



Performing Nursing: BC Nurses' Union Theatre Project¹

Geraldine Pratt

Department of Geography, University of British Columbia, 1984 West Mall, Vancouver,
B.C., Canada V6T 1Z2, E-mail: gpratt@geog.ubc.ca

Elia Kirby

Department of Geography, University of British Columbia, 1984 West Mall, Vancouver,
B.C., Canada V6T 1Z2, E-mail: elia@interchange.ubc.ca

Abstract We examine a collaborative theatre project, between Vancouver theatre artists and the British Columbia Nurses' Union (BCNU). We consider conflict that emerged in and around the project in an effort to understand some of the potentials of theatre as a technology for social change and broader debates about the politics of representation. Theatre is a rich site for thinking about epistemologies that blur the line between context and text, and text and embodied practice. The space of theatre does not hold still but works with and moves into other spaces. This can be understood through the concept of 'interspatiality.' We end by considering how theatre might move into the space of academic writing and practice.

Introduction

This project began in a conventional enough way: in life, somewhere between the academy, politics and the personal. Elia was enrolled in a graduate seminar on collaborative research and this study began as a term project. With a long history in

¹ © Geraldine Pratt and Elia Kirby, 2003.

theatre and film, he was especially interested in collaborations between academic and artistic worlds. A friend of his – a writer and director – had begun a theatre project with the British Columbia Nurses' Union (BCNU), a large public sector union with roughly 26,000 members. This was the first time that the union had attempted such a project, and they hired Steven Hill, who has a long history in political theatre in Vancouver, to write the play in collaboration with nurses and to train nurses as actors. The nurses – four women and one man – were selected from different parts of the province and their profession, and they had varying degrees of experience with amateur and professional theatre.² The union paid their wages for roughly ten weeks while the play was being developed and performed.³ In a five-week tour in April and May, 2000, the play, *Hurl, Hemorrhage and Heal*, was performed throughout the province. It was performed for nurses and a general audience in a variety of sites, from a conference room at the end of a union meeting to mainstream Vancouver theatres. It raised themes of concern to nurses: wages, the restructuring of their jobs, the 'speed up' of their work day, and the creeping privatisation of the national health care system. The production was timed to precede contract negotiations with the provincial government in 2001, negotiations that followed three years of virtually frozen wages.⁴

We were drawn to study this production because it is a rich site for thinking through the limitations and possibilities of crafting critical geographies. The research and development of the play began with methodologies familiar to social scientists: personal interviews and focus groups, followed by archival and popular culture research. The director conducted storytelling workshops with nurses who live and work in six different regions in the province. The personal testimonials from these workshops/focus groups, along with other research, were then used by the three writers (the director and two others hired to dramaturge) to produce a script. The five nurses who were selected as actors then met with the writers for a weeklong workshop to develop the script. During a two-week

² With an original intention of hiring three professional actors and two nurses, the union conducted auditions from which it was decided to cast the whole company with nurses: four women and one man, ranging in age from early twenties to late fifties. There was a good range of geographical and occupational experiences among the nurses selected. Two nurses were from Vancouver, one from Victoria (on Vancouver Island), one from the southern region, and one from the central region, echoing a political and fiscal concentration on the more populous sections of the province. Three of the nurse/actors worked full-time, two were casual (on call) and all of them were Registered Nurses (RNs). The nurse/actors worked in different parts of the health care field, from palliative care, to community nursing, to a facility for elderly patients, to large hospitals. The nurses were to be active representatives for the union during their tour of the province although they were committed to the union to varied degrees before the process began: one was a shop steward but others were quite uninvolved with their union.

³ In the May/June issue of the BCNU's magazine *Update*, published before the close of the tour, the Union stated that the production would cost \$195,000 (though this was likely an underestimate in the view of the nurse/actors involved.) "That is approximately the same amount it would cost BCNU to run a one-page ad in each of BC's daily newspapers three times. It would also cost approximately \$160,000 to write, direct and produce a quality TV commercial and then run it just 20 times on BCTV" (*Update* 2000, 12).

⁴ With a 0-0-2 formula, the previous contract allowed only a 2 percent wage increase over a three-year period.

hiatus, the writers revamped the script, and then the writers and the nurse/actors met for a three-week rehearsal before the tour. This project, then, offered a concrete example of turning research to different, popular ends. More than this, theatre has what Shannon Jackson (2000, 205) calls a “cumbersome materiality” and “embedded sociality”. The script is quite literally embodied through performance. The context of props, music, theatre and audience is integral to the performance, such that theatrical productions “often elude conventional epistemological frames,⁵ continually skirting the question of where the ‘text’ under question ends and its supplementary ‘context’ begins” (Jackson 2000, 205). One of the promises of the indistinctiveness of the line between text and context is that performances go places: “the very fact that an actor ‘acts’ while he [*sic*] ‘plays’ a role, suggests a linguistic basis for the dual role of the theatre: to release by play, to lead one to act” (McDougall, 2000, 129). Recognising this potential, Houston and Pulido (2002) and Nagar (2002) have recently invited geographers to consider how political theatre both instantiates and is a tool for changing popular geographies in performative ways.

The collaboration that we consider is particularly interesting because of the tensions and contradictions that ran through the collaborative process. Elia was present the first week that the theatre artists met with the nurse/actors in February, 2000, to develop the script.⁶ Most of the nurse/actors were deeply troubled by the first draft of the script that they encountered this week. The story of these troubles is one that we wish to tell.

In the weeks that followed, the script was rewritten but conflict continued to erupt. We keep some of this conflict at the margins of our text in order to convey the challenge of collaborative research, and both the complexity and stakes involved in struggles over representation. For instance, in the post-play discussion at a key performance on May 1st, at which numerous union officials, including a representative from the Canadian Labour Congress, were in attendance, a member of the Philippine Women Centre (PWC), who we had not previously noticed, emerged from the gloom and anonymity of the audience to ask a question and stage her own brand of political theatre. She asked about the BCNU position on the large numbers of Filipino nurses who are admitted to Canada as domestic workers, unable to practice their profession for the two years that they must work as domestic workers in order to qualify for landed immigrant status. How can talk of nurse

⁵ It is precisely this epistemological ‘elusiveness’ that has drawn some geographers to performance, in particular dance (Nash 2000; Rose 1999; Thrift 1997; Thrift 2000).

