

# In their own words: nurses' discourses of cleanliness from the Reboth Mission

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## **In their own words: nurses' discourses of cleanliness from the Reboth Mission**

For nurses of the nineteenth and early twentieth centuries, cleanliness was often seen as a virtue next to godliness. For missionary nurses, this analogy took on multiple meanings. This study focuses on discourses of cleanliness at one site of missionary nursing in the early twentieth century: the Reboth Mission and its hospital, which provided health-care to the Navajo in the southwestern USA from 1903 to 1965. Data sources included denominational publications, institutional records, correspondence, questionnaires and interviews of the Dutch–American missionary nurses who practiced at the Reboth Mission. Discourse analysis was conducted on references to cleanliness, hygiene and sanitation in these texts. Secondary discourses of embodiment in daily practice, initiation and assimilation, caring, ignorance, environmental factors and gendered work were identified and analyzed. The study interrogates the whiteness of the nurses' dominant culture and sheds light on nurses' relationships with normative discursive frames that reflect and perpetuate inequalities, discredit non-dominant practices, and leave little room for competing discourses. It also illustrates a blurring of religion and health-care, and the need for a reflective and informed stance as a basis for cultural competence.

**Key words:** cleanliness, cultural competence, critical discourse analysis, gender, whiteness.

Although the close ties between religious institutions and the development of nursing in North America were clearly acknowledged in the early twentieth century (Nutting and Dock 1907), inadequate scholarly attention has been paid to these roots. Even less attention has been paid to the normative role that religiously based discourses played in shaping nursing care among non-dominant cultures.

Part of the story of religiously based nursing has been its widespread focus on populations who, by merit of poverty, immigrant status, race, or ethnicity, are culturally dissimilar from the nurse, and therefore deemed Other (Ruffing-Rahal 1995; Abel 1996; Abel and Reifel 1999). All too often, nursing's attention to religion is subsumed into studies of

individual practitioners' cultural competency, as one of many patient characteristics to assess. Few have critiqued the collective institutional religious discourses that have been intertwined with nursing practice.

The Reboth Mission and its hospital, which provided health-care to the Navajo in the southwestern USA from 1903 to 1965, constitute the context for this study. A close examination of discourses of cleanliness within this context brings to light and illustrates a blurring of religion and health-care and the need for a reflective and informed stance as a basis for cultural competence. The aim of this study is to apply what Reimer Kirkham and Anderson call the 'social mandate of nursing' (2002, 2),<sup>1</sup> to interrogate the

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<sup>1</sup> See Fairclough (1995) for a discussion of how critical discourse analysis looks for intertextuality with social and cultural resources, and links discourses to speaker identities and positions of relative power (Foucault 1977; Reimer Kirkham and Anderson 2002; Campbell and Arnold 2004); and Said (1978) for a discussion of the modalities and effects of colonialism.

whiteness of the nurses' dominant culture and shed light on particular nurses' relationships with specific normative discursive frames that reflect and perpetuate inequalities, discredit non-dominant practices, and leave little room for competing discourses.

Given that native Americans have by all measures suffered from disproportionate health inequalities (CDC 2005; US Department of Health & Human Services, Office of Minority Health 2008), the discourses within which nurses have cared for them deserve particular attention. In the late nineteenth and early twentieth centuries, Christian missions and schools were part of a US-government supported attempt to assimilate North Americans into the dominant Anglo culture. Many of the Navajo's health problems can be traced to over two centuries of European conquest and oppression. In 1867, this once nomadic people was restricted to a reservation that, although large (3.5 million acres or 14 000 km<sup>2</sup>), had little water and poor land. US governmental attempts to transform the Navajo into an agricultural people by building irrigation ditches (acequias) had largely failed.

The American Academy of Nursing (AAN) offers a widely used and comprehensive definition of cultural competence as: 'care that is sensitive to issues related to culture, race, gender and sexual orientation' (1992, 279). The first, but often overlooked step in developing cultural competency is to identify and critique one's own values and biases and how they relate to societal discourses (Davis and Voegtler 1994; Spector 2004). The present study takes as its starting point the assumption that cultural competency must also include an understanding of dominant discourses. Although the term cultural competency itself has been appropriately criticized within nursing for its hegemonic perspective and tendency to essentialize the Other (Drevdahl, Canales and Dorcy 2008), nursing scholars of culture agree that one cannot adequately provide sensitive care to those whose culture differs from one's own without first turning a critical eye on one's own past and present cultural assumptions, values and biases (DePalma 2006), including those informed by religious discourses.

To provide non-exclusionary care, nurses must be able to identify the extent to which their 'own cultural frameworks functioned as a normative reference point from which care was decided' (Blackford 2003, 239). Researchers such as Anderson et al. (2003, 197) note that nurses need to 'think critically about [them]selves and [their] patients, and to be mindful of [their] own sociocultural, economic, and historical location' when examining relationships between native populations who have been subordinated as Other and European healthcare providers. Part of critical self-examination includes nursing's relationships to collective

and institutional discourses about the other. How nurses view and act towards minority groups is grounded in how nurses view themselves and their relationship to minority groups and anyone defined as Other.

The current study builds on the intersection of prior studies of religious nursing practice among cultural minorities and on the more theoretical work on whiteness by focusing on one aspect of the dominant nursing culture, its relationship to discourses of cleanliness. It builds on an emerging body of nursing literature that is taking a critical look at cultural discourses that shape nursing practice and nursing's capacity for challenging and altering limiting discourses.

### *Research base for the study*

Prior research on religiously based nursing practice focused primarily on highly organized religious groups, and included studies of Roman Catholic nuns throughout the USA (Wall 1993, 1995, 1998, 2001, 2002, 2003; Woolley 2003), Mennonite nurses during World War II (Hershberger 2003), Mormon nurses (Sorensen 1998), and Methodist missionary nurses in Texas (Ruiz 1994). These studies underscore the often-overlooked importance of gender and the frequent focus on children in missionary nursing. Sioban Nelson's work on Roman Catholic nursing among Native Americans in Canada in the nineteenth century (1999, 2001, 2002) and Marshall and Wall's (1999) study of Roman Catholic nursing in the US frontier in the late nineteenth and early twentieth centuries also emphasizes the gendered aspects of religiously based nursing, and the importance of religious communities in the development of professional nursing.

