

# Historical Voices of Resistance

## Crossing Boundaries to Praxis Through Documentary Filmmaking for the Public

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This article contextualizes my forthcoming study of a particular instance of resistance in nursing history, the Cassandra Radical Feminist Nurses Network, and examines how nursing history can be produced as public media to advance progressive ideas about nurses and transformative and emancipatory nursing and healthcare. It argues that nurse-generated documentary filmmaking is a natural extension of theory and practice, linking several disciplinary and conceptual fields to support a praxis that is situated at the intersection of nursing, critical theory, and the humanities. **Key words:** *critical studies, digital media, documentary filmmaking, emancipatory inquiry, intersectionality, feminism, nursing history, nursing image, praxis*

You and I as common people must not pass silently from life. Future historians must have our testimony as their resource. Documentaries are our grassroots visions, not just what was preserved by an elite and its minions. . . . We can bear witness to these times, reinterpret history, and prophesy the future. The consequences of all this for democracy, and for a richer and more harmonious tapestry of cultures, are incalculable. This is the art and purpose of the documentary film.

—Michael Rabiger<sup>1(p15)</sup>

VIRGINIA HENDERSON once commented, “I wished we had been more independent in our thinking, and had brought people along with us faster. I think the public would be ready to understand what we’re doing and support us if they understood, if

they knew. But we haven’t, I don’t think we bothered to try to keep the public with us.”<sup>2</sup> There is a real need for nurses to participate in the public sphere to a greater extent than at present. This article seeks to address that gap and create a context in which nurse-generated documentary filmmaking becomes a natural extension of theory and practice. This article connects several disciplinary and conceptual fields to support praxis situated at the intersection of nursing and the humanities. More specifically, this article contextualizes my forthcoming study of a particular instance of resistance in nursing history, the Cassandra Radical Feminist Nurses Network, by examining how that history can be produced as public media to advance progressive ideas about nurses and a healthcare future that is transformative and emancipatory.

Nurses create a transformative future by being with others in life-giving ways as they assist and witness people who are articulating the meaning of lived experience and navigating changes that may be minimal or life altering. Nurses may also foster transformation and emancipation by deploying praxis that affirms human dignity and social justice. To this end, the process of creating visual evidence through documentary filmmaking, in which

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persons of vision and resistance speak, is essential. Listening to others is fundamentally about participation and it is emancipatory.<sup>3</sup> Listening to the voices, while watching the faces, of those whose influence has been dislocated and rendered invisible can create a powerful effect on the viewing public.

Documentaries have been used for education, propaganda, and promoting social justice issues and activism.<sup>4</sup> Film has the ability to engage the public in unique and powerful ways, emotionally connecting them to ideas that resonate with personal significance. A documentary, in addition to other forms of digital media, can give voice to those marginalized by diverse dimensions of gender, class, color, or sexuality. Although nurses today can bring their ideas and perspectives to public discourse in ways not possible in the past, their voices are rarely heard in public health discourse and have been particularly missing from public media sources.<sup>5</sup> Nurses' presence and their characterization in the media were documented in the work of Beatrice Kalisch and Philip Kalisch<sup>6-8</sup> in the 1980s, but the topic has since been paid scant attention by nurse scholars.

A larger, common goal of crafting a vision of a humane, accessible, and outcome-productive healthcare system in the United States will require accessing, documenting, and analyzing multiple voices. Formerly unheard perspectives are needed to, as hooks<sup>9</sup> suggested, "shift the center," from a dangerous and unsuccessful medical model to a holistic one founded on principles of social justice. Shifting the center will require nurses to cross disciplinary and methodological boundaries to make their voices heard.

To counter media invisibility of nurses, I developed a documentary project that seeks to make the publicly invisible voices of self-identified radical nurses accessible beyond the disciplinary literature, moving them into the public sphere. My project looks at a group of nurses who came together in the early 1980s to form the Cassandra Radical Feminist Nurses Network. I focus on their stories of lived experience of resistance, emancipa-

tion, and marginalization as these emerge in oral history accounts. I address where, why, and in what form knowledge emerged for the women in the group. I am also interested in the knowledge they generated (and still do), paying particular attention to the potential impact and power of such knowledge to affect public discourse and policy on healthcare. Understanding how nurses are portrayed to the public is essential to an analysis of their power and to enhancing their impact in public matters.

### NURSES ON FILM AND NURSES AS FILMMAKERS

Nurses have entered the consciousness of American culture in various ways, primarily through print media, television, and feature fiction films. However, nurses have rarely been decision makers as writers, directors, or producers of these media. Denigrating stereotyping is also rampant in these productions. While it has been difficult for predominately male filmmakers to "get" any women authentically on screen, it seems almost impossible for them to imagine and create real and complex nurses.