⁶ We followed the process from the development of a rough script, as an initial interpretation of primary research, through a collaborative script development workshop with nurse/actors, into a final re-presentation of the completed material to various publics. We began our research after the initial storytelling workshops and the auditions had been conducted. We conducted participant observation research during the weeklong script development workshop. An initial set of personal interviews was conducted with each cast member and the director during this week. We were periodically present at rehearsals during the three-week rehearsal period. We conducted a second set of interviews with each of the actors, the director, and a union official responsible for the management of the project while the show was being performed. We were present at numerous performances over the entire run of the show: e.g. the gala opening at BCNU office, after union meetings, and in theatres. We attempted to elicit audience response via the Internet but this effort was not as successful as we had hoped. In any event, the union conducted short audience response written surveys after every show.

shortages, she asked, be reconciled with this fact? This question is an important one and one that undoubtedly concerns the union.⁷ The actors sensed the difficulty of the question and asked a union representative to respond. This moment made visible the whiteness of the cast and much of the audience, but was uncomfortable for other reasons as well: we had pitched our request to the BCNU to become involved as researchers in part on the basis of Gerry's ongoing collaboration with the PWC. This encounter suggested that the collaboration with the PWC was not straightforward in its effects and it was a reminder that solidarity across various women's labour struggles itself must be worked toward rather than assumed.

The struggles that went on between the theatre artists, the nurse/actors, and the union are worthy of attention because they are a microcosm of wider debates about representational strategy and thus provide a site for thinking about issues of representation that have preoccupied academics for many years. By tracing some of these conflicts we hope to mimic Boal's Forum theatre methodology (Schechner, 1997); this is to present a problem so that we might spur ourselves and our readers onto new and creative ways of writing and working. That conflict erupted both within and alongside the play, and was tied up with the script as text, is a sobering reminder about the utter seriousness of representational strategy. There is also something provocative about engaging the performative and the politics of representation in the context of nursing, among workers who confront the limits of the body – death – on a daily basis. Struggles over representation are not merely academic; they can be a matter, quite literally, of life and death.

Theatre as Space of Play

As a public sector union operating within a national public health care system, the BCNU understands that their political struggle is, in part, a struggle over public opinion. The BCNU theatre project created a space for nurses to tell their stories to a public audience, both directly and in a mediated way. A show of hands after performances led to a rough estimate that about one third of the audience consisted of non-nurses. As significant, the union consistently defended the expense of the theatre project on the grounds of the amount of media time that it would buy.⁸ The play garnered a kind of

⁷ A key point of disagreement concerns the issue of labour shortages. The BCNU has called attention to the attrition of young nurses and the large number of unfilled vacancies within the nursing profession in B.C. as a bargaining point to improve working conditions and wages. The Filipino Nurses Support Group understands these labour shortages to be artificially created, in part through the BCNU's reluctance to accept nursing credentials earned outside of Canada. On March 5, 2002, the BCNU passed its position on the Foreign Worker Recruitment Program: it does not support visas for foreign nurses. At the same time, the BCNU and the Philippine Women Centre are now in solidarity about scrapping the Live-in Caregiver Program. The BCNU publicly announced this position in the April/May 2002 issue of their newsmagazine, *Update*. As trained nurses who now do non-nursing work, Filipino nurses are also looking for support from a union that is itself protesting the amount of non-nursing duties that nurses must now perform. Less direct, but related to this, the deskilling of Filipino nurses creates a pool of cheap labour, of nurses' aids and licensed practical nurses, that threatens to affect the wages of and demand for registered nurses.

⁸ The union was aware that a similar project, Heart of Health Care, created by the same director for the Hospital Employee's Union (HEU) the year before, had generated an estimated one

doubled media attention: as theatre and as an expression of nurses' experiences and frustrations.⁹

Certainly the five nurse/actors who we interviewed throughout the process were deeply resentful of their short wage-ladder, which makes it possible, they estimated, to reach the top wage category within 6 years of working as a nurse. They felt that their relatively low professional wages resulted from a general ignorance – rooted in sexist assumptions – about the technical knowledge and skills required by the job, and of the stresses induced by their job. In the words of one:

People say to me, 'Why are you nervous about going into work today?' And I say, 'Because I might kill somebody.' And I say it, not as a joke but seriously. I worry about killing people every time I go to work. ... Now that's okay if you're in a controlled situation [like an Intensive Care Unit]. ... But on the ward, which is most [common], they're asking you to concentrate on life and death things when everything else is chaos. And it's really hard to have a sense of control when there's chaos. Well that's why you get nurses who smoke a lot and drink. Nurses are notorious for being big drinkers and smokers (Interview with Actor B, May 3, 2000).

This nurse saw the play as addressing life and death matters that are not well understood by the general public: the life and death of nurses who are coping under extremely stressful circumstances and the life and death of patients who may fail within the chaos of what she saw as being a badly managed and under-funded health care system.

It is not simply that theatre is a public space where nurses could finally tell their stories to a public audience; there are characteristics of that space that allowed these stories to be told. Several of the nurse/actors talked about the fact of nurses guarding their stories from the general public and the ways that theatre offers a safe space in which they can let down their guard. One nurse/actor reasoned that they normally hide these stories because they worry about panicking patients; she argued that patients coming to a hospital need to have faith that they will be well cared for in order to recover. In her words: "We don't want people thinking that when they go into hospital, they're going into some Third World country type [hospital].¹⁰ We want people to have faith going to hospital, and feeling 'Okay, I'm going to be well taken care of'. Because a lot of the healing process has to do with [whether] you think you're going to get better" (Interview with Actor C, May 15, 2000).

Beyond this sense of professional responsibility, there were more immediate concerns about personal repercussions from telling stories, which were rooted in a fear of the arbitrary power of hospital administrators, despite the presence of the union. One nurse told of nurses in Nanaimo (on Vancouver Island) who had been disciplined by their

hundred to one hundred and twenty-five thousand dollars worth of advertising space in print (local, regional, and national) and television.

⁹ For a selection of reviews, see the BCNU website:

http://www.bcnu.org/Theatre_Folder/Theatre_project.htm; Hemel, 2000; Samuel, 2000.

