

Shape-shifting: Stories of teaching for social change in nursing

by

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A thesis submitted to the Victoria University of Wellington

in fulfilment of the requirements

for the degree of

Doctor of Philosophy

in Nursing

Victoria University of Wellington

2002

## **Abstract**

Because little is known about why and how nurse educators teach for social change, this research breaks new ground. A review of the general literature on teaching for social change revealed that few educators have attempted to analyse and understand it in relation to personal narrative inquiry. However, critical feminist educators provide a useful framework for theorising about teaching for change that addresses issues of hegemony, agency, praxis, individual voice, difference, justice and equity.

Six women Pakeha/Tauiwi nurse educators from throughout New Zealand volunteered to participate in this research and share their lived experiences of teaching for social change. In-depth conversations over two years unfolded new and rich material about how and why these six women continue to teach the evaded subjects, like mental health, women's health, community development and cultural safety. All teach in counter-hegemonic ways, opening students' eyes to the unseen and unspoken.

Among the significant things to emerge during the research was the metaphorical construct of shape-shifting as an active process in teaching for social change. It revealed the connectedness and integrity between life as lived and the moral imperative that motivates the participants to teach for difference. Shape-shifting was also reflected in other key findings of the study. As change agents, the participants have had significant shape-shifting experiences in their lives; they live and work as shape-shifters within complex social and political structures and processes to achieve social justice; and, they deal with areas of health practice where clients are socially and politically displaced.

The research also generated new methods for gathering life-stories and new processes for analysis and interpretation of life-stories. It is hoped that this research will open pathways for other nurse educators to become shape-shifters teaching for social change.

## Acknowledgements

Undertaking and writing a doctoral thesis is a singularly intense and sometimes lonely endeavour. I am mindful that this thesis would not have come to fruition without the generous support and commitment of the people who walked alongside me on the journey to completion.

To the shape-shifters (the participants) in this study – Anne, Eileen, Grace, Annie, Mary and Miriam – my heartfelt thanks for your generous gifts of time, artefacts, and life stories. Without you there would be no thesis. Your contribution is significant to the understanding of shape-shifting as teaching for social change in nursing.

My primary supervisor, Associate Professor Cheryle Moss, and Dr Alison Dixon (my second supervisor) provided great encouragement and support during the journey. They had faith in my ability to get on with the project and ‘let me be’. I have really appreciated their critique, challenges and feedback when I needed support and direction.

Thank-you to my colleagues in the Graduate School of Nursing and Midwifery for encouraging and supporting my endeavours. I appreciated the opportunity to talk about my work. I also acknowledge our Head of School, Professor Jan Duke, who supported me to have time and space to immerse myself in the writing.

Thanks also to my critical friends Pat McClunie-Trust and Sue Boyle who provided a critique as nurse educators.

To my children: Marnie, Blake, Michael, Steven and Sian, thanks for your support and interest in the project. I appreciated your e-mails, phone calls and comments such as “how’s it going?” and ‘have you finished the PhD yet, Rose?’

Finally, to my partner, Brian, my special thanks for being there. Your unwavering support and patience has been wonderful.

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## Chapter 1      Introduction to the study: Setting the scene

This thesis explores the philosophical, theoretical, pedagogical and practice positions of six women Pakeha/Tauwi<sup>1</sup> nurse educators who teach for social change in nursing education programmes in Aotearoa<sup>2</sup> New Zealand. All six volunteered to participate in the study. Between them, they have been involved in teaching socio-political aspects of nursing and health care in cultural safety, psychiatric mental health nursing, women's health, and community development. It is the first study of its kind in New Zealand nursing and is therefore intended to make a contribution to the development of indigenous nursing knowledges — that is, knowledges that arise from the everyday practices of nurse educators.

This research is politically situated in two ways. First, I concur with Zeichner (1995) who says that teaching and education cannot be politically neutral. By raising and critiquing issues of power, social justice, agency, resistance and praxis in nursing education, this thesis is positioned in a counter-hegemonic way. Further, Zeichner (1995) says that as educators we

need to act with greater clarity about whose interests we are furthering in our work because, acknowledged or not, the everyday choices we make as teachers ... reveal our moral commitments with regard to social continuity and change.

(p.12)

Second, using life-story narrative as the methodology and as method to reveal the life-stories of the 'what', 'why', and 'how' of teaching for social change is a political act. The six participants and I, as researcher, have been able to reflect on and discuss their valuable and committed work for social change. Such research in nursing education has not been done before. They have revealed how their lives have been shaped and how they in turn are shaping things, now and for the future. Significantly, their stories and my analysis and synthesis contribute to the debate on counter-hegemonic teaching practices.

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<sup>1</sup> Pakeha/Tauwi refers to the identity of the participants — five of whom are Pakeha and one is Tauwi. Pakeha is the Maori word for European people born in New Zealand. Tauwi refers to those who come from another place, i.e., born outside New Zealand and who have emigrated here.

<sup>2</sup> Aotearoa is the Maori name for New Zealand and translated refers to 'the land of the long white cloud'.

Shape-shifting and teaching for social change are the two key constructs in this thesis, as reflected in the title of the project. Of the two, shape-shifting is the major construct because it is a particular discovery to emerge from this thesis about nurse educators' ways, reasons and processes of teaching for social change. It is revealed in the day-to-day politics and practices of activism and how the six participants in this study make choices and take chances on when and how to act for change. Shape-shifting is teaching for change and the nurse educators are the shape-shifters. However, another aspect of shape-shifting also emerged in this thesis. As well as being a process for change in teaching, the research itself became a process of shape-shifting — all seven of us changed because of our engagement in life-story narrative.

Most research projects have a beginning, so where and when did my journey of investigating teaching for social change in nursing begin? What possessed me to give up large chunks of my leisure time to pursue this dream? Why did I choose this topic to research? What experiences have informed my decisions? To answer these questions, I need to explain: why I took on this study; the kind of questions I sought answers to; my take on the notion of teaching for and with social change in nursing; and, what I hoped would come out of the research. In the second part of this chapter I have summarised what lies ahead for the reader, chapter by chapter. But first, some background about me and what motivates me.

### **Why this study? — some beginnings**

Nursing education has always been part of a bigger political project in my life. It is linked to my ongoing commitment to equity and social justice, which are an important part of who I am as a person and how I live my life as a woman, nurse and nurse educator. I first became politicised as a student nurse in the 1960s when I joined with colleagues to change working conditions in our training hospital. I discovered strategic ways of developing reasoned arguments for change and lobbying people in key positions, which often brought change. For example, it was customary to work six days a week as a student nurse, yet through collective action of the then Student Nurses Association (SNA) I was able to shift the thinking of my employers (Hospital Boards). Soon we had two days off a week. At that stage, though, I did not have any theoretical understandings of the social and political acts or consequences of change. My desire for change arose more from an intuitive sense that 'something was not

okay’ and there were ways that we as students could act collectively to make a difference to our working conditions.

During the 1970s and 1980s I became involved in protest groups that challenged the status quo. When the second wave of feminism arrived in New Zealand during the 1970s (Bunkle, 1979; du Plessis, Bunkle, Irwin, Laurie, & Middleton, 1992; Middleton, 1993), I began questioning my role as a mother and wife that had been influenced by my family values, beliefs and practices. I became involved in feminist politics and marched against New Zealand being involved in the Vietnam War. I marched again in 1981 to protest against the Springbok rugby tour. Participation in these events reinforced my understanding about the politics of oppressions (racism, classism and sexism) and resistance, and a commitment to issues of justice and equity. I began to see that as a middle-class Pakeha woman and nurse I was in a position to work individually and with others as an agent to bring about social change. I was beginning, as Weiler (1988, p. 90) says, “to abstract the principles of justice” in my personal and professional life.

The motivation for exploring the topic of teaching for and with social change is grounded not only in those formative experiences but also in my experience as a nurse educator over the past twenty years. During this time I have been a lecturer in both undergraduate and postgraduate nursing programmes, and head of a nursing department in a tertiary education institute. My teaching included cultural safety in nursing practice, women’s health, psychiatric mental health nursing and community development. Teaching in these areas has given me insight into the ways in which knowledges are resisted and challenged by teachers and students in the classroom. As Head of Department, I was involved in the development and implementation of a cultural safety programme in nursing and midwifery diploma and degree programmes, and a parallel programme for students who identify as Maori. Cultural safety was introduced into undergraduate nursing programmes in 1992<sup>3</sup>. The parallel programme was developed as a response to a call from Maori nurses who wanted their education grounded in kaupapa Maori — that is, by, for and with Maori. It also included the opportunity to learn in an environment that recognised and responded to their particular learning styles and knowledge development. Those professional experiences, along with

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<sup>3</sup> Cultural safety courses focus on addressing issues of personal and institutional power, and acknowledging and respecting difference in patients/clients to ensure that our practice does not demean, diminish or disempower them (Ramsden, 1992).

personal experiences of social and political activism, raised my awareness of the need to give voice to the various discourses that inform our work as nurse educators.