#### Popular fiction television and film

The genre of fiction television and film is the source of the public's most accessible visual depictions of nurses, some of which have been based on actual persons or events. The obvious inadequacies of these representations point to the need for nurse-generated documentaries and more influence in commercial fiction productions. In the movies, nurses have been represented as virtuous and selfless (*Nurse Marjorie*, 1920); courageous (*Nurse Edith Cavell*, 1930; *The White Angel*, 1936); sexy, smart, and in their underwear (*Night Nurse*, 1931); romantic (*South Pacific*, 1958); sadistic disciplinarian (*One Flew Over the Cuckoo's Nest*, 1975); and sexually objectified (all Roger Corman 1970s "nurseploitation" films; *MASH*, 1970).<sup>10</sup> Closer to authentic depictions of nurses have emerged

more recently, albeit typically in supporting roles. Cast often with coded patterns of exploitation, nurses who are black women and gay men support, and frequently take abuse from, white protagonists (*Passion Fish*, 1992; *Miss Evers Boys*, 1997; *Girl Interrupted*, 1999; *Magnolia*, 1999; *Angels in America*, 2003).

In addition, there is a definite gap in the scholarly literature that analyzes nurses in film and television across disciplines. Since the work of Kalisch and Kalisch<sup>6-8</sup> in the 1980s, very little nursing scholarship has emerged that contributes to the foundation they set out for looking at the image of the nurse in the media. These authors consistently found that while physicians were unrealistically represented as overly heroic, scholarly, scientific, and ultra-compassionate individuals, to whom many of nursing's activities were attributed, nurses were depicted as sexy, naïve, unintelligent, and having no particular knowledge base. With the continuing popularity of television shows such as *ER*, *Scrubs*, *House, MD*, and *Grey's Anatomy*, it is all the more imperative for nurse scholars to provide critical analysis of how nurses are portrayed. To date, the most continuous voice advocating for realistic and positive representation of nurses in the media has been *The Center for Nursing Advocacy*, which, with limited resources, calls attention to media incidents unfavorable to the profession.<sup>11</sup> Two studies to note are Bridges' review of images of the nurse and nursing in the media<sup>12</sup> and the Woodhull Study on Nurses and the Media commissioned by Sigma Theta Tau in 1997.<sup>13</sup> Named for the late journalist Nancy Woodhull, founder of *USA Today*, who advocated for appropriate and accurate representation of nurses and nursing in the media, this study demonstrated that nurses are seldom represented as experts in print media.

Addressing the representation of nurses on television from outside the discipline, Lamm<sup>14</sup> provided an excellent analysis of six episodes of the 1960's television series, *The Nurses*, which was aired on CBS from September 1962 for 2 seasons. *The Nurses*

was the first television show to have 2 women as lead protagonists but, after only 2 seasons, it was revised as *The Doctors and the Nurses*. Two physicians were added in leading roles; however, the show survived only for 1 more season. Lamm argued that the show's excellent writing, direction, and acting contributed to previously unseen explications of the dimensions of gender, class, race, and power. *The Nurses* provided some of the earliest television depictions of social issues, such as abortion, disability, and race relations. I remember watching the show with my mother, a former Lieutenant in the Army Nurse Corps, who considered it a realistic depiction of nursing.

### Professional organization productions

During the 1980s to 1990s, the National League for Nursing produced videos aimed at nursing audiences and lists more than 30 available through Insight Media. Few are specifically relevant to the purposes and frameworks of my work. However, *Nursing in America: Through a Feminist Lens* (1991) offers a critical account of gender and class in the establishment of medical and hospital dominance in the early 20th century and features, among others, feminist nurse scholars Jo Ann Ashley, Peggy Chinn, and Kathleen McPherson.<sup>15</sup> While the mission of the National League for Nursing is promotion and enhancement of nursing education, Johnson & Johnson produced visual media about nurses, targeting the public with their *Campaign for Nursing's Future*. This campaign has been rightly criticized for continuing a "soft" portrayal of nursing consistent with social stereotyping that neglects emphasis on nursing knowledge, judgment, decision making, and power.<sup>11</sup> The campaign's advertisements also continue to recognize the hospital as the sole location of nursing practice. Johnson & Johnson also sponsored a short video, *Nurse Scientists: Committed to the Public Trust*, produced by the Friends of the National Institute for Nursing Research (2004).<sup>16,17</sup> Clearly showing nurses as researchers and experts on health science and policy who have

progressive ideas for making change, this work was not intended for the general public.