¹⁰ This statement could be seen to reflect and reinforce the BCNU's reluctance to accredit nurses trained in the Philippines.

hospital administrator for talking to the media about conditions in their hospital. To tell stories in the context of a play seemed safer. One woman who told two stories that were included in the play expressed concern about reprisal. One story was about the kind of deals that hospital administrators make with medical suppliers. In the play one nurse is snapping her way through low quality latex gloves and finally asks the hospital administrator why he does not order some better quality ones. These gloves are unacceptable, she says, adding, “Don’t patronise me. I am sick to death of this bullshit.” The administrator reveals that his hands are tied because the hospital is “locked into a five year contract with the manufacturer.” In another scene, nursing cuts are mentioned and a nurse suggests “Why doesn’t someone scale down the new administrator’s golf club package?” These stories – the gloves and the golf package – are true ones, but the nurse who told them felt uneasy about doing so. Performing the play at her hospital was very difficult:

performing at [my hospital] ... was like oh-my-god ... the golf package, that’s from [my hospital]. So I was just sitting there, like, ‘Oh god.’ But I couldn’t think of it. I thought, ‘No, I have to be an actor now.’ And it’s also true I have to believe in what we’re doing. And I totally believe in what we’re doing. The public should know this kind of thing. I mean, the administrator is offered huge, huge amounts of money and incentives, and golf club packages. And, like, that’s a lot of money. And yet there are no nurses. It’s unbelievable ... but if I had approached that as a nurse and worried about my job ... I would never have brought that [story] up in the first place (Interview with Actor C, May 13, 2000).

Her capacity to tell stories in public was tied to the fact that the theatrical production was removed from her role as nurse. Ironically, the fictionalised and farcical parts of the script allowed space to raise hard-hitting and very specific criticisms of hospital administrators. This separation became more difficult for her when the play was performed within the actual space of her hospital.

The ambiguity of what is real and fictional is important, not only because of these various fears about telling ‘the truth,’ but because of the ways this ambiguity works on the audience. Kershaw (2000, 139) argues that “the ludic role of spectator turns performance into a kind of ideological experiment in which the outcome has no *necessary* consequence for the audience. Paradoxically, this is the first condition needed for performative efficacy.” It is this ludic state between real and not real, Kershaw argues, that allows spectators to play around with norms and conventions.

The movement between real and unreal, held together in the space of the theatre, invited the participants, both audience and actors, to temporarily refuse closure and pursue lines of analysis that they might otherwise resist. Not all of the audience was ready to do this. Through the evaluation surveys that were done at every performance, it became apparent that many in the audience were discomforted by the violence in the play (the young nurse Anna gets slapped by other nurses and is shot and killed at the conclusion), and about scenes that displayed nurses being unsupportive of each other.¹¹ However, the

¹¹ A one-page evaluation survey was handed out to the audience at each performance and returned surveys were read by cast members and union representatives after each performance. Our

actors interpreted this discomfort, not as a serious criticism, but as a sign that the play had provoked an emotional reaction. In the words of one of the nurse/actors: "They [the audience] thought that shouldn't have been in there because it showed nurses as not being supportive or caring about each other. But I think that's good. I think that's very good because you know sometimes the enemy is within. It may not always be a 'them' and 'us' situation, and sometimes we need to look at 'us' and what we're doing and how we're perpetuating the dilemma that we're in" (Interview with Actor A, May 3, 2000).

Equally interesting is the range of interpretations entertained by the nurse/actors, who might be expected to have arrived at a common understanding of the play through weeks of rehearsal and performance. The five nurse/actors interpreted the same controversial scenes in very different ways, working through a range of metaphorical and literal readings. For one, the nurse slapping scene did a good job of opening up the issue of conflict among nurses, the fact that nurses often blame each other for problems that are not of their making. For another, the same scene expressed the need for nurses to be more direct and to escape the bonds of professionalised femininity. In her words, some patients require stronger words than "that is not appropriate behaviour," and might occasionally be better reached by shouting "Fucking, shut the fuck up": "Sometimes you just need to be human because a lot of people come in and they're just really crazy and some times they need that. They don't need someone to go: 'Oh, your behaviour is very inappropriate'" (Interview with Actor C, May 15, 2000). For another, the same scene signified the violence on the job, especially violence that patients enact on nurses. The final scene in which the young nurse Anna is shot was also wide open to interpretation. Actor D interpreted it as the symbolic death of the Canadian health care system. It was interpreted by Actor C as a statement about attrition among young nurses: "For me, Anna died because that is a reality. Young nurses, if they go in at all, they're not staying very long." For Actor A, it captures the everyday experience of being a nurse, the feeling of having a gun at your head. For some, it was the administrator who killed Anna. One nurse from the audience came up to the actress who performed Anna and said: "You should have had them stab you in the back" as a more accurate portrayal of death-by-administrator. This was a "whodunit" that seemed to tolerate a range of perpetrators and victims and it is arguable that it is this very flexibility that allows for a common understanding to develop.

To present the play only as a text is to miss the richness of the theatrical space. The theatre project allowed nurses to present their stories – not just to tell them, but also to show them through a frenzied production in which nurses mime nursing tasks even as they sing unrelated songs and actors portraying Alzheimer patients wander across the stage. At the end of the play, the actors face the audience and the music draws them into an Irish jig. The music speeds up and their legs move faster and faster, and the smiles on their faces become plastered and panicked as they strive to keep up with what the music requires of them. From the perspectives of one of the actors, this jig was one aspect of the performance that worked best: "It think the jig ... nurses really get that. That we're run off our feet. That's a great little ... wonderful little moment" (Interview with Actor A, May 3, 2000).

information about the content of these surveys comes from the nurse/actors and their reports of which aspects of the responses elicited discussion among union representatives and cast members.

One short vignette that emerged in the script workshop illustrates how theatre is able to convey a physicality that is itself integral to the professional lives of the nurses. During a group conversation about the script, one nurse told a story about how a post-operation patient was delivered to her ward during a particularly busy time. She was watching over several patients at once, but this patient was not recovering from the operation and kept losing blood. After several frantic phone calls, she managed to convince the doctors that the patient required immediate attention. Her description of this flurry of activity was peppered with references to specialised medical equipment and procedures that were foreign to the non-nurses in the room. The director asked her to act it out and to direct the other nurses in various roles. What emerged was very different from the director's choreographed improvisations in which he asked the actors to enact some routine work tasks. This is because the miming was of specific rather than broadly descriptive actions; there was an economy to their actions that was born of their familiarity with the work. What emerged was a sense that the nurses' own bodies are sites of knowledge. The specific improvisation was directly incorporated into the script and both text and action convey the physicality of this knowledge:

Nurse 1: 15 minutes later. Better check the patient. No, there's no time; no, I better check. Dump urine, drain is full. 15 minutes. Better check again. No, there's other patients; no, I better check. Dump again full again. 15 minutes and I have three cups of the bloody stuff. Pressure drops. Speed up the IV. Call the surgeon, express concern. Ten minutes later, the patients back in the OR [Operating Room]. Good thing I double-checked. It was a gut feeling.

