TEXT Review

Un/becoming nurse: good and bad realities of representation as re-presentation

review by Amelia Walker
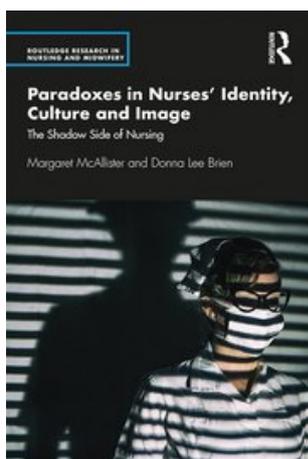
Margaret McAllister and Donna Lee Brien
Paradoxes in Nurses' Identity, Culture and Image: The Shadow Side of Nursing
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> …to be a good nurse one must be a good woman… What makes a good woman is the better or higher of their nature: Quietness, Gentleness, Patience, Endurance, Forbearance. (Florence Nightingale in McAllister and Brien 2020: 8)

> One is not born, but rather becomes, woman. (Simone de Beauvoir 1949 [2010]: 330)

"People like you aren't meant to be nurses."

1

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These words, levelled at me by the university lecturer who supervised my final third year placement, stayed with me throughout my five-year career(ing) as a registered nurse in hospitals, aged care, and community settings across South Australia and Victoria. The context of these words was that of her informing me I had failed the placement and she considered me unfit for practice – indeed, unfit for work of any kind. "People like you are what the disability pension was made for," were the next words that she uttered.

I begin this review of Margaret McAllister and Donna Lee Brien's *Paradoxes in Nurses' Identity, Culture and Image* with this very personal and revealing anecdote in order to offer a sense of the very particular perspective from which I come to their text. Where nursing is concerned, I am both and neither insider and outsider, having worked my final shift just on a decade ago when I decided to invest my energy into pursuing a PhD in creative writing. This mode of situatedness makes my reading of Brien and McAllister neither more nor less privileged than any other, but it does lend a specificity that seems worth signalling, in line with my postmodernism-influenced belief that all writing perspectives bear their own different kinds of bias, and that the fairest move where readers are concerned is thus to reveal, rather than conceal, the nature of the bias at play. Adopting Timothy Bewes's argument for critical reading strategies that are 'always, in part, a reading of ourselves reading' (Bewes 2010: 28), this review takes an intimate approach to describing the deeply transformative and even liberating impact *Paradoxes in Nurses' Identity, Culture and Image* bears for me as a reader simultaneously so close to and yet severed from its subject matter.

"People like you aren't meant to be nurses."

As I've already stated, these words stayed with me my whole nursing career. For five years they were my burden and my fire, driving me to prove wrong what meanwhile drove me to despair. My shock when I first heard them was amplified by the fact I had always been, on the whole, a good student, and thus assumed I could make a decent nurse. Upon finishing school, my grades were above the entry mark for medicine, but I chose nursing because my not-entirely-false perception was that doctors just diagnosed and prescribed, having little to do with the hands-on day-to-day physical and psycho-social aspects of care such as bathing, comforting, tending to wounds, and most crucially, listening to the concerns, fears, frustrations, hopes, and other things people struck down by illness or injury might wish to share. A Catholic upbringing and childhood infatuation with Mother Theresa probably had something to do with this. Through university, my grades had been up and down, due initially to manic and depressive episodes that rendered my focus erratic, and then later to the slow, oft-frustrating process of accepting my bipolar diagnosis and adjusting to side effects of treatments my psychiatrist of the time prescribed. Nonetheless, I had managed through all that to at least pass every course, and excel in some, achieving an overall grade average that placed me on the Dean's Honour list.

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To fail outright was for me unprecedented and unexpected. And for the reason given to be that of my diagnosis was a shock that sucked the very voice from my throat. My voice was what had gotten me in trouble, through my naive explanation to this lecturer, who had won my trust, that my new medication was causing my hands to tremor and that this might temporarily make me slower than usual at fiddly tasks like drawing up medications, but that

my doctor assured me this would settle in time and pose no impediment to my ability to complete all necessary duties. I had not anticipated that a health care professional working in a tertiary education setting would be so ignorant and closed-minded as to hold discriminatory attitudes against people with mental health diagnoses, nor that a mentor who had previously seemed supportive could turn and cut me down in this sudden, sharp way.