Ideas for this research began in 1992 when I enrolled in a master's paper entitled *Sociology of Women's Education*. Part of the course involved reading and critiquing a draft text of a book written by Sue Middleton, the paper co-ordinator. The text, *Educating feminists: Life-histories and pedagogies*, was published in 1993. The focus of the text wove the participants' autobiographical or life-histories of post-World War 2 feminist educators through sociological, educational and feminist theory. Middleton also embedded her own experiences as a woman, teacher, wife, mother and writer alongside those of her participants. In the foreword, feminist educator Maxine Greene (1993, p.viii) suggests that readers "are likely to feel like participants in the ongoing conversation(s)" presented within the text. The text made an impact on me, for it validated life-history as a research methodology that gave voice to women educators and their work. Also, it invited educators to relate their experiences to the lived experiences of the participants in Middleton's research. I began to understand the importance of grounding one's everyday practices within particular theoretical, historical, cultural and social contexts. Subsequently, I used this process for a master's project, entitled *A new lamp is shining: Life-histories of five feminist nurse educators* (McEldowney, 1992a). I had two-hour conversations with five nurse educators who identified as feminists and began to explore the influence of their beliefs on nursing and teaching practice. Several questions emerged from my reflections on the five participants' life-histories. In particular, questions related to issues of oppression, such as: why do nurses resist knowing about oppression? if they do consider they are oppressed, why don't they do something about it? and, how can nurses resist oppression?

Also in 1992, I completed a directed research project entitled, *Resistance to knowing: Emancipation or entrapment?* (McEldowney, 1992b) This project arose from my experiences teaching cultural safety. I was interested in the concept of resistance and why students resist knowing about emancipation. The project involved critiquing resistance theory, particularly that of critical education theorists Apple (1981), Freire (1972, 1973), Giroux (1983), and McRobbie (1978), and critical feminist educators, Jones (1988, 1991), Lather (1991), and Weiler (1988, 1991).

In my master's thesis, I continued to explore the notion of nurses as an oppressed group and how nurses resist or accommodate oppression. I told my own story, using narrative exemplars about resisting and accommodating oppression as a woman, as a nurse, and as a nurse educator. By telling my own story and reflecting on why I resisted and accommodated oppression, and situating the experiences within particular historical and socio-political contexts, I was able to consider what strategies might emerge for nurses and nurse educators to assist them to resist oppression in their working and personal lives. From this work I developed a conceptual framework of critical resistance in nursing education (McEldowney, 1995). This framework has been developed and re-presented as the notion of critical resistance pathways — journeys in overcoming oppression in nursing education (McEldowney, in press). One of the key ideas to emerge from the development of a critical resistance framework is that nurse educators who are critical resisters are involved in teaching for social change. In this doctoral thesis I wish to build on the knowledge and ideas gained from my previous studies, and to explore the life-stories of nurse educators teaching for and with social change. But, what do I mean by 'teaching for and with social change in nursing'?

### **Teaching for and with social change in nursing**

Several ideas have informed my understanding of 'teaching for and with social change in nursing'. My master's thesis (McEldowney, 1995) and a subsequent monograph (McEldowney, in press), explore the idea of critical resistance and present arguments about nurse educators as critical resisters who carry a vision of a socially just world and who are pro-active in their attempts to bring about social transformation. These educators do not consider the status quo to be 'eternal'. Their strong and consistent sense of social justice in their personal and professional lives has usually been present since they were young. The notion of nurse educators as critical resisters (informed by a critical feminist position) is explored further in the next chapter (a review of the literature on teaching for social change).

From my experience, those who teach for social change in nursing often consider themselves to be on the margins as they resist the hegemony of the centre — that is, they challenge and seek alternatives to dominant or traditional educational practices. In so doing, they position themselves in opposition to their colleagues who they perceive to be maintaining the status quo. They also teach in areas of the curriculum perceived to be more contentious in content and process, such as cultural safety, women's health, psychiatric mental health nursing and

community development. I suggest that these areas are contentious because they raise issues about marginalisation, power, oppression, hegemony, gender, race and class, and inequalities in access to education and health care. These issues can threaten other nurse educators who still cling to traditional pedagogies and hierarchical ways of teaching (Diekelmann, 1995, 2001; Ironside, 2001). For example, teaching about personal and structural racism can be a politically challenging place for both nurse educators and students as they constantly negotiate, impose, contest and resist meaning according to their own subjectivities. In my experience, teaching cultural safety or feminist issues in health care often creates conflict for students who come from multiple and contradictory positions in relation to their own experiences of racism, sexism and gender issues.

Because of their awareness (consciousness) of social justice and equity in nursing and teaching, I contend that those who teach for social change bring the socio-political issues to the fore. They create a space for students to dialogue, debate and critically analyse these issues. Rather than closing the debate down, they encourage questions such as: what is happening here? why are things the way they are? what can we as nurses do about this? who gets to speak? who speaks for whom? who has the power? and how might we change things in order to bring about fair and equitable health outcomes?

As well as participating in a democratic education process, nurse educators teaching for change are able to reflect on their own practice and research in order to make sense of their work with students. They are critically conscious of the need to call their own ideas into question, state their position about teaching for transformation and listen to others. Consequently, they are able to hold open the possibilities for making a difference in the lives of students. They are active, changing and changeable agents who move between different ideas and world-views, and who shape and are shaped by the discourses of possibility (such as critical resistance).

## **Purpose of the study and research questions**

The purpose of this research is to illuminate and give voice to the life-stories of six nurse educators who are engaged in teaching for and with social change. I recruited six Pakeha/Tauiwi women and this report explores why these nurse educators have a strong desire to teach in a pro-active radical way and how their social and political activism makes a

difference in the world of education and practice. I explore how the six came to be nurse educators and how they came to regard themselves as teachers for and with social change. By giving voice to their experiences and revealing and unfolding the possibilities of teaching for and with social change, I surface and theorise about the process of shape-shifting in which the participants are actively engaged.

In order to give voice to the life-stories of the nurse educators, the research questions addressed in the project were:

How do nurse educators' life-stories reflect their philosophy, goals, intentions and practices as they seek to teach for and with social change?

Why are they teaching for and with social change?

How are they teaching for and with social change?

Polkinghorne (1983, p.4) suggests that it is important to consider what kinds of methods we construct "in order to provide the best possible answers to questions about human actions and concerns". The questions evolved from narrowing the field to what is known, or not known, about the lives of nurse educators who teach for social change. It became evident from a review of the literature on nurse educators teaching for change, that there was no specific literature, either nationally or internationally, that addressed these questions. Therefore, I selected a life-story narrative approach to engage each of the participants in several in-depth conversations about the 'what' 'why' and 'how' of teaching for and with social change in nursing. Using a life-story approach became a vehicle for not only addressing the research questions but also a generative vehicle for the unexpected process of shape-shifting to emerge as a key construct in this thesis.

## **Justification for the study**

While some New Zealand studies explore the experiences of nurse educators teaching students in practice (for example, Booth, 1997; Clare, 1991); and cultural safety (McEldowney, 1995, in press; Ramsden, 2002; Richardson, 2000), to my knowledge no studies specifically address life-stories of Pakeha/Tauiwi nurse educators who teach for and



with social change in Aotearoa New Zealand. I am also not aware of any studies that have been done internationally on teaching for social change in nursing.

In our hegemonic institutions and in the day-to-day struggles that nurse educators mediate in teaching for change, their voices often go unheard, or are silenced (Buresh & Gordon, 2000; Glass, 1998; Parker & Gardner, 1992). Also, they are often so busy that they do not have the opportunity to express their voices, except in the classroom. Colleagues do not always hear them when they attempt to engage in dialogue about some of the key socio-political issues that influence health care outcomes. Such educators want to hold these issues open for critique, but it can be tiring and diminishing to deal with the resistance that surrounds teaching for change and being on the margins, or ‘teaching against the grain’ (Ng, Staton & Scane, 1995; Simon, 1992). Bateson (1990) suggests that it is important for women to give voice to their experiences as it helps re-shape and re-think our lives personally, professionally and politically. Much of what we do comes from embedded knowledge and practical knowing of everyday life as a woman and nurse educator that is not part of the mainstream (Benner, 1984; Diekelmann, 2001). We need to voice our everyday experiences of teaching for and with social change that are silenced in their everydayness. Sharing and exploring these knowledges and experiences connects us, keeps nursing going and holds it together.

From my own experiences of teaching for social change and academic studies, I consider that it is time to give voice to and make visible the life-stories of nurse educators. To date, we have not adequately documented or theorised about the socio-political aspects of nursing education. Therefore, it is my intention that this thesis will contribute to the stories of teaching for social change because this research offers new ways of being political in the world. By participating in this research, the six nurse educators have had the opportunity to feel personal power and agency through reflecting on their experiences during the interview process and feeling that they had made a significant contribution to discussion on socio-political aspects of nursing education.