There is currently a fascination among some geographers with the body as a site of agency and innovation (Rose, 1999), hence the contemporary interest in dance as a medium of expression (Nash, 2000; Thrift, 1997; Thrift, 2000). Theatre is another embodied way of telling that exceeds the textual; the irony is that this is exceedingly difficult to capture within our own text ([Video Clip 1: Embodied Nursing](#)). The following clip ([Video Clip 2](#)), which shows the rehearsal process and final performance, conveys the complexity of and layers of embodiment within theatrical performances. The theatre not only allows embodied performances; a process of embodied learning took place as actors taught nurses new ways of using their bodies to find a means of expressing their thoughts and emotions.

Current theories of performativity (Butler, 1990) suggest some of the stakes involved in public, embodied performances. As much as expressing our social identities, performances are thought to construct and sediment them. Roach (1996, 26) has developed the concept of 'kinaesthetic imagination' to understand the ways that expressive movements "are mnemonic reserves, including patterned movements made and remembered by bodies" (see also Jackson, 2000). Kinaesthetic imagination "operates in the performance of everyday life, consolidated by deeply ingrained habits and reinforced by paradigmatic systems of behavioural memory such as law and custom ... [It is] also a means of its imaginative expansion ... through ... extensions of the range of bodily movements ..." (Jackson, 2000, 27). When nurses perform – literally embody – the words: "Don't patronise me. I am sick to death of this bullshit", or are brought to violence in the (staged) workplace, these are instances of 'imaginative expansion' of who nurses might be and the limits of what they can endure. If performance is tied, not only to how nurses are but to who they might be, it is no wonder that the contest over representation was so fiercely fought.

Contests over Representation: Work or Play?

As a collaboration, the project brought together different subcultures and different political perspectives which created an opportunity to debate how best to represent nurses and their experiences. The union, actors and theatre artists agreed on some basic principles of radical theatre: that radical social change begins in actions and gestures of everyday life; that theatre can be a type of political praxis in which affirmative identities can be articulated and resistance can be imagined and rehearsed; and that radical theatre can vividly portray asymmetries of power by rendering the powerful in grotesque parody. But there were nevertheless fundamental disagreements about the objective of political theatre in general, and this project in particular. The writers wanted to ask fundamental questions about the meaning of nursing within a capitalist society. Another theme that was introduced by the writers but quickly buried by the nurse/actors was that of sexuality. Nurses are objects of sexual fantasy – as the writers’ research into porno videos quickly revealed. But the writers were also interested in exploring the nurses’ own experiences of sexuality on the job, and nursing as an embodied, sensual experience. In part they saw this as one opportunity to generate a larger critique of capitalism and, implicitly, to critique and analyse how nurses, their union and hospital administrators, as individuals and organisations, accept some of the key abstractions of capitalism when they conceive of work and workers in segmented, partial ways.¹² To give a concrete example, the director was interested in one story told by a nurse in the storytelling workshop held on the Queen Charlotte Islands. This nurse described staying with a patient who was dying. She said that she held his hand all night long, they touched each other all night, just like “we were lovers or something.” When her shift was over, she went home and the patient died a few hours later. The director was interested in her description of the sensuality of the experience, paired with her strict scheduling of it. Her shift ended and she went home. These themes of sexuality, sensuality and the segmentation of time and space were, however, resisted by the nurse/actors. In the director’s words, Hotlips Hoolihan – the character who was meant to explicitly embody sexuality – “didn’t want to get hot.”

A key point of conflict emerged around modes of storytelling, around not only what to represent but how to do so. Some of the nurse/actors wanted to tell naturalistic stories that invite the audience to identify emotionally with nurses. The director was quite disdainful of this approach to theatre, in part because he feels that it slides into sentimentality; he was committed to more Brechtian theatrical techniques. In an early statement on ‘the alienation effect’, Brecht (reprinted in Goodman with de Gay, 2000) explicitly distinguished this methodology from the actor who attempts a complete conversion to the character in the play and solicits identification from the spectator: in the former, “[n]obody gets raped by the individual [the actor] portrays; this individual is not the spectator himself but his neighbor” (96), and “[a]cceptance or rejection of their actions and utterances [is] meant to take place on a conscious plane, instead of, as hitherto, in the audience’s subconscious” (94). The effect of denaturalising what we take for granted is better achieved, from the director’s perspective, by making transparent the theatricality of the production rather than forging a sentimental identification between audience and actors.

¹² This calls up Lefebvre’s (1991) analysis of abstract space and, in particular, the ways that the body is a key source of the awareness of the contradictions harboured in abstract space.

The play that was performed was an accommodation across theatrical genres. When the script was first presented to the nurse/actors it was more coherently structured around a farcical plot about a young eager nurse who arrives on the job to find that none of the more experienced nurses have the time to help her. She is eventually shot and killed when she naively uncovers a plot to dismantle the Canadian health care system by selling medical equipment and indeed nurses to American hospitals. Most of the nurse/actors disliked this script intensely when they first began to work with it. They thought that the writers had identified the wrong enemies (doctors instead of hospital administrators). Several disliked the fact that the original characters were literally nursing stereotypes (e.g. original characters included and were named as Florence Nightingale, Nurse Ratchett, Cherry Ames and Hotlips Hoolihan), feeling that Cherry Ames and Florence Nightingale, for example, had little to say about British Columbian nurses in the year 2000 and merely reinscribed stereotypes by repeating them. In the words of one:

[The] whole Cherry Ames, I don't get it, at all. I don't like it and I don't get it. Because it's an antiquated story that's not happening any more. And if we got to do five plays, I'd say, 'well, that'd be fun to do that as a kind of historical thing,' but we only have one shot, one deal, and that's not the most important story (Interview with Actor B, May 3, 2000).

From a letter that one actor wrote to the director after the first week (dated February 21, 2000):

We are using precious script time to play around with concepts such as Nurse as Whore, Nurse as Bitch, Nurse as Virgin, and Nurse as Martyr, and aren't these roles what women have been fighting against for years and isn't this exactly what has kept nurses behind in ghettoized underpaid women's work? ... [describing the plot in unflattering terms] I get it. ... I just don't get that it is interesting enough for our sophisticated audience, who are hoping we will speak for them on the things that are important to them.