### Nurse filmmakers

Nurse-generated and produced documentaries are a rare but important genre. Professional nurses seldom produce, write, or direct documentaries, nor is there a database or comprehensive review in the literature of such efforts. However, several nurses have been moved to tell stories publicly and create documentaries. Examples of nurse filmmakers in the United States include: Margaret (Meg) Carson, *Vietnam Nurses* (2006)<sup>18</sup>; Mukulla Godwin,<sup>19</sup> *A Jewel in History: The Story of Homer G. Phillips Hospital for Colored* (1999); and Claire Marie Panke,<sup>20,21</sup> *A Chance to Grow* (2000). The late nurse, writer, and Canadian filmmaker Marion McMahon's,<sup>22</sup> *Nursing History* (1989), and Australian nurse-producer Nicholas Bird's,<sup>23</sup> *NurseTV* (55 episodes) (2003–2008) are also noteworthy. Other nurses are distinguished as nurse consultants or collaborators such as Jean Waldman,<sup>24</sup> *In Love and War* (1996); Karen Wolf,<sup>25</sup> *Nursing, The Politics of Caring* (1977); and Christine Mitchell,<sup>26</sup> *Code Gray: Ethical Dilemmas in Nursing* (1983). My research continues to locate more nurse filmmakers, nurses who have crossed disciplinary and methodological boundaries to tell a story. Each of these nurses is worthy of discussion; however, I will focus my explication of nurse filmmakers on Carson and Godwin, both of whom I have talked with about their experiences making a documentary.

Mukulla Godwin (oral communication, July 6, 2008) was a nurse working in psychiatry in San Francisco, where she had grown up, when she heard from a friend about an African American hospital in St Louis, Missouri, that was closed the year before amidst tremendous community protest including demonstrations and civil disobedience. That was in 1980, and because of her strong interest in African American activism and Pan-African and black diaspora consciousness, along with her ability to know

a good story, she began to visit St Louis. In 1995, Godwin initiated research that would become *A Jewel in History: The Story of Homer G. Phillips Hospital for Colored* almost 20 years later. She said recently, "I tried to make the story of Homer Phillips Hospital as an example of the black hospital experience." She was struck by the story and felt "this is something more people need to know about" as "these community type-based hospitals are gone now" and felt that in some ways health disparities were not as bad then, when the community took care of itself as they are now. Godwin contended that many areas of life in the United States are situated as subsets of mainstream society because of de facto segregation; her personal experiences echoed how "we in the African American community have had to live a separate existence and had to develop our own institutions." The closing of Homer Phillips was also instrumental in changing the community, Godwin maintained, as jobs were lost, professionals such as nurses and doctors moved out, and the area deteriorated. While some clearly gained access to the broader community, for many the hospital's demise was devastating.

Using city archives at Washington University, Godwin created a network of informants and supporters, many of whom recounted fond memories of Homer Phillips. "I felt [being a filmmaker] was activism," Godwin maintained, "a lot of good can come out of nurse activism . . . and we need to advocate for what we know will help." She continued, "I had to be motivated to see the film through with some small grants but mostly my own funds because it was a passion." Godwin was particularly motivated when people said, "I didn't know black hospitals existed" and she said, "I was excited to see that this was something I could do." Contributing to black history by facilitating recognition of something important in the African American experience was imperative to Godwin. Feeling an absolute urgency to do so as participants were aging and dying, she brought director Chike Nwoffiah on board.

Together, Godwin and Nwoffiah conducted and edited more than 60 interviews and archival footage before screening the film at the Pan-African Film Festival. Screenings also took place in San Francisco and St Louis. However, in addition to struggling for resources, Godwin faced formidable time constraints; she feels that a lack of both confidence and support has prevented her from pursuing broader distribution of the film. She believes the film is still timely, suggesting, "We should be alarmed" at the inadequate healthcare in marginalized communities. Godwin acknowledged the criticism by some that the film could have been more nurse focused and is planning to re-edit the film to emphasize the nursing perspective. Godwin would like *The Jewel* to stimulate future discussions and has made it available to the University of Missouri as part of a symposium on healthcare. Toward the end of our conversation, she said wistfully, "Nurses have allowed others to determine the future" and wished nurses could be heard in the larger dialogue.

Meg Carson's (oral communication, June 28, 2008) experience as a filmmaker is somewhat different from Godwin's, although Carson also spoke about her passion to bring a story to the public on film. Her frustration at feeling the urgency to do so, while having to wait until the time was right, was also similar to Godwin's experience. Carson's film is about a group of former military nurses who participated in her funded research on post-traumatic stress disorder (PTSD). Carson's desire to create a documentary emerged from her study that measured markers for the psychophysiology of PTSD in 173 women who had served as nurses in Vietnam. She was especially struck by their qualitative responses to questions about their experiences during a procedure called script-driven imagery in which the nurses listened to scripts of their actual experiences in Vietnam. As the nurses reminisced about their experiences, Carson felt inspired. "My first reaction," she recalled, "was wow, isn't this a privilege, isn't this a wonderful opportunity . . . to hear an amazing

piece of nursing history," and as time went on, she thought "somehow we have to get this down . . . I didn't even formally have a plan at that time." However, Carson believed that "this somehow has to be captured before these nurses are gone."