Within the Dutch-American Protestant tradition, there are limited portrayals of missionary nursing. A study of the Reformed Church in North America<sup>2</sup> describes missionary work at various North American sites and the US government's emerging relationship to Native Americans (Koopman 2005). Although there are passing references to health-care, there is little written about the nurses who constituted a vital means by which missionary work was conducted. Only scattered and unanalyzed information exists regarding the nurses of Rehoboth. References to these women are generally incorporated into histories of the Rehoboth Mission Hospital or School. Other publications described the Christian Reformed Church's missionary work among Native Americans (Kromminga 1949, 1957; Van Halsema 1953; DeRidder 1956; Van Halsema

<sup>2</sup> *The Christian Reformed denomination split from the Reformed Church of American in 1857* (<http://www.crcna.org/>).

1957; Spaan 1968; Smit 1983; Smylie 1986; Groelsma 1987; Hoezee and Meehan 1996; Schaap 1998), but seldom mentioned nurses by name, and never as a primary focus. Women have been a neglected gender in representations of missionary work in general, and of the Rehoboth Mission in particular.

An earlier phase of study on missionary nursing among the Navajo (Lagerwey 2002, 2003) examined published denominational texts that mentioned health-care among the Navajo at the Rehoboth Mission between 1903 and the transfer of the hospital to the Luke Society in 1965.<sup>3</sup> That phase of the research made visible five discourses within which nurses practiced at the mission: assumed superiority of Anglos, a perception of the Navajo as immature and dangerous, links between health-care and evangelism, centrality of cleanliness, and missionary nursing as a holy calling. These discourses provided and made available the languages through which the nurses perceived their worlds and practiced (Phillips 2001, 50). Clerical discourses of cleanliness reinforced beliefs in Euro-American and Protestant superiority and portrayed bathing as a purifying ritual that initiated the Navajo into western health-care and the Christian religion.<sup>4</sup> This second phase of the study focuses on discourses of cleanliness in more depth and adds to the analysis reports, interviews and correspondence of the nurses themselves, to examine how, in their own words, the Rehoboth nurses took up and aligned themselves with, challenged, or supplemented societal and clerical discourses of cleanliness.

### *The first Rehoboth nurse: Nellie Noordhoff*

In February 1903, 31-year-old registered nurse Nellie Noordhoff travelled over 1600 miles by rail from her home in Grand Rapids, Michigan, to provide nursing care for Navajo and missionary families at the newly established Rehoboth Mission near Gallup, in the southwestern USA Territory of New Mexico.<sup>5</sup> Today Gallup lies 139 miles west of Albuquerque and 25 miles east of the Arizona border.

<sup>3</sup> In 1970, the hospital in Rehoboth was closed and replaced with a new hospital built near Gallup.

<sup>4</sup> Throughout both phases of the study, discourses are defined as groups of ideas or patterned ways of thinking found in textual communication and informed by wider social structures (Foucault 1974, 1977, 1981; Cheek 2000, 2002).

<sup>5</sup> In 1896, a small religious organization, the Denominational Board of Heathen Missions of the Christian Reformed Church — a Dutch-American denomination with less than 60 000 members at the time (Spaan 1968) and current membership of about 300 000 purchased a mission station at Fort Defiance, New Mexico. The first Christian Reformed missionary arrived on October 10, 1896.

Noordhoff had been born in the Netherlands in 1872, and immigrated with her parents to southwest Michigan in 1880. There they joined a growing community of Dutch-American families and the fledgling Christian Reformed Church (CRC), an offshoot of the Nederlands Reformed Church. In 1901, she graduated from the Nurses Training School in Grand Rapids, Michigan. Ten months after she arrived, this protestant mission, supported and administered by a Dutch-American Calvinist denomination, the Christian Reformed Church, opened a boarding school. Her early letters reflect how the climate and culture of the Gallup, New Mexico, area contrasted with what she had known in Michigan. Grand Rapids lies near sea level, and is often cloudy, with plenty of rain and snow. Gallup is much more isolated, and over a mile above sea level, with little precipitation.<sup>6</sup> Common topics in her letters home to Michigan were the hard physical work of doing the laundry and cleaning the hospital, the unbathed conditions of her young charges, and the harsh weather. Noordhoff left less than 2 years after her arrival, due to 'exhaustion' (Sinke 2002; Ippel 2003).

For the first seven years of the mission, all health-care was provided by nurses and matrons of the school. It soon became apparent that the physical health needs of the Navajo far exceeded the resources of the mission and could not be ignored. In comparison with the general population of the USA, the Navajo had significantly higher rates of infant mortality and deaths from tuberculosis, as well as higher morbidity from trachoma, measles and alcoholism (Kane and Kane 1972; Kunitz 1983; Prucha 1984; Trimble 1993; Trennert 1998; Frank and Ames 2000). In response to requests from Rehoboth missionaries for medical facilities and personnel, the clergymen comprising the administrative CRC Board of Heathen Missions in Michigan approved funding for a hospital. The Rehoboth Hospital, with a 40-bed capacity, was dedicated in 1910 (DeBoer 2001).

Over the next six decades, other Rehoboth nurses took up the discourse of cleanliness, infusing it with new meanings over time and interweaving it with other cultural and religious discourses. From 1903 to 1964, 24 nurses practiced at the Rehoboth Mission. Others volunteered there for short periods (H. Ippel, personal communication 30 May, 2001). These nurses were all female members of the CRC who had

<sup>6</sup> Michigan is surrounded on three sides by the Great Lakes, and Grand Rapids lies 30 miles east of Lake Michigan and is close to sea level (160 ft/186 m), has an annual rainfall of 34 inches, only 32 sunny days per year, and experiences four distinct seasons. In contrast, Gallup lies 6510 feet above sea level. It has more than 280 sunny days each year and an average annual rainfall of 9.6 inches. Grand Rapids was a rapidly growing city, with a population of 32 016 in 1880 and 87 565 in 1900. Gallup, in contrast, was a rough mining town, remote, first accessible by train in 1881.

applied to and were accepted for mission work by the denomination's Mission Board.

## METHODOLOGY

Critical discourse analysis was chosen for this study as it allows us to approach the words and silences of the Dutch–American Rehoboth nurses as textualized traces and constructed representations of thoughts, events and memories, and draws attention to the language in reflecting and maintaining existing power relationships (Miller and Alvarado 2005). Rather than understanding texts and discourses as direct reflections of events or the nurses' direct experiences themselves, it turns attention to the 'the complex socioeconomic, historical, and political nexus in which human experience is embedded' (Reimer Kirkham and Anderson 2002, 2), distills discourses within texts, asks how these discourses are contextualized, and critiques the taken-for-granted quality of discourses (Parker 1992; Powers 1996; Cheek 2000, 2002; Phillips 2001; Campbell and Arnold 2004; Stevenson 2004; Crowe 2005).