The last comment about 'getting it' highlights a struggle over and against artistic authority and cultural sophistication. A four-page handwritten letter that was sent by another cast member ("I find myself here on Sat. a.m. – exhausted – but unable to sleep in") makes similar points, in this case calling up her professional authority as a nurse and writing through the actual pain and stresses of the body. In the first two pages of her letter she simply describes in detail the week of work that she returned to after the week-long script workshop, which included the stresses and fears attending a new responsibility for the first 4 hours of post-operation nursing after craniotomies (for which she received no clinical training): "Somedays it feels like being at war and the bullets are coming fast and furious – and to your horror there's also gunfire in the trenches from your own side." She continues:

and I'm as frustrated with [the theatre project] as I am with my profession ... and I don't agree that we should be subtle ... my God – we are in a crisis and yet still unwilling to shout it out – still hiding behind being polite and not too hard hitting for fear of offending – and that is what has landed us in this mess in nursing. It's time to tell the truth ... the whole Cherry, Flo, etc. I find insulting – the whole areas around sexual innuendo I find insulting and [they] do nothing to educate the public of our plight ... I

don't believe you can hire a writer who has a preconceived idea of nursing from reading theory – they need to listen to us and get our stories in print

There is some indication that the audience agreed with this assessment. According to the BCNU, roughly 20 percent of audience members commented negatively on the lack of a realist narrative in the final/revised script: “Stereotyping couched in feminist ideology.” “Would like to have seen more anecdotal stories of actual nursing.” “Be more political about the cuts to transfer payments and the effect on B.C. healthcare.” (BCNU web site: http://www.bcnu.org/Theatre_Folder). The actors recounted instances of audience interest, expressed post-performance, in knowing whether the stories that were eventually told in the play were their own. The audience yearned, then, not just for realism but autobiography, for precisely the kind of total conversion about which Brecht is so critical. Whereas the writers argued that the stylised narrative allowed the play to examine more than the working conditions, the nurses, who actually had to live and work in these conditions, felt that these conditions had to be dealt with before anything else could be examined, and that emotional identification with their plight was essential.

In a remarkably democratic process, the writer and nurse/actors spent a week working on the script (see [Video Clip 3](#) for an example of collaboration during rehearsal, followed by a clip of performance), and what emerged was a hybrid text. In the reworked script, the farcical plot remained, and the actors still dressed as clowns and enacted stereotypical roles. The clowning methodology was meant to enable the actors to simultaneously embody and rebel against these typifications. Techniques such as addressing the audience and leaving unresolved slippages in the narrative were still used to deny the audience the position of passive spectatorship. But in the revised script the stereotypes were no longer explicitly named. One of the actor/nurses felt that by using the stereotypes but not naming them, they had more impact. In her words, “maybe that got people thinking about how we label ... somewhere [there] were some ‘a-has’ that said “aha, that’s ... how I have viewed nursing and, you know, maybe that’s inaccurate” (Interview with Actor A, May 3, 2000). The actors also occasionally stepped out of the plot and out of character to tell their personal stories as nurses across the theatrical fourth wall,¹³ a movement that both challenged the stereotyping of nurses and invited audience identification ([Video Clip 4: Anna tells a personal story](#)). The hybridity of the play and the movement between fictional accounts and testimonials, clown and realistic nurse, accentuated the indeterminacy of the line between real and non-real, and arguably heightened the ludic quality of this particular theatrical space.

The opportunity that theatre affords to suspend judgement and extend the terms of political discussion is judged by the director/writer to be one of its key traits,¹⁴ but it was a

¹³ The “fourth wall” is a theatrical term used to describe the imaginary fourth wall of a set that has been removed so that the audience can observe the action. Generally, more naturalistic performances will use a ‘fourth wall’ which helps to sustain the illusion of realism.

¹⁴ Dorrine Kondo writes in a compelling way about the opportunities that theatre provides as ‘a site of new cultural possibilities’ (1995, 63). She is especially interested in using theatre to think beyond current race identities and politics in the United States (Kondo 1995, 1996, 1997, 2000). See also Phelan (1993).

source of some conflict with the union over political objectives.¹⁵ The director/ playwright started making agitprop theatre for the Communist Party of Canada in the early 1980s, but he is now sceptical about some aspects of union politics and priorities. (For a public statement of some of these reservations, see Salverson, 1999, a published conversation with Steven Hill.) He is critical of what he interprets as union officials' privileging of hierarchy, their view that theatre should communicate pre-established and agreed upon objectives, and their media savvy that threatens to reduce theatre to a form of advertising. In his words:

I came across a quote some years ago ... that the function of art is to strip the answer from the question. And that seemed to be way more respectful of the whole thing, rather than coming in with the answer and lining everything up so that is all agreeable. And looking at the thing that we just did [the nurses' project] I feel like we failed in that too. I feel like it opened up some things, but the other stuff keeps creeping in, the other kind of certainty keeps creeping in." [The union] wants some conclusions that we all agree on, a direction forward. ... [I]n this nurses' [project] I think we tried not to have so much [resolved] ... like the resolve is a sort of meditation on something rather than a conclusion for action (Interview with Steven Hill, April 21, 2000).

His understanding of the political potential of theatre informs his writing and directing. The use of stereotypes as characters, for example, is tied to a clowning methodology, one that can be seen to inhabit a politics that is tactical as much as strategic. In the director's words:

And Bakhtin talked about the fool being always polemical because it needed the authority, it needed the authority to make it the fool. ... And clown is really great for that. Because in terms of political theatre, I rely on the clown, because it's about ... it's not about ... [I]like the Marxist thing, it's always: 'we will enjoy it when the glory day comes, but it's all suffering and struggle until the glory day.' And the clown says that tyranny is always present, and it's about elbowing some space for freedom and joy inside the tyranny. And so, when the boss's back is turned, it's mischief and then they're [the boss] there again. So, it's about finding some room now. It's about finding space right now. And as soon as the clown overthrows the boss, it's a revolution, and they're not clowns anymore. They stop being clowns. ... The clown can't play stupid. As

¹⁵ If theatre can be envisioned as a space to experiment with conflicting representations, and to play against authorities of all types (including the union), then this may not be the vision held by the BCNU. Responding to the post-performance surveys, the union wished to write out some aspects that caused controversy, such as the violence by and directed toward nurses, in a proposed video production of the play. The director objected to the union's plan of hiring a professional actor to play the 'evil administrator' as opposed to the nurse/actor. Presumably the filmed version would not have sustained the deliberate slippages between the union and hospital administration, and in re-writing they would have been more specific in constructing nursing identities. Tellingly, the video format would have also allowed much closer control of the viewer's eye and interpretation. The film project was abandoned due to disputes between the director and the BCNU.

soon as they play stupid, it's stupid. You have to discover the problem. And the whole thing with the clown is that it's better to be in the shit than solve your problem. But the audience wants to see you in the shit. They don't want to see the problem solved. As soon as the problem is solved, it stops being interesting. ... And the clown is all about games, always finding a new game in everything. So that's what I tried to get inside the script: just find enough games for them to play that could ground them (Interview with Steven Hill, April 21, 2000).