## **Outline, structure and style of the thesis**

There are seven chapters in this thesis report. Each chapter addresses a key aspect of the research with sections and sub-sections aiding organisation of the whole. The report is synthesised in style as it draws together the key research processes and theorising about the

lives of the six nurse educators who teach for and with social change. It is written mainly in the past tense except for the parts where the participant's voices are in the present tense as spoken during the conversations. In some ways the thesis report is written similar to a life-story — it captures the experiences and processes of research that are past, but are then re-presented as an account by the researcher. While the voices of the participants are paramount in this project, I also include my own autobiographical statements in the report about my experiences of teaching for social change. For as Stanley and Wise (1993) argue, the researcher is the 'subject' within their own research, and one's history is significant in the understandings and conclusions that are reached.

In this chapter, I have provided an introduction to the study as a whole and provide a background related to the context and focus of the research. My pre-understandings and assumptions about teaching for and with social change in nursing are presented to enable the reader to identify my position and why I have undertaken this project. Two key constructs, shape-shifting and teaching for social change, are also introduced.

In Chapter 2, I provide a review of key relevant literature related to teaching for social change. However, it does not include an historical approach to the study of social change in its broadest sense, but rather positions the literature in relation to education, nursing, and from a sociology of women's education perspective, particularly the work of critical feminist educators. I outline the search strategy used to locate the literature. The final section discusses what is known about teaching for and with social change in New Zealand and how this influences the research design and process.

Chapter 3 is in two parts. In Part 1, the chosen methodology, method and design that informs this research are presented and discussed. I position the use of life-story within the field of narrative inquiry as both methodology and method. Life-story narrative calls up (invokes) and calls forth (evokes) the lived experiences of the six participants as they teach for and with social change. As a feminist nurse educator, my approach to research is grounded in the belief that separating theory from practice "distorts the reality of the research process" (Munro, in Flinders & Mills, 1993, p. 163). This separation can result in the legitimisation of certain types of knowledge over others, for example, knowledges arising from quantitative research inquiry and what constitutes legitimate knowledge. Because I am focusing on the lives of

women nurse educators and the meaning they give to their experiences, the research process is women-centred and positioned within a feminist qualitative field of inquiry. It also brings together: a methodology that supports women nurse educators to talk about their lives in their own voices; the use of a story-telling as a method that holds open the subjective, partial and contradictory nature of life-stories; a method that is collaborative and transforming; and, a process of self-reflexivity as researcher to reveal biases, contradictions, the dialectic nature of life her-stories and the emergent and evolving nature of my understandings about teaching for and with social change.

Kelly (in Maynard & Purvis, 1994) suggests that using the term ‘feminist research practice’ is helpful in addressing feminist research concerns, such as what “questions we have asked, the way we locate ourselves within our questions and the purpose of our work” (pp.14-15). These concerns go beyond issues of method and are more about the methodology (theory and analysis) informing the research process. I consider that theory and analysis are embedded and woven into the everyday lives and practices of nurse educators. So, I have chosen a research methodology and method that will help me to illuminate and explicate the theories arising from everyday practices. Women speaking for themselves reveal the often unconscious or hidden realities of their everyday practices and new perspectives are presented that open up new ways of thinking and being in the world that challenge the dominant ideology and status quo.

Part 1 also includes a discussion of the research design and issues of rigour in using life-story narrative. The research design section is in two sub-sections. These sub-sections are: applying for ethical approval to undertake the study, and selecting the research participants. The application for ethical approval raises issues of identifiability, confidentiality, informed consent and potential for harm to the participants, in using life-story. The sub-section on selecting participants includes the development of a list of criteria to assist with recruiting potential participants to the study.

In Chapter 3, Part 2, I focus on the research in action. I begin with an overview of the research journey that involved negotiating and establishing the research process with the six participants. The creation of, and rationale for using a story map to negotiate the field of inquiry with the participants, is also presented. This process enabled us to journey together

for up to two years and to hold the stories of their lived experiences. I also present some commentary on how I gathered their stories. The use of metaphor in narrative inquiry, and the emergence of shape-shifting as a metaphor for transformation and change in this thesis are also discussed. Because my method of story-telling generated 700 pages of text as primary data, I developed a three-fold process for analysing and interpreting the data. The process included developing a life her-story vignette for each participant, creating stories by synthesising the text, and developing story themes. This is explained in detail in the chapter. And finally, in Chapter 3 Part 2, I present my reflections on how rigour was achieved in this research, and provide a summary of the whole chapter.

While Chapters 1, 2 and 3 address the more formal aspects of the thesis, Chapters 4 and 5 focus primarily on the stories, as data, gathered from the six participants. It is in these two chapters that the voices of the participants come to the fore and the key constructs of the thesis — shape-shifting and teaching for social change — begin to emerge. In Chapter 4, I present each of the six participants in the study — Anne, Eileen, Grace, Annie, Mary, and Miriam — by way of a her-story vignette. The her-stories are intended to capture part of their lives that they revealed to me about the early years of growing up, schooling, and becoming and being a nurse and nurse educator. Pseudonyms are used to protect their identity. I have chosen this approach because of the volume and depth of material I was privileged to gather from the conversations with the six participants over 18 months to two years (1999-2001). Rather than create a separate in-depth life-story of each participant, I consider that the vignettes enable the reader to connect with the participant and gain a sense of their life context and who they are in the world as women and nurse educators. At the completion of the vignettes, I present a summary of the similarities and differences that emerged between the participants, and also the emerging ideas of the participants living life as shape-shifters. The her-story vignettes also inform the development of story themes that are presented in Chapter 5.

Chapter 5 focuses on exploring teaching for social change by synthesising text from the conversations with the six participants and presenting five substantive story themes that have emerged in relation to the ‘what’, ‘why’ and ‘how’ of teaching for social change. These themes are: the ‘naming’ stories, the authentic self, crossing the hegemonic boundary, shape-shifting, and creating a safe space to be unsafe or scared. Two of the participants’ stories, a

story about creating safe spaces, and the shape-shifting story of the ‘dancing spider’ are presented in their own right to exemplify the way in which life-stories come through and inform the work that the participants are engaged in. It is also an example of using the process of creative synthesis in narrative inquiry and illustrates how the use of metaphor (in this case shape-shifting) can reveal and bring into consciousness the everyday practices of teaching for social change. Other materials and mementos (poetry, text, photographs) given to me by the participants are used to illustrate some of the emerging themes about teaching for change. For example, the photo of a safe space given to me by Annie has been used to exemplify the story theme of creating a safe space to be unsafe or scared.

In Chapter 6, I present my theorising about shape-shifting as teaching for social change in nursing. The discussion focuses on a synthesis of insights, ideas and claims that arise from the literature and participants’ life her-stories, the story themes and my autobiographical comments. There are four sections in this chapter. The first presents the idea of shape-shifting being an active transformative process in teaching for social change. The second explores the way in which significant shape-shifting experiences are revealed in their life-stories and personal her-stories and how these have influenced their journeys as shape-shifters. The third focuses on the nurse educator’s capacity to be a shape-shifter within a myriad of settings and circumstances. And the fourth reveals the significance of how using life-story narrative as methodology and method unfolds shape-shifting as teaching for social change in nursing.

Chapter 7 presents my concluding comments. I provide some reflections on the research and research processes and also share some of the certainties, uncertainties and limitations of journeying with the participants. I then discuss some of the key findings that unfolded in the research, particularly the emergence of shape-shifting as a key construct and how life-story as methodology and method revealed the lived experiences of the participants in becoming and being shape-shifters teaching for social change. I also include a section on the implications of the findings for nurse educators and nursing education. Ideas for further research are also proposed.

Motivated by my own lived experiences and the work by colleagues who teach for social change, it was natural for me to progress from research on critical resistance to an investigation of the ‘what’, ‘why’ and ‘how’ of teaching for social change. But first I wanted

to establish who had explored nurse educators' stories? Who had researched (at a personal level) teaching for social change? What would a literature search reveal? I address this in the next chapter.

## **Chapter 2            Teaching for social change: A review of the literature**

Based on my previous experiences and understandings about teaching for and with social change, I wanted to identify literature that theorised about teaching for social change, social change in general, and nurse educators teaching for social change. One thing to emerge from my review was the absence of research, at the micro (personal) level, of teaching for social change in nursing, particularly the life-stories of nurse educators.

This was an important finding because it reinforced my interest in focusing this research on the day-to-day experiences and practices of nurse educators in Aotearoa New Zealand who teach for social change. I wanted to ensure that their voices were heard alongside others, and contribute to theorising about the ‘what’, ‘why’ and ‘how’ of teaching for change.