Carson could not focus on moving forward while her study of PTSD continued. However, when she began to present her findings of that study in public, she included some of the nurses' stories. When she "talked about it to the public there was such a reaction" that "it intensified my desire to have [the film] get done, I made that a purpose in my life." Carson then shifted from making a documentary for nursing audiences to focusing on a film for a public audience. "As my dream broadened" she said, "and expanded, I wanted to show the public the value of nurses and what it is they do, the challenges they face." Carson acknowledged that "nobody knows it like the people who do it" and thus it is difficult to rely on others to represent nurses accurately. "It is important to me that people start to try to get their emotional centers nudged about how valuable nursing is to them," and "media jogs that emotional response from people." She finds many images of nurses in media "troubling" and feels that the "public needs to know not just that nursing is another profession and a good profession but how ultra valuable nursing is," believing that "film and media is a great way to remind people who we are and what we do."

Creative Street Entertainment of Indianapolis produced a pilot with Carson, which was sold to WE television network. At that point David H. Smith (writer/director) and Steven N. Katzenberger (producer) produced the completed film with Carson in which 8 women were featured. Carson is credited as Associate Producer/Consultant. Actress Dana Delany, who starred as army nurse, Coleen McMurphy in the television series *China Beach*, narrates the film, which won an Emmy Award for Best Editing (Dan Meadows) in 2007.

Carson's advice to nurse filmmakers is to honor their passion and desire to tell a good

story and to surround themselves with a supportive team, to have a strong foundation in historical methods or other methods as appropriate, and to make ethics and the protection of participants a priority. She insisted, "there are incredible nurses doing incredible things and why aren't they getting out there?" On crossing disciplinary boundaries, she said, "it is like diving over that abyss into the unknown" but "you have to have a passion for wanting to get it done."

### **CROSSING BOUNDARIES: NURSING, THE HUMANITIES, AND RESISTANCE**

Nurses can create a more productive future for healthcare by resisting the boundaries and limitations of sanctioned modes of knowledge production. They can explicate progressive, socially critical nursing perspectives by looking to history, creating a social justice culture, and utilizing the art of documentary filmmaking. What follows reflects several linkages central to such a process, connecting *science with the humanities, art and aesthetics with nursing, and narrative with resistance*.

#### **Sciences and humanities**

The significance of nurse-generated filmmaking, and its use as a research methodology as well as a dissemination tool, is that it underscores the fundamental connection the humanities have with advancing social and scientific ideas.<sup>4</sup> In the human sciences, such as nursing, memoir and lived narrative can expand the boundaries and limitations of researching and documenting the human experience. Themes underpinning the contexts in which nurses encounter people every day such as suffering, loneliness, compassion, death, love, bravery, confusion, beauty, and alienation, are at the core of the humanities. As filmmakers for social change, nurses can foster a continuous and simultaneous integration of science and the humanities while rejecting compulsory traditional boundaries between disciplines. Nurses can stimulate health systems change through pub-

lic questioning of the margins and restrictions embedded in the counterproductive health infrastructures that historically and currently operate in the United States.<sup>27</sup>

Nurse documentarians could also provide a comprehensive look at healthcare from an insider's perspective contributing to an intimate understanding of situated frameworks and systems of greed and neglect in addition to proposing solutions that the public may not otherwise realize. Nurses have an obligation to share with the public nursing's contributions to philosophical and scientific foundations that are necessary to support reform of a damaged system. It is the responsibility of the discipline and the profession to inform the public that universal healthcare in the United States cannot occur without significant awareness of the contributions of nurses, elimination of restrictive practice laws, and shifting the center from a medical and biomedical focus on acute care, technology, and cure to multivocal, holistic nurse-directed primary care in the community.

#### **Art, aesthetics, and nursing**

Mitchell and Cody<sup>28</sup> contended that it is imperative to make the creativity and artistry in nursing visible. Nurse scholars who bridge nursing with the humanities further the use of narrative approaches and other dimensions of aesthetics to both broaden and specify understanding of social and political conditions of healthcare experiences and nursing inquiry and practice. The work of Chinn et al<sup>29</sup> delineated a definition of art in nursing practice as nurses were observed in the rhythm and flow of daily nursing practice. They developed a methodology of aesthetic comprehension and critique in which the movement and narrative of nursing arts surface through analysis of observation, journaling, and photography. In addition, Chinn and Kramer<sup>30</sup> have continued to update their work on aesthetic knowledge in nursing and contend that aesthetic knowledge development provides understanding of instances of the art of nursing in which feelings are evoked and meaning is derived, and that experiences in connection

with others are transformative. That is exactly what happens in a documentary, reflecting strong consistency across disciplines and affording an obvious approach for nurses to use when communicating to the public.