One sour response that came through the audience survey was: "That's fine. It looks like you're all enjoying yourself. But I'm going back to work." In response to this, the director asks that we consider that we come to theatre precisely to see people at play; the narrative and the characters are not what we notice first. "Actually", he argues, "what we see is people playing together, they [the audience] see first of all ... who [the actors] are and how [they] relate to each other. And that's actually what drives us [to go to theatre]: to see how people can play with each other" (Interview with Steven Hill, April 21, 2000). Theatre is an experiment in social relations, in how we might relate differently to each other, not apart from but including in the workplace. It is a space to imagine our world otherwise. This is a politics of play that works with a different temporality than union politics of long term class struggle (now as opposed to in the long run), and has different objectives (everyday resistance rather than structural change or even a new three year labour contract).

But what union wants to stay perpetually 'in the shit'? Dorrine Kondo has articulated some similar tensions surrounding the use of realist narrative techniques by minority theatre companies in the USA. She writes about the dismissal of emerging minority voices by established or elite artists and critics who favour techniques of alienation or distancing. Kondo (1996, 109) argues that the political effects of genre have to be assessed in context: "The speaker's position, the intended audience, the stakes, and the larger discursive fields of history and power through which meanings are constituted are not mere 'contexts' that nuance an essentialized meaning; rather, these are essential in determining the political weight of any narrative strategy." In the case of minority groups (including feminised occupational groups), it may be as politically meaningful to write an identity (and audience identification) into existence as it is to disrupt this audience identification through non-conventional techniques. As a compromise, the play did both.

Interspatiality: "Let's Do That Nursing that is Theatre"

If the capacity of theatre to suspend the audience between the real and non-real is one of its important characteristics, another face of this is the leakiness between theatrical and other spaces, one aspect of the blurry boundary between text and context. Jackson (2000) refers to this as 'interspatiality.' The actors were certainly aware of how the context pressed in on and determined audience reception. Filewood (1999) notes that the physical location of theatre within worker-identified spaces is key to the construction of theatre as political or working-class. In the case of the nurses' project, the actors were concerned that some union-identified spaces narrowed the play of interpretation. They felt that the play was experienced differently as it moved from site to site, and that the audiences' willingness to suspend judgement and entertain a multiplicity of meanings receded when the play was performed in less theatrical spaces. They felt that it was read as a didactic lecture when it was performed in conference rooms at union meetings: "It

feels like a presentation and it's because of the environment. ... [It is received as] 'I want to make a point here' rather than, in theatre, letting yourself just be absorbed in the process. You can lose yourself in it rather than feeling like you're seeing a presentation" (Interview with Actor A, May 3, 2000).

As interesting is the capacity for theatre to move into other spaces. We can simply gesture toward some provocative leakages between theatre as a space of politics and politics in the workplace.¹⁶ We have already mentioned the ways that the union facilitated fluidity between the space of the theatre and media coverage. The actors were interviewed many times by the national and local media when on tour. The union also took their production into the streets – or at least a hotel dining room – where the actors presented themselves to the Premier of the province in a piece of guerrilla theatre that captured the media's attention. Dressed in costume, they performed a favourite song from the play, the Money song, in which they articulate nurses' demands for higher wages to the tune of the Beatles' song.

The play was also conceived by the union as a mechanism for organising nurses, for recharging their enthusiasm and commitment before contract negotiations. In the words of one BCNU staff member, the play "was also part of the shift that was happening in education around. ... You know, they're doing workshops ... right now they're doing workshop educationals all around the province on rebuilding or recharging your activist spirit ... trying to get people to let their creative ... you know, sing, have fun, make posters, get creative. ... At the last convention [we had] workshops on storytelling, workshops on banner making, song workshops" One of the objectives is to get members to "think about organising themselves," to innovate locally, within their own work sites.

More ephemerally, but perhaps as important, the actors mentioned on a number of occasions the professionalism of the play: "... the feedback I've had so far was that people really enjoyed it. They've told me it's very professional. ... I think too that nurses have many talents. ... [I]t was very important to [all of the cast] that it was done in a very professional way" (Interview with actor E, May 12, 2000). Given the great struggle to establish the professionalism of nursing, this pride in the professionalism of the theatrical production is interesting to contemplate, especially the potential for the latter (the professionalism of the theatrical production) to stand in for the former.

¹⁶ The effectiveness of the theatre project for pragmatic union organising is extremely difficult to assess, especially given that the BCNU has followed up with other mediatised projects, including a long running \$400,000 television advertising campaign in the spring of 2001 which promoted paying nurses "what they're worth" (Ullmann 2001). Nurses' contracts expired in March of 2001. After months of stalled negotiations, the B.C. provincial government imposed a three-year settlement with back-to-work legislation in August 2001 (Matas 2001). The legislation gave the nurses an average 23.5 percent wage increase, with the top rate to reach \$32.42 an hour, which the government claimed to be the highest in Canada. There were wildcat strikes at 14 locations the week in which this legislation was introduced and the union collected resignations letters from more than 5000 nurses in a final effort to resist the legislated settlement (which they eventually returned to the individuals who had signed them). These actions give some indication of the militancy of the union membership.