### Data collection

Nurses' letters and reports were found at the archives of the Hekman Library at Calvin College in Grand Rapids, Michigan. Individual files contained correspondence to and from the nurses, primarily during their times at Rehoboth.<sup>7</sup> The nurses' files contained private correspondence, correspondence between the nurses and the Mission Board, their applications for positions at the mission, and their health records. The archives contain both public and restricted files for 24 of the nurses who practiced at Rehoboth.

Since practicing nurses were not required to register in New Mexico until 1923 when the Board of Nurses' Examiners was established there, the definition of a nurse in the documents examined was at times unclear (Mexico Board of Nursing 2008). It was not until 1923 that New Mexico began regulation of nursing practice, and 1937 that it prescribed a systematic course of nursing education (New Mexico Board of Nursing, [www.bon.state.nm.us](http://www.bon.state.nm.us), accessed 14 May 2006; Kalisch and Kalisch 1995). Thus, for the purposes of this study, a nurse is defined as one referred to as such in publications and correspondence from 1903 to 1923, and who had received formal training beyond that was given to young

Navajo women within the hospital so that they could assist the missionary nurses. From 1923 to 1964, a nurse is defined as a registered or licensed nurse.

The only Navajo woman whose records were included in the archives was of Christine Whipple, who had come to Rehoboth as a student in 1905. In 1913, she graduated from eighth grade at the school, and began a nurses' training program at Rehoboth Hospital. None of her personal correspondence was available. Her professional status is unclear as pictures from news stories show her wearing a plain white cap, refer to her as a nurse at Rehoboth, but as a nursing assistant in area hospitals for most of her nursing career.

Interviews were conducted with eight retired nurses who had practiced at the Rehoboth Mission Hospital or, in later years, at the McKinley Hospital in Gallup, New Mexico. An additional four retired Rehoboth nurses completed questionnaires. These interviews and questionnaires focused on the biographical facts of the nurses' lives, and their motivations, duties and challenges in practicing at the mission.

Analysis began with a re-reading of all texts, including interview transcripts and questionnaires, for a general understanding of nursing care at the Rehoboth Mission. Denominational publications, including *The Banner*, *The Acts of Synod of the Christian Reformed Church*, *The Rehoboth Hospital Bulletin*, *The Rehoboth Christian School Bulletin*, and *The Annual Report of the Rehoboth Mission* from 1880 to the present, and the CRC denomination's publication, the *Missionary Monthly*<sup>8</sup> were reviewed for entries by nurses.

Passages related to cleanliness, cleaning, hygiene, sanitation, bathing and dirt were extracted from all texts and sorted for themes, secondary discourses and relationships to previously identified clerical discourses and relationships to sociohistoric contexts. The texts examined illustrate a confluence of social, historical, cultural forces and values within which discourses of cleanliness have been played out.

## FINDINGS

### Embodiment in daily practice/housekeeping

In their written and spoken words, Rehoboth nurses took up and aligned themselves with societal and clerical discourses

<sup>7</sup> Following Institutional Review Board approval for interviews and review of files, written permission was received from the Christian Reformed Board of Missions to have access to the nurses' personal archived files at the Hekman Library. The researcher had full access to all the nurses' files.

<sup>8</sup> This magazine began as *de Heidenwereld* or *The Heathen World*, and was written primarily in Dutch from 1896 through 1933, with occasional articles in English. The magazine discontinued publication in 2001. These passages were a particularly rich source of publicly available texts written by nurses as each issue in the early twentieth century contained a 'Zending onder Indianen' (Missionaries to the Indians) section with first person reports from Rehoboth staff, including regular entries by nurses. The Dutch passages were identified and read by the researcher, and then formally interpreted by a native Dutch translator.

of cleanliness in several ways, revealing secondary discourses and intertextual relationships with other societal and religious discourses. Most tangibly, the nurses enacted discourses of cleanliness in their daily practice. Discourses of cleanliness clearly permeated the nurses' job expectations and responsibilities.

The importance placed on cleanliness was broader in scope than that necessary for preventing the spread of infection. Writing about her cleaning duties, Nellie Noordhoff referred to the immense amount of work expected of her. In a letter to a young cousin, Nellie Noordhoff wrote on 22 December 1903:

I have five children and will probably have another one. Three boys and two girls. I wish you could come over and sew S ... I have so much sewing. I'll give you \$1.00 a day. Just imagine, 5 children coming at once, and entirely naked. There is not a garment which I can keep, which is good ... I have no help at all.

Noordhoff's letters in the *Missionary Monthly* also speak of a greater number of children than expected, but without directly saying implying that she needed more help.

The demanding nature of the nurses' work is evident in the monthly handwritten 'Report of Nurse' to the Mission Board. In these reports, the nurses catalogued their activities and services, regularly listing laundry and washing, cleaning and supervising cleaning of the hospital. These reports were most frequent immediately after the hospital opened, from 1911 to 1914. Jenny VanderVeen's 'Report of Nurse' for April 1912 is typical, listing 'cleaned hospital' and 'sewing this month and washing — ironing'. Since first physician at Rehoboth, Dr Sipe came to Rehoboth in summer 1910, but left due to 'ill health' only a few months later, and died in March 1911 (Ippel 2003), the nurses opened the hospital and practiced without a physician until July 1912, when Dr Moore arrived. In the mean time, Nurse VanderVeen wrote, 'I have been cleaning in the Hospital this week, and have the men's ward, woman's ward, bath rooms and private rooms cleaned and the beds put up. It looks fine and is beginning to look like a hospital' (3 January, 1911). On 30 August 1911, she wrote again to the board, asking for help with both nursing and housekeeping. Her letter powerfully illustrates the burden placed on the nurses and the Mission Board's practice of relying on Navajo women for cheap labour. Although Jenny VanderVeen did not challenge discourses of cleanliness, she pleaded that attention be paid to the burden this placed on her.