Chinn and Kramer,<sup>30</sup> following Johnson's conceptualizations of the art of nursing, delineated 4 assumptions that can be extended to a wide range of living out the artistic processes of nursing. This conceptualization of the art of nursing is an especially applicable framework for nurses working in visual media such as a documentary. I have taken the liberty of adapting these assumptions here from their context of "nurse as artist" in patient care to the concept of "nurse as artist" in documentary filmmaking in order to draw an explicit link between nursing arts and the humanities. Chinn and Kramer<sup>30(pp156-159)</sup> suggested that nursing art demonstrates the ability to grasp meaning in situations, establish meaningful connections, perform skillfully, determine appropriate courses of action, and morally conduct one's practice [praxis]. All of these assumptions underscore the art of the nurse documentarian in the process of historical research utilizing digital media. This will become more apparent in the discussion below of my own project and praxis.

### Documenting historical narratives of resistance

Cowling<sup>31</sup> maintained that significant knowledge is developed from narrative accounts of personal knowing. He created a conceptualization of "unitary praxis" in which meaning and understanding emerge from the appreciation of, and in participation with, the lives of others as lived processes of wholeness.<sup>31</sup> This is consistent with my work on persons' lived experience of feeling listened to that showed that people want to feel appreciated and that this appreciation occurs in participatory dialogue with others.<sup>3</sup>

Documentaries are overwhelmingly about how persons' stories emerge in a process of discovery and appreciation and filmmakers' desires to connect with these stories. Film-

makers and subjects together create the visual evidence that is a representation of someone's life. Even if filmed concurrently with present events in real time, documentaries are essentially products of history, in the broadest sense of the word, as soon as they are edited and prepared for presentation to an audience. They are partly historical record and partly interpretation, with many decisions emanating from the director and editor as myriad choices are made toward creating the final product. Narratives of resistance are emancipatory, often articulating marginalized or invisible identities. Narratives of resistance convey transformative critical standpoints while incorporating methods of alternative knowledge production. Support for this is expressed by nurse historian Wall, who argued "for a broad historical approach that takes an interdisciplinary view into consideration when working with, and in the interpretations of, nursing history."<sup>32(p5)</sup> In addition, she supported "forms of expression that look more at power relationships, gender, culture, ethnicity, religion and ideology."<sup>32(p5)</sup>

Nelson,<sup>33</sup> who argued that we are educating nurses who have no connection to historical location and identity, further illuminated the intersection of narration and identity. She contended that nursing theory has replaced nursing history as the "professionalizing discourse" and we are "producing nurses without a historical identity."<sup>33(p181)</sup> I agree that most of nursing theory is ahistorical and the effect is the rendering invisible of social and cultural context and issues of power, gender, color, sexuality, and class. While Nelson argued that analyzing historical data through the lens of history is essential and nursing theory optional, I suggest that such interpretation requires both a theoretical perspective and a comprehensive understanding of the historical contexts, times, and conditions under study. Finally, consistent with the purposes of this article, Nelson contended that it is important for nurse historians to reach the public and this will more likely occur if nursing history data are appropriately situated in the broader historical context from which

they emerge. In the context of this article, narratives of resistance are situated in their social and historical contexts as well as within interdisciplinary critical theoretical frameworks and methods as discussed in the next sections.

### DOCUMENTARY FILMMAKING: PRAXIS FOR RESISTANCE AND SOCIAL ACTIVISM

Michael Rabiger, filmmaker, educator, and founder of Columbia College's Michael Rabiger Center for the Documentary in Chicago, has suggested that cinematic language is "the 20th century's great contribution to universal understanding."<sup>1(p15)</sup> He and other practitioners and scholars of cinematic arts and science are consistent in voicing the overwhelming social importance of documentaries and their potential to liberate by making both everyday and unique stories widely available.<sup>1,4,34</sup> By illuminating human stories at the margins, usually involving a struggle or conflict, documentaries stimulate the audience to feel and to think. When presented with paradoxes and contradictions along with the familiar, viewers must come to their own conclusions about the human situation explored on film.

Documentaries are embedded with elements of bearing witness to others, conveying meaning and evoking feeling, and uncovering lost or suppressed voices. While varying in quality, documentaries can emerge from literally anyone who sees a good story and can gain access to a camera and the means for postproduction. However, there is a contract with the audience to be fair and honest in representations of actuality.<sup>1,4</sup> This access to broad communication with the public requires accompanying ethical and moral responsibility to protect and respect both subjects and audiences while upholding fidelity to the actual situation. This fidelity can be threatened or fostered by the multitude of production and editorial decisions made by the filmmakers, such as participant selection, what footage is needed to tell the story, constructing interview questions, what to leave in or cut out, and what extra or archival materials to add.