If only *Paradoxes in Nurses' Identity, Culture and Image* had been available to me at the time. I would have read and understood that mental illness retains such great stigma, within nursing culture as beyond it, that even nurses who simply work in mental health are tainted with fear and suspicion (84, 107). As McAllister and Brien observe, '[e]ven though nurses are trained in, and endorse, evidence-based practice, they are not above believing in superstitions' – and stereotypes (85). Nurses are, as much as any members of society, prone to be swayed by the persisting myths about mental illness as 'synonymous with *losing one's mind*' and thus to 'believe that people with mental illness are all erratic, impulsive or violent' (107, italics in original). Mental health thus represents one aspect of nursing's '"shadow side"' (7), which, drawing on the theories of Carl Jung (1959 [2014]), McAllister and Brien treat as 'a hidden, opposite side to our self which is repressed into the unconscious', consisting of 'primitive, negative or socially disparaged emotions like lust, anger and shame' (7). Observing Jung's claim that '"everyone carries a shadow, and the less embodied in the individual's conscious life, the blacker and denser it is"' (Jung in McAllister and Brien 2020: 7), and in line with the broad Jungian notion that repressed shadow archetypes stored within the collective unconscious tend to be 'projected onto unwitting adversaries', McAllister and Brien pose that in health care contexts, nurses' projections of 'their own unprocessed anxieties' can manifest in multiple ways including 'lateral violence directed towards other nurses' as well as unfair treatment towards patients and doctors (7).

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At long last, reading McAllister and Brien lent a context and explication to my placement supervisor's act of linguistic violence. Furthermore, it helped me frame and make sense of the many additional confusions and frustrations encountered after I ultimately repeated the placement, gained my BA nursing, and entered the workforce – things made possible through the efforts of a caring and committed disability support officer who argued my right to have a second shot at the placement with a different supervisor unaware of my condition. Needless to say, I was from that point onwards incredibly careful about the information I disclosed to other people, in both personal and professional contexts. My diagnosis, which had previously provided what seemed a helpful narrative for navigating life with my condition and explaining my scenario to others, became my greatest shame and secret. Though I could not push it from my own consciousness, I made intensive efforts to keep colleagues and most friends unaware. I thereby became complicit in the social erasure of the fact that *people like me* can, with the right forms of support, manage to work, contribute, and live full lives. In other words, I participated in society's expurgation of mental illness into the collective unconscious, thus maintaining "madness" as something uncanny, something abject, as opposed to something with which at least one in five of us live and often live well, something commonplace and everyday that need not elicit such irrational fears.

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In certain senses, that I finally did graduate and work as a nurse for a sustained period indicates that I achieved my goal of proving my first placement supervisor's judgement to be false. Yet note the wording in my sentence: *work as*. Is working as a nurse the same as being one? Or becoming one in the sense Simone de Beauvoir once suggested that 'one is not born, but rather becomes, woman?' (1949 [2010]: 330). For five years, I had the ever-present secret sense of still really only trying to become the nurse my title and diploma suggested me to be. I wore my uniform beautifully – so beautifully they photographed me for the promotional brochure of the nursing agency I was working for at the time. But the nurse in that photo was a stranger: she was the character I played when I put on her costume and stepped onto the stage known as a ward. For five years, every minor slip or oversight was evidence that my first placement supervisor, after all, had been right: I simply wasn't, and never could be, nursing material.

For a long time, the promotional photo gave me chills I couldn't comprehend. *Paradoxes in Nurses' Identity, Culture and Image* enables me, at last, to understand why. With her blonde hair, slender frame and white skin airbrushed of acne spots, this groomed, gentle-seeming young woman – who for the record barely resembled the crumpled-shirt sight I often made when leaping from my bicycle at ten-to-seven in the morning after riding for an hour or more to one of the outer suburbs aged care homes where my agency frequently sent me – was a problematically gendered and racialized recitation of what McAllister and Brien describe as the 'good nurse' trope or what is sometimes represented as '"the angel in the house"' (8-9). Stemming from Florence Nightingale's association of nursing capacity with the 'nineteenth century image of perfect womanhood', and thus with 'being demure, compliant, composed and self-abrogating', the good nurse trope persists into the twenty-first century as 'a powerful symbol… reproduced across a wide range of media, including novels, music, poetry and film' (9). As McAllister and Brien note, the good nurse trope is 'so prevalent that it is widely accepted not only by patients but within nursing itself', despite the fact that '[i]n reality, individual nurses often act in ways that defy this notion' (9). Indeed, it would seem that in order to perform their roles well, individual nurses in fact must defy the good nurse stereotype, for:

> [n]urses cannot be demure when they are expected to take responsibility. They cannot be emotional when they need to be impartial decision makers. They also cannot risk placing themselves in clinical situations that are beyond their competence. (9)

However, despite this and despite 'radical social, cultural, technological and bio-medical reforms in the last 150 years, not least of which has been a considerable increase in the number of male nurses', the prevailing cultural power of the good nurse trope means that 'when nurses fail to live up to the stereotype, they are sanctioned' (9). This is one of the paradoxes of nursing identity signalled in the book's title, and a paradox I understand with deep intimacy, having lived and felt it every time I gazed at that fixed image of the sweetly smiling nurse, who was me, but who I would never be.