The actors were also uniformly positive and stimulated by the clowning process that they learnt through rehearsal and which was built into the play. In an actor's words: "I think [the clowning workshops] were probably the key to the success of this whole performance, because all of us have acting experience and we all came here with acting experience, but [the director] turned us on to a whole new world of unreality" (Interview with Actor D, May 13, 2000). They could envision concrete ways of working with the clown in the workplace. One nurse/actor was interested in reports that she heard on tour about some Nanaimo nurses who had successfully had some of their non-nursing duties assigned to other workers. She understood that some of their success resulted from making their statements in visual, less confrontational ways. (They had a jar on the desk and every time they did non-nursing tasks they put the estimated cost of this task in the jar. By the end of the week there was a lot of money in the jar, visual evidence of the cost of using nurses for answering phones, portering patients, and delivering and collecting lunch trays.) Drawing on her recent clowning experiences, this nurse thought: "I spend so much time of my work day portering. ... I'll find myself one of those portering hats that they used to wear on the railway and put my clown nose on every time I push the bed. ... We've done this theatre that is nursing. ... Now, let's do this nursing that is theatre" (Interview with Nurse A, May 3, 2000).

Other nurses made interesting links between their experiences as actors and their increasing openness to alternative, non-scientific ideas about health care, such as 'the healing touch.' Acting led them to think in new ways about the body as a site of knowledge. For instance, one actor described an experience in her acting class that led her to understand her body and emotions in new ways:

I worked with ... a movement instructor who works with something called Plastiques, which is a belief that you store emotions and memories in joints. So if you move them enough you get these blocks out because you block your emotions by keeping them, storing them, inside your tissues and your cells, whatever. And I remember having this experience. We were doing our wrists, right, and I still thought [what a] bunch of hooley. But I'd gone to acting school so I was going to do what they tell me to do. You pay all this money. But anyway, all of a sudden images started coming through my mind like one fact after another. These people in extreme pain. And it was awful, and I started crying. ... I was really freaked out. When I sat down after the experience and thought about it, I realised that the first face that I saw was the last patient that I dealt with who was in pain, and it was like kind of a series of all these faces. And that was all stored in my wrists. And it was really, really bizarre, because I didn't really believe I would have an experience like that. I really didn't think that, especially when you take all these science courses and think of [the wrist] as bone and tendons (Interview with Actor B, May 15, 2000).

A number of the actors would no doubt continue to consider such ideas to be 'hooley,' but all certainly felt recharged and re- or newly committed to union activism. Actor C, who had never been, in her words, "the slightest bit interested in the politics of nursing" described herself as 'passionate' after participating in the play. Actor D, who was already a shop steward, said "I'm going to go back and I'm going to be twice as radical as I was, twice as union activist as I was, more fist pounding, finger pointing, more

likely to fill out complaint forms, and more likely to try to get my employers fired for dereliction of duties” (Interview with Actor D, May 13, 2000).

Performing Critical Geographies

Theatre, then, is a space that works at a productive distance from the workplace. It allowed nurses to reassess their situations, to tell threatening stories within the ambiguity of a narrative that is neither quite fiction nor quite fact, and to role play and rehearse confrontations with their hospital administrators. In the space of theatre, the grotesque circumstances of everyday life (e.g. golf packages to hospital administrators in the face of nursing shortages) can be rendered truly grotesque and more clearly apprehended. The excessiveness of the clown allowed bodily performances beyond the expected norms of nursing comportment, to act out through symbolic gesture the “Fucking, shut the fuck up” scenario envisioned by Actor B. The hooting and the laughter from the audience may diminish when the lights go up – indeed, some have argued that it is this ephemeral nature, this non-productive aspect of theatre, that comprises its most fundamental critique of capitalist relations (Phelan, 1993) – but traces of the event can have more pragmatic effects. The nurses who were actors felt recharged and re- (or even newly) committed to militant union politics and it is possible that the play worked in similar, if in less intense ways, for members of the audience. The huge pride that nurses took in the professionalism of this theatrical event seemed to resonate with and bolster a larger concern about public perceptions about their professionalism as nurses. The clowning methodology within the play led some of the nurses to think in new ways about methodologies of labour activism.

As observers of this event, we were not untouched by the creative ways that the actors thought of adapting the clown to their own activism as nurses, and it leads us to ask, how might we learn from the clown as academics? How might we learn from the struggles over representation that took place within this project? We were torn between these struggles.¹⁷ As empiricists we are trained in a realist mode of writing. How might we respond to and work with the director’s suspicions about this mode of address? What are the certainties that keep creeping into our analyses? Can we learn from traditions of radical theatre to think more deeply about our own representational strategies and to experiment with a wider range of writing strategies with the goal of moving our audiences in different ways, to different effects? At the same time, as academics we are all too familiar with some aspects of the clown, that is to show people perpetually ‘in the shit.’ Is there not something to learn from the union’s pragmatism, from their insistence that they need to solve immediate problems, fix an analysis and devise a solution? That different objectives require different modes of writing and audience address is perhaps obvious, but it is not a discussion that is well developed within critical geography. That we end with some questions and some ambivalence seems perfectly fitting. It is a testament to the director and nurses involved in *Hurl, Hemorrhage and Heal* that they have managed to strip the answers from our questions and, indeed, to initiate a new set of questions.

¹⁷ It is worth repeating that we are torn to different extents and in different ways. Elia has much closer links to the theatre community, while Gerry is inclined to closer identification with women’s labour struggles.

As tempting as it is to leave things here – sailing off into a sunset of questions which lead on to a new day of sorting out the answers – we want to end by addressing a question posed by Nicky Gregson in her review of this paper. She wrote: “I liked this idea [clown/clown as metaphor/clowning in practice] a lot and wanted to see a lot more thought given as to how this might be developed in an academic context. What does the clown have to offer as a way of comment/in writing/in doing the academy?” While hardly providing a lot, we offer the following.

In his discussion of the alienation effect in Chinese theatre, Brecht (2000, 95) notes how the actor achieves strangeness “by looking strangely at himself and his work.” It is in these small gestures that everyday things are removed above the level of the obvious and the automatic. This type of self-alienation through gesture is one part of the clown. It seems to us that discussions of performative writing (e.g. Pollock, 1996) are attempts to think through how this gesture of self-alienation can be brought to our writing to render writing less transparent, more self-evidently performed, so as to demand a more conscious evaluation on the part of the reader.

