

NURSE ANGÉLIQUE: REVISIONING FRENCH CATHOLIC NURSING HISTORY AS AN  
ETHICAL INTERVENTION IN CONTEMPORARY CANADIAN NURSING PRACTICE

by

J. KYRA PHILBERT

BScN bilingual (French/English), University of Alberta, 2015  
BA in Gender, Race, Sexuality and Social Justice, University of British Columbia, 2022

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The following individuals certify that they have read, and recommend to the Faculty of Graduate and Postdoctoral Studies for acceptance, the thesis entitled:

Nurse Angélique: revisioning French Catholic nursing history as an ethical intervention in contemporary Canadian nursing practice

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Submitted by J. Kyra Philbert in partial fulfilment of the requirements for

the degree of Master of Science

in Nursing

**Examining Committee:**

Dr. Lydia Wytenbroek, School of Nursing, University of British Columbia

Supervisor

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Dr. John Oliffe, School of Nursing, University of British Columbia

Co-Supervisor

---

Dr. Tetsuro Shigematsu, Artist, University of British Columbia

Supervisory Committee Member

---

## Abstract

The social justice mandate of Canadian nursing ethics drives the profession to intervene on systems of inequity, like racism. Canadian nurses from the Black diaspora repeatedly report experiencing racial discrimination in their everyday practice. This occupational violence is sustained by Canadian nursing's reliance and perpetual reproduction of the ideologies of whiteness and femininity. The ethics of Canadian nursing is demonstrated to be contrary to its actions as evidenced by the experiences of Black nurses. Those concerns are not new, just like Black folks in Canada are not new. In 1734, a Black woman known as Angélique was convicted of arson by the government of New France. For her crime, she was publicly executed in the town centre of Montréal. Present-day scholars recognize the significance of the court record of Angélique's trial: those documents are primary historical evidence that slavery was practiced in Canada.

In this a/r/tographic exploration, *openings* are formed. Openings are emotional, uncomfortable, messy, and relational. The connections between Angélique, as a history of resistance, and contemporary Canadian nursing practice are reconnoitred through the living-inquiry of a/r/tography. The artistic component reimaged Angélique as a modern Covid-19 nurse while asking *what makes Blackness so surprising in Canadian nursing?* The inquiry generated from the artmaking involved reinterpreting Angélique's story vis-à-vis early French Catholic nursing history and analysing how the current scholarship about the celebrated genesis of Canadian nursing naturalizes ideologies of whiteness and femininity. The revisioning of our shared nursing history through a Black feminist intersectional lens, with sexuality a key vector of analysis, produced a sweaty concept of "the Canadian nurse".

The reader is invited to negotiate their own meaning about these openings with no solutions, recommendations, or strategies are provided.

The future of nursing needs to be anti-racist [+ anti-colonial] if it wants to realign itself with disciplinary obligations towards social justice. The future of nursing must be accountable to its past. Embracing our reinterpreted history despite its shattering of the benevolence of the Canadian nurse. Finally, the future of nursing benefits from being imagined beyond the current limits of what is considered “good” and “moral” nursing.

## Lay Summary

Social justice is a core component of Canadian nursing ethics. Alas, the experiences of Black diasporic nurses are at odds with the stated ideals of the occupation. The question “*What makes Blackness so surprising in Canadian nursing?*” is explored with arts-based methodology of a/r/tography. This work is inspired by the real story of Marie-Joseph Angélique, a Black woman condemned to death for arson in 1734 New France. Instead of answers to solve the issue of anti-Black racism in Canadian nursing, the reader is expected to be an active participant to form *openings*: awkward ruptures into the fabric of the “good’ and “moral” Canadian nurse.

## **Preface**

This thesis is the original, unpublished, independent work of J. Kyra Philbert, a student in the Master of Science in Nursing program at the University of British Columbia. Dr. Lydia Wytenbroek was the primary supervisor who provided invaluable championing and encouragement to pursue this nontraditional academic adventure. Dr. John Oliffe was the co-supervisor who supported the thesis process, read drafts, and asked thoughtful questions that inevitably safeguarded that the inquiry remain grounded in nursing while retaining its interdisciplinary flavour. Dr. Tetsuro Shigematsu was a member of the thesis supervisory committee who provided critical insights and coaching for the creation of the original theatre work. This work was made possible through financial support from the UBC School of Nursing and the Dr. Margaret Allemang Scholarship for the History of Nursing Award. The study received ethics approval from the University of British Columbia's Behaviour Research Ethics Board (UBC BREB Number: H22-01440).

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## Remerciements

Special thanks to my mitochondria. The powerhouse of the cell with its own DNA, my mitochondria are biological proof that I am my mother's daughter. Julie Inglis is vivacious, a problem-solver and endlessly encouraged my curiosity. My courage is born of the confidence she nurtured in me to stand up for my principles. She advocated for her children to get a Francophone education. My mother's mother tongue is French, so she ensured my access to Francofierté by citing her minority language educational rights as a Canadian citizen. This small intervention has had lasting effects: I completed a large chunk of my undergraduate nursing education in French at UAlberta.

I would like to express a deep appreciation to the many nurse scholars who enriched my experience at UAlberta by giving me employment and/or international clinical placements, in particular: Dr. Diane Kunyk, Dr. Kathleen Hegadoren, Dr. Susan Sommerfeld and Dr. Sylvia Barton. My first nursing instructor, Julie (Berbue) Stanton, made a profound impression on me with her gentleness and compassionate clinical practice. Finally, Dr. Nicole Pitre who took me under her wing, nourished my crushed spirit and was unwaveringly generous in her encouragement to persevere! I sincerely credit her for giving me the emotional strength to finish my degree and for opening the door to the radicalness of feminist nursing research.

Now I wish to acknowledge the inadequacy of my formative education regarding my moral responsibilities as a settler. The laws that protected my mother's rights to educate her children in her French cultural heritage are still colonial; it is not a right for all parents. The legacy of the residential school systems, involving the forcefully removed Indigenous children from their parents to indoctrinate in white Christian worldviews, reminds me of this settler privilege. My schooling focused on cultivating empathy for our settler forefathers, often French



Catholic missionaries, while misleading me into a belief that Canada’s genocide against our Indigenous folks was successful. It wasn’t, but that belief is very handy to dismiss moral accountability while reinforcing systems of inequity. Canada is a settler colonial nation-state; unfortunately, unpacking all the dynamics of settler colonialism are beyond the scope of this work but are essential for a cohesive understanding of my arguments. I suggest starting<sup>1</sup> with *Decolonization is not a metaphor* (2012) by Unangax̂ scholar Eve Tuck and settler K. Wayne Yang. To quickly recap, in a settler colonial nation-state, the primary concern is territory (land/water/air). Tuck & Yang explain: “This is both because the settlers make Indigenous land their new home and source of capital, and also because the disruption of Indigenous relationships to land represents a profound epistemic, ontological, cosmological violence.” (p.5). The violence is ongoing, as the occupation is ongoing. It will not end until the territories known as “Canada” are returned to the appropriate nations, with Indigenous sovereignty and futurities centered. This means relinquishing ‘Canada’; this can be an uncomfortable prospect, but it is ethically necessary. While I continue to unpack my backpack of invisible settler privilege (undoubtedly a lifelong endeavor), I must be clear that I embrace the unsettlingly *ethics of incommensurability* in my social justice ideology.

Despite this, commonality is vital. The connections I’ve forged within the sisterhood of Black Canadian nursing has been a huge gift for my soul. We collectively came together for anti-Black racism action, but in this work, I found parts of myself I didn’t realize I had lost. Thank you to Dr. Dzifa Dordunoo, Ismália De Sousa, Natania Abebe, and Adigo Angela Achoba-

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<sup>1</sup> Key word is starting for this work never ever ever ends. See also works by Leanne Betasamosake Simpson (Anishinaabe), Thomas King (Cherokee), Skawennati (Mohawk), Joshua Whitehead (Oji-nêhiyaw), Margaret Moss (Mandan, Hidatsa, and Arikara Nation/Canadian Sioux), Richard Wagamese (Ojibway), Elder Roberta Price (Snuneymuxw/Cowichan), and Quelemia Sparrow (Musqueam).

This is so, so relevant in a time where we see a raising wave of Canadian nationalism and fascism, evident with ‘freedom’ convoys and the 2022 Occupation of our nation’s capital Ottawa. The symbol of the Canadian flag is taking on new meaning, as a symbol of the alt-right, and that is terrifying.

Omajali for listening to my stories and trusting me with yours. The strength it has brought me is beyond words. Special shout out to Natania's amazingly creative engagement regarding climate change and anxiety<sup>2</sup>. That is another topic beyond the scope of this work, but such an existential threat that I repeatedly question *what's the point?* Our planet is sick, and sadly, so many debates are preoccupied with the eCoNoMy. It is a bizarre reality that profits over people remain paramount to some...and if you find it distressing too, I hope my words make you feel less alone.

Finally, to my greatest love: my queer friendships, past/present/future. Alanna Griffin, Camille Labelle, Clea Glasenapp, Cleo Halls, Ghazaleh Haghghat, Karen Markwick, Maren Elliott, and Romi Kim 김새로미.

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<sup>2</sup> I insist you look into it. [A documentary on Youtube](#) & toolkit are available.

## **Dedication**

To my favourite verb: BURN!

## Nurse Angélique

In *Nursing as Social Justice*, Sally Thorne (2014) proposed a call to action for the future of nursing scholarship. She wrote, “the more urgent requirement for advancing the field will be to perturb, develop, and strengthen the philosophical foundations of our discipline.” (Thorne, 2014, p. 86). The philosophical foundation in Western nursing, according to De Sousa & Varcoe (2021), is dominated by ideologies of femininity and whiteness. De Sousa & Varcoe criticized the ubiquity of femininity and whiteness within the discipline of nursing, inclusive of its discourse, education, leadership, research, and clinical practice, for these norms prevent the recognition of non-Western epistemologies and ontologies. For nurses of colour, these ideologies directly contribute to the occupational racism they experience by reinscribing problematic systems of power while simultaneously rendering invisible their experiences within the discipline (Calliste, 1993; De Sousa & Varcoe, 2021; Hamazi, 2021; Monterio, 2018). To intervene on the problematic issue of racism and other forms of discrimination, De Sousa & Varcoe advised “nursing requires theorizing from the margins.” (p. 2). In turn, they argued, incorporating previously silenced voices within nursing inquiry ensures a meaningful reorientation towards our disciplinary ideals of equity and social justice (De Sousa & Varcoe, 2021).

My positionality as a queer, biracial (Black/white), ciswoman settler<sup>3</sup> places me within the margins of Western nursing (De Sousa & Varcoe, 2021). My lived experience as a politically Black<sup>4</sup> Canadian registered nurse, including my own experiences of occupational

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<sup>3</sup> At the time of writing, I am a settler on the on unceded territories of Sk̓wx̓wú7mesh, Səlilwətaʔ/Selilwitulh and xʷməθkʷəy̓əm Nations.

<sup>4</sup> In her book, *Shame on Me*, Tessa McWatt (2020) used the term ‘politically Black’ to describe herself as a multiracial woman. This term invokes the inherent contradiction within race typologies. Race is a social construct, not biological. Thus, some folks might have Black heritage but not ‘look’ stereotypically Black. For instance, historian Karen Flynn (2011) specified that many of the Canadian-born nurses within her sample were white-passing. Her research involved extensive interviews with members of the first cohort of Black nurses to integrate the previously white-only space of Canadian nursing. In other words, those nurses made a conscious choice to identify with their Black heritage despite the negative consequences of not being able to attend nursing school with that racial identity (Flynn, 2011). That choice can be understood within the term ‘politically Black’.

racism, inform my scholarship. Consequently, the focus of this research is specific to the Canadian context and the occupational racism experienced by Black diasporic nurses. In this work, I engaged with the arts-based research methodology of a/r/tography to explore whiteness and femininity within Canadian nursing through the development of a drag-burlesque theatre piece and this a/r/tographic text both titled *Nurse Angélique*. My principal aim was to generate alternative nursing knowledge that disrupts the dominance of the ideologies of whiteness and femininity within Canadian nursing (De Sousa & Varcoe, 2021) to advance social justice nursing theorizing (Thorne, 2014) and create possibility for a more inclusive future free from discrimination for Black diasporic nurses.

### **“Where are you from?”: a vignette**

My patient interactions always start the same way. I enter the care space and introduce myself. Perhaps they will make a bit of small talk while I complete my initial head-to-toe assessment, but we always land in the same place:

“Where are you from?” the patient asks me.

“I am Canadian.”

“No,” the patient clarifies, “where are you *really* from?”

I have understood the subtext, but I refuse to comply. “I’m from Toronto<sup>5</sup>.”

“Okay,” the patient inhales sharply, “where are your parents from?”

### **An ethical dilemma**

In my everyday nursing practice, I was repeatedly asked the alienating question of “*where are you from*”. I am uncomfortable when I am asked this question “*where are you from*”, in part, because as a professional nurse, I am uncertain on how to respond. I wonder:

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As a biracial woman, I feel this term best captures my own understanding of my racial identity and my political alignment with Blackness as a disruptive discourse to white supremacy (McWatt, 2020; Walcott, 1997).

<sup>5</sup> The City of Toronto is located on Treaty 13 lands, however the treaty was signed only with the Mississaugas of the Credit. This is despite Toronto being on the traditional territories of many nations including the Anishnabeg, the Mississaugas of the Credit, the Wendat, the Haudenosaunee and the Chippewa. (City of Toronto, 2022).

what is the appropriate, most professional response to racism? I wonder if I am alone, or what other Black nurses do? According to feminist philosopher Sara Ahmed (2006), being asked the question “where are you from” functions to reveal the suspicious. The question implies that my brown body does not—could not possibly— belong within the nation-state of Canada. These interactions happened between me as “the nurse” and usually a single individual “the patient”. In other words, the encounter occurred in the space of the nurse-patient relationship.

In Canadian nursing, the nurse-patient relationship has been a source of ethical inquiry (Doane & Varcoe, 2007; 2015; Lamb & Storch, 2013; Wright & Brajtman, 2011) but also concern (Flynn, 2011). According to historian Karen Flynn (2011), “Black women were excluded from nurses’ training in Canada because of *the fear* of medical doctors, nurses, and other staff members *of Black hands on white bodies.*” (p. 98, emphasis added). Where does this touch happen? Again, it happens within the nurse-patient relationship. Nursing work, in the form of direct patient care, is inherently haptic. It requires physical contact between the body of the nurse and the body of patient (Toman, 2005; Wright & Brajtman, 2011). The fear driving these Canadian anti-Black exclusionary policy that existed until the late 1940s (Flynn, 2011) and in some provinces until the 1960s (Wytenbroek et al., 2022) were rooted in racist constructions of Black bodies.

Black nurses in Canada are experiencing racism at work (Calliste, 1993; 1996; Cooper et al., 2021A; 2021B; Hagey et al., 2001; Etowa et al., 2009; Flynn, 2008; 2009; 2018; Jefferies, 2018; Jefferies et al., 2018A; 2018B; Ongabeboma, 2020; Prendergast, 2014; Primeau et al., 2021; Stewart, 2009; Thomas & Lighthman, 2022; Wong & Wong, 1980). In fact, multiple Black diasporic nurses, as recently as the mid-1990s, have gone to court because of occupational racism (Calliste, 1996; Hagey et al., 2001; Flynn, 2018) while others have engaged in other anti-racism action within the nursing discipline (Calliste, 1993; Cooper

et al., 2021A; 2021B). Black nurses viewed engaging with anti-racism action as an ethical responsibility of nursing practice (Cooper et al., 2021A; De Sousa & Varcoe, 2021; Flynn, 2009; Jefferies, 2021; Ongabeboma, 2020; Prendergast, 2014; Stewart, 2009). Finally, Black nurses endorsed a perception that Canadian nursing was disingenuous in its disciplinary claims to social justice as evidenced by ongoing, unaddressed occupational racism (Jefferies, 2021; Ongabeboma, 2020; Prendergast, 2014; Stewart, 2009).

These findings were generated from my literature review, detailed in Chapter Two. In that chapter, I describe my search for academic publications about the experiences of Black Canadian nurses. The literature review on Black nurses affirmed my stance that Canadian nursing desperately requires a disruptive inquiry to address anti-Black racism in order to fulfill its' disciplinary mandate for social justice (Thorne, 2014). Within Chapter Two, an overview of arts-based inquiry within nursing was conducted to situate my a/r/tography, with an emphasis on my selected art-form of theatre.

### **Ethical inquiry**

Nurses interested in social justice acknowledge the need to unsettle knowledge for meaningful equity action (De Sousa & Varcoe, 2021; Varcoe et al., 2014; Thorne, 2014). Varcoe et al. (2014) described how nurses might use questions to disrupt problematic ideology for a social justice and equity nursing practice. Correspondingly, the methodology of a/r/tography manufactures opportunities for disruption of hegemonic knowledge (Irwin & Springgay, 2008).

*What tells the nurse they are experiencing racism?*

A/r/tography is an arts-based research methodology (Irwin, 2004; 2013; Irwin & Springgay, 2008; Spencer Schultz & Legg, 2020). It involves the researcher engaging in an

artistic practice, of any art-form, while simultaneously writing about their process (Irwin, 2004). As the punctuation within the methodology's name alludes to, a/r/tography privileges the *in-between* and multilectical<sup>6</sup> relationships (Irwin, 2004). One of its purposes can be to create openings (Irwin & Springgay, 2008; Spencer Schultz & Legg, 2020). Openings are emotional, unsettling, ruptures into alternative ways of knowing (Irwin & Springgay, 2008; Spencer Schultz & Legg, 2020). In my research, openings were conceptualized during the process of creating a drag-burlesque theatre piece *Nurse Angélique*. However, a/r/tography is a living inquiry, and writing is an important aspect of the methodology (Irwin, 2004). With the a/r/tographic text, the reader is invited to be a co-constructor of meaning (Spencer Schultz & Legg, 2020). Therefore, openings extend to this thesis manuscript, *Nurse Angélique*, and *you* are the reader. There is no standard recipe for a/r/tography (Lea et al, 2011; Spencer Schultz & Legg, 2020), no clear start or finish (Irwin, 2004) but it is an established way of generating disruptive inquiry (Spencer Schultz & Legg, 2020). A/r/tography is further explained in Chapter Three: Methodology, along with its alignment with nursing knowing, relationality, embodiment, and Black feminist theory.

### **Introducing Angélique**

Histories of resistances, like the story of Marie-Joseph Angélique, are important contributions to the discourse of Blackness in Canada (Walcott, 1997). This thesis explores one such history of resistance: the story of Marie-Joseph Angélique. According to official history, in 1734, a Portuguese-born enslaved Black woman in New France, Marie-Joseph Angélique burnt down Old Montréal (Cooper, 2006). At the time of the fire, she had lived in Montreal for nine years after being sold at least twice since her arrival in North America and

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<sup>6</sup> In a/r/tography, the relationships between and among three forms of thought – teaching, researching and artmaking – are critical. A dialectical perspective, Irwin (2004) argued, typically favours two categories of thought. Instead, Irwin promoted the use of a multilectical stance within a/r/tography. A multilectical perspective is a dialectical stance pushed beyond the favouritism of two categories of thought towards a view that promotes a third space or thirdness (Irwin, 2004). The in-between can be found within this third space (Irwin, 2004).



her “owner” was threatening to sell her unless she “behaved” (Cooper, 2006). The 1734 fire destroyed 46 buildings including the Hôtel-Dieu, the hospital founded by Jeanne Mance in 1639 and run by nursing sisters (Cooper, 2006; Grypma, 2019; Paul, 2021; Violette, 2005; Young & Rousseau, 2005). However, the real outrage was the obliteration of “economic and commercial heartbeat of the region”: the merchant’s quarter (Cooper, 2006, p. 193).