Earlier I wrote of *working as* a nurse while having *the ever-present secret sense of still really only trying to become the nurse I was already meant to be*. After reading McAllister and Brien, it is patent to me that my anxieties weren't simply about whether or not a

4

"person like me" could be or become a nurse. The real problem was that I not only feared, but knew – for this is true – that I wasn't, and could never be, the good nurse that haunted and still haunts the cultural imaginations of western-dominated societies like those of Australia, New Zealand, the UK, and many former UK colonies. I use the word *haunts* because the good nurse is impossible and as uncanny as any of the other, more shadowy figures that stand behind her – shadows made possible precisely because of her light and by an implied binary logic in which goodness is defined by its inverse, and the good nurse by the bad, 'transgressive' (17-32), or indeed 'monstrous' (97-110). This includes cultural representations of nurses as 'battleaxes' such as the 'authoritarian and vicious' Nurse Noakes from David Mitchell's *Cloud Atlas* (2004), and Nurse Ratched from *One Flew Over the Cuckoo's Nest* (Kesey 1962), who 'has reached iconic status' as 'the epitome of the monstrous nurse – powerful, grim and pitted against her patients' (McAllister & Brien 2020: 101-103).

"People like you aren't meant to be nurses."

I wanted to prove this judgement wrong, and by qualifying as a nurse, I had done it. But anxiety remained because I feared I had become the wrong kind of nurse – a *bad nurse*. Perhaps not in the same sense as Ratched or Noakes: I was no murderer or sadist. But nothing I ever did seemed to meet more than the baseline expectations. I often questioned my competence, and guilt plagued me in the moments when, as opposed to 'composed, deferent or compliant', I behaved in ways that were 'disengaged, flippant and self-preserving' (21). Exhausted by the physical and mental demands of a profession that is often 'simultaneously mundane and disgusting' in which 'nurses not only have limited resources with which to deal with adverse circumstances, they also have to cope with a disinterested, but intrusive, bureaucracy that is mismanaged at every level', I could frequently think of little other than my own preservation: I was simply making it through the rest of the shift – *and the next – and the next* – telling myself that doing just enough was good enough, yet meanwhile wracked by guilt that it should have been more (21-23).

These anxieties were amplified by my failure to settle into one medical field or stable work setting: following completion of my compulsory graduate year on a large public hospital, and a brief flirtation with a psychiatric nursing traineeship I ceased because it was all too close to home, the rest of my nursing career was spent doing agency fill-in shifts wherever required, becoming a jack-of-all-trades and master of none. My choice to work for the agency was because it enabled me to dictate my own hours and thus keep stable sleep routines, which helped reduce the likelihood of a bipolar relapse, whereas permanent ward work required that staff rotate on frequently-changing rosters of morning, afternoon, and night duties. This seemed to affirm not only what my supervisor had said, but also the general prejudices expressed by ward nurses against agency nurses as intrinsically suspect and obviously incapable of holding down any "real" nursing position. At last, McAllister and Brien help me understand these prejudices in context: the agency nurse represents a 'transgressive' (17) figure because, in contrast to the self-sacrificing and compassionately-motivated 'good nurse' (9), the agency nurse puts their own needs and survival first. We were often referred to as "mercenary nurses" in reference to the high pay rates we could pull in the midst of a nursing shortage in the years 2005 to 2008. At that time, the figure of the agency nurse stood in stark contrast with that of the altruistic 'good nurse', for whom money is the furthest thought from mind (9).

Although as an early twenty-something I did, in the beginning, enjoy the flexibility and continually surprising nature of agency work – one could rarely get bored – it was lonely having no regular colleagues, and the unpredictability of perpetually stepping into different roles and responsibilities became, in the end, plain exhausting. Hence, after five years, I finally threw things in and left nursing to pursue creative writing. My final shift was on Christmas Eve, in an emergency department in a less-privileged part of town. I'd been called in to mind the failed suicide attempts so that the regular staff could tend to real emergencies. Those eight hours lasted a lifetime, and as I walked out the sliding glass doors at long last, for the last time, my placement supervisor's words rang in my head louder than ever.