My opinion was that the patients would come slowly to the hospital beginning next fall. Instead of that they are coming now. We have no empty beds.... As there is always much typhoid and pneumonia among the Navajos in the winter I

think it nice for us to be ready for a busy season. Did the Board wish to put in a housekeeper or no? ... I understand the Board wishes to Navajo girls [sic] to help also in the kitchen. Very well. But this will mean someone continually overseeing them. They are utterly incapable for any [sic] any responsibility.... As long as there is no Doctor in view would it be possible for us to have another nurse.... I slept 8 hours last night for the first time in 8 nights, taking care of our patients day and night besides the others. I am not complaining [sic] but feel that I must say this in order that you may understand the need.... I think I know of a nurse who [could-handwriting unclear] be the one for this place.

The 1912 Report of the Denominational Mission Board to the ruling body of the CRC, the Synod (Synod met every two years) indicates that a year later there was a housekeeper for the hospital (J. Nyenhuis, from Michigan) and three Navajo nursing assistant students, but no additional nurse. Although the Mission Board was not completely silent to her plea, it saw the needs for a male physician as more important than her request for a nurse. The report acknowledges that 'for her [Jenny VanderVeen] also the work is too much, and it is highly necessary for a doctor to be engaged' (Board of Heathen Missions 1912, 77). A physician, Dr CJH Moore had been hired in 1911, and remained at Rehoboth until 1919 (Ippel 2003). Navajo women seem to have been seen by the Mission Board as answers to Jenny VanderVeen's call for help, but her letter of 31 May 1912 indicates that she did not consider the Navajo women competent assistants. They 'are doing fine when they have someone to oversee their work, but they cannot be depended upon on such duties as night work. (As they fall asleep).' The young Navajo woman, Christine Whipple, who had begun nurses' training at the Hospital in 1913, seems to have been given much more independence than other Navajo assistants, frequently rode on horseback to visit Navajo patients in their homes, and served as a translator. She died in 1993 (Ippel 2003).

Jenny VanderVeen's reports to the Mission Board from 1912 show that she was responsible for designing and teaching courses in reading, spelling, Bible, infectious diseases, and hygiene to Navajo women who then worked under her supervision at the Rehoboth Hospital (Box 223 Folder 6, RDG 4.8.2). Nursing work was all consuming. In her report for August, 1913 (writing under her married name of Mrs Heusinkveld — she had married school's principal, Mr Heusinkveld late in 1912), she reported visiting hogans — rounded Navajo single-room dwellings of about 14 feet diameter, made of logs, brush and mud — regularly and taking care of patients in the hospital. She had little time for herself, and was 'Off duty two days' that month.

By 1920, cleaning had been largely relegated to those who assisted the nurses. A physician wrote to denominational

headquarters to clarify that an employee to clean the hospital would not need the credentials of a 'registered trained nurse' (Mulder December 1920). On 19 December 1941, Nurse Aletta Rus wrote to the mission board, further distinguishing housekeeping from nursing practice. She commended a Navajo woman 'who helped with giving of nursing care for nearly 3 months, [and] is back in her usual position of housekeeper. And her work is very well done'.

In a published report also mentioned in previous research (Lagerwey 2003), a Rehoboth physician and an ordained missionary praised their fellow missionaries for 'rescuing' a young Navajo girl from a 'squalid Hogan [where she was] ... dressed in rags, dirty as a pig, feverish and covered with itch ... tortured with dirt, sickness and lack of care.' They mentioned the contribution of the nurses only in passing. 'The nurses succeeded in getting her clean' (Pousma and Bolt 1930, 2).

Clerical discourses took it for granted that nurses would incorporate cleaning into their priorities and obscured the actual burden of cleaning. Although the work required for cleanliness was mentioned in male-authored clerical discourses, it fell to the nurses (all female) to implement the care and embody this discourse.

### *Initiation and redemption*

Particularly in the early days of the mission, discourses of bodily cleanliness were also intertwined with discourses of assimilation and initiation into western, and more particularly, Christian, culture. In fact, before the 1934 Indian Reorganization Act, interconnections between religious and federal discourses of assimilation were so pervasive that 'civilization' of Native Americans was dubbed 'taking the Jesus road' to a new identity (Koopman 2005). Here language of cleanliness was discursively tied to that of redemption. In the Calvinist theology to which the CRC adheres, and in its creeds, the water used in baptism symbolizes redemption or a cleansing from 'the soul's impurity.... [or] sin' (Heidelberg Catechism 1563, 1975 translation, 890–91). Although bathing was not specifically equated with baptism, the stories of bodily cleansing resonate with that of initiation into a new and morally superior way of life. Clerical discourses provided language of redemption signified in part by physical cleansing.

In several letters that appeared in the *Indianen* section of the 1904 issues of the *Missionary Monthly*, Nellie Noordhoff described the initiation of Navajo children to the bathing customs of the missionaries and the transformation of the children. Although she acknowledged that the missionaries undoubtedly looked very 'strange' to the Navajo, the

unwashed bodies of the Navajo children symbolized far more than physical dirt. To cross the threshold into the school, these children had to be purified, their clothing, and long hair removed and left behind along with their Navajo names and identities, as their parents watched.

When the children came they were filthy, spitting on the floor and even swear words were heard. When we saw them this way, the thought would involuntarily arise: 'These children have fallen too far'.... But no, such thoughts may not arise in our hearts. Just because they are heathen and have sunk very low we must work among them, we must harness all our energies to make known to them the way of salvation and to make known to them the God who desires to save them from their miserable condition. (1904c, 80)

Each child was thoroughly bathed when he or she arrived. Other entries repeat the theme of bathing on arrival. 'Because their hair was white with sand we were not sparing with the water and soap' (April 1904, 80).

Not all the children were eager for the transformation. The initiation bath for one 10- or 11-year-old Navajo boy whose parents had just agreed to leave him at the mission for 6 months:

[It] did not go as easily as we had anticipated.... It took quite a while before we could persuade him.... When we had finished his bath and provided some other clothing he did not look like the same boy. The parents viewed him from every side and were pleased with the change. When the parents were ready to go home, James Evans (the [Anglo] name he was given later), looked on but did not ask to go with them. Skipping along he returned to the house. (1904a, 81)

Part of their new identity as washed and purified Navajo children included being given new Anglo names, frequently names of Dutch–American leaders in the denominational community in Michigan or family names of the missionaries.