However, one group with a growing body of literature on teaching for change are women educators, particularly critical feminist educators. They provided useful theoretical and conceptual frameworks to guide my thinking on teaching for social change in nursing education. I identified key theoretical and conceptual ideas that these women educators have identified and experienced in their work, particularly in tertiary education. These ideas provide a broad and relevant conceptual framework to look at people who teach for and with social change, particularly the concepts of hegemony, agency, praxis, difference, equity, justice, and the macro and micro levels of social change.

As a researcher, they also provided me with the background to think about social change and later on to analyse and interpret the participants’ stories and theorise about the ‘what’, ‘why’ and ‘how’ of teaching for change. For example, in Chapter 1, I gave an overview of my understandings about what I think teaching for and with social change in nursing is about. One of these is about teaching in a counter-hegemonic way to resist dominant or traditional educational practices. Therefore, if I was to understand teaching in a counter-hegemonic way then an understanding of the notion of hegemony was required.

I have organised this chapter into five sections: my literature search strategy; an overview of social change literature to identify what social change theory is about; a critique of social

change literature from women educators (particularly critical feminist educators); a discussion of the socio-political context of nursing and teaching for social change in nursing; and, teaching for social change in the New Zealand nursing context, particularly research and literature on cultural safety.

### **The search — how I did it**

To identify relevant literature, I began by using computer-assisted searches of several health and education related databases. These included the Cumulative Index of Nursing and Allied Health Review (CINAHL), Educational Resources Information Centre (ERIC), Sociological Abstracts (SOCIOABS), Studies on Women and Gender Abstracts (SWA), and ProQuest (a search engine that links directly to other bibliographic data-bases, such as those mentioned). ProQuest also assists in searching to download articles that have full or partial text. The literature for this study was located using the key words: nursing, teaching, change, social change, socio-political, educators, nurse educators, women, life-story. Mainly, I limited the search to the past 20 years and only focused on works published in English. I did, however, return to some classic texts that went back to the 1960s and 1970s (for example, Freire, 1972; Gramsci, 1971; McLeish, 1969; Willis, 1977) if I considered they contributed to the discussion on social change. Other descriptors used included: feminist, critical, critical social and post-modern, because I had used them for my masters degree (McEldowney, 1995), and for a monograph I wrote recently (McEldowney, in press). By extending the search to include these descriptors, I was able to follow the debate about teaching for change in education and nursing literature. Other sources included: articles or texts given to me by colleagues, searching the references at the end of each article for further likely sources, scanning the university library catalogue or shelves for general texts on social change, and identifying unpublished dissertations in nursing and/or education. I also found [www.Amazon.com](http://www.Amazon.com) a good source for recent texts. Finally, I searched the National Library of New Zealand database Te Puna for holdings in university libraries.

In summary, what did my search on teaching for change produce? I found that women educators, particularly critical feminist educators, have written extensively about teaching for change — in New Zealand (Jones, 1988, 1991; Middleton, 1993), in the United Kingdom (Arnot & Weiler, 1993) and in the United States (Ellsworth, 1989, 1997; Florence, 1998; Gore, 1993; hooks, 1984, 1995, 2000; Luke, 1996; Luke & Gore, 1992; Miller, 1990; Ng,



Staton, & Scane, 1995; Titus, 2000; Weiler, 1988, 1993). There are also some United States academics who, while not positioning themselves as critical feminist educators, have addressed teaching for change from a feminist position, or from a position of colour — Casey (1993), Gaianguet (1998), Jipson, Munro, Victor, Jones, and Freed-Rowland (1995), and Munro (1998). Since my experience in 1992 of following Middleton's life-history methodological approach and a further update of the literature search, I found no literature that specifically addressed life-stories of nurse educators teaching for social change.

I did, however, find articles and texts by nurse academics, that present a critical perspective on social justice, empowerment, emancipation and caring (Abrums & Leppa, 2001; Bevis & Watson, 1989; Bevis & Murray, 1990; David, 2000; Harden, 1996; Ironside, 2001; Keddy, 1995; Kendall, 1992; Kuokkanen & Leino-Kilpi, 2000; Moccia, 1988; Rather, 1994; Scarry, 1999; Thompson, Allen & Rodriguez-Fisher, 1992; Watson, 1990). There were articles on the perspectives of critical and/or feminist theory in nursing (Bent, 1993; Bevis & Murray, 1990; Boughn & Wang, 1994; Boutain, 1999; Campbell & Bunting, 1991; Cheek & Rudge, 1994a; Chinn, 1989; Chinn & Wheeler, 1985; Hedin & Donovan, 1989; Parker & McFarlane, 1991; Ruffing-Rahal, 1992; Steen, 1991; Varcoe, 1996). And also articles about changing curricula in undergraduate and postgraduate nursing programmes that challenged traditional nursing pedagogies (Andrist, 1988; Diekelmann, 1995; Diekelmann & Ironside, 2002; Diekelmann & Rather, 1993; Ironside, 2001; Marcinek, 1993; Romyn, 2001; Schreiber & Banister, 2002).

Several nurses also raised the need to address the socio-political aspects of nursing practice and its location within the health care context (Cheek & Rudge, 1994b; Romyn, 2001; White, 1995). Cheek and Rudge (1994b) position their exploration of a deconstruction of power relations within the socio-political context of nursing and health care from a critical and post-modern perspective. They contend that both perspectives call into question the relationship between knowledge and power and use the work of Foucault "to explore gaps, silences, ambiguities and implicit power relations in the social and health contexts" (p. 583). Flax (1993) also drew my attention because of her collection of essays that create conversations around feminist, postmodernist and psychoanalytic theorising on authenticity and justice.

In the New Zealand context, I could find no specific title about nurse educators who teach for social change. However, theses by three nurse educators (Ramsden, 2002; Richardson, 2000;

Wepa, 2001) and my own work on critical resistance in nursing education (McEldowney, 1995, in press) explore the work of nurse educators who teach cultural safety in both education and practice. As I mentioned in Chapter 1, cultural safety is an area of the undergraduate nursing curriculum in which issues of social change, such as power, equity and social justice in education and health care, are addressed. Throughout this chapter, I will also refer to my research on critical resistance. Another thesis of note was Horton's (1998) critique of cultural safety in nursing education.

I did not explore in any great depth the literature on social change located outside nursing and education. My reason for this was two-fold. First, I wanted to narrow the field and locate literature relevant to education and social change, particularly women and nurse educators teaching for change. Second, there is a vast body of literature on change and change processes that arises from disciplines, such as social psychology, political science, sociology and management, that while providing useful theorising, did not address the what, why and how of the day-to-day practices of teaching for social change that I wished to capture in this study. However, I did read some general texts on social change. Four writers — Freire (1972, 1973, 1994), Gramsci (1971), Murphy (1999), and Sztompka (1993) — stood out for their perspective on the notions of hegemony, praxis, agency and the micro or personal level of social change. Along with the work of the critical feminist educators, I consider that these four writers make a contribution to the conceptual framework for this study. So, what are the origins of social change theory?

### **What is the theory of social change about?**

The literature indicates that the frameworks for exploring social change theory arose from existential philosophy, critical theory and critical social theory (Fay, 1987; Gramsci, 1971; Habermas, 1987; Popkewitz & Fendler, 1999), transformative/liberatory education (Freire, 1972), social psychology, e.g., attitude change (McLeish, 1969; Schneiderman, 1988), and sociology (Sztompka, 1993). McLeish (1969), and writers who adopt a neo-Marxist position to critical theory such as Popkewitz (1999) and Torres (1999), suggest that Marx was a key early writer on social change, particularly the notion of transforming human relations through social change. Change is situated within the personal and political realm and can be seen as a personal response at the micro or macro level. For example, change takes place on an individual or agential basis and may be intrinsically or extrinsically motivated, or it takes

place at the macro-level which may be global, or even as a revolutionary movement within complex socio-political and cultural contexts.

An influential theorist on the notions of agency and structure and their relationship to social change was the neo-Marxist Gramsci (1971). His experience with the working class in Italy developed his ideas on human agency and the potential for revolutionary struggle. He asserts that individual consciousness evolves through ideological means and is open to critique and transformation. The Gramscian notion of hegemony explains how the dominant or ruling class maintains social and political control by influencing people's consciousness. The dominant hegemonic view becomes accepted as common sense by those subordinated to it. Hegemony is always present and never complete as individuals (agents) contest hegemonic control (structure) and dominant groups constantly struggle to control discourses that are being resisted by subordinate groups. However, when the subordinate group is not able to counter hegemony, oppression may result (Freire, 1972). Gramsci contends that one's consciousness is influenced not only by hegemonic ideas but also by: a composite of historical, social, political, and economic forces; visions about the future; and self-reflection and critique. This complex consciousness he names 'common sense'. Gramsci also suggests that only certain individuals will transmit the dominant ideology to reproduce the social, political and economic structure of society and shape the consciousness of the subordinate group. However, he considers that individuals are active agents if they are capable of participating in their own learning and, as historical subjects, are capable of resisting hegemonic control. In this way, hegemony becomes a struggle, not only against but also for the maintenance of power.

