

After the War, many of the Civil War nurses took over the direction of hospitals and the systematic "training" of nurses. In late 1862, the Army requested Katherine Wormeley to open a hospital for soldiers in Portsmouth Grove, Rhode Island. She agreed, on the condition that she be assisted by women who had worked with her on hospital transport ships: Harriet Douglas Whetten and the Woolsey sisters, Jane, Abby, Sarah, and Georgeanna. A year later Miss Whetten became Lady Superintendent of the Carver General Hospital in Washington, D. C., where she established a school, and the Woolsey sisters

went on to found other hospital schools of nursing. Emily Elizabeth Parsons established a charity hospital and nursing school in Cambridge, Massachusetts¹.

Clara Barton, after work with the Bureau of Missing Men and the International Red Cross, established the American Red Cross in 1880^{27,37}. Dorothea Dix returned to her work for the care of the insane³⁷. Cornelia Hancock, with the Society of Friends, began a school for freed slaves in South Carolina and was a founder of the Pennsylvania Children's Aid Society³⁰.

Many nurses became ill or died as a result of their war service. Louisa May Alcott's nursing was cut short after six weeks by typhoid fever.

Short accounts of the work of many of the Civil War nurses is found in *Woman's work in the war* (1867), in Weter Library.

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