Angélique was accused of committing the arson because the fire began in her enslaver’s home, she had previously attempted to escape to return to Europe and she was considered “rude” and “disobedient” (Cooper, 2006). Angélique was twenty-nine years old when the government of New France put her on trial for the fire of 1734. Today, the court record documenting the tribunal serves as the primary historical evidence that slavery was in fact practiced in Canada<sup>7</sup> (Cooper, 2006; McKittrick, 2006). Artists, including playwrights, poets, and painters, interested in problematizing the myth of the white benevolent Canadian nation-state (Razack, 2007; Walcott, 1997) have been inspired by Angélique’s story (Cooper, 2006). I too am inspired: Angélique is the eponym of the play, and this a/r/tographic text.

The a/r/tography methodology involves the researcher engaging in artistic practice (Irwin, 2004). A/r/tography is about process. According to Irwin (2013), one cannot “do” a/r/tography without “becoming” a/r/tography. In Chapter Four: Findings, I documented my process of *becoming* a/r/tography using the identity categories of artist, researcher, and teacher (Irwin, 2013; Le Blanc et al., 2015). As an artist, I autobiographically reflected on my artmaking of a drag-burlesque work *Nurse Angélique*. The theatre piece was sparked by me wondering “what makes Blackness so surprising in Canadian nursing?” (McKittrick, 2006). The boundaries of whiteness and femininity are explored within the artwork with Marie-Joseph Angélique reimaged as a contemporary Covid-19 pandemic nurse. As researcher I

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<sup>7</sup> How does this information make you feel? If are among the many Canadians who were unaware of the nation’s past, you are not alone: Afua Cooper called slavery “Canada’s best-kept secret” (2006, 68).

reinterpreted the story of Marie-Joseph Angélique in relationship to the history of early French Catholic nursing in New France. I investigated possible connections between Angélique and Marguerite d'Youville, the founder of the Grey Nuns, the first non-cloistered nursing order in Canada (Paul, 2005). Finally, as teacher, I returned to published academic works on early French Catholic nursing history (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005). I conducted an exercise on the curriculum bias of invisibility (Sadker & Zittleman, 2016) to question the ideologies of whiteness and femininity (De Sousa & Varcoe, 2021) found within the selected texts.

Finally in Chapter Five: Discussion, I leveraged a/r/tography as ethical inquiry (La Jervic & Springgay, 2008) by investigating how the ideologies of whiteness and femininity historically shaped the expected ethical behaviour of Canadian nurses (De Sousa & Varcoe, 2021; Flynn, 2011; Lamb & Stoch, 2013; McPherson, 1996A). In doing so, I generate what Sara Ahmed labelled a *sweaty concept* (2017) to create openings within the moral fabric of Canadian nursing. Ahmed stated, “a ‘sweaty concept’ is one that comes out of a description of a body that is not at home in the world” (2017, p. 13). In keeping with the methodology, the discussion chapter is not an ending to this inquiry (Irwin & Springgay, 2008; Spencer Schultz & Legg, 2020). Rather, the discussion continues to build the central argument around the long-overdue intervention required within Canadian nursing for it to be a safe place for Black nurses.

In sum, in *Nurse Angélique*, I utilized a/r/tography as an ethics of embodiment (La Jervic & Springgay, 2008) from my position as a queer, biracial (Black/white), ciswoman settler on unceded territories of Sḱw̱x̱wú7mesh Səlílwətaʔ/Selilwitulh and xʷməθkʷəy̓əm Nations to reinterpret the history of French Catholic nursing to pierce openings into Canadian nursing. The significance of my research is expanding nursing knowledge by disrupting our problematic philosophical foundation (De Sousa & Varcoe, 2021) while adhering to our

disciplinary value of social justice (Thorne, 2014). My hope is to embolden a more inclusive and ethical nursing practice in Canada for Black nurses.

## Chapter Two: Literature Review

In this chapter, two literature reviews are provided. I explore literature on the experiences of Black nurses in Canada and literature pertaining to the relevance of arts-based inquiry in nursing.

### **The Black Canadian nursing experience**

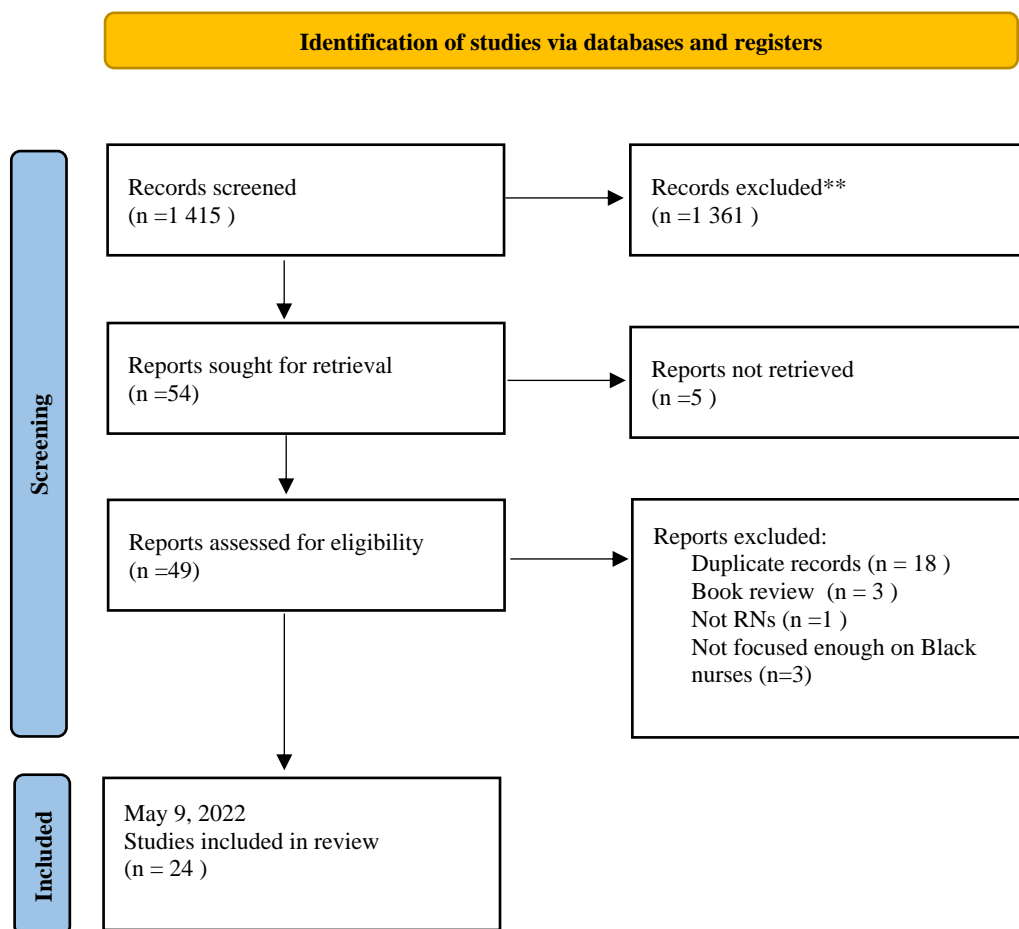
The purpose of this review of the literature is to synthesize what is currently understood about the Black Nursing experience in the Canadian context, to identify the gaps in the literature and to introduce my research. Between April 25 and May 9, 2022, three electronic bibliographic databases: Cumulative Index to Nursing and Allied Health Literature [CINAHL], Web of Science and PubMed were searched using the following key terms: *Black, Canada, and Nurs\**. The use of the asterisk within these databases facilitated identifying literature relating to both “nurse” and “nursing”. Inclusion criteria required a primary focus on registered nurses, a specificity on Black Diasporic subjects or theory, taking place within a Canadian context, and published in English or French. In contrast, exclusion criteria involved “Black” referring to anything other than the racial grouping<sup>8</sup>. The search was as retrospective as possible, and thus covered a 42-year period from 1980 to 2/2022.

In total, 1, 415 papers were examined of which 24 met the inclusion criteria. After an initial title/abstract screening, eligibility for 49 articles was determined. Five reports, including Das Gupta’s oft-cited works on anti-Black racism in Ontario nursing (Cooper et al., 2021A, B; Etowa et al., 2009; Hagey et al., 2001; Jefferies et al, 2018A; Monterio, 2018; Premji & Etowa, 2014), were not retrievable within the UBC Library Catalogue. The PRISMA flowchart (Page et al., 2020) provides an overview of this literature review process.

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<sup>8</sup> Such as an author’s last name, a brand name, or the literal colour. Like Nnorom et al. (2019) noticed in their scoping review of breast and cervical cancer studies focused on Black Canadian women, the search term “Black” generates a sizeable number of results irrelevant to the racial concept. It reminds me again of the illogicalness of race categories.

In keeping with the Matrix Method (Garrard, 2022), each of the 24 papers was then evaluated in chronological order by date using a Review Matrix with 12 column topics including: purpose, methodological design, theoretic framework, key findings, and future directions. The analyses derived from comparing these articles was used to distil three themes as representative of what most prevailed within and across these 24 articles: (1) racism, (2) nursing as labour and (3) the importance of Black feminist thought.



### ***Thematic identification***

**(1) Racism.** The vast majority of the literature focused on the prevalence of racism, including the organized efforts of anti-racism, within Canadian nursing (Calliste, 1993; 1996; Cooper et al., 2021A; 2021B; Hagey et al., 2001; Etowa et al., 2009; Flynn, 2008; 2009; 2018; Jefferies, 2018; Jefferies et al., 2018A; 2018B; Ongabeboma, 2020; Prendergast, 2014; Primeau et al., 2021; Stewart, 2009; Thomas & Lighthman, 2022; Wong & Wong, 1980).

Black clinicians' experiences of racism vary and range from larger societal experiences, such as discriminatory immigration policies (Calliste, 1993; Thomas & Lightman, 2022) to everyday experiences that determine nursing practice. For example, Flynn (2009) interviewed the first cohort Black Canadian-born nurses granted access to Canadian nurse training and found they did not recall overt racism from their peers, but rather, from patients. Flynn remarked that Black nurses commonly recalled patients and their families expressing "surprise" (p.143) at the presence of the Black nurse. Likewise, Stewart's Black female nurse participants (2009) noted the racist perception perpetuated by patients that invalidated their professional nursing identity when patients would ask, "Are you a real nurse?"

This body of mostly qualitative literature emphasized the emotionality of racist encounters through Black Canadian nurse testimony (Calliste, 1996; Cooper et al., 2021A; 2021B; Hagey et al., 2001; Etowa et al., 2009; Flynn, 2008; 2009; 2018; Jefferies, 2018; Jefferies et al., 2018A; 2018B; Ongabeboma, 2020; Prendergast, 2014; Stewart, 2009). Black Canadian nurses described the experiences of occupational racism with emotions including stress (Stewart, 2009), anger, hopelessness, powerlessness (Etowa, et al., 2009), nonbelonging (Prendergast, 2014) and pain (Hagey et al., 2001). As previously mentioned, the literature also touches on the emotional reaction of "surprise" from both patients and their families around encountering a Black nurse (Flynn, 2009; Stewart, 2009). The literature openly acknowledges the historical, systemic, and ongoing anti-Black racism that dominates the Black Canadian nursing experience (Cooper et al., 2021A;2021B; Etowa et al., 2009; Jefferies, 2018; Jefferies et al., 2018A; 2018B).

**(2) Nursing as labour.** The literature recognizes the role of the nurse as a proletariat. The studies focus on the recruitment, retention, job satisfaction, and racial composition of the nursing workforce (Calliste, 1993; 1996; Cooper et al., 2021A; Hagey et al., 2001; Etowa, et al., 2009; Jefferies et al., 2018A; Premji & Etowa, 2014; Prendergast, 2014; Primeau et al.,

2021; Stewart, 2009; Thomas & Lightman, 2022; Vukic et al., 2016). To explain and contextualize the factors that shape the labour experiences of Black Canadian nurses, scholars explored a variety of topics like immigration policies (Thomas & Lightman, 2022), the genesis of Canadian nursing within Victorian ideologies of whiteness and femininity (Calliste, 1993; Flynn, 2009) and the larger anti-Black racism in Canadian culture (Cooper et al., 2021A; Premji & Etowa, 2014). Generally, there was a connection drawn between history, the nation and the labour of Black nurses (Calliste, 1993; 1996; Cooper et al., 2021A; Hagey et al., 2001; Etowa, et al., 2009; Jefferies et al., 2018A; Premji & Etowa, 2014; Prendergast, 2014; Stewart, 2009; Thomas & Lightman, 2022; Vukic et al., 2016).

**(3) Black feminist thought.** Fifteen of the 24 articles reviewed used some form of anti-oppression lens to guide their inquiry. The most prevalent theory was Black feminist thought (De Sousa & Varcoe, 2021; Jefferies et al., 2018; Jefferies, 2020; Ongabeboma, 2020; Prendergast, 2014; Stewart, 2009), and the application of an intersectionality framework (Flynn, 2018; Thomas & Lightman, 2022). Black feminist thought has long recognized the interrelating oppressions that shape the lives of Black women and any multi-prong analysis that centres the humanity of Black women is in keeping with this form of politics (Calliste, 1993;1996; De Sousa & Varcoe, 2021). Corresponding to the theme of racism, the prevalence of Black Feminist and other anti-oppression theories speak to the unifying desires of this body of literature to enable anti-racism work within the Canadian nursing context while underscoring the belief that Canadian nursing is uncaring towards Black practitioners.

The connection between the obligations of ethical nursing practice and meaningful anti-racism work are evident in the literature (Cooper et al., 2021A; De Sousa & Varcoe, 2021; Flynn, 2009; Jefferies, 2021; Ongabeboma, 2020; Prendergast, 2014; Stewart, 2009). For instance, both Stewart (2009) and Prendergast (2014) engaged with Black Feminist

theory in their dissertational research involving interviews with registered nurses of colour. Their use of Black feminist thought facilitated key insights around the insincerity of Canadian nursing's statements of ethical practice for its repeated failure in addressing racism (Prendergast, 2014; Stewart, 2009). Similarly, Flynn (2009) exposed the contradiction between the stated ethics of Canadian nursing and the racist behaviour towards Black nurses by the white Canadian establishment. Flynn (2009) juxtaposed the active enforcement by nursing administrators, schools and leaders of anti-Black exclusionary admission policies in Canada which existed up until the 1940s, and in some provinces, the 1960s (Wytenbroek et al., 2022) with an inability "to extend the 'ethics of care', purported to be one of the core values of nursing, to their non-White sisters." (Flynn, 2009, p.131). To substantiate their claims, the authors placed an importance on the historical context that shaped the current realities of the Black Canadian nursing experience (Flynn, 2009; Jefferies, 2021; Prendergast, 2014; Stewart, 2009).

In Black feminist thought, it is particularly important to remind oneself of the legacy of slavery and Black oppression. These historical realities are not solely about the nursing story, but also the nation at large (Flynn, 2009). This demand for historical awareness around anti-Black racism in a national context is a dominant theme in Black Canadian scholarship, as it challenges the myth of a benevolent white Canadian identity (McKittrick, 2006; McPherson, 1996A; Razack, 2007; Walcott, 1997). Yet, finding historical sources about Black Canadian women in official archives is challenging (Flynn, 2008). Black historians, like Afua Cooper (2006), have addressed this by looking at records created within the justice system. This trend is evident within this literature as well. Castille's (1996) work, intersectional in thinking with gender/race/class and nation, drew on court archives of labour arbitration cases between Black nurses and their employers in Ontario. Similarly, Hagey et al. (2001) studied nine immigrant women nurses of colour who had experienced occupational



racism and filed grievances against their employers. The researchers supplemented their qualitative interviews and focus groups with a compilation of the nurses' grievance-related legal documents (Hagey et al., 2001).

Flynn (2018) carefully uncovered the subjectivity of one Black bilingual nurse, Gloria Clarke Baylis, at the heart of Canada's first discrimination in employment case, *Her Majesty the Queen, Complainant vs. Hilton of Canada Ltd, Accused*. In 1964, Gloria Clarke Baylis was a Bajan British-trained migrant nurse living in Montréal, when she applied for a nursing job at a hotel. When Baylis arrived in person to set up an interview, the manager lied, informing her the position was no longer available. In the court case that followed, the judge ultimately ruled that Baylis experienced racial discrimination (Wytenbroek et al., 2022; Flynn, 2018). During her trial, the defense attempted to undermine the concerns of racism by focusing instead on Baylis' French language proficiency; thus Flynn added an analysis of both language and nation to her recognition of Baylis' subjectivity (Wytenbroek et al., 2022; Flynn, 2018). In fact, Flynn (2008; 2018) is the only author in this review to engage with Canadian bilingualism, and even went so far as to identify her sample as "Anglophone" nurses (Flynn, 2008). Notably, Flynn expanded the framework of intersectionality (Crenshaw, 1989) by adding the vector of language to render more visible Baylis' lived experience within her context.

In addition to using the theory, nurse-scholars are contributing to Black feminist thought through expert commentary, discussion pieces and reflective papers (De Sousa & Varcoe, 2021; Jefferies, 2018B; 2020; Onagbeboma, 2020). The authors positioned themselves not only as Black women nurses-scholars, but they used their own lived experiences to illustrate how this embodied form of knowledge is foundational to combatting anti-Black racism within nursing. Their credibility as insider-knowers was considered particularly insightful (De Sousa & Varcoe, 2021; Jefferies, 2018B).

Finally, there is a strong consensus within the literature that not only is Black feminist thought a useful framework for nursing generally but also its application supports our ethical duty to combat racism (De Sousa & Varcoe, 2021).

### ***Discussion and conclusion***

There has been strong evidence to support the claim that Black Canadian nurses do not feel cared for within the Canadian nursing establishment (Cooper et al., 2021A; Jefferies, 2021; Ongabeboma, 2020; Prendergast, 2014; Stewart, 2009). Despite significant anti-racism work since the 1970s (Calliste, 1996), the same experiences of anti-Black racism shape current Canadian nursing practice (Etowa et al., 2009; Jefferies, 2021; Ongabeboma, 2020) with history and Black feminist thought offering important tools to disrupt this racism (De Sousa & Varcoe, 2021; Flynn, 2018). The focus of such intersectional thinking has been with race, gender, class and nation (Calliste, 1993; Flynn, 2018; Jefferies et al., 2018B; Thomas & Lightman, 2022) with little attention to sexuality. The omission of critical attention towards sexuality is significant considering that Black feminist thought repeatedly emphasizes the sexual oppression of Black women (Crenshaw, 1989; Combahee River Statement, 1977; Davis, 1981; Hill Collins, 2000; hooks, 2014).