An example of hegemonic control by institutions and the agentic response includes the 1990-1996 era of health reforms in New Zealand. During this time there was global health sector restructuring in developed countries. An underlying driver for the reforms was the desire by governments to provide "a market-oriented alternative to state control" (Gauld, 2001, p.79). What eventuated in New Zealand was a corporatised, competitive and contractual health care service that focused on outputs rather than inputs. One of the outcomes of the early part of the reforms was the removal of people with institutional memory about systems and policies. Managers with backgrounds in accountancy, or corporate management, rather than health, were appointed to run the new service. Nurse leaders were made redundant and nursing

leadership was decimated. Nurses were deemed not to have the backgrounds to run a new leaner and meaner profit-making organisation. Because their sheer numbers accounted for a large portion of salary budgets, nurses were also seen as expensive employees. Consequently, a large cohort of nurse leaders and practice nurses resigned or withdrew from practice (or were made redundant) because of the dissonance between managerialism, the rapidity of implementing the health reforms, and the underlying ethos of providing care to patients and clients in organisations that were putting profits before people. Nursing's voice was silenced or minimised by those embracing political and economic control of health care delivery.

One contemporary writer to provide cogent synthesis of ideas on the study of social change from both macro and micro perspectives is Sztopka (1993). He explores the concept of agency as an action of social agents and traces its evolution from the supernatural, when agency was invested in deities, gods and other metaphysical forces, to how agency is perceived sociologically today — part of everyday practice that individuals engage in to create, recreate and change society. He says that

perhaps the most crucial step was taken when agency was extended downwards, to all people and not only the elect few, to all social roles and not only powerful offices. It was recognised that obviously each individual has only a miniscule say in social change, but at the same time social change must be treated as a composite result of what all individuals do.

(p.192)

Not all social change is unintended and individual, nor is it free from resistance. The change may be intentional and planned from a top-down position or from grassroots. This may be through collective agentic enactment by agencies, such as governments (for example, the health reforms of the 1990s) or corporations from above (top-down), or by lobby groups or pressure groups from below (grassroots). Often it is the dialectic of social change (the contradictions, opposing views and creative tensions) that give rise to a shift. Therefore, resistance can occur between different agents giving rise to conflict.

Sztopka (1993) proposes six underlying ontological assumptions that are the summation of his theorising about social change and agency. These assumptions are: first, that change in

society is constant as it shapes and reshapes itself; second, that social change is intrinsic and is about self-transformation; third, that the power of agency is embodied in individuals and collectives; fourth, that the direction, goals, and speed of change are subject to contestation and resistance between multiple agents resulting in conflict and struggle; fifth, that the context for social change (values, beliefs and ideology of society) shapes and is shaped by the action of agents; and sixth, that the timing of social change is contingent on “alternating phases of agential creativeness and structural determination” (p.200). The point about agency and structure is important to the critique of social change because the two are so closely linked to the change process. Human agents are part of societal structures. As such, they may be acting in a hegemonic or counter-hegemonic way, so there is a constant interplay between the two. It is in the process of agency that structures and agents meet — where there is a synthesis or “fusion of structural circumstances and agential endowment” (Sztompka, 1993, p.217). This fusion is conditional upon structural constraints, limitations, resources and facilities provided by structures, and from below by the way in which individuals or groups with their attitudes, beliefs and values come together to use their knowledge and skills.

The ontological assumptions purported by Sztompka (1993), provided me with an important overview on social change and agentic action. As I wanted to talk with individual nurse educators about their lives as nurse educators teaching for change, Sztompka reinforced for me the notion that social change was part of everyday life and that as active agents we shape or are shaped by, and transform or are transformed by change. His assumption about agentic power being ‘embodied’ in the individual and how change is subject to resistance, concurred with my experiences and previous thinking and writing as a nurse educator teaching for change (McEldowney, 1995). Resistance is a powerful agentic action that occurs when human agents act in a hegemonic or counter-hegemonic way. The nurse educators who I wished to speak with would be known for their counter-hegemonic actions in teaching for social change. I wanted them to tell me about what it is they do, why they do what they do, and how they teach for change. And I wanted to find out and understand about their day-to-day experiences of shaping and being shaped by social change.

Sztompka also discusses the correlation between agency and praxis. Like Freire (1972), he argues that praxis is the process of acting and reflecting on the world in order to bring about transformation. It is about ‘knowing’ and ‘doing’ in action and shaping and reshaping ideas.

It is about ‘walking the talk’. Sztopka says that agency is actualised in praxis — it is manifested in action and reshaped. This occurs as social transformation brings about a change in consciousness that influences the actions of the agent and the potential of structures. In effect, “the agency is significantly reshaped. In its actualisation, it results in changed praxis at a later time, and this in turn brings about a change in consciousness” (Sztopka, 1993, p.228). Freire (1972, 1973, 1994) describes this process as ‘conscientisation’, or developing a critical consciousness of one’s being in the world through praxis. His work has inspired educators and social activists who wish to bring about change.

Freire’s ideas for a liberatory pedagogy developed through working with peasants in South America (Brazil, Chile, Guinea Bissau) who were subjected to historical hegemony of neo-colonialism and imperialism. As the peasants became literate and were able to ‘read the word and the world’, their collective (grassroots) social action led them forward to overcome the oppression of their dominant masters (landlords). As active agents or subjects, Freire says teachers and students constantly construct and reconstruct the meaning of their lives in relation to domination (hegemony), subordination, oppression, resistance and accommodation, that in turn influences how they interpret (read) the world and how these social relationships have shaped who they are as individuals.

Praxis, as a concept presented by Freire and Sztopka, clearly positions the agent as an active subject who critically reflects on their actions in order to bring about change and transformation in society. Again, I return to my assumptions about teaching for social change outlined in Chapter 1, where I present the idea that nurse educators teaching for change are able to reflect on their own practice in order to make sense of their work and to bring socio-political aspects of nursing to the fore. Therefore, praxis like hegemony becomes a significant notion that informs education for social change. I also recognised how praxis could inform the research design for this thesis. As the researcher, I wished to have in-depth conversations with the participants to reveal the ‘whole person’ as teaching for change. If I wanted to unfold the lived experiences over time, then I would need to establish a reciprocal, reflective process between the participants and myself that would build on previous conversations and call forth into their consciousness the key influences and experiences that contributed to the ‘what’, ‘why’ and ‘how’ of teaching for change. It would be praxiological in nature — a process of reflecting on, linking, connecting and synthesising the conversations.

A contemporary perspective on change at an individual, or micro level, forms part of Murphy's (1999) work. According to him activists need to be engaged in an 'open conspiracy' for social change. However, like Sztompka (1993), he concurs with some of the ontological assumptions about the agentic aspect of social change, particularly personal motivation to transform society, that resistance is part of any change, and that individuals shape and are shaped by change but they may not always be aware of the impact they have on society. Murphy's call is to be open and transparent about the possibilities in bringing about justice and equity for people in the world and to challenge the hegemonic (dominant) discourses of competition, individualism and control (evident in health and education institutions). His message about working for social change resonated with me because I also wish to present the lived experiences of the six nurse educators in an 'open' and 'transparent' way.

Because this thesis focuses on the personal nature of teaching for social change in nursing, I found the positions on social change presented by Freire (1972, 1973, 1994), Gramsci (1971), Murphy (1999) and Sztompka (1993) gave me an overview of the significance of the individual as an agent for change and how they shape or are shaped by social change. Agency makes possible a political commitment to social activism and transformation. Hegemony, too, is a significant concept for analysing the nurse educator's practice of teaching for social change. Both health and education institutions are hegemonic structures that maintain the ideas, values and beliefs of dominant groups in society. These ideologies are embedded in the consciousness of those who work in them. However, as agents of social change nurse educators can penetrate and counter these hegemonic structures by transforming them, individually and collectively. My research into change processes is situated at the personal micro-level and considers the internal motivations and desires of six nurse educators, as agents, who seek to counter hegemony and teach for social change. The concepts of agency, hegemony and praxis are also discussed by critical feminist educators, such as Lather (1991), Weiler (1988, 1991, 2001), and Weiler and Middleton (1999). So, what does the literature have to say about women educators teaching for change?