Noordhoff expressed similar sentiments in the August 1904b issue of the *Missionary Monthly*, describing three Navajo children who arrived at the mission and immediately 'had to be washed, and the boy's hair had to be cut' (181). In both of her entries and throughout the nurses' writings, no attention is given to gender issues of females washing male bodies, and no mention of privacy. One can speculate on the reasons, but clearly bathing was a non-negotiable requirement for admission to the Rehoboth School, and the female nurses were responsible for the task. An undated reminiscence contains more of Nellie Noordhoff's recollections of the children's initiation, clearly a strong memory for her:

Their [three young girls brought to the Rehoboth School] clothing consisted of nothing but flour sack material tight around their bodies so tight that I could hardly get my

scissors in between to cut it off. Of course, that's all they wore, no underwear, and they'd wear it day and night until it was worn out. They never change [their clothes]. A couple of the boys however, wore old loose ragged bags over them. The first thing we had to do was to get them some new clothes. As soon as we had some hot water ready we tried to give them a bath; they needed it, you can imagine. But the poor youngsters were afraid of water; they did not dare to go in the tub but at last by showing them the new clothes, and coaxing them, we proceeded. ... We gave them a bath in the evening, and the next morning before school again, and the following morning again with clean underwear. We did this for several days, until it was not so necessary any more. (4–5)

In the above writing, the reader can only determine the gender of the first group of children by the context.

Initiation and redemption, which took precedence over respect for privacy and gender-based boundaries, assumed a pre-existing cultural and moral chasm: the Navajos were to be redeemed from a world of impurity and initiated into a Western Christian world of cleanliness, but were not fully accepted into the Anglo world. As Nellie Noordhoff reassured her readers in her undated remembrances of Rehoboth, 'We kept the [Navajo] children's and our washing separate'.

At the time the Rehoboth nurses wrote, little of value was recognized in the Navajo culture. In her self-published *Indian Mission Sketches* (1910), Rehoboth teacher and, later, nurse (1906–11) Cocia Hartog addressed members of the CRC denomination and directly connected living conditions with spiritual well-being, characterizing the Navajo homes to which the missionaries reluctantly sent the Navajo students on vacation as places of 'immorality and filth' (cited in Hoezee and Meehan 1996, 12).

To a great extent, the nurses' writings took up clerical discourses of initiation while simultaneously reinforcing discourses of cultural distance. Male-authored clerical discourses utilized much of the same language, but with more of a focus on the students than the work of the nurses.

After these students pass a medical examination they report to the dormitories where the matron takes charge of them. First a bath and a change of clothing, and the little ones [ages five to seven] are allowed to get acquainted with the place and to roam around. (Bosscher 1933, 261)

The end result of the nurses' bathing and caring for the young Navajo girl mentioned above was complete transformation:

After a few weeks, she recovered completely from her troubles and proved to be as fine a little girl as you would ever want to meet. She has no home of her own and we wouldn't think of letting her go back to such a hole as the one she came from. We love her too much for that ... It is a great thing to be able to pick up a child like that ... and then note a complete change in her entire appearance and disposition

after only a few weeks of devoted care. (Pousma and Bolt June 1, 1930, 2)

Annie's change was described here as pervasive and compatible in keeping with discourses of redemption and salvation.

A Navajo student or patient might earn or signify improved character by adapting the ways and values of the missionaries. Assimilation and redemption, however, were complex, incomplete and elusive.

### Cleanliness signifying caring

Discourses of cleanliness reflected a belief in an essential, static and homogeneous Navajo lifestyle and character. Particularly in the first decades of the mission, discourses of cleanliness were set in moral opposition to 'unsanitary' Navajo living conditions. In the nurses' writings, lack of cleanliness could signify a lack of responsible caring. In 1911, nurse Jenny VanderVeen described the first patient at the Rehoboth Hospital, a 3-year-old boy with an apparent eye infection. She incorporated a description of the 'filthy surroundings' that made treatment in his home ineffective, with a story of how he was neglected by his family:

There was no one who would keep his eyes clean, as he was living with a family of Indians to whom he was not related, consequently they took no interest in him ... We told the mother to have him ready early the next morning as we wished to have his eyes examined by a doctor before taking him to the hospital, which she faithfully promised to do. The next morning ... the faithful promise of the mother had been neglected ... But we were not disappointed as it was just what we expected, consequently we were prepared as we had with us plenty of water, soap and other necessary articles for a good bath, also clean clothing. (1911, 336)

Another nurse, Johanna A. Kromminga, summarized nursing concerns about patients leaving the hospital 'before they were ready to leave ... It will be a miracle if [such a patient] survives in the unsanitary conditions that exist in the average Hogan' (1938, 407–10). The nurses and other missionaries were silent on the Navajo perspective of hogans as sacred places used for both daily living and for ceremonies, but uninhabitable if someone died in the dwelling.

Cocia Hartog was hired as a teacher in 1906 and worked at Rehoboth until 1911. She soon found that the healthcare needs of the Navajo demanded more skilled care than she could offer, so she obtained additional nurses' training, and functioned much like her predecessor, Nellie Noordhoff. She wrote repeatedly of the 'deplorable conditions' in which she found patients she visited in their hogans. In one story published in *The Banner*, she wrote of her surprise in finding an infant in a smoke-filled hogan.

In vain, I looked around for our little patient. He was nowhere to be seen. When I asked for him, the mother raised an old sack lying on the ground, when lo and behold a beautiful baby boy came into view, lying in one of the Indian cradles you have heard about. (1906, 238)

Nurse Jenny VanderVeen, using similar language, described the 'low demoralized conditions' of the hogans in which she found one of her patients.

This sick man was found in a small place somewhat protected by evergreen limbs. On the ground lay a sheep skin, this with a blanket rolled up under his head and one blanket over him, constituting the sick bed, and near him a small fire built on the ground. This was the poor old man's home. Here he lay suffering.

The nurse continued, suggesting that the patient's unsanitary condition signified damnation.

Deplorable condition. A creature of God to be found thus suffering bodily, and without hope for eternity. May God Himself fill us with much of the Holy Spirit, so that we altogether with heart and hand may do all that is within our power for this benighted people. (1911, 139)

Secondary discourses of cleanliness as redemption and caring underscored a socially constructed moral divide, and drew from a collection of words such as 'deplorable, demoralized, and benighted' that resonated with moral superiority. In contrast to the Dutch-American Christian missionaries, the Navajo were identified as uncultured heathen, their unwashed condition signifying their unsaved souls.

### *Ignorance*

Discourses of cleanliness were also informed by discourses of the Navajo as ignorant, with ignorance attributed to a lack of information and the missionaries' definition of the Navajo's as Other. Ignorance was thus not merely the absence of information, but an essential defining characteristic of the Navajo. Interestingly, with the exceptions of translation and navigation, no mention was found of the Dutch-American missionaries relying on or even recognizing the Navajo's knowledge.