Relating to nursing, historian McPherson (1996A)'s arguments around the construction of Canadian nursing identity through a strict regulation of sexuality based in a Victorian ideology and later heterosexuality are useful. This regulation of sexuality becomes the foundation of the *respectability femininity*<sup>9</sup> of nursing (McPherson, 1996A). A focus on sexuality also offers an opportunity to be curious around the relationship between sex work, nursing work, respectable femininity (McPherson, 1996A) and its' construction vis-à-vis anti-Black racism. In addition, the literature in this sample repeatedly drew on Flynn's work and

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<sup>9</sup> The social definition of femininity is not static (McPherson, 1996A). In fact, femininities are a more productive conceptualization (Howon, 2005). However, for the purpose of this thesis, I draw on historian Kathryn McPherson (1996A) work relating to how early Canadian nursing leaders enforced a standard of the feminine ideal based in Victorian expectations [ladylike gentility] to protect the respectability of the occupation.

thus, by Flynn's own admission, is limited by an Anglophone lens. Therefore, a gap exists within an inquiry based in Francophone Canadian nursing history, much of which is religious in nature (McPherson, 1996A).

Lastly, despite the recognition of the emotionality of experiencing racism (Etowa et al., 2009; Hagey et al., 2001; Prendergast, 2014; Stewart, 2009), the frustrations of inaction (Jefferies, 2021; Ongabeboma, 2020), and recommendation for awareness of systemic racism in Canadian nursing (Cooper et al., 2021B), none of the literature focuses on knowledge translation, nor highlighting those negative feelings of stress, pain, nonbelonging, and anger that dominate the experiences of Black Canadian nurses (Etowa et al., 2009; Hagey et al., 2001; Prendergast, 2014; Stewart, 2009). To address this gap, my research draws on arts-based inquiry (Irwin & Springgay, 2008). Therefore, I conducted a more informal search to determine how arts-based methodologies are incorporated within nursing knowledge production and health-care research more broadly.

### **Arts-based inquiry in nursing and the “empathic” power of theatre**

Arts-based inquiry encompasses a number of different methodologies and strategies that have been used within health-care research (Archibald et al., 2016; Beck et al., 2011; Boydell et al., 2012; Cox & Belliveau, 2019; Lea, 2012; Shigematsu et al., 2021). Nursing specifically recognizes the value that arts-based forms of inquiry provide to our professional knowledge (Archibald et al., 2016). Archibald et al. stated that arts-based inquiry may provide voice to marginalized subjects with the possibility to counter stereotypes. This knowledge can be produced through embodiment via the process of artmaking (Archibald et al., 2016). This is particularly valuable when combined with Black feminist thought (De Sousa & Varcoe, 2021), that endorses an ethical obligation to bring in voices from the margins. Regarding knowledge translation, arts-based inquiry underscores the role of emotions, and potential for building empathetic understanding (Archibald et al., 2016).

In their scoping review of knowledge translation and arts-based health research, Boydell et al. (2012) noted that researchers are rarely explicit regarding their rationale for selecting one art genre over another, while their review found that theatre was the second most widely used method<sup>10</sup>. Theatre is a powerful tool for generating and sharing knowledge about lived experience (Boydell et al., 2012; Cox & Belliveau, 2019; Nichols et al, 2022). In theatre, the connection between the performer and the audience speaks to the relational aspect of arts-based inquiry (Shigematsu et al., 2021). This relational emphasis is highly relevant to nursing (Archibald et al., 2016; Doane & Varcoe, 2007; 2015; Wright & Brajtman, 2011). So how can this embodied knowledge about the impact of anti-Black racism in Canadian nursing be disseminated in an emotional and compelling way?

Perhaps the “empathetic power” of a live theatre performance might be the answer!

My research involved the development of a theatre piece. It is heavily informed by the scholarship identified within the literature review, in particular the work of historian Karen Flynn (2008;2009;2011;2018), the work describing the emotional experiences of Black Canadian nurses (Etowa et al., 2009; Hagey et al., 2001; Prendergast, 2014; Stewart, 2009) and the utilization of Black feminist thought (De Sousa & Varcoe, 2021; Jefferies et al., 2018; Jefferies, 2020; Ongabeboma, 2020; Prendergast, 2014; Stewart, 2009). My work is an expansion of the scholarship on Black Canadian nurses by connecting the vector of sexuality within our intersectional thinking vis-a -vis our occupational experience. My work stands in solidarity with such scholarship that identifies racism as a key practice issue (Calliste, 1993; 1996; Cooper et al., 2021A; 2021B; De Sousa & Varcoe, 2021; Hagey et al., 2001; Etowa et al., 2009; Flynn, 2008; 2009; 2018; Jefferies, 2018; Jefferies et al., 2018A; 2018B; Ongabeboma, 2020; Prendergast, 2014; Primeau et al., 2021; Stewart, 2009; Thomas &

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<sup>10</sup> The most popular art-form was photography (Boydell et al., 2012).

Lighthman, 2022; Wong & Wong, 1980), while desiring a dismantling of anti-Black racism within Canadian nursing.

### Chapter Three: Methodology

Social justice is a core ethos of nursing (Thorne, 2014). However, as my literature review revealed, Black scholars are critical of Canadian nursing disciplinary claims of social justice (Flynn, 2009; Jefferies, 2021; Prendergast, 2014; Stewart, 2009). The pervasiveness of the ideologies of whiteness and femininity within Canadian nursing theory and practice supports the ongoing discrimination of Black nurses (Calliste, 1993; De Sousa & Varcoe, 2021; Flynn, 2009). This exclusion extends to academic spaces, wherein questions of what constitutes “valid” knowledge and how “valid” knowledge is generated, can be points of contention without an appropriate methodology to embrace experiences from the margins outside the dominant framework of whiteness and femininity (Cooper, 2022; De Sousa & Varcoe, 2021; Hamzavi, 2021; Monterio, 2018). Canadian nurse-researchers of colour, like Hamzavi (2021) and Monterio (2018), addressed this concern by combining equity theories developed by brown/Black bodies with qualitative methodology.

Qualitative inquiry relies on stories and so do art-forms. Therefore, art-based approaches within nursing are considered an expansion of qualitative inquiry and can take a variety of forms, such as theatre or photography (Boydell, et al., 2012). According to Archibald et al. (2016), artmaking contributes to nursing knowledge by way of “knowing *through*” (p.5). In addition, knowing *through* corresponds to the Black feminist thought concept of lived experience (De Sousa & Varcoe, 2021). Archibald et al. (2016) detailed how knowing *through* is an embodied form of knowledge, aligning with Carper’s way of knowing aesthetics (1978). Carper’s (1978) seminal text of the *Fundamental Patterns of Knowing in Nursing* is cited by Thorne (2014) as a part of our discipline’s tradition of social justice theorizing. According to Carper (1978) there are four ways of knowing within nursing: personal knowledge, ethics, empirics and aesthetics. Thorne (2014) remarked on the expansion of Carper’s theory into a fifth pattern *sociopolitical knowing* (White, 2009) and a

sixth pattern *emancipatory knowing* (Chinn & Kramer, 2014). De Sousa & Varcoe (2021) claimed that Black feminist thought within nursing praxis is aligned specifically with the patterns of sociopolitical and emancipatory knowing. By connecting with Carper's ways of knowing, I am agreeing with Thorne's assertion that building from nursing's theoretical past "is a necessary condition for integrating a meaningful social justice agenda into the discipline's future" (Thorne, 2014, p. 82).

This work was grounded in the methodology of *a/r/tography*, theoretically informed by Black feminist thought and produced *Nurse Angélique* as both an *a/r/tographic* text as well as a theatre piece.

### **A/r/tography**

In nursing, we have a disciplinary desire for new ways of thinking and knowing if it serves our social justice mandate (Thorne, 2014). An affordance of *a/r/tography* is its capacity to generate disruptive knowledge (Irwin & Springgay, 2008; Lea et al., 2011; Spencer Schultz & Legg, 2020). "Instead of relying on solely rational (reason/logic) ways of knowing, *a/r/tography* opens the door to multiple interpretations, allowing for fluid, fantastic, visceral, supernational, emotional, and at times, even random knowledges" Spencer Schultz & Legg proclaimed (2020, p. 246). In their social justice principles, Varcoe et al. (2014) supported nurses' efforts to disrupt structural inequity. Varcoe et al. (2014) exemplify this principle by demonstrating how a nurse might interrupt three specific discourses, egalitarianism, choices, and "risk", with colleagues with questions and facts. The asking of questions serves to challenge harmful discourses that sustain inequity. Varcoe et al. (2014)'s equity framework is full of self-reflective questions and mirrors the goal of *a/r/tography* to provide uncomfortable openings for active reader engagement (Irwin & Springgay, 2008; Spencer Schultz & Legg, 2020).

A/r/tography is an arts-based research methodology (Belliveau & Lea, 2016; Irwin, 2004; 2013; Irwin & Springgay, 2008; La Jervic & Springgay, 2008; Lea et al, 2011; Le Blanc et al, 2015; Spencer Schultz & Legg, 2020). It is a living form of inquiry (Irwin & Springgay, 2008) with no standardized steps, formula, methods, or rules for a researcher to follow (Lea et al., 2011; Spencer Shultz & Legg, 2020). The Deleuze and Guattari metaphor of the rhizome guides a/r/tographers towards embracing non-linear, non-static, messy, complicated even unsettling embodied, relational, reflective knowledge production (Irwin & Springgay, 2008). Relationality is foundational to the ethics of embodiment developed by a/r/tography (La Jervic & Springgay, 2008). Multiple relationships hold importance in a/r/tography, such as the relationship between the self as artist/researcher/teacher, that can be explored with the concept of “becoming” (Irwin, 2013; Le Blanc et al, 2015) or the relationship between the a/r/tographic text and the reader (Spencer Shultz & Legg, 2020). Instead of answering questions or reporting on findings, this form of qualitative research is concerned with “creating the circumstances to produce knowledge and understanding through inquiry-laden processes” (Irwin & Springgay, 2008, p.167). A/r/tographers might share their work through the six renderings: contiguity, living inquiry, metaphor/metonymy, openings, reverberations and excess (Irwin & Springgay, 2008 Lea et al, 2011; Le Blanc et al, 2015; Spencer Schultz & Legg, 2020).

I initially encountered the methodology of a/r/tography while reading about Research-based Theatre [RbT] (Belliveau & Lea, 2016). While RbT principles serve to guide aspects of this work, I am ultimately following the methodology of a/r/tography (Irwin & Springgay, 2008). I note here this work is not autoethnography (Adams & Jones, 2011; Ellis et al., 2011). Like autoethnography, a/r/tography incorporates elements of autobiography (Belliveau & Lea, 2016; Irwin, 2013; Le Blanc et al, 2015), significant reflexivity (Archibald et al., 2016; Irwin & Springgay, 2008) and recognizes the importance of writing as artistic practice



(Adams & Jones, 2011; Ellis et al., 2011; Irwin, 2004). However, unlike autoethnography, a/r/tography always involves the researcher artmaking (Irwin & Springgay, 2008; Spencer Schultz & Legg, 2020)<sup>11</sup>. For this thesis, I had an artistic practice and developed a theatre piece. The decision to make a theatre piece predates my engagement with a/r/tography, so I utilized RbT language to describe my process, however the rhizomatic nature of the a/r/tographic methodology allows for this fluid and organic shift in focus (Irwin & Springgay, 2008; Spencer Schultz & Legg, 2020).

There are conceptual similarities between RbT and a/r/tography (Belliveau & Lea, 2016; Lea et al., 2011; Shigmatsu et al., 2021) however a key distinction exists in what is considered the research product. The products of RbT are a theatre piece and a critical commentary (Belliveau & Lea, 2016). The theatre piece “should be able and expected, to stand simultaneously as both art and research” (Belliveau & Lea, 2016, p.8). In contrast, a/r/tography does not require a complete theatre piece, merely an engagement with an artistic process (Belliveau & Lea, 2016; Irwin & Springgay, 2008). The products of a/r/tographies might include art, questions and the a/r/tographic text (Spencer Shultz & Legg, 2020). The six renderings of a/r/tography, contiguity, living inquiry, metaphor/metonymy, openings, reverberations and excess, can serve to facilitate an a/r/tographer with sharing their work for others (Irwin & Springgay, 2008; Lea et al, 2011). Whereas Lea et al (2011) use each of the six renderings of a/r/tography to reflect on their theatre work *Drama as an Additional Language*, in this work I limit my focus to the singular rendering of openings (Irwin & Springgay, 2008) to discuss the development of *Nurse Angélique* as both an a/r/tographic text and theatre piece.

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<sup>11</sup> Although the written *product* of autoethnography is expected to be evocative and aesthetic (Ellis et al., 2011), requiring a certain amount of artistic consideration by the researcher, in contrast to a/r/tography, the *process* of autoethnography holds no requirement for the researcher to create art (Ellis et al., 2011), nor the freedom of that artmaking to be in any form (Irwin & Springgay, 2008).

Openings are messy; Irwin & Springgay (2008) describe them as “cuts, tears, ruptures or cracks that resist predictability, comfort, and safety.” (p.174). Openings might provide more questions than answers, but aim to spark conversation, generate multiplicities within knowledge and make the invisible seen (Irwin & Springgay, 2008). In this way, openings fulfil the objectives of Black feminist thought in action within nursing practice (De Sousa & Varcoe, 2021). Spencer Schultz & Legg (2020) identified the goal of the a/r/tographic product(s) to facilitate openings to support dialogue between the a/r/tographer and the audience. Openings permit a deconstruction of constructs (Irwin & Springgay, 2008), an important mechanism for knowing *through* and allowing new knowledge to develop (Archibald et al., 2016).

### **Nurse Angélique**

In a/r/tography, Irwin (2004) stipulated, the art and the text both provide similar but different meanings. The story of Marie Joseph Angélique, a Black woman who likely<sup>12</sup> ignited the 1734 fire of Old Montréal in an attempt an escape her life in captivity to freedom, was my inspiration for my artmaking (Cooper, 2006).

**As art.** I selected theatrical performance as my chosen art-form. As all art-forms are acceptable in a/r/tography, an explanation of why I chose theatre is warranted (Boydell et al., 2012). I selected theatre as my art-form because I am experienced as a performer, and this art-form emphasizes the body. More specifically, I opted to use burlesque theatre, which Ross p. 242) defined as “All erotic performers, regardless of historical period, venue, audience, or degree of nudity, embody the Latin definition of burlesque, which is to lampoon societal morals and introduce risqué themes into the public arena.” My selection of burlesque

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<sup>12</sup> The word likely is used here as Angélique herself denied her involvement until she ‘confessed’ after intense torture (Cooper, 2006).

blossoms from a political desire to challenge the sex worker stigma within nursing (Bowen & Bungay, 2016; Varcoe et al., 2014; Weitzer, 2018).

The artmaking happened on the unceded<sup>13</sup> territories of the Sk̓wx̓wú7mesh, Səlilwətaʔ/Selilwitulh and xʷməθkʷəy̓əm Nations, lands known as “Vancouver”. Becki Ross (2009) evaluated that burlesque performers were critical to the early economic development of the city of Vancouver, but their contributions have been minimized over concerns of respectability. So, in selecting burlesque theatre I honour their legacy in this specific geographic location.

The devaluation of sex work within the Canadian nation-state, particularly sex work done by brown bodies, results in preventable death (Culhane, 2003; Razack, 2000). Moral judgements about sex work contribute directly to the devaluation of its labour (Culhane, 2003; Razack, 2000; Ross, 2009; Weitzer, 2018). In addition, I follow the tradition of queer brown performers using burlesque as an art-form to usurp the dominance of white supremacy (León, 2017). Finally, the empathetic power of theatre serves to connect the audience emotionally to the narrative (Belliveau & Lea, 2016; Cox & Belliveau, 2019). In this case, the emotional plight of the racism experienced by Black nurses in Canada (Etowa et al., 2009; Hagey et al., 2001; Prendergast, 2014; Stewart, 2009).

*Nurse Angélique* was a twelve-minute drag-burlesque performance that I developed between January 2022 and May 2022 as I engaged with the living inquiry of a/r/tography. The development of *Nurse Angélique* can be understood under the playwright-centric practice of RbT (Lea, 2012). I was the sole playwright for this project using published research from Afua Cooper (2006), Karen Flynn (2011) and Becki Ross (2011) to serve as the foundation of the work. The emotional experiences of racism as described in my literature review (Etowa et al., 2009; Hagey et al., 2001; Prendergast, 2014; Stewart, 2009) combined with my own

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<sup>13</sup> What does unceded mean? *stolen*

a/r/tographical autobiographical engagement (Belliveau & Lea, 2016; LeBlanc et al., 2015) informed the making of the work. The play's development process involved multiple improvised sessions (Lea et al., 2011), planned rehearsals and solicitation of peer feedback from informal performances. During this development period, I kept a journal detailing my thoughts, feelings, and reflexive notes as I engaged with a/r/tography. *Nurse Angélique* as art informs becoming-artist.

**As text.** This document is also entitled *Nurse Angélique* and represents a product of my inquiry: my a/r/tographic text (Spencer Schultz & Legg, 2020). The “graphy” of a/r/tography emphasizes the importance of writing within the methodology (Irwin, 2004). The a/r/tographic text conveys meanings, complimentary but also possibly contradictory to the art, allowing a deeper inquiry into practice (Irwin, 2004). “The a/r/tographic text itself, then, becomes another layer of data as the reader/audience interacts with it in perpetuity.” (Spencer Schultz & Legg, 2020, p. 247). In a/r/tography, the reader is invited to join into the process and co-construct meaning (Spencer Schultz & Legg, 2020). The a/r/tographer can facilitate the reader's participation by providing openings (Spencer Schultz & Legg, 2020). In this text, the meaning produced by the art is complicated with repeated returns into history (Cooper, 2006; McPherson, 1996A; 1996B; 2005; Flynn, 2011; 2016; Walcott, 1997) with particular attention to early French Catholic history (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005). Canadian nurse leaders considered the work of nuns in New France as the beginning of our contemporary nursing practice (McPherson, 1996B). By returning to this French Catholic history with new understandings gleaned by the story of Angélique, openings were generated. The marginalia I scribbled on scholarly articles, the mind maps I drew, and my own reflexive notes are the basis of my findings for becoming-researcher and becoming-teacher.

## **A/r/tography as ethics of embodiment**

A/r/tography offers possibilities for other inquiries into nursing as an ethics of embodiment (La Jervic & Springgay, 2008). Co-developed by Rita Irwin, the stylization of the methodology a/r/tography draws attention to one of its origins in arts education. A (artist), R (researcher) and T (teacher) are the three practice identities represented within that context. A/r/tography maintains there is no distinct boundaries between the identities of artist, researcher, and teacher (Irwin, 2004). A/r/tography is about process, and one cannot “do” a/r/tography without “becoming” a/r/tography (Irwin, 2013; LeBlanc et al., 2015). A/r/tography concurs with the three Aristotelian ways of interpreting experience: knowing [theoria], doing [praxis] and making [poesis] while viewing all three ways of understanding as inseparably interwoven (Irwin & Springgay, 2008; Lea et al., 2011; Spencer Shultz & Legg, 2020). Thus, a/r/tography focused intently on the *in-between*, Irwin (2004, p. 28)

We begin with these three roles and three forms of thought, not only as separate entities but also as connected and integrated identities that remain ever present in our work. Relationships between and among these forms of thought are critical to our work.

Irwin & Springgay (2008) illustrated this preoccupation with the *in-between* with the Deleuze and Guattari concept of the rhizome. They stated, “rhizomes active the *in-between*: an invitation to the explore the interstitial spaces of artmaking, researching, and teaching.” (2008, p.163).