On a broader level there are particular challenges for getting independent documentaries made at all. Their service as vehicles of social change can depend on political and corporate agendas, which can influence funding and distribution. Film scholar Zimmermann,<sup>34</sup> writing from postcolonial and critical feminist perspectives, suggested that we are in a continued "state of emergency" whereby independent documentarians are challenged, confronted, and obstructed by politically conservative administrations, legislation, and corporate media's filtering and vetting processes. She described contemporary battles as the transnationalization of the media corporation fosters an amnesiac and anesthetized global society on one side and the struggle for independent voices of difference emerging and reclaiming the public spheres of communication on the other. Zimmermann called for "oppositional independent documentaries [that] elaborate racialized, gendered, and sexualized discourses that destabilize the homogeneity of the nation with heterogeneity and hybridity" toward "reimagined democracies."<sup>34(pxx)</sup> It is in this spirit that I have undertaken my project.

With the increasing ease of video production and venues for distribution, including Web-based applications,<sup>35</sup> documentaries now not only support but also require a diversity of contributing voices including those of nurses.<sup>34</sup> The content of documentary film scholarship suggests that the disciplines of nursing and documentary filmmaking share many congruent issues, methods, and theoretical standpoints for praxis, critique, and analysis. Barnouw's<sup>36</sup> foundational and definitive history of the documentary and Aufderheide's<sup>4</sup> *Documentary Film: A Very Short Introduction* are excellent starting points for nurses to discover these shared areas.

Praxis in documentary filmmaking and praxis in nursing are strongly parallel. However, while both fields have embedded agendas for critical analysis and social action, nursing sees only a minority of its members intentionally engaged in praxis for social change. Notions of praxis, common to



both nursing and documentary filmmaking, are concerned with emancipatory inquiry, concepts of power and of speaking truth to power, resisting dominant discourses, and fostering public awareness.<sup>4,30,34,37,38</sup> These concepts regarding emancipation, transformation, and resistance are significant to both fields and form a synthesis between disciplines that may help guide nurses contemplating praxis in digital media for a public audience. For example, filmmaker Barbara Koppel's *Harlan County, USA* (1973), which she made in collaboration with striking coal miners in Kentucky, incorporates all of these concepts and is an instance of resistance and activism.<sup>4</sup> Filmmakers and nurses working toward social justice value participation in acts of *unhiddenness*, making the invisible visible, as a form of social action aimed at influencing future outcomes that repair the human condition.

#### NURSING: PRAXIS FOR RESISTANCE AND SOCIAL ACTIVISM

The practice applications of nursing and documentary filmmaking are underpinned by theory, some of which is drawn from other disciplines and some of which has been generated within the fields. Both serve to inform praxis in each discipline and shape the forms of "doing" as well as the products and outcomes. Recognizing that theory can be a place of healing, hooks said of theory, "I found a place where I could imagine possible futures, a place where life could be defined differently."<sup>39(p61)</sup> However, she went on to argue that theory in itself is not active but must be directed to praxis. I propose the following ideas for a praxis that arises out of the nursing literature and emphasizes *emancipatory inquiry and power* and *integration of the humanities and critical studies in nursing education*.

#### Emancipatory inquiry and power

In nursing, Chinn and Kramer<sup>30</sup> added the concept of *emancipatory knowing* to the most recent edition of their classic theory and knowledge development text. They defined

emancipatory knowing as the "capacity to critically examine the social, cultural, and political status quo, and to figure out how and why it came to be that way."<sup>30(pp4-5)</sup> Emancipatory knowing, arising from inquiry and analysis, identifies values and beliefs that are constituents of knowledge and knowledge production. Emancipatory knowing, with analysis of power dynamics, examines how these elements of knowledge are created, maintained, legitimated, and utilized to support social injustice. Chinn and Kramer further claimed that emancipatory knowing emerges from praxis, critical reflection, and social action, and that, "praxis involves the shaping and creating of the future and requires a vision of the future you want to create."<sup>30(p2)</sup>

Similar to notions of emancipation, and central to liberation of nursing knowledge beyond the discipline, are ideas of power. The work of nurse scholar Elizabeth Barrett on power and knowing participation and that of Jo Ann Ashley on power and gender are closely connected.<sup>37</sup> Barrett's theory and practice methodology are about power as knowing participation in change and explicitly about power as participation and emancipation. The theory holds that "power as knowing participation means that awareness and freedom drive what choices a person makes and how they involve themselves in living change."<sup>37(p323)</sup> For Ashley,<sup>38</sup> who made the critical connection between power and gender in healthcare, the notion of power was central. Over 30 years ago, Ashley argued that nurses needed to become politically aware, resistant, and socially active. Ashley "was adamant in her view that nurses utilize creative new forms of research and scholarship in order to explicate mythologies and deceptiveness that undermine the health of the public and ability of nurses to practice nursing."<sup>37(p321)</sup> The work of scholars Barrett and Ashley solicit consideration from nurses to become aware and to take action to create change. Moving nurses forward into the public sphere requires a commitment to underpinning nursing education with such frameworks concerned with power

and emancipatory inquiry, pedagogy, and practice.