The nurses described an ongoing responsibility for teaching the Navajo (usually women or children) the skills and value of hygiene and housekeeping. In December of her first year at the mission, Nellie Noordhoff wrote to a cousin in Michigan, describing the Navajo children who came under her care as astonishingly ignorant and unmotivated in matters of housekeeping:

They don't even know how to wash dishes or dust. We have to teach them everything. And then when they are so that they know how to do it, then they want to go away again because they are not very ambitious. (1903)

One of the nurses' tasks was teaching Navajo women to assist them in providing health-care. Work reports to denominational headquarters indicate that bacteriology, hygiene, washing and housekeeping skills were central to the curriculum taught to the Navajo student nurses' assistants. Nurses also supervised Navajo women in the laundry and in cleaning the hospital. Although Dr Mulder is credited with starting a training school for Navajo nursing assistants at Rehoboth (Ippel 2003, 46), it is clear from the monthly reports from the nurses to the denominational mission board, that as soon as the hospital opened, the nurses had developed a consistent curriculum for teaching their assistants and considered this work important enough to include in their monthly reports. Clerical discourses differed here from nursing texts in that clerical discourses gave little credit to the nurses for initiating the healthcare education of the Navajo women.

The expectation that nurses be skilled in teaching about hygiene and that the Navajo should be taught this was assumed and widespread. Teaching was part of their scope of service to those in need. Whether this skill was deemed a specific nursing skill or simply gender and ethnically based is unclear. Cacia Hartog (1906) wrote in a letter to the denominational Mission Board, dated 28 July 1909, regarding a southwestern Indian conference that she planned to attend. Apparently, each attendee was expected to make a presentation. Hers was to be 'Teaching hygiene to and other ways of helping the unschooled Indian woman'.

In confidential interviews and questionnaires from decades after practicing at Rehoboth, nurses also noted differences between the missionaries and the Navajo in expectations for hygiene and aligned themselves with aspects of clerical discourses of difference. These nurses consistently remarked that 'lack of hygiene knowledge ... sanitation' and 'teaching improvement in present sanitation and stressing its importance' (questionnaire #05 24 July 2001) were among their greatest challenges. Clerical discourses emphasized overlapping discourses of the Navajo as generally ignorant and uncivilized, but gave little acknowledgement to the nurses' role in teaching patients and nurses' assistants. Just as nurses embodied discourses of physical cleansing, in their teaching their responsibility for carrying out implications of clerical was as taken-for-granted as the discourses themselves.

### *Environmental discourses*

The history of the Navajo reveals that much of their lives had been shaped by their relationship to water. Before being confined to a reservation, their nomadic lifestyle and careful use of widely dispersed springs and streams made it possible



for them to meet their physical and ceremonial needs and raise sheep without overgrazing the grasslands. Water was sacred (Lyon 1998). Since then, as also reported by one of the nurses in an interview, the Navajo have hauled large containers of water from distant wells for household use by horseback, wagon, or later, by motorized vehicles.

Although it might seem obvious in hindsight that the scarcity of water played a major role in the Navajo's lack of cleanliness, this simple fact seems to have been obscured by other distancing discourses. Early missionaries wrote frequently of the difficulties they themselves had digging and maintaining wells for their water supply, but seemed oblivious to how much harder it was for the Navajo to obtain water and the necessity of prioritizing water use for agriculture.

Some nurses wrote about the lack of bathing facilities in Navajos homes, but made no attribution. In a letter to a friend written on 8 August 1959, nurse Gertrude Oranje described returning to Rebooth from Michigan with a young Navajo girl who had been severely burned in a hogan fire. The girl had been treated by physicians in Grand Rapids, Michigan, for contractures secondary to the formation of scar tissue.

We had a good trip back. [DB] is home and happy to be with her family again. Dr over here for that and to re-apply the dressings — because they do not have a tub at home. Tomorrow will be the last day for that, and I am sure it is healed enough now so she'll get along all right without it.

A different, more practical, relationship to clerical discourses of cleanliness was voiced in confidential interviews and questionnaires with nurses who practiced at the Rebooth Mission Hospital during its mid and latter years. Only from a distance of time did nurses give environmental discourses explanatory power for a lack of personal and household cleanliness and for illness, and acknowledge the impact of scarce and, all too often, contaminated water supplies.<sup>9</sup> One nurse, who practiced at Rebooth throughout the 1940s, told the researcher that diarrhea among children was one of the most common health problems, in part because, 'for one thing, there was a shortage of water. They had to go about 10 miles sometimes just to get water. So they didn't wash their hands much, and they had poor toilettes on the camps' (interview, 27 August 2004). She clearly attributed her patients' poor hygiene and illness directly to lack of water.

This nurse also recounted an elderly female patient who died of tuberculosis shortly after admission to the hospital and before she had been bathed.

I was sitting with her and as soon as she stopped breathing her head was crawling with lice. It was terrible'.... [The nurses typically gave patients baths on admission to get rid of lice.] We would put them in a tub and wash their hair.... They just took it for granted. They would take all the help they could get. They were glad to have a bath because they didn't have much water or tubs.

Here the differences in hygiene were attributed to external causes, not to essential differences between the Navajo and the Dutch–American missionaries.

A nurse who practiced at Rebooth from the late 1950s through the early 1960s commented specifically on the 'lack of good water supply' and 'lack of sanitation' (interview, 23 June 2004). When asked about most common health problems she saw at Rebooth, a Rebooth nurse who practiced at the Rebooth Hospital in the early 1950s, cited 'diarrhea in babies and toddlers — poor hygiene' (telephone interview 10 July 2004). Another Rebooth nurse, who practiced at Rebooth from the early 1950s until 1970, described unique barriers to cleanliness experienced by the Navajo.

Well they didn't have water .... we had a well and they would come with a backup truck with barrels or they would come with a horse and wagon ... I know that we let women take baths and they had their own wash basins; they would just take a bath with a little bit of water. I would say, 'you can have more'. (interview, 13 July 2004)

In her experience, the lack of clean water particularly threatened the health of Navajo infants. Diarrhea was one of their most common illnesses, attributed by this nurse to scarce and contaminated water.