Like nursing, a/r/tography also recognizes the embodied (Wright & Brajtman, 2011) and relational (Doane & Varcoe, 2007; 2015) aspects of their practices (Irwin & Springgay, 2008; La Jervic & Springgay, 2008). Ethics is problematized as relationality [in comparison to epistemologically] drawing on a feminist/social approach focused on disrupting power (La Jervic & Springgay, 2008). This understanding of ethics overlaps with the social justice

mandate of nursing theory aimed at dismantling inequity (Thorne, 2014; Varcoe et al., 2014). The ethics of a/r/tography are grounded in everyday life and mirrors nursing ethics rooted into everyday nursing practice (Doane & Varcoe, 2007; 2015; Lamb & Storch, 2013; Varcoe et al., 2014; Wright & Brajtman, 2011). La Jervic & Springgay (2008) maintained “a/r/tography as an ethics of embodiment allows moral education to be liberated from the narrow confines of right and wrong to become a far more encompassing social ethic premised on difference, responsiveness and uncertainty.” (p. 86).

Similarly, responsiveness in relationships mark an important distinction, according to Doane & Varcoe (2007) between a nursing practice guided by relational inquiry and one without. Doane & Varcoe (2007) used relational inquiry to explore obligations in the nurse-patient relationships. “Using this inquiry lens, relationships among people are viewed as sites, opportunities, and/or vehicles for meaningful experiences and response.” (Doane & Varcoe, 2007, p.198). Alternatively, a/r/tography as ethics of embodiment, “is concerned with the processes of encounters, the meaning that is made with, in and through the body, not discernable facts about a body.” (La Jervic & Springgay, 2008, p.70).

To unpack the term “embodied” as it relates to nursing practice, the term “body work” is helpful. “Body work”, according to Toman (2005), is not limited to the treatments or procedures performed on patient bodies by nurses but “the skillful use of *nurses’ own bodies in the performance* of patient care” (p.89, emphasis mine). The body of the nurse is not only a tool to provide patient care, but the body is an expressive space in which the world is experienced, according to philosopher Merleau-Ponty (La Jervic & Springgay, 2008). The singular body is not alone, but in relationship with other bodies. Wright & Brajtman (2011) succinctly define embodied knowledge, “We experience the world through our bodies, and our sense of our own body is inexorably linked to our sense of self.” (p. 25). Wright & Brajtman (2011) stressed the professional intimacy required for the “every day” work of

nursing in their definition of embodied knowing. They argued the body of the nurse becomes emotionally affected by the body of the patient due to the bodily proximity required by nursing care.

As nurses, our moral understanding of health experience derives not only from rational thought but also from the bodily cringes we feel within ourselves when we touch another in pain. These cringes are a way of knowing that is crucial to sound ethical decision making and cultivated uniquely by nurses because of the nature of the work that they do. (Wright & Brajtman, 2011, p. 26)

A/r/tography as an ethics of embodiment offers an opportunity to deepen these disruptive ways of knowing (La Jevic & Springgay, 2008) endorsed by Wright & Brajtman (2011) as a source of ethical knowing. The concept of relationality is inherent within an a/r/tographic ethical inquiry aligning with nursing scholarship (Doane & Varcoe, 2007; 2015). The methodology of a/r/tography thus contributes and expands the legacy of social justice theorizing in nursing (Thorne, 2014).

### **Theoretical perspective: Black feminist thought**

The theoretical underpinnings of a/r/tography are informed a variety of theories including feminisms (Irwin & Springgay, 2008). Black feminist thought is a branch of feminism that places significance on the lived experience of those from the margins as a legitimate source of knowledge (De Sousa & Varcoe, 2021). A/r/tography's commitment to disruptive knowledge generation, and embodied relational knowing aligns with the Black feminist perspective. I chose Black feminist thought as it was the predominant equity theory utilized by scholars of Black Canadian nursing identified in my literature review (De Sousa & Varcoe, 2021; Flynn, 2018; Jefferies et al., 2018; Jefferies, 2020; Ongabeboma, 2020; Prendergast, 2014; Stewart, 2009; Thomas & Lightman, 2022).

De Sousa & Varcoe (2021) connected the anti-oppressional, emancipatory theory of Black feminist thought to nursing practice. They argued that Black feminist theorizing is critical to bring voices from the margins back into visibility (De Sousa & Varcoe, 2021). Black feminist thought at its most basic level simply asserts that Black women are *inherently* valuable (Combahee River Collective, 1977). This might seem self-evident, but for hundreds of years, Black women's humanity was denied in service to white capitalist interests (Combahee River Collective, 1977). Black feminist theory originated in the United States, a country well-known for its connection to the plantation system reliant on Black slave labour (Combahee River Collective, 1977). However, Canada also practiced slavery (Cooper, 2006). Black feminist thought has a particular relationship around emphasizing the importance of history to ensure that the ongoing legacy of slavery as it shapes the lives of Black folx in North America is not dismissed. Moreover, Black feminist thought understands that history is affective (Ahmed, 2016).

Rooted in Black feminist thought, the concept of intersectionality informs critical understandings of how identity categories like gender, sexuality and race, shape experiences (Crenshaw, 1989). Intersectionality is a term coined by Kimberlé Crenshaw (1989) but the underlying assertion, that Black women were excluded from both white-centric feminism and male-centric antiracist work, and thus needed a different framework to dismantle oppression is evident in Black feminism as far back as Sojourner Truth<sup>14</sup>, in the 1800s (Crenshaw, 1989; Combahee River Collective, 1977). Although, the focus of intersectionality extends beyond a reflection on the exclusion of Black women. The framework of intersectionality allows for a reconceptualization of social categories like race, gender, and sexuality to become multi-dimensional (Crenshaw, 1989). It renders the particularities of marginalized experiences

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<sup>14</sup> In her famous 1851 speech "Ain't I a Woman?" at a women's rights convention, Sojourner Truth challenged the [white] construction of womanhood through her testimony as a Black woman born into slavery in the United States (Crenshaw, 1989).



more evident within current power structures (Crenshaw, 1989; De Sousa & Varcoe, 2021). As examined in my literature review, Black Canadian scholars have expanded intersectionality beyond the triumvirate of race, gender, sexuality to consider other identity categories like nation (Calliste, 1996), language (Flynn, 2016), and class (Thomas & Lightman, 2022).

Finally, Black feminist thought relies on the personal testimony of those who have experienced oppression to speak out. The experience of inequity, such as racism, is lived (De Sousa & Varcoe, 2021). As my literature review indicated, Black nurses in Canada consistently report experiences of racism (Calliste, 1993; Flynn, 2008; Jefferies, 2018; Primeau et al., 2021; Thomas & Lightman, 2022) accompanied with emotions like anger (Etowa et al., 2009), pain (Hagey et al., 2001), stress (Stewart, 2009) nonbelonging (Prendergast, 2014) but also surprise (Flynn, 2009; Stewart, 2009). This is a counterhegemonic sharing done by the theorists themselves to illustrate how the everyday experiences of misogynoir shape their lived realities (Ahmed, 2016; Crenshaw, 1989; Combahee River Collective, 1977). In Canada, Black women nurse-scholars pointed to the value their embodied knowledge holds to support their credibility in developing social justice knowledge in the discipline (De Sousa & Varcoe, 2021; Jefferies, 2018B).

### **A/r/tography for ethical social justice theorizing**

As an ethics of embodiment (La Jevic & Springgay, 2008), as practice-based research (Irwin & Springgay, 2008) and as disruptive inquiry (Spencer Schultz & Legg, 2020) the methodology of a/r/tography generates new knowledge through relational and embodied understandings. Nursing scholarship benefits from new knowledge constructed with a/r/tography, particularly if it advances social justice theorizing (Thorne, 2014).

Black Canadian nurse scholars recognized the irony of our profession's ethical standards that tout social justice while being complicit in anti-Black racism (Flynn, 2009;

Jefferies, 2021; Ongabeboma, 2020; Prendergast, 2014; Stewart, 2009). It is imperative that Canadian nursing eliminates its anti-Black racism to ensure the future safety of Black nurses and preserve the integrity of our disciplinary claims to equity (Thorne, 2014). Archibald et al. (2016) affirmed artistic creation is particularly relevant for the dissemination of under-represented embodied, emotional experiences, such as the experience of racism from the perspective of the Black nurse. My insider position as a Black registered nurse granted me embodied knowing (De Sousa & Varcoe, 2021; Wright & Brajtman, 2011) while my second bachelor's degree in social justice placed me in a strong position to undertake this inquiry (De Sousa & Varcoe, 2021; Thorne, 2014; Varcoe et al., 2014). Finally, openings are co-constructed between the text and the reader (Spencer Schultz & Legg, 2020) allowing seepage of emancipatory ideals gleaned through an a/r/tographic exploration of the legacy of nursing history, theory, knowledge, practice, and ethics (Thorne, 2014).

## Chapter Four: Findings

The text in this chapter centres my own autobiographical exploration of the process of a/r/tography (Irwin, 2013). Irwin (2013) returned to the rhizomatic entanglements to explain “becoming a/r/tography”. She wrote, “There can be no being a/r/tography without the process of becoming a/r/tography” (p. 200). Le Blanc et al. (2015) shared their a/r/tography research by interweaving three individual stories of becoming-a/r/t. In that vein, this chapter presents my own process in the practice-based living inquiry of a/r/tography (Irwin & Springgay, 2008; LeBlanc et al, 2015). In keeping with Le Blanc et al., I present the work in order of becoming-artist, becoming-researcher, and becoming-teacher. For better reader engagement (Spencer Schultz & Legg, 2020), I begin with a detailed description of the play *Nurse Angélique*.

### **Nurse Angélique: an overview of the performance**

There are two characters in the piece: Nurse Angélique and the Patient. Nurse Angélique is described as brown and feminine presenting. The Patient is white, masculine presenting, and gross<sup>15</sup>. *Nurse Angélique* has three sections.

In the first section, the Patient starts on stage. Nurse Angélique begins off stage left. Upon her entry, Nurse Angélique will give shots<sup>16</sup> to the audience. Nurse Angélique is wearing a tight, low cut, short skirted white nursing uniform with a Red Cross over the left breast, with a white nursing cap with a Red Cross [costume #1]. The Patient will lip-sync to “Just like a Pill” by P!nk. Nurse Angélique will enter when Patient sings this line from chorus: “I tried to call the nurse again, but she’s being a little \_\_\_\_\_”. The song is edited

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<sup>15</sup> The term gross is subjective. As the playwright, the director holds artistic freedom so long as the character produces a reaction of disgust (Ahmed, 2014) for the audience. Ideally, the audience should have a feeling of repulsion for the patient (and simultaneously empathy/pity for the nurse who must care for this person). For instance, the patient character might have a strong odor (like a very fancy cologne), or the patient might constantly be picking their nose, or the patient might purposefully place the nurse into humiliating situations (like throwing something and demanding that the nurse goes to fetch it...).

<sup>16</sup> Any type of shot that is not actually the form of ‘shots’ nurses do (aka, an injection) are acceptable. Likely the easiest and most enjoyable for the audience would be alcohol.

with the word “bitch” removed from the chorus for the first two iterations. During the third chorus, the word “bitch” is said by the Patient. The music is then interrupted, and the word bitch is repeated until the music resumes and the Patient exits. Nurse Angélique will lip-sync the final chorus of “Just Like a Pill” with a transition to section two. Nurse Angélique will remove costume #1 as if it physically pains her and fling it into the audience. Nurse Angélique is now wearing a nude-coloured nightie [costume #2].

In section two, Nurse Angélique will lip-sync to “Night Shift” by Lucy Dacus. The song is very slow, approximately 6 minutes. Nurse Angélique will perform a reverse striptease by adding costume pieces [PPE nursing uniform: costume #3] during this segment of performance. Nurse Angélique will perform nursing. Nurse Angélique will interact with the audience by lip-syncing directly to them, pointing to them, sticking her tongue out at them and other direct gestures. Nurse Angélique’s emotions will transition from happy to upset. By end of section two, Nurse Angélique will be angry. Nurse Angélique will remove costume #3 in fury, and return to costume #2.

In the third and final section, Nurse Angélique will lip-sync to “Dancehall Queen” by Beenie Mac ft. Chevell Franklin. Nurse Angélique will engage in liberatory actions like chewing bubble gum and releasing her natural hair from a bun. Nurse Angélique will remove costume #2, ending in Red Cross pasties and skin-toned underwear. Nurse Angélique will stand on a theatre box with the image of fire video projected on her skin. A single line of Alicia Keys “Girl on Fire” will play, “she’s just a girl and she’s on fire”. The stage lights go dark. Nurse Angélique exits.

End of performance.

## Becoming-Artist

My drag-burlesque play *Nurse Angélique* re-imagined the experience of a real person, Marie-Joseph Angélique, as a modern Covid-19 nurse. Marie-Joseph Angélique<sup>17</sup> was an enslaved Black woman who lived in New France in the 1700s (Cooper, 2006). She represents an important figure in Black Canadian scholarship because her story proves that slavery was an established and protected institution in Canada for hundreds of years (Cooper, 2006; McKittrick, 2006). This proof exists in official records that documented the trial and subsequent public execution of Angélique on June 21, 1734 in Old Montréal. Angélique was accused of arson and setting a fire that destroyed a significant amount of white capital<sup>18</sup> (Cooper, 2006). She is now considered “a symbol of Black resistance and freedom” (para 1, Cooper, 2015) and Black Canadians repeatedly represent Angélique in art (Cooper, 2006). In my work, this reference is made explicit by my choice to name the thesis, the theatre piece, and the main character Nurse Angélique.

In the script for *Nurse Angélique*, the only direct reference to Angélique’s story is the character’s final pose. According to burlesque expert Jo Weldon (2010), the audience will likely only remember the opening and closing of the number. So, I felt it was imperative to design a very strong emotional ending that reconnected the audience to Angélique’s story. The ending has Nurse Angélique standing on a theatre box, nearly nude with red cross pasties. She spreads her arms out like the Christian figure of Christ on a cross. Stage directions call for video footage of fire to be projected onto the performer’s flesh.

The fire represents not only Angélique’s alleged crime but also the real and disrespectful ending of her corporal body. The French Catholic authority burnt her into ash

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<sup>17</sup> A crucial strategy of dehumanization in chattel slavery was imposing names (Nelson, 2020). Marie-Joseph Angélique was not her birth name, but the name forced upon her by her last “owner” Thérèse de Couagne de Francheville (Cooper, 2006). Her real name was likely something Portuguese as Angélique was born in Madeira in 1705 (Cooper, 2006). In absence of that information, Angélique is used.

<sup>18</sup> Including the Hôtel-Dieu hospital directly across from Angélique’s home and the fire’s origin (Cooper, 2006).

and scattered her remains into the winds so her soul could never reach heaven (Cooper, 2006). My intention in this final image is for the audience to hold both these realities at once: Angélique's fierce self-determination that asserted her own humanity in a context that actively denied it, and her brutal state-sanctioned punishment. I invite the audience to decide how this fire might serve as a catalyst for their own contemporary social justice action. By ending with this powerful pose, I am not necessarily making the character's nudity palatable to the audience. Unlike traditional burlesque where one might focus on teasing and titillating the audience for their sexual gratification (Ross, 2006; Weldon, 2010) when Nurse Angélique finally exposes herself, she is re-enacting a murder. As a playwright, I am asking for the audience to make a new choice in their response compared to what was deemed acceptable nearly 300 years ago. I intend for this to be uncomfortable for some to witness, although it might be liberating for others, and still others might have different emotional responses.

The choice to select drag-burlesque as my theatre form corresponds directly to my political interest in conflating the respectability of nursing (McPherson, 1996A; 1999) with sex work (Ross, 2009) to challenge binary constructions of female morality. In burlesque, the costume serves a dual role<sup>19</sup> as your prop and is purposefully designed to be removed (Weldon, 2010). The distinct nursing uniform is useful artistically for it easily allows the identification of the nurse (McPherson, 1996B). Naturally, the nursing uniform is Angélique's central costume.

The nursing uniform encapsulates significant symbolic meaning in Canada (Bates, 2005; 2012; McPherson, 1996A; 1996B; 1999). The French Catholic nurse-nuns that are inseparable from the development of the Canadian hospital system wore their religious habits while providing patient care (Bates, 2012; Paul, 2005; Violette, 2005). During the late

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<sup>19</sup> In theatre, costumes and props are usually distinct. For instance, the character might wear *sneakers* (costume) and bounce a *ball* (prop). However, in burlesque, the striptease artist plans their entire routine around the removal of their costume. The artist will play with the costume in the removal, and thus the costume *is* the prop (Weldon, 2010).

nineteenth century, in the context of the reformation of Anglophone hospitals under Nightingale influence (McPherson, 2005), lay<sup>20</sup> white women from a variety of ethnic backgrounds increasingly became the “modern” nurse (McPherson, 1996A;1999). At that time, the nursing élite<sup>21</sup> introduced a standardized uniform to differentiate the trained nurse from “the only other group of working women who had intimate contact with the bodies of strangers – prostitutes.” (McPherson, 1999, p. 182). The standardized uniform was likely modeled, in part, by the dress of religious orders (Bates, 2012; McPherson, 1999). McPherson (1996A; 1999) argued that the nursing uniform operated to contain the female sexuality of its wearer while projecting an asexual status. McPherson (1999) remarked “The uniform, then, located nurses symbolically as workers, as women, as serving society, and as sexually contained” (p.182). In the post-World War II era, the symbolism of the nursing uniform shifted with a new feminine ideal (McPherson, 1996A; 1999). In this change, the previously asexual nurse transformed into a nurse with “heterosexual possibility” (McPherson, 1999, p. 191). The heterosexual femininity of the nursing occupation repeatedly reproduced in the public imagination established the image of the sexually knowledgeable nurse (McPherson, 1999). McPherson (199) reflected “[G]iven these circumstances, nurses sought to locate themselves as feminine, sexual *and* respectable” (p. 195, emphasis original). In establishing a respectability, again nurses were to avoid promiscuity and enact a particular form of hetero-femininity (McPherson, 1996A; 1999).

Within the performance, Angélique wears two iterations: a fantastical [hetero]sexy Halloween version [costume #1] and an authentic infectious disease barrier version [costume #3]. Costume #1 plays on public perceptions of the sexualized image of the heterosexual nurse (McPherson, 1996A; 1999). The popular culture positioning of the nurse “as more

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<sup>20</sup> In this context, the term lay is used to designate that these women were not nuns. Not to be confused with the term ‘lay nurse’.

<sup>21</sup> The nursing élite is what McPherson (1999) termed nursing leaders, administrators and educators.

sexually knowledgeable than other women” (McPherson, 1999, p. 195), for example, in pornographic materials, relies on images of a nursing uniform that genuine present-day Canadian nurses no longer wear (Bates, 2012). Costume #1 was purchased online. Contrarily, costume #3 is composed of the actual disposable barriers worn by present-day nurses. In the contemporary body work of nursing, we regularly engage in the practice of “donning” and “doffing” our protective personal equipment (PPE) when providing care to clients with infectious pathogens (Toman, 2005). Within the context of Covid 19, the public became very familiar with images of nurses wearing PPE while working on the front lines of a global pandemic. In the second section of the performance, Angélique performs a reverse striptease by a careful donning of PPE: a blue plastic gown, protective booties, and goggles [costume #3]. Those elements of plastic barriers to protect against disease emulates the familiar image of a nurse, as popularized in media during the current and ongoing Covid -19 pandemic. In contrast to the actual work, once dressed in PPE, the character performs a “stripper fantasy”.