### **Change from a critical feminist perspective**

Because critical, critical social, and feminist theoretical assumptions influenced and shaped my thinking, I consider it important to include literature from the sociology of education,

particularly the critical feminist perspective. Many feminist educators offer a critical feminist perspective on schooling, teaching, and learning that addresses issues of social justice, praxis, context, agency, counter-hegemony, individual voice, and difference (Arnot & Weiler, 1993; Britzman, 1991; Ellsworth, 1989, 1997; Gore, 1993; Greene, 1988; hooks, 1984, 1995, 2000; Keddy, 1995; Kenway, 2001; Lather, 1991; Luke, 1996; Luke & Gore, 1992; Middleton, 1993; Munro, 1998; Ng, 1995; Ng, Staton & Scane, 1995; Titus, 2000; Weiler, 1988). Their critique has been strongly influenced by the liberatory pedagogical work of Freire, theorising on hegemony and agency by Gramsci, neo-Marxist educators such as Apple (1993), and Giroux (1983), and the post-structural work of Foucault (1977). The concern of critical feminist educators is with the lack of critique and analysis of gender and “otherness” by resistance theorists such as Willis (1977) who critique from their ideological and ethnocentric positions as White males within the dominant paradigm. Their concern also arises from a fear of essentialism and universalism “that silences the voices of all those other than the dominant group” or positions the knower as speaking on behalf of others (Warnke, 1993, p. 81).

Gender oppression is no longer the primary issue in feminist politics. It is now a time of multiple-contested oppressions. Feminisms can also no longer focus on a common unifying oppression or strive for universal emancipation (Boutain, 1999; Cleary, 2001; hooks, 1995; Varcoe, 1996; Yeatman, 1993; Young, 1990). Different forms of oppression overlap because they arise from the same social structures. As hooks (1984) suggests, “racism is fundamentally a feminist issue because it is so inter-connected with sexist oppression” (p. 51). Underlying the theoretical approach outlined by critical feminist educators is a commitment to social change that goes beyond equality of access. It seeks to re-establish a belief in the need to continue “the struggle for social justice [in terms of class, race, and gender], even within increasingly hostile political environments” (Arnot & Weiler, 1993, p. 3). Critical feminist educators acknowledge the need to theorise about oppression and resistance in a way that critiques the construction of difference and ‘otherness’, and which explores the complexities within the three interlocking oppressions — race, gender and class. They have also been influenced by the notion of hegemony, which seeks to explain how powerful and dominant groups in society maintain social and political control. Like resistance and accommodation, hegemony can never be wholly vanquished and is constantly present as individuals contest hegemonic control. According to Weiler (1993), the “hegemonic vision glorifies competition and privatisation”, thereby positioning institutions in thrall to those



outside the possibility “of full participation in a democratic society” (p. 215). Because of the emphasis on competition and privatisation in the fields of health and education, both Weiler (1993) and Kenway (2001) contend that a Gramscian perspective is particularly relevant to them because of his critique on ideology and power. However, both caution critical feminist educators to be aware that Gramsci’s notion of hegemony arose during a particular historical and political time of revolutionary struggle in Italy that needs to be kept in context. Weiler (1991, 2001) also raises this in relation to the revolutionary circumstances of neo-colonialism and oppression in South America when Freire developed his liberatory pedagogy.

Some feminists and feminist educators argue for the need to ensure that our own subject positions do not go unexamined (Ellsworth, 1989; Gore, 1993; Lather, 1991; Lewis, 1990; Luke & Gore, 1992; Middleton, 1993; Nicholson, 1990; Weiler, 2001). Nurse educators teaching for social change need to look closely at how they “contribute to dominance in spite of [their] liberatory intentions” (Lather, 1991, p. 15). Efforts to teach in an emancipatory way can be oppressive and maintain resistance. To overcome this tendency, I suggest a critical feminist pedagogy that, rather than suppressing the personal, makes “visible to, and explore[s] with our students, the aspects of our own life-histories that impact on our teaching” (Middleton, 1993, p. 17). This involves examining how our personal and pedagogical perspectives are situated within particular historical, social, political and auto/biographical contexts, and how these perspectives are shaped or restricted by broader power relations. While a critical feminist pedagogy may give ‘voice’ to the experiences of marginalised and oppressed groups, I consider women educators (as emancipatory teachers) need to avoid becoming the “masters of truth and justice” by imposing their own truths on others (Foucault, 1977, p. 12).

Teaching for social change implies taking action to counter hegemony and transform the status quo. It is grounded in the struggles of everyday life and the struggle to make the personal political, just as feminist theory and the women’s movement are concerned both with the struggles of everyday life and the struggle to make the personal political (Boler, 1999a; Lather, 1991; Middleton, 1993; Weiler, 1988). Critical resistance seeks to counter discourses of domination and recognises that agency is part of the cycle of resistance and accommodation. Not all types of resistance (for example, dialectic and oppositional resistance) necessarily empower educators or their students. Dialectic resistance occurs when

an individual or group recognises that oppression exists, but through their own volition (agency) decide (consciously) to reject the potential for social change. Instead, they accommodate their oppressive circumstances (Jones, 1991; McFadden, 1995; Willis, 1977). Oppositional resistance occurs when the desire is to do no more than get a reaction out of the oppressor, often manifested in anti-social actions, such as disruptive and distracting, or passive and silent, behaviours (Munns & McFadden, 2000).

Several women educators have researched the lived experiences of women teaching for change by using a life-history approach (Casey, 1993; Cole & Knowles, 1995; Jipson et al, 1995; Munro, 1993, 1998; Weiler, 1988; Weiler and Middleton, 1999). By exploring ways in which theory and practice are interrelated, they found that asking women educators to share their lived experiences of teaching for change and addressing issues of social justice in their everyday practice gave rise to the development of indigenous knowledges. This feminist thinking helps shape what we think about education and also what we do. Weiler (1988) says that undertaking politically motivated life-history research provides the opportunity for participants to engage in reflection and dialogue as they talk about teaching for change and reveals the commitment to counter-hegemonic teaching practices.

An important political science theorist who makes a substantial contribution to this thesis is Flax (1993). She provides useful theorising on the process of justice and subjectivity, which is fundamental to the work of social change. Any discussion on justice “implicitly or explicitly assume[s] and generate[s] assumptions about who ‘we’ are” and therefore subjectivity is intrinsic to the ‘what’, ‘why’ and ‘how’ of working to bring about change (p. 111). According to Flax, subjectivities are fluid multiple subjects who mirror both a unitary (authentic) and fragmented self, and whose desire for recognition of differences “will impel them toward resisting (inner or external) relations of domination” (p.xii). She poses the question, “what practices of justice would multiple subjects desire and sustain?” (p.xii)”. In her response, Flax contends that inherent in any practice of justice is a commitment to resist domination and injustice. If a counter resistance to action for social justice occurs, then multiple subjects “must act differently” (p. 127). Flax presents justice as a four-fold process, which incorporates reconciliation, reciprocity, recognition and judgment. This process enables us to “tolerate ambiguity and ambivalence without losing a sense of individual location and responsibility” (p. 125). Reconciliation involves a position of mutuality that

unites differences. Reciprocity also involves mutuality in authority and decision-making. Flax argues reciprocity “does not require equality of power but does preclude domination” (p. 124). Recognition acknowledges legitimacy of ‘others’ and accords them respect, while judgment is about weighing things up, based on evidence that arises from action and reflection. Flax acknowledges that she has yet to address theorising about injustice.

Given that the literature related to teaching for change in education focuses primarily on the work of critical feminist educators in primary, secondary or tertiary education settings, what emerges from the literature that might inform this research on nurse educators teaching for social change? How relevant and transferable are the ideas? I have already discussed the notion of hegemony, agency and praxis and the relevance of these notions to the work of educators teaching for change. Some of the other key ideas that I think contribute to the work of nurse educators are those of difference, otherness and justice. Nurse educators who teach for social change need to: be conscious of critical education theories and critical feminist theories; be clear about the specific meanings of sexism, racism, and classism; locate themselves within the complex of social relationships as historically constructed and gendered subjects; and, act to encourage resistance to oppression. Awareness of gender, race and class will place nurse educators at the centre of transformation and social change and counter the reproduction of oppressions and the domination of certain voices. They need to move beyond the idea that the mere reproduction of resistance is enough to counter oppressive beliefs and practices within the institution and accept that agency also implies a more critical and politicised work that takes the form of conscious individual or collective counter-hegemony. Educators as agents of change make their own position on sexism, classism, and racism overt and render the accepted knowledge of the dominant group problematic. They are, as Murphy (1999) would say, part of an ‘open conspiracy’ to bring about social change.

While I have presented ideas from women educators theorising about teaching for change, it is important now to turn to the work of nurse educators, particularly those who have raised the debate about the socio-political aspects of nursing practice and nurses being agents of social change. Nurse educators are positioned differently from many educators because they are embedded in two cultures (health and education) and constantly have to mediate between the educational institution and nursing practice. This contributes to the paradoxical tensions

in their work, in which various forces or values co-exist and may work in direct opposition to each other (McEldowney, 1995). An example of this is working as a nurse educator with students in practice where the learning needs of the student are not always given credence over the requirements of the health care organisation. However, the nurse educator also recognises that safety of the client or patient who the student is caring for is a significant responsibility and that care of client needs and meeting learning needs are constantly in play.