With cleanliness we would just bend over backwards to get a mother to nurse her baby. We did not want her to have formula but sometimes we had to give a formula demonstration, how to make it, how the water had to be boiled because kids would come in with terrible diarrhea.... I think it was because they didn't have clean water. So many of these people would go out and work in farms in the summer time and they didn't have the good conditions out there in the farms that they did in their homes (interview 13 July 2004)

Although this was the only mention of farm work in either clerical or nursing discourses, it reflects the general unsanitary conditions for hired farm labour that persist today, despite federal legislation on working conditions for seasonal workers.

Individual confidential interviews and questionnaires such as this one showed the possibility for secondary discourses with sensitivity to environmental influences on cleanliness not present in the written texts by nurses employed at the time by the denomination or who were asked by the denomination to reflect publicly in writing about their experiences at Rebooth. Time, memory,

<sup>9</sup> See Levitt, Drotman and Ostroff (2007) for further discussion of the importance of water treatments in reducing infectious disease in the early 1900s.

reflection and changing societal discourses may have also played a part in the different perspectives. For example, although not mentioned by the nurses, since the 1970s concerns about coal and uranium mining (begun in the 1940s) decreasing and contaminating the water supply on the Navajo Reservation have increasingly found their way into public discourse in the USA southwest (Smith 2008).

### DISCUSSION: RELATIONSHIPS TO CLERICAL AND SOCIETAL DISCOURSES

Although there has been an increased recognition of the need for critical studies of the taken-for-granted culture of whiteness (Lewis 2004; Standfield 2004; King 2005; MacMullan 2005), nursing has only begun interrogating its own dominant cultures as a central ideological component in perpetuating racism and health inequalities (Hagey and MacKay 2000; Puzan 2003; Reimer Kirkham 2003; Browne 2005; Gustafson 2005).

The Rehoboth nurses' own culture formed an unacknowledged reference point from which they viewed the Navajo as Other. Their words reinforced unexamined discourses of assumed Anglo superiority and Native American ignorance about personal hygiene and domestic cleanliness, and socially constructed beliefs about causes of health problems that blamed the Navajo (women) for the consequences of imposed lifestyle changes. Colonization, wars and federal policies had increased Navajo vulnerability to disease and dependence on Anglo health-care for survival.<sup>10</sup> Historical discourses are absent from both clerical discourses the nurses' words. Although the Rehoboth nurses' words reflected the language and topics of clerical discourses to varying degrees, they also reflected related struggles, differing emphases and challenges, and intertextuality with other discourses. In many ways, the nurses' words clearly reinforced previously identified clerical discourses (Lagerwey 2003). They ideologically connected cleanliness and bathing with evangelism, as symbolic of purification. Discourses of cleanliness were also interwoven with discourses of Anglo superiority and of the Navajo as immature in several ways.

Rehoboth nurses practiced within contexts of evolving societal and nursing views of personal and domestic cleanliness. Discourses of cleanliness at Rehoboth had a firm, but relatively new, basis in established sanitary practices of the day. Much of the dramatic increase in life expectancy, lowering of death rates, longer life expectancies and

decreased infant mortality rates since the mid- to late nineteenth century can be attributed to changes in housing, public sanitation and personal hygiene (Tomes 1998; Greene 2001; Kudzma 2006; Levitt, Drotman and Ostroff 2007; Tauxe and Esteban 2007, Widerquist 1997). With increased knowledge about specific causes of infectious diseases, there was a shift in locus of responsibility in the late eighteenth century from public sanitation to personal hygiene<sup>11</sup> (Greene 2001, 204).

Although understandings of disease as a sanitary problem, and not simply a direct result of dirt, may have de-stigmatized some illness (Garb 2003), by the time nurses came to Rehoboth, discourses of cleanliness had become part and parcel of secondary discourses of moral virtue, cultural superiority, purity, order and conscience (Tomes 1998; Lindahl, Gilje and Norberg 2004, 333). The moral status and intelligence of entire ethnic groups were judged by their reputations for personal cleanliness. Unhygienic practices, believed to characterize the immigrant and working classes, were also viewed as personal and societal threats to the established middle class (Hoy 1995). Dutch-American immigrant women (such as the Rehoboth nurses or their mothers), however, followed the practices of their home country and fully embraced and embodied discourses of household cleanliness with criteria that often exceeded those they found in the USA (Sinke 1991, 2002).

Throughout the USA in the early twentieth century, nurses enacted discourses of cleanliness that demonstrably improved patient outcomes as they provided, assured, maintained and taught life-saving hygiene, and improved public sanitation (Melosh 1982; Starr 1982; Reverby 1987; Kalisch and Kalisch 1995; Madsen 2000). In broader nursing discourses and in the words of the Rehoboth nurses, cleansing was equated with intelligent caring and — despite acceptance of germ theory — set in opposition to dirt, not germs, as causes of illnesses (Lindahl 2002).

During this period, becoming an American and aspiring to the middle class necessitated taking on discourses of personal and household hygiene (Hoy 1995; Tomes 1998).<sup>12</sup> Cleanliness commonly meant not only health, but also restoring and maintaining order (Lindahl, Gilje and Norberg 2004), and 'right living' (Melosh 1982).

<sup>11</sup> See Paul Starr's 1982 classic, *The social transformation of American medicine* for an in-depth analysis of the influence of the AMA and leading public health figures such as Charles V. Chapin.

<sup>12</sup> For a thorough analysis of interconnections between the US government's discourses of manifest destiny and missionary evangelism and health-care, see Trenner (1998) and Koopman (2005).

<sup>10</sup> For an in-depth history of the Dine, and the role of Anglo societies in their devastation, re-settlement, health and illness see classic works such as Forster (1988), Koopman (2005), Prucha (1984), Spicer (1962), and Trenner (1998).

The Office of Indian Affairs declared hygiene in its schools of central importance to Native American advancement in 'civilization' ([http://www.nlm.nih.gov/exhibition/if\\_you\\_knew](http://www.nlm.nih.gov/exhibition/if_you_knew), retrieved 24 June 2006). Assimilation had replaced annihilation as the official stance of the US government's approach to the Navajo following the 1862 War against the Navajo and the subsequent Indian Peace Policy of 1869–79. Yet the Navajo, like all Native Americans were also considered too other and too inferior to become full participants in US society.<sup>13</sup>

Although the content and language of nursing discourses borrowed from clerical discourses, the Rehoboth nurses placed more emphasis on the tasks and physical necessity of bathing, housekeeping and teaching about hygiene. Their gendered embodied responsibilities filled the silences left by male-authored ideological discourses of cleanliness. Cleaning tasks reflected societal expectations for gendered-behaviour within Dutch – American communities and within the larger North American Society.