Striptease artists are dancers (Ross, 2006), with choreography serving as visual storytelling. The moment of stripper fantasy is designed to be performed when the character looks the most like a real professional nurse. I want to directly suggest that nurses have sex with their patients. This deliberately disrupts the construction of the nursing uniform as constraining the sexuality of the nurse by the early nursing elite<sup>22</sup> (McPherson, 1996A; 1999) by contrasting that with an image of unabashed, powerful queer female sexuality (Ehrenreich & English, 1973). I want to blur the boundaries of body work (Toman, 2005) to encompass the labour of nurses and sex work. Again, this is a provocation of the sex worker stigma within nursing and larger Canadian society (Culhane, 2003; Razack, 2000; Ross, 2009; Weitzer, 2018).

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<sup>22</sup> Even when the nursing uniform became a symbol of the heterosexuality of the nurse, McPherson (1999) noted “the contradiction, of course, was that nurses’ actual heterosexuality was to be developed or practiced only when they were out of uniform” (p.192).



There is a powerful moment immediately following the stripper fantasy. Nurse Angélique steps up on the theatre box and doffs her PPE. She is to remove the booties by flinging them to the ground, she is to take off the goggles aggressively and she is to rip the blue plastic gown from her body. The music is very heightened here. With climatic attention, she is to lip-sync: “you’ve got a 9 to 5 so I’ll take the night shift”. The intention is to remind the audience that their comfort comes at the direct expense of the body of the nurse<sup>23</sup>.

Selecting drag-burlesque theatre demanded that I repeatedly get naked during the artistic process. The decision around the exposure of my skin might be best understood as a performance of hypervisibility of my Black womanhood or what Fleetwood terms “excess flesh” (2011). In keeping with Black feminist theory, Fleetwood described how the Black female body is historically rendered as “in excess of idealized white femininity” (p.5). Fleetwood explores how the Black female artist might be engaged in a deliberate performance of excess flesh to challenge the dominant canon of visual representations of Black womanhood that cater to white male positionality. Fleetwood also argued that “the black woman as excess establishes the boundaries for normative codes of the white female body and femininity” (2011, p. 5).

*How does my choice to enact excess flesh serve to disrupt those boundaries?*

Similarly, the boundaries of normative affect are challenged by my disinterest in protecting my audience from my brown ugly feelings<sup>24</sup> (Muñoz, 2006). What happened to

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<sup>23</sup> I mean this literally: Night shift work is classified as a probable carcinogen by the International Agency for Research on Cancer. It is also associated with nausea, stress, depression, anxiety, fatigue, and heartburn (CAREX Canada, 2019).

<sup>24</sup> Ugly feelings derive from Sianne Ngai’s work. Ugly feelings include fear, rage, guilt, disgust, despair (Muñoz, 2006). Expanding on this work, Muñoz (2006, p.193) conceptualized brown feelings as “being manifestations of the ways in which ethnic modes of comportment not only represent anti-normative affect, but also challenge the ways in which dominant ideology prescribes certain codes of normative comportment.”

Angélique outrages me! The violence I, and Black nurses<sup>25</sup> like me, experience within our occupation is unacceptable! I want the audience to feel my anger, my ennui, my disgust, and my character's strong desire to destroy the power systems that oppress her. However, being viewed as "professional" in nursing often involves emoting positivity no matter one's own internal experience. Consequently, I made deliberate choices to play with affect in the performance.

A major strength of theatrical works is the dissemination of emotional experiences (Cox & Belliveau, 2019), and was a key focus of my playwrighting. In the first section, the nurse character is to smile widely despite being called a bitch<sup>26</sup> over 30 times by her patient, she is to laugh when she recalls the experience later, she is to giggle as she chastises the audience for their complicity in observing her attack without intervening. In the second section, Nurse Angélique is to become tired, and her mood visibly shifts. She is to start failing in her ability to pretend that everything is okay. Her authentic emotional self is to emerge. The kisses she blew so lovingly to the audience are to be recaptured, her hands get balled into fists that she will punch into the air in anger and the entertainment she provided lip-syncing will morph into a refusal. In the final section, Nurse Angélique will put a wad of gum into her mouth and chew it loudly instead of providing physical comfort to the audience. Her emotional state needs no longer to be legible; it is for her and her alone.

As an artist, I must acknowledge that whatever my artistic intentions might be, there is always a risk that the audience will not understand the camp of my performance because of my embodiment as a brown person (Léon, 2017). For instance, I wanted the character of

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<sup>25</sup> Experiences of violence in nursing is not limited to Black nurses. See Hamazi (2021) and Monterio (2018).

<sup>26</sup> I chose the word 'bitch' because it is a gender-specific insult that has been reclaimed in many spaces. It's both offensive and mundane. It appears while the patient is lip-syncing to P!nk song 'Just like a pill' where P!nk calls her nurse a 'bitch' for not immediately attending to her call bell. It serves to demonstrate the unexpectedness of violence within the nursing profession and represents any/all forms of verbal abuse we normalize while at work. It was also selected to avoid re-traumatizing anyone with specific reenactments of racial abuse. Finally, it is repeated for over 30 seconds to render the word absurd.

Nurse Angélique to be introduced in a relational way to the audience. I decided the character would first interact with the audience by distributing shots of alcohol. It is self-evident to me that syringing tequila into tiny plastic cups is a campy choice (Léon, 2017). The twist on the concept of the nurse providing a shot, I find hilarious. However, I might encounter expectations that assume there is a deeper symbolism in some of my artistic decisions that were instead merely decided for their comedic potential.

I designed specific acts of defiance as emancipatory relief for any Black [female] nurses watching, namely gum chewing and a hair reveal. I was particularly inspired to focus on Nurse Angélique releasing her natural hair after reading testimony in Flynn's book (2011) which discussed an incidence where a Black nurse was reprimanded for having an afro under her nursing cap. The nursing cap itself was once an important marker of professionalism and now remains an important symbol within the public imagination for the occupation (Bates, 2005). The suggestion that there is a proper way to have hair under a nursing cap again exhibits the prevalence of anti-Black racism within the ideology of nursing. Although nurses no longer wear caps (Bates, 2005), I remain curious about how understandings of natural Black hair and disciplinary professionalism continue to operate.

In her memoir, McWatt (2020) demonstrated that the way that Europeans classified African hair as wool through the methods of scientific inquiry served to justify and protect their economic investment in transatlantic slavery. In claiming that Black people did not have hair but wool, white scientists classified Black people as not human which served to position their actions as unproblematic (McWatt, 2020). Wool and hair are both composed of keratin and are "chemically indistinguishable" (McWatt, 2020, p. 80). This knowledge provokes other questions around the limits of science, and/or the construction of science as apolitical or ahistorical.

## Becoming-Researcher

When I first read Afua Cooper's book *The Hanging of Angélique*, I was fascinated that in the aftermath of the 1734 fire, the townsfolk including Angélique, took shelter in the Hôtel-Dieu. Hôtel-Dieu, was established by Jeanne Mance, in 1645 (Bates et al., 2005; Grypma, 2019; Paul, 2021; Young & Rousseau, 2005). A well-known figure within Canadian nursing (Bates et al., 2005; Grypma, 2019; Paul, 2021; Young & Rousseau, 2005), Mance's care work and her role in co-founding Montréal secured her position of importance. Mance was motivated to come to New France specifically to convert the Indigenous population to her Christian faith (Paul, 2021). When Angélique lived in Montreal, the Hôtel-Dieu was run by a group of cloistered nuns (Cooper, 2006). I became curious about when the non-cloistered order known as the Grey Nuns was established (Paul, 2021).

My interest in the Grey Nuns stems from my time on Treaty 6 lands where the legacy of their work is extremely evident (Paul, 1994; 2005, 2021). For instance, my first job as a registered nurse was in the emergency department at the Grey Nuns hospital in Edmonton. As nurse historian Pauline Paul (1994, 2005) documented, the Grey Nuns directly contributed to the development of Canadian nursing and the creation of the contemporary hospital. Today, health-care facilities founded by the Grey Nuns continue to operate across Canada (Paul, 1994; 2005, 2021). Violette (2005, p. 57) remarked that "the genesis of a large part of the hospital network in Quebec and indeed, across Canada cannot be separated from the history of female religious orders." As it stands, Canadian nursing begins its story with these French Catholic nursing orders (Bates et al., 2005; McPherson, 1996B). So, imagine my surprise when I realized that the founder of the Grey Nuns, Marguerite d'Youville, and Angélique lived in Montréal at the *same time*. In this section, I want to highlight some salient aspects of the connection that recontextualize the story of nursing in New France (Young & Rousseau, 2005).

First, the Grey Nun Order was founded three years after the fire that was supposedly ignited by Angélique, with d'Youville having lived in Montréal since 1721 (Noakes, 2020). Further, as a devotedly religious person with an interest in health care, d'Youville would have noticed the fire that destroyed parts of the hospital Hôtel-Dieu (Cooper, 2006). Even if the fire itself did not alert d'Youville to the existence of Angélique, the trial took many months, called many witnesses within the community and by all accounts was a noteworthy event in the small, connected colony of New France (Cooper, 2006). Thus, it is reasonable to assume that d'Youville would have known about Angélique's experience considering the massive destruction caused by the 1734 fire (Cooper, 2006). I wonder what d'Youville thought of the trial? If she had been an outspoken detractor of this trial, likely this information would have been recorded. More plausible is that d'Youville, as a white woman of significant privilege, believed that the outcome of Angélique's tribunal was just.

Second, Marguerite d'Youville was in all likelihood a slave owner (Noakes, 2020). At that time, having a Black enslaved person was fashionable and a symbol of class status (Cooper, 2006). Ultimately, as a widowed enslaver, d'Youville had a lot more in common with Thérèse de Couagne de Francheville, Marie-Joseph Angélique's "owner", than with Angélique herself. When her husband died, Thérèse de Couagne de Francheville inherited his assets, like his slaves, including Angélique, but also his debt (Cooper, 2006). Cooper (2006) reflects that Francheville could have remarried or joined a convent but opted to do neither. Instead, Francheville not only paid off her spouse's debt, but she became an active businessperson after his death<sup>27</sup>:

She even acquired more slaves. By 1741—long after the fire and Angélique's execution---Madame Francheville owned seven slaves. Perhaps she had expanded her

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<sup>27</sup> Cooper (2006) acknowledges that "[E]ven before her husband's death, Madame Francheville was quite involved in his business dealings" (p. 135).

farm production and needed more labour, or perhaps she needed more hands to handle the pelts brought to Montréal. (Cooper, 2006, p. 136).

Likewise, Paul (2005) comments that when d'Youville was widowed, she was left with significant debts. Paul (2005) also notes that the Grey Nuns operated a business to financially support their care work and required that past patients donate their labour to support their fundraising activities. However, I am curious if Black enslaved labour was also used to generate income for the Grey Nuns. It is worth repeating that except for Angélique, the experiences of Black slaves in New France were not recorded. This omission might extend into omissions in the historical record where the contributions of enslaved labour were not captured. There remains debate around d'Youville's direct participation with the institution of slavery (Noakes, 2020), but nevertheless, her class position in New France likely meant that even if she herself did not have a Black slave in her household, she would have been in regular contact with folks who did. Regardless of the extent of her direct involvement in the institute of slavery, d'Youville does not hold a reputation as an abolitionist. Further, d'Youville's exposure to Black folks would have been limited to those in captivity. It is difficult to envision a reality in which d'Youville did not absorb *and reproduce* the normalized anti-Black violence around her within her new religious group.

Third, d'Youville was canonized by the Catholic Church in 1990 (Paul, 2005). She is a very important figure who left a legacy on Canadian nursing (Paul, 1994) and her status as a saint imbues her with incomparable status. However, the current understanding of this legacy within Canadian nursing does not address how her historical context would shape her perceptions towards Black folks nor does it mention her likely involvement with slavery (Paul, 1994; 2005, Violette, 2005). There is no mention that any of the Grey Nuns were Black women. Considering that Black folks would not have been considered human at the time of the order's establishment, it is inconceivable they could have become members of a religious

order. Next, I ask how this knowledge about the connection between the story of Angélique and the Grey Nuns reshapes the nursing history we might choose to tell moving forward.

### **Becoming-Teacher**

Canadian nurses, like Black feminist thought, value history (Ahmed, 2017; Grypma, 2019; Thorne, 2014; De Sousa & Varcoe, 2021). History facilitates a better understanding of our present social situation by recognizing current events are not random but are rooted in the past (Grypma, 2019). Sara Ahmed acknowledged, “[A] feminist history is affective: we pick up those feelings that are not supposed to be felt because they get in the way of an expectation of who we are and what life should be.” (2017, p. 65). The ideologies of whiteness and femininity in operation within nursing silence those feelings while reproducing their dominance (De Sousa & Varcoe, 2021). So, it is important to be conscious about how Canadian nursing professionals are interpreting our collective past for meaningful antiracist action. To that end, I engaged with a teaching strategy of evaluating curriculum for inequity (Sadker & Zittleman, 2016). I focused on five sources of early Canadian nursing history (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005) for the bias of invisibility (Sadker & Zittleman, 2016). The term invisibility is echoed within a Black feminist understanding of how Black female experiences are unseen (Crenshaw, 1989). This is not a comprehensive review, but rather an exemplar of anti-racism in action within a selection of publicly available texts.

My primary observation is that none of the texts mention anything about the presence of Black folks in the colony of New France (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005). The articles indicate that there were Indigenous folks, and white European settlers but not African diasporic persons. The lack of acknowledgement that New France settlers exploited Black slave labour to advance their colonial project completely erases the four-hundred-years of Black Canada (Cooper, 2022; Walcott, 1997). In doing so, it

reproduces the myth that Blackness is outside the boundaries of the Canadian nation (Walcott, 1997). It produces the circumstances for patients to ask me, *where are you really from* in my everyday nursing practice.

In her critical analysis of the 1926 Canadian Nurses' Association [CNA] War Memorial that depicts, in part, French Catholic nuns caring for Iroquoian warriors, historian Kathryn McPherson (1996B, p. 424) discerned that the CNA was promoting “nurses as participants in colonization and nation-building”. While McPherson (1996B) and other historians (Wytenbroek & Vandenberg, 2017) recognized the exclusion of Indigenous healers within the Canadian historical narrative, that same attention is not granted to the Black community.

Additionally, I want to emphasize that despite their inclusion, some of the language chosen by nurse scholars to describe their contributions is shockingly anti-Indigenous. Case in point are sentences like “the Iroquois were reported to be threatening an attack” (Paul, 2021, p. 24), “the settler [...] barely escaped an attack by the Iroquois” (Young & Rousseau, 2005, p. 13) and “During the Northwest Rebellion of 1885, nurses and physicians were called to duty to care for those wounded in the rebellion of the Métis and First Nations people against the governing authority of the Dominion of Canada” (Grypma, 2019, p. 36). The framing of these sentences implies that the sovereign Indigenous nations attempting to defend their lands were the problem, rather than the invasion of white settlers!

The exclusion of Black history within these texts (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005) also denies the social context of that time which sanctioned slavery. The transatlantic slave trade, of which Angélique was a victim, required the propagation of anti-Black ideology to justify the subjugation of an entire group due to the amount of melanin in their skin (Combahee River Collective, 1977; Cooper, 2006).

Specifically, the omission of the *Code Noir*, the code of laws that endorsed bondage in the



French colonies (Cooper, 2006) is a gross oversight. Grypma (2019) stated, “the roots of nursing and health care in North America may be found in the values and ideals of the European settlers in New France” (p. 35). Those values and ideals encompassed at their very core anti-Black racism. For example, Cooper (2006) detailed the multiple appeals written by those same European settlers to the King of France requesting, “to bring here Negro slaves” (p.72) to solve their labour problem.

*How exactly would the labour problem of New France be solved by having Negro slaves?*

Black diasporic people were considered property rather than human by European settlers (Combahee River Collective, 1977; Cooper, 2006; Davis, 1981; McWatt, 2020). In much of the Americas, their unpaid forced labour was exploited on plantations to make profits for their enslavers (Cooper, 2006; Davis, 1981; McWatt, 2020). The plantation system is a capitalist economic structure, and the ideology of whiteness was necessary to support that exploitation (McWatt, 2020). Although Canada did not have plantations, slavery was still practiced here so the logic of a capitalist system that dehumanized an entire group for profit was normalized (Cooper, 2006; McWatt, 2020; Walcott, 1997).

For Black women, the intersection of the racial identity and their gender, produced specific forms of terror, for example the rape of Black women by their white male “owner” (Combahee River Collective, 1977; Cooper, 2006; Davis, 1981; McWatt, 2020). Like countless others, Angélique was sexually abused by François Poulin de Francheville before his death and “the transfer of her ownership” to his widow Thérèse de Couagne (Cooper, 2006). Similarly, European slave-owners would “breed” their enslaved Africans to produce another generation to hold in captivity (Cooper, 2006; Davis, 1981). The term breed reiterates

that Black women were not considered humans worthy of personal autonomy (Combahee River Collective, 1997) but were viewed as property like animals. Although none of her children lived passed infancy, Angélique gave birth three times with the father listed as another enslaved African (Cooper, 2006). Black feminist thinker Angela Davis (1981, p. 118) pointed out that,

Black women have been aborting themselves since the earliest days of slavery. Many slave women refused to bring children into a world of interminable forced labor, where chains and floggings and sexual abuse for women were the everyday conditions of life.

Returning to Grympa (2019), I can extrapolate that the moral origins of my profession actively devalued bodies like my own.

Finally, the *Code Noir* required the baptism of Black slaves in the Catholic faith. According to Cooper (2006), “slaveholders hoped it would make enslavement more bearable for their slaves, producing servile workers who were less ‘hostile’ and ‘uncivilized,’ and more ‘cooperative’ and ‘docile.’” (p. 255). I am unclear how a forced religious ritual would transform a slave into accepting their own bondage, but the logic of this belief underscores the importance of Christianity in New France (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005) as a justification of oppression and settler colonialism.

There is complete silence within the texts about the papal decree known as the *Doctrine of Discovery* that gave the white Europeans the moral belief they were righteous in their invasion of sovereign Indigenous territories. Instead, there are unchallenged references to converting Indigenous folks to Christianity (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005) as Violette (2005) stated, saving the soul of the patient was the primary focus of the religious nursing sisters. Lastly, Marguerite d’Youville is repeatedly

featured within the texts (Grympa, 2019; Paul, 2005; 2021) without a single reference to the likely reality around her slaveholding (Noakes, 2020).

*Who benefits from this denial?*

The striking absence of Black history in discussion of early Canadian French Catholic nursing history (Grympa, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005) obscures how logics of anti-Blackness were central to the genesis of our settler-colonial nation (Walcott, 1997) and our profession (Flynn, 2011; McPherson, 1996B). Its invisibility demonstrates the normalized operation of the ideologies of whiteness and femininity within Canadian nursing knowledge that support the ongoing violence against Black nurses (De Sousa & Varcoe, 2021).