A second line of thought moves around the kinds of scripts demanded by the clown. We have left the BCNU ‘in the shit’, as it were. The PWC, now also organised as the Filipino Nurses’ Support Group, continues to struggle against and in solidarity with the BCNU. Our knowledge of their struggle shouts from the margins of our text. Without developing the dimensions of this controversy in the detail that it demands, we have tried to signal in the footnotes that run alongside the text ongoing conflicts and controversies that disrupt the BCNU’s organising efforts in (what we judge to be) productive ways, while simultaneously respecting the urgency of the agenda that BCNU has set for itself. In this we have also constructed ourselves as clown, ‘found out’ and trapped by our multiple and conflicting allegiances. We end where we began: in life, somewhere between the academy, politics and the personal.

Acknowledgements

We would like to thank the director, Steven Hill, the five nurses/actors and the BCNU for their willingness to allow us both to enjoy some of the excitement of the process and to critically examine what was a risky and creative experiment. We thank Michel Bisson for her close and constructive reading, Helen Watkins for transcribing interviews, Alex Vasudevan for references, and Elisha Burrows for video editing. We also thank Richa Nagar for her enthusiasm for the project, which prompted a session on popular theatre and politics at the AAG meetings in New York, and for her helpful comments as reviewer of the paper. Thanks to the other two reviewers, Nicky Gregson and Mary Gilmartin, who also provided extremely interesting and useful comments. The research was funded by the Social Sciences and Humanities Research Council of Canada. We would like to acknowledge the following people associated with the production of the play: Vince Manre (Performer), Pamela Miller (Performer), Colleen O’Neil* (Performer), Cynthia Quinn-Young (Performer), Marianne Sawchuk (Performer), Steven Hill* (Director), Michel Bisson* (Stage Manager). An asterisk indicates members of CAEA who are credited with the permission of Canadian Actors’ Equity Association.

We are grateful to [Canadian Actors' Equity Association](#) for permission to use the video clips of the play.



References

- Boal, Augusto. 1979. *Theatre of the Oppressed*. New York: Theatre Communications Group.
- Brecht, Bertold. 2000. Alienation Effects in Chinese Acting. In, Lizbeth Goodman & Jane de Gay (eds.), *The Routledge Reader in Politics and Performance*. London and New York: Routledge, pp. 94-97.
- British Columbia Nurses Union. 2000. Performance Works: Hurl, Hemorrhage and Heal – The Nurse’ Musical pushes nursing issues to centre stage in communities across B.C. *Update*, May/June.
- Filewood, Alan. 1999. The Working Body / The Working Gaze. *Canadian Theatre Review* 99, 31-35.
- Filipino Nurse Support Group. 2000. Nurses Frustrated Over BCNU’s Squabbling. Press release, June 28, 2000.
- Goodman, Lizbeth and Jane de Gay (eds.). 2000. *The Routledge Reader in Politics and Performance*. London and New York: Routledge.
- Hemel, Martin van den. 2000. Cast of characters make Hurl a hit. *The Richmond Review* April 19, URL: <http://www.rpl.richmond.bc.ca/community/richmondreview/archive/RR20000419/morenews.html>
- Houston, Donna. and Laura Pulido. 2002. Labor, Community and Memory: Performing Social Justice at the University of Southern California. *Environment and Planning D: Society and Space* 20, 401-24.
- Jackson, Shannon. 2000. *Lines of Activity: Performance, Historiography, Hull-House Domesticity*. Ann Arbor: University of Michigan Press.
- Kershaw, Bas. 2000. Performance, Community and Culture. In, Lizbeth Goodman & Jane de Gay (eds.), *The Routledge Reader in Politics and Performance*. London and New York: Routledge, pp. 136-42.
- Kondo, Dorrine. 2000. (Re)Visions of Race: Contemporary Race Theory and the Cultural Politics of Racial Crossover in Documentary Theatre. *Theatre Journal* 52, 81-107.
- Kondo, Dorrine. 1997. *About Face: Performing Race in Fashion and Theatre*. New York: Routledge.
- Kondo, Dorrine. 1996. The Narrative Production of “Home,” Community, and Political Identity in Asian American Theater. In, Smadar Lavie & Ted Swendenburg (eds.),

- Displacement, Diaspora, and Geographies of Identity*. Durham: Duke University Press, pp. 97-117.
- Kondo, Dorrine. 1995. Bad Girls: Theatre, Women of Color, and the Politics of Representation. In, Ruth Behar & Deborah A. Gordon (eds.), *Women Writing Culture*. Berkeley: University of California Press, pp. 49-64.
- Lefebvre, Henri. 1991. *The Production of Space*. Oxford and Malden, MA: Blackwell.
- Matas, Robert. 2001. Nurses drop threat to resign. *The Globe and Mail* August 11, A7.
- McDougall, Gordon. 2000. Revolution and Re-creation. In, Lizbeth Goodman & Jane de Gay (eds.), *The Routledge Reader in Politics and Performance*. London and New York: Routledge, pp. 123-29.
- Nagar, Richa. 2002. Women's Theater and the Redefinitions of Public, Private, and Politics in North India. *ACME: An International E-Journal for Critical Geographies* 1, 55-72.
- Nash, Catherine. 2000. Performativity in practice: some recent work in cultural geography. *Progress in Human Geography* 24, 653-64.
- Phelan, Peggy. 1993. *Unmarked: the politics of performance*. New York: Routledge.
- Pollock, Della. 1996. Performative Writing. In, Peggy Phelan & Jill Lane (eds.), *The Ends of Performance*. New York: New York University Press, pp. 73-103.
- Roach, Joseph. 1996. *Cities of the Dead: Circum-Atlantic Performance*. New York: Columbia University Press.
- Rose, Gillian. 1999. Performing Space. In, Doreen Massey, John Allen & P. Sarre (eds.), *Human Geography Today*. Cambridge: Polity, pp. 247-59.
- Salverson, Julie. 1999. Spoken and Unspoken: When Theatre Meets Labour. *Canadian Theatre Review* 99, 28-30.
- Samuel, Leah. 2000. Nurses' music builds solidarity and fun. *Labor Notes* August, URL: <http://www.laborheritage.org/nursemusical.html>
- Schechner, Richard. 1997. Believed-in Theatre. *Performance Research* 2(2), 76-91.
- Thrift, Nigel. 2000. Afterwords. *Environment and Planning D: Society and Space* 18, 213-55.
- Thrift, Nigel. 1997. The Still Point: resistance, expressive embodiment and dance. In, Steve Pile & Michael Keith (eds.), *Geographies of Resistance*. London and New York: Routledge, pp. 220-43.
- Ullmann, Monika. 2001. Nobody's Handmaiden. *The Vancouver Courier* April 4, 1-5.