### **Praxis in nursing education**

One particular barrier to nurses' understanding the importance of becoming politically aware and communicating directly to the public is nursing education. Few have the opportunity, in their professional education, to develop critical frameworks of analysis for the social, economic, political, and cultural contexts of healthcare delivery and the structure of healthcare professions. Few consider, from simultaneous positions of privilege (primarily white and professional) and marginalization (by class and gender), how locations along dimensions of gender, class, color, and sexuality operate in healthcare theory and practice. hooks<sup>39(p12)</sup> contended that "the classroom remains the most radical space of possibility in the academy," but that idea seems to be overlooked in nursing education. This is especially troubling considering the strong roots in social and political activism attributed to nursing in the United States. Most nurses today are not educated to reflect critically and intersectionally on the material and social conditions in which healthcare takes place.

Intersectional analysis developed by black feminist scholars in the 1960s focuses on examination of interlocking systems of power, domination, and oppression with attention to racism, sexism, homophobia, and classism.<sup>40,41</sup> This was the framework upon which I developed a graduate nursing course on health and marginality wholly focused on considerations of gender, color, class, and sexuality in healthcare. The syllabus relies on the growing body of nursing scholarship that has emerged from critical studies frameworks over the past decade informed by a wide range of canonical and current interdisciplinary scholarship. These varying approaches to social analysis emphasize aspects of identity, history, language, and the social, cultural, political, economic, and sexual conditions of power and privilege.

Students read, for example, Schroeder<sup>27</sup> on the effect of corporate wealth and globaliza-

tion and the inability for the United States to create and maintain a viable healthcare system; Reimer Kirkham and Browne's<sup>42</sup> critical analysis of social justice that goes beyond the traditional ideas that emphasize distribution and access to notions that emphasize health outcomes and embrace participation, recognition, and redistribution; and Kirkham et al<sup>43</sup> on postcolonial feminist analysis of evidence-based practice. In addition, readings unlikely to be found in most nursing curricula include those from postcolonial scholar and psychoanalyst Frantz Fanon<sup>44</sup> to transgendered persons such as Kate Bornstein,<sup>45</sup> to feminist scholar Barbara Ehrenreich on class,<sup>46</sup> and critical race theorist bell hooks<sup>47</sup> on race and black rage. Educating the critical-activist nurse, engaged in transgressive and transformative praxis, would require whole curricula to be built upon these intersectional and critical approaches to analysis.

### **CASSANDRA RADICAL FEMINIST NURSES NETWORK**

Similar to Godwin's and Carson's films, my project emerged out of discovery, coming directly out of previous research on feeling listened to and Jo Ann Ashley.<sup>3,37</sup> My documentary project is grounded in the lives, communities, and contributions of a group of nurse activists known as Cassandra Radical Feminists Nurses Network in the 1980s in the United States. The nurses' concerns were documented at a grass-roots level in the little remembered news journal *Cassandra*.<sup>48</sup> The film is a major component of a larger project, which aims to articulate and understand the story of these nurse activists through filmed oral histories, textual research, and critical analysis of their activities, concerns, and standpoints relative to those of the broader Women's Liberation Movement, and the current healthcare environment.

### **Emergence of the project**

The documentary began when I wrote an article commemorating the life and work of

Jo Ann Ashley, nurse historian and feminist activist, who died at age 41 in 1980.<sup>37</sup> This set the foundation for the Cassandra film project. Ashley,<sup>38</sup> a nurse full of revolutionary ideas, insisted that nurses retain control over their professional practice to advance the health of the public, a message that has largely been ignored within and outside of the discipline. Ashley's "innovative research uncovered a web of pervasive gender and class bias that continues to resonate"<sup>37(p317)</sup> when we examine today's healthcare delivery process that does not serve the public very well. Interviewing several of Ashley's friends and colleagues for the article brought the Cassandra Network to my attention.

My objective in creating this documentary was to create a vehicle for bringing the Cassandra nurses' story to the public. I am continually surprised at how little people know about nurses and the political, social, and economic agendas that structure how healthcare is provided (or for millions of Americans, not provided). While Moore's<sup>49</sup> *Sicko* (2007) presented observations and lay analysis primarily focused on the insurance and pharmaceutical industries, he was not able to provide a comprehensive look at healthcare from an insider's perspective, from a nurse's perspective, and more specifically through a critical feminist and postcolonial lens.

My film will tell the story of what brought these women together, what they hoped to accomplish, how they evaluate their efforts in retrospect, and what they see as the *Cassandra News Journal* and network's legacies. It is a work about seeking and establishing identity, the power of collectivity, and the initiation and implementation of alternative media. This "underground" news journal advanced a strong social critique that ultimately influenced and helped change knowledge production in the discipline. Many in this community of nurse activists went on to become leaders in the discipline and profession of nursing as distinguished scholars, most doctorally prepared, and many designated as Fellows in the American Academy of Nurses. To date, however, there has been very little analysis of

the Cassandra group in the literature, and certainly none on film.