## Chapter Five: Discussion

*Where are you from?*

*No. Where are you really from?*

*What about your parents, where are they from?*

A/r/tography as an inquiry can produce deeper understanding of everyday ethics from an embodied and relational perspective (Irwin & Springgay, 2008; La Jevic & Springgay, 2008). The everyday of nursing practice is a focus for nursing ethical inquiry (Doane & Varcoe, 2007; 2015; Lamb & Storch, 2013; Varcoe et al., 2014; Wright & Brajtman, 2011). Wright & Brajtman (2011) argued ethical knowing in nursing is produced from our embodied and relational practice, and that ethical knowing relies on the body work (Toman, 2005) of nursing practice, and is developed within the nurse-patient relationship (Wright & Brajtman, 2011).

In my daily nursing practice as a politically Black nurse, I am regularly asked *where I am from* by patients. That invasive inquiry, what Monterio (2018, p. 49) named “the wave of questions”, is targeted towards clinicians seen as “Other” within the discipline (De Sousa & Varcoe, 2021; Hamazi, 2021). Ahmed (2006) asserted that the question *where are you from* uncovers the suspicion of the brown body in the context of whiteness. For instance, the “surprise” of patients and their families to have a Black nurse, described by Flynn (2009, p. 143). The Black Canadian-born women interviewed by Flynn (2009) worked as nurses in the mid-twentieth century, and they integrated the previously white-only profession. I am working as a nurse, generations later, and despite active anti-racism work by Black nurses since the 1940s (Calliste, 1996), the same surprise from patients is evident around my Canadian Blackness. That surprise is occupational racism. That surprise makes me feel a

deep sense of non-belonging within the discipline, an experience resounded by other Black Canadian nurses (Prendergast, 2014).

*What exactly is so surprising about Blackness in Canadian Nursing?*

Ultimately, the shock of Black Canada (McKittrick, 2006) is reproduced within the profession of nursing. The denial of the 400 years of Black Canada (Cooper, 2006; 2022; Walcott, 1997) within early nursing history (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005) contributes to the conditions of this “surprise” with consequences for contemporary Black nurses. The intersection of the ideologies of whiteness and femininity (Calliste, 1996; De Sousa & Varcoe, 2021, Flynn, 2011, McPherson, 1996A) define what bodies are normalized in the role of the Canadian nurse. The boundaries between national and professional identity increasingly get blurred, leading to other possible lines of inquiry exploring this connection (Calliste, 1993; McPherson, 1996B; Thomas & Lightman, 2022).

The idea of a benevolent Canadian nation for Black people has been steadily challenged by scholars (Flynn, 2011; McKittrick, 2006; Razack, 2007; Walcott, 1997). Building on hooks’ (2014) argument that Blackness is commodifiable and consumable, particularly for white capitalists, Sherene Razack (2007), deconstructed how Canada depends on the spectacle of the captive Black body in pain to “forge a national and white consciousness” (p. 391). The “goodness” of Canadians, Razack argued, eats<sup>28</sup> the suffering of the Black body to position its own moral superiority. Razack employed Blackness here as a

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<sup>28</sup> A very intentional choice of words here, for eating is pleasurable. This is a key aspect of hooks’, and by extension, Razack’s argument.

foil to whiteness (Walcott, 1997). Again, as a discipline enveloped in whiteness, nursing relies on Blackness as a foil to forge a professional identity (Flynn, 2011).

*Is Canadian nursing consuming Blackness to construct the 'good' nurse?*

Incidentally, McKittrick (2006) conceptualizes the 'surprise' of Black Canada as the outcome of wonder. She argued, "The wonder of the unfamiliar and the impossible open up new avenues for research while also pointing to the ways in which [B]lackness and [B]lack geographic subjects are not surprising at all—depending on one's vantage point" (p.94). As a social justice profession (Throne, 2014), it is imperative that Canadian nursing re-examine its reliance on the ideologies of whiteness and femininity (Calliste, 1993;1996; De Sousa & Varcoe, 2021; Hamzavi, 2021; Monterio, 2018). My a/r/tographic inquiry introduces the story of Angélique, as a history of Black resistance (Cooper, 2006; Walcott, 1997), and a surprise (McKittrick, 2006), into Canadian nursing scholarship. Reinterpreting early French Catholic nursing history (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005) with knowledge of the context of Angélique's life (Cooper, 2006) troubles a benevolent and socially just Canadian nursing practice. In that fracture, openings are formed (Irwin & Springgay, 2008). In this final chapter, the intersection of whiteness and femininity is transformed into a sweaty concept (Ahmed, 2017). As a/r/tography is living inquiry with no finite conclusion (Irwin & Springgay, 2008; Spencer Schultz & Legg, 2020), ending with a sweaty concept provides another opportunity to uncover alternative understandings about the morality of Canadian nursing.

**Sweaty concept**

Black feminism builds theory from the body. Sara Ahmed (2017) credited Audre Lorde as inspiration for the theoretical building block she termed a *sweaty concept*. Ahmed

suggested, a sweaty concept is “one that comes out of a description of a body that is not at home in the world” (2017, p. 13). In other words, a sweaty concept facilitates a building of a theory from the margins: theory that Canadian nursing desperately needs to address its complicity in inequity (De Sousa & Varcoe, 2021).

The word sweat is evocative, perhaps a bit disgusting (Ahmed, 2014) since sweat is a bodily function<sup>29</sup>. Sweat is deliberately used by Ahmed to emphasize that a sweaty concept demands exertion (2017). In my engagement with the methodology of a/r/tography, sweat literally poured out of my body during my artmaking centered on investigating whiteness, femininity, and morality within nursing. A sweaty concept is labour and the work of the theorist generating the sweaty concept – particularly within the writing— can be exposed (Ahmed, 2017). The writing of a sweaty concept can be messy, disjointed, and untidy. Ahmed expanded “a sweaty concept might come out of a bodily experience that is trying. The task is to stay with the difficulty, to keep exploring and exposing this difficulty.” (2017, p. 13). *Nurse Angélique*, as text and as art, represented a taxing bodily experience to investigate misogynoir within Canadian nursing.

In relation to a/r/tography, a sweaty concept can be viewed as an opening (Irwin & Springgay, 2008). Both a sweaty concept and an opening embrace discomfort as a requirement for new ways of knowing (Ahmed, 2017; Irwin & Springgay, 2008). This unsettling feeling is not expected to be assuaged by the product of a/r/tography nor the sweaty concept. Further, as the living inquiry of a/r/tography embraces no finite ending (Spencer Schultz & Legg, 2020), no recommendations, solutions or strategies are offered

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<sup>29</sup> I am thinking here also about how nurses might have a different relationship to disgust than conceptualized by Ahmed (2014), as the body work demanded of nursing work requires a turning in and staying there with vulnerable emotions/bodily functions of the Other (Wright & Brajtman, 2011). The desire of the disgust pulls us in (Ahmed, 2014) but our professional duty keeps us there – not pulls us away, at least when it comes to body caring of the Other.

within this text<sup>30</sup>. Instead, I invite a mindful rest within the discomfort. It is disconcerting to think of ourselves<sup>31</sup> as racists (Bonilla-Silva, 2018), but without acknowledging that we are, we cannot do the necessary work to become anti-racist. The mindful rest in our own feelings supports a key intention of *Nurse Angélique* as text and as art: for the reader/audience to empathize with the emotional reality of being a Black nurse in Canada (Etowa et al., 2009; Hagey et al., 2001; Prendergast, 2014; Stewart, 2009). In rendering the Canadian nurse as a sweaty concept (Ahmed, 2017), openings emerge on whose bodies are understood – and not understood – as being “good” and “moral” within Canadian nursing.

### **The Canadian Nurse**

Our brown bodies are points of tension (Ahmed, 2010) within nursing in Canada. Our bodies, with their distinct history of Canadian Blackness (Cooper, 2022; Walcott, 1997), are insufficiently addressed within our ethical theorizing, despite the scholarship that focuses on embodiment as a source of moral knowing (Wright & Brajtman, 2011) or relational practice as nursing obligation (Doane & Varcoe, 2007; 2015). Even if there is a recognition in some ethical theorizing that nurses may have personal experiences with racism (Doane & Varcoe, 2015; Varcoe et al., 2014), the goal of that recognition is to improve equity outcomes for patients. It is not about nurses as workers experiencing discrimination (Calliste, 1993; 1996; Cooper et al., 2021A; Hagey et al., 2001; Etowa, et al., 2009; Jefferies et al., 2018A; Premji & Etowa, 2014; Prendergast, 2014; Primeau et al., 2021; Stewart, 2009; Thomas & Lightman, 2022; Vukic et al., 2016). Nor is the focus on empowering the nurse to push back against the structural violence that supports these unjust occupational conditions for their own liberation. Further, there is nothing specific within this ethical framework around how Canadian nursing morality might have been constructed vis-à-vis ideologies based in racism,

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<sup>30</sup> If you are really wanting the relief of a ‘solution’ within Canadian nursing regarding its whiteness problem, please see Hamazi (2021) and Monterio (2018) as well as all works identified within my Chapter Two literature review. I highly recommend Calliste (1993;1996) work for her innovative and provocative strategies.

<sup>31</sup> In general, and also specifically here Canadian nurses.



nor how a nurse might respond to racism within the context of equity-based care. Lastly, the recognition of the nurse's personal experience with racism is general, not historically or geographically situated<sup>32</sup>.

The inclusion of this context within this thesis is viewed as a foundational step to address disciplinary racism by Black scholars (Calliste, 1993; 1996; Cooper, 2006; 2022; Cooper et al., 2021A; Hagey et al., 2001; Etowa, et al., 2009; Jefferies et al., 2018A; McKittrick, 2006; Premji & Etowa, 2014; Prendergast, 2014; Stewart, 2009; Thomas & Lightman, 2022; Vukic et al., 2016; Walcott, 1997). Rather, the expectation within the framework is for a nurse experiencing racism to unpack their positionality so that they might provide equity-based care<sup>33</sup> to serve others (Varcoe et al., 2014). The emphasis is on the relational power the nurse holds, not on the power of the patient within the dynamic. It is not for a mutual empathy building (Hill Collins, 1993).

In contrast, my ethical inquiry with *Nurse Angélique* explores the occupational racism experienced by the nurse-worker within our discipline that is actively reproduced by patients (Flynn, 2009; Monterio, 2018; Stewart, 2009). This challenges, in part, how relationality is understood in the nurse-patient alliance (Doane & Varcoe, 2007; Varcoe et al., 2014). It might also challenge how the patient is exclusively centred within contemporary nursing

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<sup>32</sup> As Tuck & Yang (2012) explained in *Decolonization is Not a Metaphor*, the ethics of incommensurability should guide us within the white settler nation state of Canada. I am a settler from the Black diaspora and addressing my experiences of racism needs to have a different response than the racism experienced by other nurses of colour because the history and the context is different. Indigenous nurses particularly need a separate focused anti-racist, anti-colonial intervention. In fact, the experiences of non-white settlers and Indigenous folks are non-comparable and to lump them together is inappropriate. As a settler, I also benefit directly from the ongoing occupation of Indigenous lands and must hold myself accountable to work towards active decolonization: land back.

<sup>33</sup> Of course, that is important and necessary, but is relational practice unidirectional? Does the patient hold obligations to the nurse to also unpack their own privilege? Has the power the patient wields been fully deconstructed within our nursing ethics? Is there a limited assumption around a belief that all nurses, with practice, can equally and successfully apply these equity frameworks? Does the theory really grasp and acknowledge all the encounters brown bodies might have had that are just violent for no reason beyond racism?

ethics (Lamb & Storch, 2013; Varcoe et al., 2014; Wright & Brajtman, 2011), perhaps at the expense of the body of the nurse.

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Taking a historical perspective, Lamb & Storch (2013) described the shift in Canadian nursing ethics from character-based in the 1800s towards our present era of professional obligation. The authors reflected, “Gradually, the focus changed from who the nurse should *be* to what the nurse should *do*” (2013, p. 33, emphasis in original). Yet, as a politically Black woman, I am interrogating the who of the nurse. The qualities of the “good” and “moral” nurses of the 1800s that Lamb & Storch described include “honesty”, “obedience and acceptance of authority” and “kindness” (p. 27). Ahmed (2014) reminds us that words can be sticky, and cling to some bodies and not others. Remember that Angélique was considered dishonest for she did not confess to her “crime”<sup>34</sup>, disobedient for not consenting to a life in bondage, and unkind for her destruction of white settler capital (Cooper, 2006). As feminists repeatedly articulate, the social construction of the body matters (Ahmed, 2006; 2010; 2014; 2017; Combahee River Collective, 1997; Crenshaw, 1989; Hill Collins, 1993; 2000; hooks, 2014; McPherson, 1999). Our current professional ethical obligations, namely a commitment to social justice (Thorne, 2014), is challenged by scholars since our discipline perpetually reproduces racism through a disregard of the embodied realities of being a BIPOC Canadian nurse (De Sousa & Varcoe, 2021; Flynn, 2009; Prendergast, 2014; Stewart, 2009).

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<sup>34</sup> Well eventually she did “confess” that she set the fire but only under torture, and after she had already been condemned to die. Angélique also never confessed that she had an accomplice in setting the fire, a confession desperately sought by her persecutors (Cooper, 2006), and the other rationale for her torture. The torture technique, the *brodequins*, functioned by compressing the lower legs of the victim, and was reserved only for folks on death row (Cooper, 2006). Cooper wrote, “We don’t know if Angélique’s legs had the “marrow of the bones oozing out,” as was the case with Urbain Grandier, a seventeenth-century French priest who had the great misfortune to wear the boots; but we do know that they were so crushed that she could not stand upright.” (2006, p.19).

Historically, the “modern” professional Canadian nurse is a middle-class white heterosexual ciswoman (Flynn, 2011; McPherson, 1996A; 1999; 2005). McPherson (1996A) commented that during the era of the “modern” nurse, the nursing élite relied on patients to “reinforce the feminine ideal that nursing schools had emphasized” (p. 165). The “modern” nurse was fashioned in the eighteenth century during the British reformation of hospital care (McPherson, 1996A; 2005). As Francophone scholar Pauline Paul (2021) pointed out, the British required this reformation of the nurse because of their split from the Catholic Church. King Henry VIII left the Catholic Church in 1534, and subsequently expelled the religious nursing sisters from his kingdom (Paul, 2021). “In France,” Paul (p. 27) reported, “nursing was spared the regressive period that had occurred in England. Young women of good character from reputable families continued to be recruited to nursing in France—primarily under the auspices of the Catholic Church—throughout this time”<sup>35</sup>.

Although the “modern” nurse was not a French Catholic nun, the Canadian nursing élite undoubtedly cherished the contributions of the settlers of New France to their self-image and ethics. The unchallenged value is reproduced within contemporary historical nursing scholarship (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005). In addition, Catholic hospitals provided training to countless generations of “modern” Canadian nurses (McPherson, 1996A). Even in the late 1940s and early 1950s, Flynn (2009) observed the vast majority of folks that she interviewed, who were some of the first Black Canadian women granted access to nursing education within Canada, “were trained in religious-based nursing schools” (p. 130).

In describing the 1926 Canadian Nurses’ Association War Memorial, a monument commissioned by the nursing élite shaped by the ideology of the “modern” nurse, McPherson

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<sup>35</sup> This tradition carried into New France. Cooper (2006, p. 204) commented comments: Many of the nursing sisters came from the upper echelons of society and were linked to the leading military, judicial, and commercial families. For example, at the time of the fire, Suzanne de Couagne, sister of Madame Francheville, was a Hôtel-Dieu nun.

(1996B) reflected on the juxtaposition of two critical Canadian nursing history moments. One side of the statue depicts a straightforward tribute to the nurses who lost their lives during the war. The other side is “the nuns who provided the first health services to the fledging communities of seventeenth-century New France” (McPherson, 1996B, p. 420). Evidently these nuns were viewed as being of “good character” by the “modern” nurses to have been honoured in such a public and permanent way.

Of course, this “goodness” is complicated by knowing about the story of Angélique (Cooper, 2006) – *what is so good about being a slave owner?*

It also showcases the particularities to the Canadian nursing context: the importance of language as a vector of intersectional analysis (Flynn, 2018) and the lasting influence of the Catholic religion within our health care systems (Lamb & Storch, 2013; Paul, 2005; 2021; Violette, 2005). At any rate, Franco or Anglo, the nurse was expected to be of “good character”. This emphasis on character was central to the nursing ethics of the “modern” nurse (Lamb & Storch, 2013).



Ideals are essential within a character-centric morality by “providing models that defined the sort of person whom the nurse should aspire to be” (Lamb & Storch, 2013, p. 27). Lamb & Storch (2013) listed a few ideals of the “modern” nurse including the Christian ideal. The religious undercurrent of Christianity is significant, particularly when exploring McPherson’s (1996A; 1999) scholarship on the feminine ideal of the “modern” nurse. The feminine ideal of the “modern” nurse was based in Victorian ideologies of bourgeois femininity that fixated on a regulation of female sexuality (McPherson, 1996A; 1999). The behaviour of lady-like sexual restraint was paramount (McPherson, 1996A; 1999).

Restraint manifested in a variety of forms including expected obedience to authority (Lamb & Storch, 2013; McPherson, 1996A). As previously mentioned, McPherson

(1996A;1999) argued that the nursing élite devised the nurse uniform specifically to restrain her female sexuality. The uniform demarked who the nurse was not: a prostitute<sup>36</sup>. To that end, the “modern” nurse uniform was modeled, at least in part, after the asexual nun’s habit (Bates, 2012; McPherson, 1999). Although unlike the nun, the “modern” nurse would remove her uniform denoting her desexualized status when she left the hospital ward. In doing so, she would be restored as a heterosexual woman aligned with the respectable femininity of the era (McPherson, 1999).

It was expected that once the nurse married, she would leave the occupation to be a wife to her husband and mother to her children (Ehrenreich & English, 1973; McPherson, 1996A). Until then, the ‘modern’ nurse was “simply the ideal Lady, transplanted from home to the hospital” (Ehrenreich & English, 1973, p. 34). The “modern” nurse was designed in heterosexual complementarity as the “wife” of the male physician and the “mother” of the patient<sup>37</sup> (Ehrenreich & English, 1973; McPherson, 1996A). However, the asexual nurse image also made the profession a haven for homoerotic encounters between women (McPherson, 1996A). This despite the ideal of femininity expectations that the nurse was not: lesbian. All said, the sexual regulation established the moral construction of a “good” nurse (McPherson, 1996A; 1999).



Like the uniform, the feminine ideal within nursing has shifted over time (McPherson, 1996A; 1999). An example is the rejection of the image of the subservient nurse, who blindly obeys the husband-physician’s authority (Lamb & Stroch, 2013). Garrett (2018, p. 18) joked,

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<sup>36</sup> The uniform also distinguished the trained nurse from the lay caregiver (McPherson, 1996A). However, the focus here is on the nurse/sex worker division constructed during this era and reinforced by the uniform. See McPherson, 1996A for more.

<sup>37</sup> Here we might draw broader links to maternal feminism, eugenics and the construction of the white settler Canadian nation. See Moss et al. (2013) for more.

“in modern science, authority isn’t really worth a jot.” He was referencing the dogma of the Catholic Church, and their control of the acceptance of new ideas. Once a “moral” characteristic during the era of “modern” nursing, absolute obedience was actively challenged within the discipline after a landmark international court case<sup>38</sup> (Lamb & Storch, 2013).