Broader nursing discourses of the early twentieth century also reflected gendered roles intertwined with age and ethnicity. The genders of neither the nurses nor the Navajo children seem to have been taken into account when the task of bathing initiates was the primary task of the moment. The lack of separation between nursing and housekeeping reflected broader nursing practice at the turn of the century in which education, licensure and practice were ill-defined and largely unregulated, and housekeeping tasks blended frequently with those of registered nurses (Kalisch and Kalisch 1995). Secondary discourses of embodiment and caring were infused with discourses of gender in both the work of the nurses and in the responsibility placed on Navajo women for the cleanliness of their homes and families. They reproduced existing ethnic and gender-based structures of inequality by focusing on personal hygiene and housekeeping enacted by women. Cleaning was a gender-specific task, taken for granted in clerical discourses and bringing exhaustion to the earliest nurses. Likewise, in clerical discourses, nursing accomplishments in teaching and healthcare training for Navajo women are absent or credited to male leaders.

Discourses of cleanliness thus reinforced perceptions of the Navajo as Other. Attributions of ignorance reinforced discourses of the Navajo as immature, ignorant and perhaps primitive. Concurrently, the education of the Navajo in hygiene reinforced discourses of Euro-American and Calvin-

ist cultural and religious superiority.<sup>14</sup> The perceived inferiority of Native Americans also rested on the assumption — also reflected in US governmental policy — of ignorance and a concurrent need for education that could, in part, be met by nurses (Engleman 1942; Tiber 1949; Ruffing-Rahal 1995). Through the 1940s, Bureau of Indian Affairs (BIA) Field Nurses and Public Health Nurses provided education on cleanliness and the relationship between cleanliness and disease prevention (Gahagan 1943, 167; Melosh 1982; Kalisch and Kalisch 1995; Abel 1996; Abel and Reifel 1999; <http://www.nlm.nih.gov/exhibition/if-you-knew>, para. 3).

Alignment with clerical discourses was most evident in nurses' writings to the Mission Board and for public distribution. Much of the public writing took the form of letters written to fellow members of the denomination and published in *The Banner* or the *Missionary Monthly*. In these publications, the nurses' letters brought a personal perspective from the mission field and provided first-hand news of missionary activities. Archived letters to the Mission Board reflected more of the difficulties nurses experienced in their daily practice.

Archived, published and contemporary words were located differently in time and place, and differed in intended audiences: archival materials were written for friends, family and the Mission Board that evaluated and paid for the work and personnel at the mission. Published materials were broadly distributed throughout the supporting CRC denomination. The interviews and questionnaires were conducted with the researcher with an understanding of confidentiality. It is thus not surprising to find written words directly attributable to individual nurses and with broader audiences more congruent with clerical discourses. Although from a perspective of discourse analysis, neither written nor spoken words can be said to reflect authentic lived experiences in an unmediated way regardless of when or how produced, the fact that they are situated in time and place, with different intended audiences and levels of

<sup>13</sup> For further information on the Office of Indian Affairs' program of assimilation of Native Americans, see Abel (1996) and [http://www.nlm.nih.gov/exhibition/if\\_you\\_knew](http://www.nlm.nih.gov/exhibition/if_you_knew).

<sup>14</sup> Rehoboth nurses described their practice in ways that supported discourses of assimilation, yet the CRC itself was ambivalent about joining with main-stream US culture. It remained a distinct subculture well into the twentieth century, with much of its worship and publications in Dutch, and a system of separate schools that remain strong today. In fact, it was critical of 'the generally irreligious government officials' (Van Halsema 1953). It appropriated whatever it found useful in the American culture while remaining apart from it. The mission aimed to assimilate the Navajo into its CRC culture, not necessarily the larger dominant white culture of the country. When the US policy moved away from total assimilation in the early 1930s, Dineh Bikis wrote passionately in the 31 August 1934 issue of *The Banner*, criticizing the 'Indian Office in Washington' for 'exultation of the Indian and the idealization of his religion' (1934, 729).

expected privacy, inevitably produces differences in content and tone.

Differences may have also been influenced by the fact that over the past couple of decades, the Christian Reformed denomination has reflected on, and in 2003 at the 100th Anniversary Celebration of Rehoboth, publicly apologized for, its attempts to root out the Navajo culture and assumptions of superiority (Rehoboth Christian School 2003).

### Limitations

Only Anglo nurses were hired by the CRC Mission Board during the period examined for this study, and the study critically interrogated whiteness only. The interviews and questionnaires were given to a convenience sample only, and in no way represent the range of nurses who practiced at the Rehoboth Mission. Likewise, not all correspondence of the nurses is available or in archives, so this too cannot be seen as a representative sample.

Given the constraining effects of audience, it cannot be determined how aware earlier nurses were of lack of water as a barrier to cleanliness and hygiene.

### Suggestions for further study

In conducting this study, the researcher found several areas that were beyond the scope of the current study, but deserving of further investigation. Most specifically, research is needed to examine the perspectives of Navajo nurses, nursing assistants, and patients to understand their relationships to clerical and Anglo nursing discourses encompassing health and illness. The observed contrast between nurses' public discourses, letters and their words in confidential interviews and questionnaires also deserves more study.

More nursing research is needed that takes a critical look at broad cultural discourses that shape nursing practice and at nursing's capacity for challenging and altering limiting discourses and the societal causes of health disparities. This line of research demands further study in a variety of settings and social and cultural contexts. The profession must interrogate its own dominant cultural discourses that perpetuate the conditions that cause disparities and nursing's relationship to them.

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## Nursing Inquiry

### **Special issue on psychoanalytic readings of issues in nursing and healthcare. A call for papers. Deadline extended to 31 March 2010.**

Scholars writing in nursing and health journals for a number of years have explored structuralist and post structuralist theories to understand issues and dilemmas in nursing and other healthcare practice, the organisation of health services and health policy yet there are few examples of the use of different models of analytic theory, such as Freudian, Kleinian or Lacanian, to search for insights in these or other areas. This call for papers is intended to provide an arena for scholars involved in this work to set out the penetrating and novel insights that psychoanalytic readings of nursing and healthcare issues can provide.

Papers are invited for submission to this special issue of *Nursing Inquiry*. Papers that focus upon psychoanalytic readings of particular practice or policy issues ranging through to more philosophical or theoretical analyses are welcome. The closing date for submissions is 31 March 2010.

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