### Explicating the historical and social context

Cassandra was established in 1982, the year the Equal Rights Amendment met its demise. This pivotal event motivated the women in my study to establish a news journal for voicing their ideas. This community of nurse activists struggled with issues of power, professional control, and the place of women and nurses as workers across a broad range of social divisions.<sup>37</sup> Many in the collective lived within intersections of multiple minority identifications of gender, class, and sexuality. The dimension of race and the location of feminist nurses of color amidst a primarily white group is a part of the analysis and dialogue made obvious by their absence.

Part of the story is how the Cassandra nurses view their experiences of marginalization in the professional and general social milieu of the time. In an environment underpinned by restrictions on the scope of their professional practice, their ability to provide healthcare to the public was limited. Socially restricted by gender, sexuality, and class, these women broke many barriers, taking many personal and professional risks. The discipline of medicine and the hegemony of a biomedical model, as opposed to the humanist holistic model of healthcare they preferred, dominated their professional lives. Ideas of a nuclear family, women's place in the home, and heteronormativity dominated expectations for their personal lives, as evidenced from their writings in the news journal.<sup>48</sup> The Cassandra nurses, entering the profession a generation after Lillian Wald and Lavinia Lloyd Dock, leaders in the major movements of social justice, women's and human rights, continued traditions of advocacy for the profession and for the health of the public. In contrast, at this time, the majority of nurses were falling into lockstep, supporting an industry whose primary concern emphasized cure and high technology while

traditions of care and practice that could improve public health through prevention and health promotion were ignored.

### Praxis

My methodology includes filmed oral history interviews, filming of establishing footage for current context, photography, and gathering of collateral visuals such as memorabilia, news reports, relevant videos, home movies, personal photographs, posters, flyers, and illustrations from participants. In addition, I have gathered archival footage and photographs necessary to provide context and meaning. Sources that cover in-depth technical, conceptual, and methodological frameworks and the potential for ambiguities concerning point of view, consent, time, subjectivity, identity, language, interpretation, narrative analysis, and use of archival materials have helped create a foundation for the film.<sup>1,50</sup>

However, filmmaking is a collaborative activity. My participants in *Cassandra* live across the United States. While I could video and teleconference with them, I am committed to personal meetings and interviews. For me, establishing relationships is a priority for obtaining oral histories and requires extensive e-mailing, "Skyping," telephone conversations, and personal interactions. Relationships with collaborators, participants, and consultants are paramount. My film could not be made without interested and willing others who take the time to participate in interviews, advise me, and work with me in production. A respect for and recognition of the role others have in a documentary production cannot be underestimated. To ensure the protection of human subjects and be in compliance with ethical standards for conducting research, I received approval to conduct oral history research from the DePaul University institutional review board. Having appropriate ethical and legal guidance helps clarify the purposes of the interaction for participants and collaborators. While the institutional review board approved the project and the information sheet for participants, an attor-

ney and production collaborator have assisted with the image and location release forms.

On the technical side, I have found associate producers, camerapersons, editors, and consultants who are interested in this film and its subject matter. The political and social consciousness of collaborators is as important as my own and I try to work with those who share perspectives that are consistent with feminist, critical, and intersectional ideas. Mentoring students in research assistantships has also been a significant part of this project. I have had women's and gender studies, history, and digital cinema students to help me organize materials, begin analysis of the *Cassandra* news journals, research archival materials, and make production and editing suggestions.

Since identifying the *Cassandra* Network as the story I wanted to explore, I have been immersed in the specifics of that story and in determining what I wanted to know and how anticipated and unanticipated knowledge might surface. Writing about this project while conducting the research and developing the film has forced me to "live the praxis." For nurses engaged in documentary filmmaking, multiple boundary crossings and challenges to mandatory, traditional disciplinary, and methodological limitations are necessary. The production of nursing knowledge and theory is not naturally limited, but it demands information and analysis from multiple interdisciplinary and methodological foundations. I hope new general and nursing knowledge will emerge from this work that will inform the public and inform health policy and nursing practice, education, and research. This is the power of telling nursing stories and having human stories told by nurses, and it can be emancipatory and transformative.

### CONCLUSION

This article sets the context for my future analysis of a particular instance of resistance in nursing history, the *Cassandra* Radical Feminist Nurses Network, by examining the ways

in which nursing history can be explicated and produced as public media to advance progressive ideas about nurses and healthcare. I also address a gap in the literature and create a context in which nurse-generated documentary filmmaking seems a natural extension of theory and practice. I have connected several disciplinary and conceptual fields that support praxis situated in the intersection of nursing and the humanities and emphasized the importance the humanities have to ad-

vancing social and scientific ideas. Most significantly, this article is about imagination, creativity, and freedom. How can we resist the traditional boundaries imposed on creating the context of freedom as we push toward an imagined future of enhanced health and quality of life for the public? I hope this article will encourage other nurses to resist limiting modes of knowledge production and expand their visions and voices through documentary filmmaking.

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