*Where was the challenge to the other “moral” characteristic of the nurse after Gloria Clarke Baylis<sup>39</sup>’ lawsuit?*

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Feminists interpret this fixation on controlling female sexuality as indicative of sexism within the Christian religion more broadly. The witch hunts that dominated Europe from the 14<sup>th</sup> to the 18<sup>th</sup> century highlight this connection between the misogyny within the Catholic Church and this gender oppression (Ehrenreich & English, 1973; Shaw & Lee, 2015). Shaw & Lee (2015) affirmed, “the charge of witchcraft had nothing to do with religious practices and everything to do with accusations rooted in jealousy, greed and *fear of female sexuality*.” (p. 638, emphasis mine). Ehrenreich & English (1973) argued that there would be no “modern” nurses without that active suppression of female healers, or witches, in medieval Europe. They suggested that the elimination of the witch paved the way for the eventual rise of the male-dominated physician. Like Ehrenreich & English (1973), Garrett (2018) affirmed the important influence of the Arab world on advancing European medical knowledge. Ehrenreich & English (1973) asserted that post contact with the Islamic world, medical schools were formed within the universities under strict control of the Church.

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<sup>38</sup> The Somera Case: In 1929, a nurse blindly obeyed a physician’s medication order that resulted in the death of a patient. The nurse was criminally prosecuted to global outrage, but this case shifted nurses’ responsibility towards physician orders from absolute obedience to critical judgement (Lamb & Storch, 2013).

<sup>39</sup> See Flynn, 2018.

Garrett (2018) acknowledged the authoritative dogma of the Catholic Church stilted the adoption of new scientific knowledge. Ehrenreich & English, (1973, p. 14) described how this shaped the new medical profession:

University-trained physicians were not permitted to practice without calling in a priest to aid and advise them, or to treat a patient who refused confession. By the fourteenth century their practice was in demand among the wealthy, as long as they continued to take pains to show that their attentions to the body did not jeopardize the soul.

The priority of the soul over the body was also the central care philosophy of the early Canadian nursing sisters (Violette, 2005). In contrast, witches paid attention to the body. The body is the source of pleasure, lust, sexuality... and this made the witches evil in the eyes of the Catholic Church (Ehrenreich & English, 1973).

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Presently, Canadian nurses are encouraged to provide quality patient care relying on evidence-based practice (Garrett, 2018). Evidence-based practice uses findings generated from empirical knowledge (Garrett, 2018). Empirical knowledge derives from our senses, it is tied to the body. As Marcos (2009) observed “[A]ccording to dominant Western epistemic tradition, the very concept of body is formed in opposition to mind” (p. 664). The soul/body division of the Catholic Church transforms into mind/body dualism. During the Age of Enlightenment, the writings of philosopher René Descartes embedded this division within Western knowledge. Garrett revealed its influence on nursing “This idea of the mind/body dualism (Cartesian dualism) has had a significant impact on modern nursing and concepts of care and spirituality, although it is now contested by modern neuroscience.” (2018, p. 21). Non-Western epistemologies, like Indigenous spirituality also challenge this dualism (Marcos, 2009).

The witch's magic is empirical... but eventually she is eliminated. Reduced, and transformed into the "modern" handmaiden nurse... ( Ehrenreich & English, 1973).

Since sexuality was such a core aspect of the moral regulation of the "modern" nurse (McPherson, 1996A;1999), let's return our attention there. Black feminist Patricia Hill Collins (2000) discussed how a control of sexuality is at the core the oppression of Black woman in white settler society. She reflected on the controlling image of Black womanhood known as the jezebel. The jezebel is aggressively hypersexual. She is a social construction of Black womanhood with direct origins in transatlantic slavery. During this period of human chattel slavery, this stereotype provided a rationale for the extensive sexual assault of Black enslaved women by white men (Davis, 1981). Again, a practice not limited to the United States as evidenced by the story of Angélique (Cooper, 2006). Hill Collins (2000, p. 83) further proposed that the jezebel serves as a boundary:

In this context of a gender-specific, White, heterosexual normality, the jezebel or hoochie becomes a racialized, gendered symbol of deviant female sexuality. Normal female heterosexuality is expressed via the cult of true White womanhood, whereas deviant female heterosexuality is typified by the "hot mommas" of Black womanhood.

So, the good character of the modern nurse delineated itself against deviant sexualities like the lesbian, the prostitute, and the sex radical (McPherson, 1999) but also against anti-Black racist constructions like the jezebel (Hill Collins, 2000). In other words, "the elevated images of White womanhood need devalued images of Black womanhood in order to maintain credibility" (Hill Collins, 1993, p. 75). The social construction of the "good" and "moral" modern nurse is shaped by the ideologies of whiteness and femininity: she is an image of



elevated White womanhood (Calliste, 1993; De Sousa & Varcoe, 2021; Ehrenreich & English, 1973; Flynn, 2011; McPherson, 1996A). Ultimately what the early Canadian nursing elite defined as a “good” and “moral” nurse was tied directly to the race (white) and gender (woman) of that person’s body (McPherson, 1996A; Flynn, 2011).

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“The category of ‘nurse’ is wholly a social creation, a role being played, not an essentialized nurturing identity being expressed” (McPherson, 1999, p. 181). McPherson (1999) borrowed from Judith Butler to challenge the innateness of femininity within the occupation of nursing. Gender identities, like “woman” and “femininities” are relational social constructs for they are shaped with or against their opposite, like “man” and “masculinities” (McPherson, 1999)<sup>40</sup>. Flynn (2011, p. 126) developed her mentor McPherson’s argument by tailoring it to her subject group of the first cohort of Black nurses in Canada. Flynn recognized how that performance of white femininity was extra laborious for these Black women:

Thus, Black Canadian-born and Caribbean women entered an occupation where they were initially excluded, and where the Victorian legacy of femininity and whiteness underpinned the image of an ideal nurse. In response, they were forced to perform a complicated calculus of when to submit through mimicry to rules and regulations, and when to resist.

This weight of white femininity continues to haunt me in the present. Flynn noted that many of the nurses were labeled “inauthentic” by their nursing supervisors (2011). “*To the white head nurse, Laura’s blackness was the reason for her incompetence.*” (Flynn, 2011, p.111).

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<sup>40</sup> Here we might think about my work as an example of a protest femininity, developed beyond the hegemonic masculinity. See Howson (2005) for more.

I too have been disciplined for inauthenticity. It occurred in my first semester of nursing school. I was placed on academic probation despite my GPA of 4.0. I was being judged by standards that I would never meet. I modified my behaviour, not to be more myself, but to conform to my nursing instructors' expectations: to be more heterosexual, more white, more feminine. I was praised for my "improvement". I did not improve, I just rendered myself legible based on her standards of what a nurse ought to be. I learned how to play my role, or else I would face punishment [including the threat of expulsion] (McPherson, 1999). This is an experience about how the ideologies of whiteness and femininity silenced me in nursing (De Sousa & Varoce, 2021). I am still unlearning those experiences.

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The "good" character of the "modern" nurse can be understood both as what she was expected to be, and what she was not to be. In the theatre piece, the character of Angélique is designed to literally perform the nurse with all the trappings of white femininity, while simultaneously embodying deviance as a queer [lesbian] Black woman sex worker. Her liberation is revealed through the purposeful removal of the nursing uniform. Do you feel for her (Hill Collins, 1993) or do you consume her (hooks, 2014)?

*What are we left with when she sets everything ablaze?*

### **A girl on fire**

A sweaty concept "resists being fully comprehended in the present" (Ahmed, 2017, p. 12). It is a tool to build feminist theory for a future world that does not yet exist. Its very

existence requires a dismantling of a current world that only accommodates some bodies (Ahmed, 2017). That disruptive intention, particularly with its ethical implications, aligns with the arts-based methodology of a/r/tography (Irwin & Springgay, 2008; Spencer Schultz & Legg, 2020). A/r/tography as a methodology lets you dream of a feminist world of belonging. “A/r/tography points the way out of the “fraught” present, into a creative and vibrant future we can [...] now imagine.” (Pinar, 2004, p. 24).

In embracing the methodology of a/r/tography as theatre-practitioners, Lea et al. (2011, p. 7) reported, “In this new form, theory and theatre continuously built upon and informed each other”. A significant strength of theatre as an art-form within qualitative research is its “empathic power” (Belliveau & Lea, 2016; Cox & Belliveau, 2019). The emotional expressiveness of theatre enables embodied and relational knowledge production (Cox & Belliveau, 2019; Shigematsu et al., 2021). An embodied and relational knowing that Canadian nurses rely on for their unique moral perspective (Wright & Brajtman, 2011). *Nurse Angélique* invites disruption on disciplinary claims of a benevolent and universal social justice (Thorne, 2014) in the Canadian context. In this unsettling, new possibilities of meaningful equity action within nursing are generated (De Sousa & Varcoe, 2021; Throne, 2014; Varcoe et al., 2014). In this unsettling, belonging is possible.

*Nurse Angélique* is an intervention; I am still a nurse after all, and I want our profession to be better. I focused on ethics since both our professional and national identities are built on the assumption that nurses and Canadians are “good”. Yet this moral superiority has a debt to Black bodies (McWatt, 2020; Razack, 2007; Walcott, 1997). In nursing, the ideologies of whiteness and femininity (De Sousa & Varcoe, 2021) obscures that relationship to Blackness. In keeping with Black feminist thought (Ahmed, 2017; Cooper, 2006; Flynn, 2011), I am poking holes into colonial history to render that exploitation visible, as it is pervasive even among leading nursing scholars.

To illustrate, I return a final time to Sally Thorne<sup>41</sup>'s *Nursing as Social Justice* (2014). In this text, Thorne celebrated the “historical roots of social justice in nursing” with a list of “outstanding” nurse heroes including the American Margaret Sanger and the Canadian Ethel Johns (p. 80). Sanger is best known for her work on birth control (Davis, 1981; Thorne, 2014). Johns was the first director (1919-1925) of my current institution: the University of British Columbia (Grympa, 2003). In addition, Johns was the editor for the professional association journal *The Canadian Nurse* between 1933-1944 (Grympa, 2003). Thorne briefly mentioned that there is significant criticism of these early nursing activists but does not elaborate on what those critiques might be nor by whom. Instead, she underlined “[E]ach advanced a nursing agenda inspired by ideals of what we would now recognize as social justice, and it is for which they are remembered” (p. 80). Clearly what is labelled social justice is limited by whiteness, as renowned Black feminist Angela Davis (1981) showed how Margaret Sanger was heavily embroiled in eugenics and actively campaigned to remove reproductive rights from Black bodies. Johns was a prominent member of the nursing élite (Grympa, 2003; McPherson, 1999) at a time when Black bodies were deliberately and systematically denied entry into nursing schools in Canada<sup>42</sup> (Calliste, 1996; Wytenbroek et al., 2022; Flynn, 2011; McPherson, 1996A; 2005). That knowledge was known to me when I read Thorne’s text, so I ask again;

*what exactly underpins these ideals of professional social justice in nursing?*

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<sup>41</sup> Sara Ahmed calls citation “feminist memory” (p. 15, 2017). In this thesis, I have analyzed a single writing of the prolific Sally Thorne to use as a building-block for my own feminist theorizing around nursing as social justice (Ahmed, 2017; Thorne, 2014). I picked Thorne deliberately because of her strong and consistent advocacy for anti-racist action within nursing (Thorne, 2017; 2020; 2022). I felt she would appreciate this intellectual exchange. Similarly, *all* the works cited within my text should be understood as purposeful choices to honour their work and legacy within my feminist politics of citation (Ahmed, 2017).

<sup>42</sup> Grypma (2003) framed Ethel Johns as having a deep commitment to racial equity for her work with American Black woman. However, Grypma stated nothing about how Canada had racial exclusionary practice when Johns, as a nursing director at multiple institutions, was therefore directly complicit in that exclusion here. Instead, Grypma wrote: “...the premise of this paper—that Johns had a strong sense of *moral values* and stood by them, regardless of others’ opinions. *Her sense of justice* was exemplified by her response to the downtrodden union workers in Winnipeg, *the black women in nursing in American* and the foreign nursing student in the above letter.” (p.46, emphasis mine).

My work here is theory from the margins (De Sousa & Varcoe, 2021), that acknowledges the legacy of nursing as social justice but with emancipatory ideals (Thorne, 2014) generated from my own embodied experience as a politically Black clinician. It upholds the importance of history within nursing to provide rich understandings of current practice issues (Bates, Dodd, & Rousseau, 2005; Grypma, 2019; Flynn, 2018; McPherson, 1996A). Even further, this project reveals the broader need for critical history to push back against white celebratory historical accounts that invisibilize the legacy of slavery in Canada (Cooper, 2006; 2022; McKittrick, 2006; Walcott, 1997). The use of arts-based methodology within nursing, specifically of autoethnography (Irwin & Springgay, 2008; La Jevic & Springgay, 2008), allows for the activation of the relational and embodied ethics of nursing practice (Wright & Brajtman, 2011). Finally, the *openings* within the morality of the Canadian nurse, co-produced by the reader, ripple beyond this text and this author's imagination (Irwin & Springgay, 2008).

In this work, I intentionally expose Black pain while actively wishing for the audience/reader to be uncomfortable with engagement in *Nurse Angélique*<sup>43</sup>. But reader, stay here in that awkward feeling, resist instincts to push it away or “consume” it for moral superiority! If anything, I hope learning about what happened to Angélique... what was deemed acceptable by the white French Catholic settlers whose ideologies permeated across Canadian nursing (Grypma, 2019; Paul, 2005; 2021; Violette, 2005; Young & Rousseau, 2005) fills you with disgust (Ahmed, 2014), disgust that you lean into. Become sweaty and sticky (Ahmed, 2014; 2017). Allow the leakiness of my brown ugly feelings (Muñoz, 2006) to wash over you. Allow this discomfort to make you curious to know more, to do your own exploration, and co-construct your own meanings (Irwin & Springgay, 2008) around what the story of Angélique opens for the future of contemporary Canadian nursing practice.

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<sup>43</sup> Including possible discomfort with the blurring of professionalism between sex work and nursing work.

**An excerpt of Afua Cooper's poem about Marie-Joseph Angélique (1999)**

*Confession of a woman who burnt down a town*

Smoke, smoke, too much smoke  
only intend fi one house fi burn  
fire, fire, too much fire  
but it done go so already  
and I running  
my feet unshackled, unbound,  
free  
running pass di city limits  
while behind me di fire rage  
and my raging heart change back into its rightful position

## References

- Ahmed, S. (2006). *Queer phenomenology*. Duke University Press.  
<https://doi.org/10.1515/9780822388074-006>
- Ahmed, S. (2010). *The promise of happiness*. Duke University Press.
- Ahmed, S. (2014). *The cultural politics of emotion* (2<sup>nd</sup> ed.). Edinburgh University Press.
- Ahmed, S. (2017). *Living a feminist life*. Duke University Press.  
<https://doi.org/10.1215/9780822373377>
- Archibald, M. M., Caine, V., & Scott, S. D. (2017). Intersections of the arts and nursing knowledge. *Nursing Inquiry*, 24(2), e12153. <https://doi.org/10.1111/nin.12153>
- Bates, C. (2005). The nurse's cap: A symbol of a profession. In C. Bates, D. Dodd & N. Rousseau (Eds.). *On all frontiers: Four centuries of Canadian nursing* (p. 7). University of Ottawa Press.
- Bates, C. (2012). *A cultural history of the nurse's uniform*. Gatineau, Québec: Canadian Museum of Civilization.
- Bates, C., Dodd, D & Rousseau, N. (2005). Introduction. In C. Bates, D. Dodd & N. Rousseau (Eds.). *On all frontiers: Four centuries of Canadian nursing* (pp. 1-10). University of Ottawa Press.
- Beck, J. L., Belliveau, G., Lea, G. W., & Wager, A. (2011). Delineating a spectrum of research-based theatre. *Qualitative Inquiry*, 17(8), 687-700.  
<https://doi.org/10.1177/1077800411415498>
- Belliveau, G., & Lea, G. W. (2016). *Research-based theatre: An artistic methodology*. Intellect.
- Bonilla-Silva, E. (2018). *Racism without racists: Color-blind racism and the persistence of racial inequality in America* (Fifth ed.). Rowman & Littlefield.

- Bowen, R. & Bungay, V. (2016). Taint: An examination of the lived experiences of stigma and its lingering effects for eight sex industry experts. *Culture, Health & Sexuality*, 18(2), 184-197. <https://doi.org/10.1080/13691058.2015.1072875>
- Boydell, K. M., Gladstone, B. M., Volpe, T., Allemang, B., & Stasiulis, E. (2012). The production and dissemination of knowledge: A scoping review of arts-based health research. *Forum, Qualitative Social Research*, 13(1)
- Calliste, A. (1993). Women of 'exceptional merit': Immigration of Caribbean nurses to Canada. *Canadian Journal of Women and the Law*, 6(1), 85-102.
- Calliste, A. (1996). Antiracism organizing and resistance in nursing: African Canadian women. *The Canadian Review of Sociology*, 33(3), 361-390.  
<https://doi.org/10.1111/j.1755-618X.1996.tb02457.x>
- CAREX Canada. (2019). Night shift work: Burden of occupational cancer fact sheet.  
[https://cdn.cancer.ca/-/media/files/cancer-information/external-resources/reduce-your-risk/carex\\_ocrc\\_burden\\_of\\_occupational\\_cancer\\_night\\_shift\\_work\\_factsheet.pdf?rev=0caac2a57d514e018e0871294247a043&hash=E8F7AD8267C523E871D8B5E2551A6CD6&\\_gl=1\\*1xqerkq\\*\\_ga\\*MTIzMTEzODUwLjE2Njc0MTQxMTI.\\*\\_ga\\_23YMKBE2C3\\*MTY2NzQxNDExMi4xLjAuMTY2NzQxNDExMi42MC4wLjA](https://cdn.cancer.ca/-/media/files/cancer-information/external-resources/reduce-your-risk/carex_ocrc_burden_of_occupational_cancer_night_shift_work_factsheet.pdf?rev=0caac2a57d514e018e0871294247a043&hash=E8F7AD8267C523E871D8B5E2551A6CD6&_gl=1*1xqerkq*_ga*MTIzMTEzODUwLjE2Njc0MTQxMTI.*_ga_23YMKBE2C3*MTY2NzQxNDExMi4xLjAuMTY2NzQxNDExMi42MC4wLjA).
- Carper, B. A. (1978). Fundamental patterns of knowing in nursing.
- Chinn, P. L. & Kramer, M. K. (2014). *Knowledge development in nursing: Theory and process* (9<sup>th</sup> ed.). Elsevier.
- City of Toronto. (2022). *Land Acknowledgement*. <https://www.toronto.ca/city-government/accessibility-human-rights/indigenous-affairs-office/land-acknowledgement/>



- Combahee River Collective. (1977). A Black feminist statement. *Monthly Review*, 70 (8), 29-36 [https://doi.org/10.14452/MR-070-08-2019-01\\_3](https://doi.org/10.14452/MR-070-08-2019-01_3)
- Cooper Brathwaite, A., Versailles, D., Juüdi-Hope, D. A., Coppin, M., Jefferies, K., Bradley, R., Campbell, R., Garraway, C. T., Obewu, O. A. T., LaRonde-Ogilvie, C., Sinclair, D., Groom, B., Punia, H., & Grinspun, D. (2022A). Black nurses in action: A social movement to end racism and discrimination. *Nursing Inquiry*, 29(1), e12482  
<https://doi.org/10.1111/nin.12482>
- Cooper Brathwaite, A., Versailles, D., Juüdi-Hope, D., Coppin, M., Jefferies, K., Bradley, R., Campbell, R., Garraway, C., Obewu, O., LaRonde-Ogilvie, C., Sinclair, D., Groom, B., & Grinspun, D. (2022B). Tackling discrimination and systemic racism in academic and workplace settings. *Nursing Inquiry*, 29(1), e12485-e12485.  
<https://doi.org/10.1111/nin.12485>
- Cooper, A. (1999). *Confessions of a woman who burnt down a town*.  
<https://canpoetry.library.utoronto.ca/cooper/poem6.htm>
- Cooper, A. (2006). *The Hanging of Angélique*. Harper Collins.
- Cooper, A. (2015). *Marie-Joseph Angélique*. The Canadian Encyclopedia.  
<https://www.thecanadianencyclopedia.ca/en/article/marie-joseph-angelique>
- Cooper, A. (2022). The spook who sat by the door: Creating Black studies in the Canadian academy. *Topia*, 44(1), 150-158. <https://doi.org/10.3138/topia-2021-0021>
- Cox, S., & Belliveau, G. (2019). Health TheaTRe: Embodying research. In P. Leavy (Ed.), *The Oxford handbook of methods for public scholarship*. (pp. 335–357). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190274481.013.10>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics,

*University of Chicago Legal Forum*, (1) 8

<http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

Culhane, D. (2003). Their spirits live within us: Aboriginal women in Downtown Eastside Vancouver emerging into visibility. *American Indian Quarterly*, 27 (3/4), 593-606.  
<https://doi.org/10.1353/aiq.2004.0073>

Davis, A. Y. (1981). *Women, race & class*. Random House.