### **Nurse educators teaching for social change**

Little has been written specifically about nurse educators teaching for and with social change, although over the past fifteen years there have been challenges for a curriculum revolution from noted nurse educators, such as Bevis and Watson (1989), Bevis and Murray (1990), Diekelmann and Rather (1993), and Moccia (1988). The revolution was intended to move nursing curricula from a behaviourist paradigm to emancipatory paradigms that address socio-political aspects of health care. However, the rhetoric that espouses that an emancipatory paradigm will free nurse educators and students and “empower them to become agents of social change” has been stymied by the pervasive influence of neo-liberalism and New Right ideologies in education and health (Romyn, 2001, p.1). It seems there has been some re-embracing of the objectives-based outcomes-oriented paradigms in nursing education. Or one could ask: did the behaviourist paradigm ever fade following the call for revolution? I address the issue of the effects of neo-liberalism more fully in section 5 when I discuss the development and implementation of ‘cultural safety’ as a critical pedagogy in New Zealand nursing education. The international literature on teaching for social change does not focus then on the life-stories of nurse educators, but more on the socio-political context or macro level of health care in which nursing is embedded. In some respects, New Zealand nursing education is no different (Clare, 1991; Dixon, 1996; Hickson, 1988). However, it does differ in that it adopted cultural safety.

### **Teaching for social change in New Zealand nursing education**

What set New Zealand apart from the rest of the world, in a social change sense, was the adoption in 1992 of cultural safety in national nursing curricula. Cultural safety education, the basis of which is attitude and behavioural change, involves critical analysis of the discourses of dominance, such as Western dualism, oppression, colonisation, and power. It explores personal and institutional power relationships and the culture of poverty, and urges the

surrender of power and control by the dominant culture (Ramsden, 1989, 1990, 1992, 1995, 2002). In short, cultural safety addresses the emancipatory interest or socio-political aspect of nursing and health care. It is significant that no other country has produced the same mandate for nursing education and practice.

From the 1980s, some nurse educators worked to make a difference, but the introduction of cultural safety gave all educators and practitioners the mandate to address issues of inequity in education and health, particularly for Maori. However, New Right ideologues were not prepared to give up power without a struggle. In the ensuing public debate, cultural safety became a political scapegoat for those who wished to challenge its development. Those espousing hegemonic ideologies labelled those working to overcome the oppressions of race, gender, and class as being ‘politically correct’. The cries of political correctness came from those who wished to provide “a convenient excuse to silence dissent or criticism of the status quo” (Weiler, 1993, p.221). So, the socio-political context for the adoption of cultural safety was hardly propitious. Between 1984 and 1992 successive governments with New Right agenda set public education and health on a path of corporatisation. In this climate, how did cultural safety succeed? Key events in the 1980s provided the impetus. These events centred on national hui<sup>1</sup> held from 1986 to 1990. At each hui, nursing and health representatives gathered to discuss the health and education needs and outcomes for Maori. They included Pakeha and Maori nurse educators and students, the National Council of Maori Nurses, nursing education advisors from the then Department of Education and nursing advisors from the Department of Health. The first hui was held at Ratana Pa in 1986 with three further hui at Hui Waimanawa in Christchurch (1988), Hui Piri ki Nga Tangaroa in Palmerston North (1989), and Hui Raranga Patai at Porirua (1990). It was at Hui Waimanawa that the words ‘cultural safety’ were first heard. A Maori nursing student shared her experiences of not feeling ‘culturally safe’ in her education programme and institute (Ramsden, 1990). The student’s call about being unsafe was heard and evoked debate which translated her experiences in education to health institutions — if she felt unsafe in education then how did Maori feel in health care. This challenge was picked up by Ramsden who at the time was the Maori nursing education advisor to the Department of Education. In 1989 she produced a document called *Negotiated and equal partnership* which was sent to all nursing schools to

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<sup>1</sup> Hui is the Maori word for gathering, meeting together.

use as a framework for introducing the Treaty of Waitangi into nursing curricula and as a guideline for both Maori and Pakeha/Tauiwi nurse educators and students to address their position within the context of the Treaty partnership.

Cultural safety is important in this thesis because of: its implicit intentions around cultural and social change; its explicit political intentions of addressing inequities in health (and education); its political endorsement by nurses in education and practice as a socially active imperative; and, its impact pedagogically in terms of teaching philosophies and practices of nurse educators. Not surprisingly, five of the six nurse educators recruited to the study are involved in this form of socio-political activity. As a critical pedagogy, cultural safety challenges the underlying power of the status quo and critiques socio-political and economic policies. Together, teacher and student constantly negotiate, impose, and resist meaning according to their own subjectivities. The classroom discourse associated with cultural safety is never neutral, but is contextually situated in the socially and historically defined present. Questions are constantly asked, such as: What is happening here? Why are things the way they are? Who gets to speak? Who speaks for whom? Who has the power? My own monograph related to developing a critical resistance pathway in nursing education explicates my experience as a nurse educator teaching cultural safety (McEldowney, in press).

Little has been written about teaching cultural safety. I located only four unpublished theses that relate specifically to teaching cultural safety. These include: my masters thesis on the development of a critical resistance in nursing education (McEldowney, 1995); Horton's (1998) master's thesis on a critique of cultural safety in New Zealand nursing education; Richardson's (2000) masters thesis which asked the question *What is it like to teach cultural safety in a New Zealand nursing education programme?*; and Ramsden's (2002) doctoral thesis that includes conversations with Maori and Pakeha nurse educators who teach cultural safety in Aotearoa and Te Waipounamu. Over the past 13 years, Ramsden has been the most prolific writer on cultural safety in nursing education. Several have also written about the application of cultural safety, based on their experience in nursing education (Fitzpatrick, 1997; Pere, 1997; Southwick, 1994; Wood & Schwass, 1993), or practice (Polaschek, 1998).

This slim literature on cultural safety and the more general literature on the socio-political context or macro level of health care are the main emphases in the literature on teaching for

social change in nursing. The life-stories of the nurse educators involved in these forms of teaching for social change are not articulated. I concluded that the voices of nurse educators who engage in counter-hegemonic teaching practices needed to be heard. As a group, we seldom share our personal thoughts about what moves us beyond struggle, change or justice, to transformative action. I have been involved in teaching socio-political aspects of health in cultural safety and women's health courses at undergraduate and postgraduate level. As an educator teaching for social change, I have come to know others who have committed themselves to teaching for change, primarily in evaded curriculum areas such as cultural safety, women's health, psychiatric mental health and community development. As a group, they are nurse educators with a life commitment to making a difference for their students and ensuring fair and equitable health outcomes for the community.

Given that most literature is at the macro-level of social change, it was important to find out about the micro level of teaching for social change. It was also important to hear and understand the nurse educators' inside stories about what influences and motivates them to teach for social change. A significant part of this process is that we do act and not necessarily know what the significance or outcome of what this act might be. As Murphy (1999, p. 37) says "our first step [in bringing about social change] is not to decide whether our action will result in a new world but, rather, to decide, to affirm, that our consciousness must result in action whatever the outcome".

To share the experiences of the six participants as change agents, I wanted to hear the life-stories of nurse educators so that I could reveal the what, why and how of teaching for change. The hope of this research is that giving voice and illuminating their personal and professional lives, will make their socio-political intentions clear and make visible the aspects of their life-stories that impact on teaching for social change. In the next chapter I will show how I went about making this happen.

### **Chapter 3    Framing the study: Research processes to reveal stories of teaching for social change**

Choosing the appropriate methodology, method and design underpins any research. To capture the ‘what’, ‘why’ and ‘how’ of nurse educators’ lived experiences of teaching for social change, I required a congruent research design. As outlined in the previous chapter, it is evident from a review of the literature that knowledge of the micro level of teaching for social change in nursing is not known. Nurse educators’ life-stories are notably absent in the discourses around teaching for social change. There is no literature to show the motivations and how and why nurse educators integrate their lives while teaching for change. I also found no ‘methodological recipe’ for framing a study that investigates the lives of those who are engaged in political activism (Polkinghorne, 1983). However, as mentioned in Chapter 2, the work of critical feminist educators who teach for change (for example, Casey, 1993; Middleton, 1993; Munro, 1993, and Weiler, 1988), provided me with a useful framework for selection of life-story narrative as both methodology and method.