"People like you weren't meant to be nurses."

In walking away, I felt I had finally proved them right.

So I thought at the time.

Ten years later, reading *Paradoxes in Nurses' Identity, Culture and Image* gifts me new ways of understanding how and why I both became and failed to become a nurse – good or otherwise. As Brien and McAllister point out, '[t]ransgressions can also be seen as a site of resistance to dominant ideology, where accepted truths are subverted, allowing new thinking on a topic to emerge, possibly eventually prompting change' (17). This reflects Halberstam's argument for failure as an art (2011). McAllister and Brien enable me to reperceive my failure to become nurse as an artful becoming-otherwise: my clashes with the mainstream hospital system often reflected my stubborn desire towards more actualised ways of being and nursing than those delegated to me by the dominant hospital culture's rigid, unrealistic notions of good versus bad, acceptable versus unacceptable. In line with McAllister and Brien's argument that transgressive representations of nursing often reveal 'that the health care system may itself be flawed' (11), my inability to stay in nursing reflects, I now realise, not "my" failure, but those of hospital and aged care institutions in desperate need of change.

People like me aren't meant to be nurses.

As last I can shift these words into the first person and make them my own. Furthermore, I can recognise that *people like all nurses aren't meant to be nurses*. People work as nurses, yes. And when they work as nurses, they become nurses, in the sense of a becoming that is always in-process and never complete (Hanley 2019). But no nurse ever gets to *be* a nurse, much less discover nurse as what they were always *meant to be*. This entire notion and its echoes of predestination bear, I now realise, the ongoing legacy of nursing's historic connections with religion, particularly nuns (McAllister and Brien, 40). All nurses are only ever people who work as nurses, and thus continually work at becoming nurses as they change, learn, and flow between – as well as flee and take flight from – the various media representations of nurses available. For as McAllister and Brien observe, 'such representations have taken of a fixed and mythic status, from where they inform but also mislead and misdirect… Feeding both wishful thinking and cultural anxieties' (3).

The force of nursing's shadows and mythologies is brought home to me by the fact of recognising my own complicity in maintaining them – through remaining silent about my mental health condition, thus partaking in erasure of *people like me* from the world of work, and through posing for a photograph used to perpetuate a dominant "good nurse" image of everything I was not. That I took part in suppressing nursing's shadow side and upholding its mythologies – even as I myself suffered at the hands of these same cultural notions, eventually leaving the profession as a result of their barbaric force – proves the insidiously treacherous nature of these cultural tropes and tendencies. This underscores the significance of the argument McAllister and Brien present – namely, that 'the imaging of nurses in popular culture ignores and, even worse, dismisses serious problems that need to be tackled and resolved' (3) and that nurses 'have to acknowledge and actively break away from the stereotype of the good nurse' among other dominant representations (9).

Hence why it is so important to raise awareness of, and enact critique upon, the problematic stereotypes that pervade popular culture representations of nurses and nursing. By tearing open the old tropes and by pushing towards new representations more reflective of diversities in the nursing profession today, such critiques expand out the scope for nurses to re-identify and become beyond the rigid binaries of good/bad historically dreamed up and drilled in through both cultural and formal nursing training. McAllister and Brien enact this mode of critique, and they demonstrate the need for it to be ongoing.

This is an important book that would make an invaluable addition to the curricula of nursing, medicine, and allied health degree programs. It also bears usefulness beyond the health sciences, for the points it makes about how cultural representations of nurses bear on nursing culture as lived by those in the workforce could be transferred across many professional and other platforms in order to explore how the same sorts of phenomena might operate in different ways and with equally problematic differing effects. *Paradoxes in Nurses' Culture, Identity and Image*'s power to reveal relationships between representations and realities make it pertinent to learning and research in fields excluding but exceeding screen studies, cultural studies, sociology, linguistics, performance studies, literary studies, and of course, creative writing. Furthermore, this is a highly readable and engaging book of relevance to all those who work, have worked, or merely bear interest in nursing and/or stories about nurses. For me personally its impact was, as I have signalled, transformative and liberating. I therefore close by thanking McAllister and Brien for the careful work they have done and the potential their text has to open up the field. I wholeheartedly agree that:

> The reality of nursing work requires very different attributes and skills than what were espoused two centuries ago. Thus, these narratives need to be decoded with a critical stance, or at least with an appreciation for how they cast an image of nursing that no longer holds in practice (162).

Through their interrogation of the shadow side of nursing, McAllister and Brien have contributed significantly towards this task, paving the way for important ongoing inquiries.

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