<https://legalform.files.wordpress.com/2017/08/davis-women-race-class.pdf>

De Sousa, I., & Varcoe, C. (2021). Centering Black feminist thought in nursing praxis. *Nursing Inquiry*, 29(1), 12473. <https://doi.org/10.1111/nin.12473>

Doane, G. H., & Varcoe, C. (2007). Relational practice and nursing obligations. *Advances in Nursing Science*, 30(3), 192-205.  
<https://doi.org/10.1097/01.ANS.0000286619.31398.fc>

Doane, G. H., & Varcoe, C. (2015). *How to nurse: Relational inquiry with individuals and families in changing health and health care contexts* (1st ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins.

Ehrenreich, B. & English, D. (1973). *Witches, midwives, and nurses: A history of women healers* (2nd ed.). The Feminist Press.

Etowa, J. B., Sethi, S., & Thompson-Isherwood, R. (2009). The substantive theory of surviving on the margin of a profession. *Nursing Science Quarterly*, 22(2), 174-181.  
<https://doi.org/10.1177/0894318409332781>

Fleetwood, N. R. (2011). Excess flesh: Black women performing hypervisibility. *Troubling vision* (pp. 105-146). University of Chicago Press.  
<https://doi.org/10.7208/chicago/9780226253053.003.0004>

- Flynn, K. (2008). "I'm glad that someone is telling the nursing story": Writing Black Canadian women's history. *Journal of Black Studies*, 38(3), 443-460.  
<https://doi.org/10.1177/0021934707306586>
- Flynn, K. (2009). Beyond the glass wall: Black Canadian nurses, 1940-1970. *Nursing History Review*, 17, 129.
- Flynn, K. (2018). "Hotel refuses negro nurse": Gloria Clarke Baylis and the Queen Elizabeth Hotel. *Canadian Bulletin of Medical History*, 35(2), 278-308.  
<https://doi.org/10.3138/cbmh.256-042018>
- Garrard, J. (2022). *Health sciences literature review made easy : The matrix method* (6th ed.). Jones & Bartlett Learning.
- Garrett, B. (2018). *Empirical nursing: The art of evidence-based care* (First ed.). Emerald Publishing Limited.
- Grypma, S. (2003). Profile of a leader: Unearthing Ethel Johns's "buried" commitment to racial equality, 1925. *Nursing Leadership*, 16 (4), 39-47.  
<https://doi.org/10.12927/cjnl.2003.16261>
- Grypma, S. (2019). The development of nursing in Canada. In B. Astle & W. Duggleby (Eds.), *Canadian Fundamentals of Nursing* (6<sup>th</sup> ed., pp. 34-47). Elsevier.
- Hagey, R., Choudhry, U., Guruge, S., Turriffin, J., Collins, E., & Lee, R. (2001). Immigrant nurses' experience of racism. *Journal of Nursing Scholarship*, 33(4), 389-394.  
<https://doi.org/10.1111/j.1547-5069.2001.00389.x>
- Hill Collins, P. (1993). Towards a new vision: Race, class and gender as categories of analysis and connection. In S. Shaw & J. Lee (Eds.), *Women's Voices Feminist Visions: Classic and contemporary readings* (6<sup>th</sup> ed, pp. 72 – 79). McGraw Hill Education.

- Hill Collins, P. (2000). Mammies, matriarchs, and other controlling images. *Black feminist thought* (pp. 85-112). Routledge. <https://doi.org/10.4324/9780203900055-11>
- hooks, b., (2014). *Black looks: Race and representation* (2<sup>nd</sup> ed). Routledge.  
<https://doi.org/10.4324/9781315743226>
- Howson, R. (2005). *Challenging hegemonic masculinity*. Routledge.  
<https://doi.org/10.4324/9780203698921>
- Irwin, R. (2004). Introduction. A/r/tography: A metonymic métissage. In A. De Cosson and R. Irwin (Eds). *A/r/tography: Rendering self through arts-based living inquiry*. (pp. 27-38). Pacific Educational Press.
- Irwin, R. (2013). Becoming A/r/tography. *Studies in Art Education*, 54 (3), 198-215. Doi: 10.1080/00393541.2013.11518894
- Irwin, R. & Springgay, S. (2008). A/r/tography as practice-based research. In S. Springgay, R. Irwin, C. Leggo and P. Gouzouasis (Eds). *Being with A/r/tography*. pp. xiii-xxvii. Rotterdam, The Netherlands: Sense Publishers.
- Jefferies, K., Goldberg, L., Aston, M., & Tomblin Murphy, G. (2018A). Understanding the invisibility of Black nurse leaders using a Black feminist poststructuralist framework. *Journal of Clinical Nursing*, 27(15-16), 3225-3234.  
<https://doi.org/10.1111/jocn.14505>
- Jefferies, K., Aston, M., & Murphy, G. T. (2018B). Black nurse leaders in the canadian healthcare system. *Nursing Leadership*, 31(4), 50-56.  
<https://doi.org/10.12927/cjnl.2019.25756>
- Jefferies, K. (2018). A personal leadership development plan for Black undergraduate and graduate nursing students. *Nursing Leadership*, 31(4), 57-62.  
<https://doi.org/10.12927/cjnl.2019.25755>

- Jefferies, K. (2020). The strong Black woman: Insights and implications for nursing. *Journal of the American Psychiatric Nurses Association*.  
<https://doi.org/10.1177/1078390320983900>
- Jefferies, K. (2021). Commentary: Advancing nursing in Canada: Toward the elimination of anti-Black racism. *Nursing Leadership*, 34(4), 139-143.  
<https://doi.org/10.12927/cjnl.2021.26678>
- Jefferies, K., Martin-Misener, R., Murphy, G. T., Helwig, M., Bernard, W. T., & Gahagan, J. (2021). African Canadian nurses in the nursing profession in Canada: A scoping review protocol. *JBI Evidence Synthesis*, 19(4), 883-890.  
<https://doi.org/10.11124/JBISRIR-D-19-00376>
- Lamb, M. & Storch, J. (2013). A historical perspective on Nursing and Nursing Ethics. In J. Storch, P. Rodney & R. Starzomski. *Towards a moral horizon: Nursing ethics for leadership and practice* ( 2<sup>nd</sup> ed). (pp. 20-39). Pearson.
- Lea, G. W. (2012). Approaches to developing research-based theatre. *Youth Theatre Journal*, 26(1), 61-72. <https://doi.org/10.1080/08929092.2012.678227>
- Lea, G. W., Belliveau, G., Wager, A., & Beck, J. L. (2011). A loud silence: Working with research-based theatre and A/R/Tography. *International Journal of Education and the Arts*, 12(16)
- LeBlanc, N., Davidson, S. F., Ryu, J. Y., & Irwin, R. L. (2015). Becoming through a/r/tography, autobiography and stories in motion. *International Journal of Education through Art*, 11(3), 355-374. [https://doi.org/10.1386/eta.11.3.355\\_1](https://doi.org/10.1386/eta.11.3.355_1)
- León, C. A. (2017). Forms of opacity: Roaches, blood, and being stuck in Xandra Ibarra's corpus. *ASAP Journal*, 2(2), 369-394. <https://doi.org/10.1353/asa.2017.0037>

- Marcos, S. (2009). Decolonizing religious belief. In S. Shaw & J. Lee (Eds.), *Women's Voices Feminist Visions: Classic and contemporary readings* (6th ed, pp. 660 – 666). McGraw Hill Education.
- McPherson, K. M. (1996A). *Bedside matters: The transformation of Canadian nursing, 1900-1990*. University of Toronto Press.
- McPherson, K. (1996B). Carving Out a Past: The Canadian Nurses' Association War Memorial. *Histoire Social/Social History*, 29(58), 417-429.
- McPherson, K. (1999). 'The case of the kissing nurse': Femininity, sexuality, and Canadian nursing, 1990-1970. In K. M. McPherson, C. L. Morgan & N. M. Forestell (Eds.), *Gendered pasts: historically essays in femininity and masculinity in Canada* (pp. 179-198). Oxford University Press.
- McPherson, K. (2005). The Nightingale influence and the rise of the modern hospital. In C. Bates, D. Dodd & N. Rousseau (Eds.). *On all frontiers: Four centuries of Canadian nursing* (pp. 73-87). University of Ottawa Press.
- McKittrick, K. (2006). *Demonic Grounds: Black Women and the Cartographies of Struggle*. University of Minnesota Press.
- Moss, E. L., Stam, H. J., & Kattevilder, D. (2013). From suffrage to sterilization: Eugenics and the women's movement in 20th century Alberta. *Canadian Psychology = Psychologie Canadienne*, 54(2), 105-114. <https://doi.org/10.1037/a0032644>
- Nichols, J., Cox, S. M., Cook, C., Lea, G. W., & Belliveau, G. (2022). Research-based theatre about veterans transitioning home: A mixed-methods evaluation of audience impacts. *Social Science & Medicine* (1982), 292, 114578-114578. <https://doi.org/10.1016/j.socscimed.2021.114578>
- Nnorom, O., Findlay, N., Lee-Foon, N. K., Jain, A. A., Ziegler, C. P., Scott, F. E., Rodney, P., & Lofters, A. K. (2019). Dying to learn: A scoping review of breast and cervical

- cancer studies focusing on Black Canadian women. *Journal of Health Care for the Poor and Underserved*, 30(4), 1331-1359. <https://doi.org/10.1353/hpu.2019.0100>
- Onagbeboma, O. (2020). A public health crisis: Unpacking racial biases in the Canadian nursing profession. *Turkish Policy Quarterly*, 19(3), 107-117.
- Page, M., McKenzie, J., Bossuyt, P., Boutron, I., Hoffmann, T., Mulrow, C., Shamseer, L., Tetzlaff, J., Akl, E., Brennan, S., Chou, R., Glanville, J., Grimshaw, J., Hróbjartsson, A., Lalu, M., Li, T., Loder, E., Mayo-Wilson, E., McDonald, S., McGuinness, L., Stewart, L., Thomas, J., Tricco, A., Welch, V., Whiting, P., Moher., D. (2020). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372 (71). doi: 10.1136/bmj.n71
- Paul, P. (2005). Religious nursing orders of Canada: A presence on all western frontiers. In C. Bates, D. Dodd & N. Rousseau (Eds.). *On all frontiers: Four centuries of Canadian nursing* (pp. 125-138). University of Ottawa Press.
- Paul, P. (2021). Nursing in Canada, 1600 to the present: A brief account. In L. McCleary & T. R. McParland (Eds.), *Ross-Kerr and Wood's Canadian nursing issues & perspectives* (6<sup>th</sup> ed., pp. 21- 38). Elsevier.
- Pinar, W. (2004). Foreword. In A. De Cosson and R. Irwin (Eds). *A/r/tography: Rendering self through arts-based living inquiry*. (pp. 27-38). Pacific Educational Press.
- Premji, S., & Etowa, J. B. (2014). Workforce utilization of visible and linguistic minorities in Canadian nursing. *Journal of Nursing Management*, 22(1), 80-88. <https://doi.org/10.1111/j.1365-2834.2012.01442.x>
- Prendergast, N. (2014). *Multiculturalism policies: Identifying the dialectic of the "ideal type" within the practices of Canadian nursing* (Publication No. 3636063) [Doctoral dissertation, University of Toronto]. ProQuest Dissertations & Theses Global.

- Primeau, M., St-Pierre, I., Ortmann, J., Kilpatrick, K., & Covell, C. L. (2021). Correlates of career satisfaction in internationally educated nurses: A cross-sectional survey-based study. *International Journal of Nursing Studies*, *117*, 103899-103899. <https://doi.org/10.1016/j.ijnurstu.2021.103899>
- Razack, S. H. (2000). Gendered racial violence and spatialized justice: The murder of Pamela George. *Canadian Journal of Law and Society*, *15* (2), 91-130. <https://doi.org/10.1017/S0829320100006384>
- Razack, S. H. (2007). Stealing the Pain of Others: Reflections on Canadian Humanitarian Responses. *The Review of Education/Pedagogy/Cultural Studies*, *29*(4), 375-394. <https://doi.org/10.1080/10714410701454198>
- Ross, B. (2009). *Burlesque west: Showgirls, sex and sin in postwar Vancouver*. University of Toronto Press.
- Sadker, D. & Zittleman, K. (2016). Practical strategies for detecting and correcting gender bias in your classroom. In D. Sadker & E. S. Silber (Eds.). *Gender in the classroom: Foundations, skills, methods, and strategies across the curriculum* (pp.259-275). E-book. L. Erlbaum Associates. <https://doi.org/10.4324/9780203824986>
- Shaw, S. & Lee, J. (2015). Chapter 12 : Religion and spirituality. In S. Shaw & J. Lee (Eds.), *Women's Voices Feminist Visions: Classic and contemporary readings* (6<sup>th</sup> ed, pp. 72 – 79). McGraw Hill Education.
- Shigematsu, T., Cook, C., Belliveau, G., & Lea, G. W. (2021). Research-based theatre across disciplines: A relational approach to inquiry. *Applied Theatre Research*, *9*(1), 55-72. [https://doi.org/10.1386/atr\\_00048\\_1](https://doi.org/10.1386/atr_00048_1)
- Stewart, P. M. (2009). *Themes of racial discrimination in the experience of Black female nurse managers* (Publication No. 52610) [Doctoral dissertation, University of Toronto]. ProQuest Dissertations & Theses Global.



- Storch, J. (2013). Nursing ethics: The moral terrain. In J. Storch, P. Rodney & R. Starzomski. *Towards a moral horizon: Nursing ethics for leadership and practice* ( 2<sup>nd</sup> ed). (pp. 1-19). Pearson.
- Thomas, C., & Lightman, N. (2022). "Island girls": Caribbean women care workers in Canada. *Canadian Ethnic Studies*, 54(1), 29-58.
- Thorne, S. (2014). Nursing as social justice: A case for emancipatory disciplinary theorizing. In P. N. Kagan, M. C. Smith & P. L. Chinn (Eds.), *Philosophies and practices of emancipatory nursing* (1st ed., pp. 79-90). Routledge. <https://doi.org/10.4324/9780203069097-7>
- Thorne, S. (2020). Pandemic racism – and the nursing response. *Nursing Inquiry*, 27(3), e12371-n/a. <https://doi.org/10.1111/nin.12371>
- Thorne, S. (2022). Moving beyond performative allyship. *Nursing Inquiry*, 29(1), e12483-n/a. <https://doi.org/10.1111/nin.12483>
- Toman, C. (2005). “Body work,” medical technology, and hospital nursing practice. In C. Bates, D. Dodd & N. Rousseau (Eds.). *On all frontiers: Four centuries of Canadian nursing* (pp. 89-105). University of Ottawa Press.
- Tuck, E. & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society* (1), 1, 1-40.
- Varcoe, C., Browne, A. J., & Cender, L. M. (2014). Promoting social justice and equity by practicing nursing to address structural inequities and structural violence. In P. N. Kagan, M. C. Smith & P. L. Chinn (Eds.), *Philosophies and practices of emancipatory nursing* (1st ed., pp. 266-284). Routledge. <https://doi.org/10.4324/9780203069097-20>
- Violette, B. (2005). Healing the body and saving the soul: Nursing sisters and the first Catholic hospitals in Quebec (1639-1880). In C. Bates, D. Dodd & N. Rousseau

- (Eds.). *On all frontiers: Four centuries of Canadian nursing* (pp. 57-71). University of Ottawa Press.
- Vukic, A., Steenbeek, A., & Muxlow, J. (2016). Increasing the representation of the Black population in the health professions in Canada. *Journal of Cultural Diversity*, 23(2), 50-52.
- Walcott, R. (1997). *Black like who?: Writing Black Canada*. Insomniac Press.
- Weitzer, R. (2018). Resistance to sex work stigma. *Sexualities*, 21(5-6), 717-729. Doi: 10.1177/1363460716684509
- Weldon, J. (2010). *The burlesque handbook*. HarperCollins.
- White, J. (2009). Patterns of knowing: Review, critique and update. In P.G. Reed & N.B. C. Shearer (Eds.), *Perspectives on nursing theory*. Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Wong, S., & Wong, J. (1980). Representation of racial minority students in selected Canadian university schools of nursing. *Journal of Advanced Nursing*, 5(1), 83-90.  
<https://doi.org/10.1111/j.1365-2648.1980.tb00212.x>
- Wright, D., & Brajtman, S. (2011). Relational and Embodied Knowing: Nursing Ethics within the Interprofessional Team. *Nursing Ethics*, 18(1), 20-30.  
<https://doi.org/10.1177/0969733010386165>
- Wytenbroek, L., De Sousa, I., Hussein, T., Nguyen, K., Chiao, A. T.-H., Moeller, B., & Moffatt, M. (2022, February 28). *Black History Month 2022 : Celebrating the contributions of Black nurses to healthcare* [O].  
doi:<http://dx.doi.org/10.14288/1.0421283>
- Wytenbroek, L. & Vandenberg, H. (2017, July 3). *Reconsidering nursing's history during Canada 150*. Canadian Nurse. <https://community.cna-aicc.ca/blogs/cn-content/2017/07/03/reconsidering-nursings-history-during-canada-150>

Young, J. & Rousseau, N. (2005). Lay nursing from the New France era to the end of the nineteenth century (1608-1891). In C. Bates, D. Dodd & N. Rousseau (Eds.). *On all frontiers: Four centuries of Canadian nursing* (pp. 11-25). University of Ottawa Press.