I consider it to be an appropriate methodology and method for several reasons. First, it is congruent with the research aims and the questions — that is, why these nurse educators have a strong desire to teach in pro-active radical ways, and how they engage their social and political activism to make a difference in the world of nursing education and practice. Second, because I believe that theory and analysis are embedded and woven into the everyday lives and practices of nurse educators, life-story narrative would help me to illuminate and theorise about the practical knowing of the everyday life of the six participants teaching for social change. Third, telling one’s life-story is an in-depth process that reveals the participant’s life as lived over time and within particular historical, social and political contexts. This would enable me to take reflections back to participants and to build on stories over an extended period of time rather than a one-off interview situation. Fourth, because this is a political project, and voice is important, the life-story approach would present an opportunity for the participants to talk about their lives and commitment to social and political activism in nursing. By naming their lives, the personal, professional and political agency of the nurse educators who wish to teach in a counter-hegemonic way would be revealed, thus ensuring that the research would address a feminist concern of being collaborative and transformative (Munro, 1993). Finally, I believe that using life-story narrative for this project would make a



significant contribution to national and international research and literature on nurse educators teaching for and with social change.

I now present in two parts, the framing of the study. Based on my rationale for the choice of life-story as methodology and method, Part 1 further positions and supports the choice within the framework of narrative inquiry. It also includes the research design which addresses: the development of criteria for selection of the participants; applying for ethical approval to undertake the study; and, issues of rigour surrounding life-story narrative. Part 2 presents the research in action — that is, the process of how and why I went about the study. It traces the beginning of the journey with the selection of participants, creating a story map to negotiate the field of inquiry, and gathering the participants' stories. A significant aspect of Part 2 is the section on using shape-shifting as a conceptual metaphor for transformation and change and its emergence as a central construct arising from the life-stories and research process. A three-fold process is presented on how the participants' stories as data were analysed and interpreted and, finally, I reflect on key aspects of rigour to emerge in the study — those of reflexivity, authenticity, credibility, internal congruence, coherence, and aptness. In some places I use excerpts from the participants' stories to support reflections on the research process. These are inset in *Times New Roman 12 point italics*.

## **Part 1      Methodology, method and design of the study**

As stated earlier, the purpose of this research is to illuminate and give voice to the life-stories of six women nurse educators who are engaged in teaching for and with social change. The research questions that I developed to guide the research process are: How do nurse educators' life-stories reflect their philosophy, goals, intentions and practices as they seek to teach for and with social change? Why are they teaching for and with social change? How are they teaching for and with social change? Life-story narrative became my methodology and method of choice as a way of answering these research questions and for revealing the key constructs of shape-shifting and teaching for social change. Theoretically and conceptually, the methodology and method sit within the qualitative framework of narrative inquiry.

## **Narrative inquiry**

Historically, narrative inquiry arose from the interdisciplinary work of qualitative researchers who argued that narrative helped make sense of one's own and others' experiences (Bruner, 1986; Coles, 1989; Polkinghorne, 1988, 1995; Ricoeur, 1981). In the early 1900s, Freud undertook psychoanalysis on case studies gathered from clients, which was considered to be the beginnings of using "life narratives for serious academic study" (Atkinson, 1998, p.3). During the 1930s, sociologists linked to the Chicago School shifted to narrative because quantitative inquiry was considered too limited in understanding human experience and action (Riessman, 1993). Autobiography or self-story as a genre in literature, has been part of human inquiry since the 1930s (Ribbens, 1993). However, there has been a move away from the idea of narrative sitting solely within the literary domain (Reissman, 1993). Roberts (2002, p.3) suggests that there has been a "narrative, biographical or auto/biographical turn" which has produced a shift in social science inquiry. Narrative inquiry in the social sciences has developed substantively in the field of history, anthropology, psychology, education, and sociology. Theoretically and philosophically, narrative inquiry has been informed by history (White, 1973), phenomenology (van Manen, 1990), hermeneutics (Gadamer, 1976; Heidegger, 1999) and grounded theory (Strauss & Corbin, 1997). Over the past two decades, narrative inquiry has also been developed as a qualitative research methodology in nursing (Bailey & Tilley, 2002; Diekelmann, 2001; Frid, Ohlen & Bergbom, 2000; Ironside, 2001; Koch, 1998; Sandelowski, 1991,1995; Vezeau, 1994), and other health-related disciplines, such as medicine (Coles, 1989), psychotherapy (White & Epstein, 1990), and social work (Church, 1995).

Marshall and Rossman (1999) say that life-histories and narrative inquiry (along with other methods, such as historical analysis, surveys, questionnaires and psychological testing) are secondary methods that are a "full and complete method in and of [themselves]" and they have "a methodological literature explicating the nuances and subtleties" (p.120). However, when studying a larger phenomenon, such as teaching for and with social change in nursing, in-depth interviewing (which I name 'conversations') is considered as a primary data collection source. Witherell and Noddings (1991) contend that narrative can also be powerful as an epistemological tool — that it is a way of knowing about ourselves and other knowers. The stories from the six participants in this study show some of the ways in which stories can tell us what it is like to be involved in socio-political activity and teaching 'against the grain'.

Given the theoretical and philosophical influences, it is time to make life-story narrative, as methodology and method, explicit in this thesis.

As noted earlier, methodology is about the “examination of possible plans to be carried out — the journeys to be undertaken — so that the phenomena can be obtained” (Polkinghorne, 1983, p. 5). I consider that the methodology for this thesis sits within narrative inquiry, particularly life-story narrative as a way of inquiry. From my reading of the literature related to narrative inquiry, there appears to be a debate by social science researchers as to whether life-story is methodology or method (Geiger, 1990; LeCompte, 1993; Lieblich, Tuval-Mashiach & Zilber, 1998), or both methodology and method (Clandinin & Connelly, 1998, 2000; Middleton, 1993; Polkinghorne, 1995; Riessman, 1993). Riessman (1993, p. 1) says that “the study of narrative does not fit neatly within the bounds of any single scholarly field”, so it could be considered as blurring the boundaries because of its cross-disciplinary approach to inquiry. Lieblich et al. (1998) consider that narrative methodology has not been given credence in qualitative inquiry, particularly in relation to models for analysing and interpreting narratives and the classification of methods.

What I understand from these various positions, is that narrative inquiry appears to be like an umbrella, which overarches different methods that include the notion of a person or persons talking or writing about their lived experiences or their lives and how they are lived. Examples are: autobiography, or self-story; biography through writing a story about another person; as well as oral history; life-history, and life-story in which people talk about their lives. According to Hatch and Wisniewski (1995), narrative

fit[s] into a larger category of related or synonymous terms such as autobiography, biography, interpretive biography, autobiographical narrative, life-history narrative, oral narrative, life-narrative, personal narrative, stories, life-stories, self-stories, personal experience stories, auto-ethnography, ethnographic fiction, personal history, oral history, case history and case study

(p. 124).

As can be seen by this array of terms, while there is a similarity in the aims and assumptions underpinning them, such as eliciting stories from one's self or others in oral or written form, there has been development of different emphases on the theories and methods engaged. I present a vertical linear figure (refer Figure 1) which is a summation of narrative inquiry as a methodology in qualitative research, and includes the sub-field of life-story narrative as methodology and story-telling as the method for gathering data for analysis and interpretation.

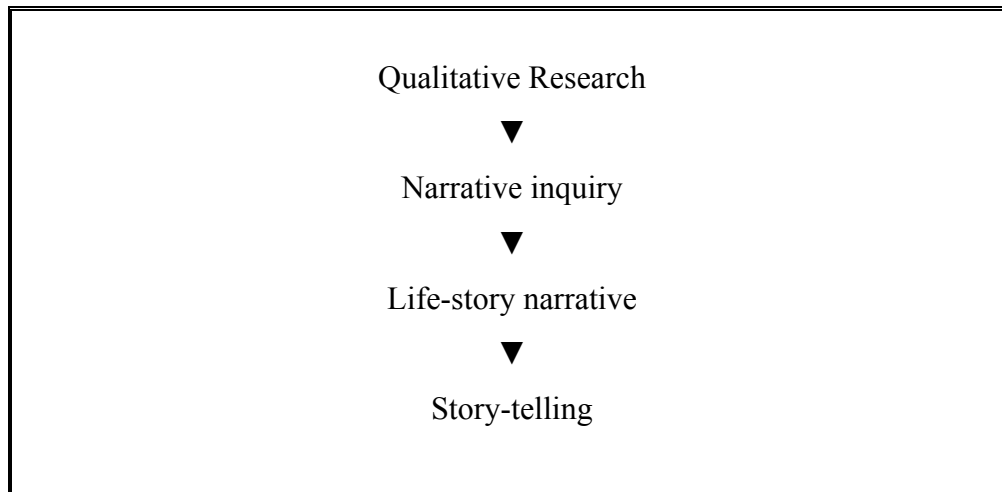


Figure 1: Life-story narrative as a methodology

Clandinin and Connelly (1998, p.155) say that “narrative names the structured quality of experience to be studied, and it names the patterns of inquiry for its study”. Revealing the structure and illuminating the patterns that emerge from stories is a common process of interpretive inquiry. Narrative becomes both the phenomenon to be investigated and a method for investigating the phenomenon.

In her doctoral research, Middleton (1993) found no ‘methodological recipe’ for gathering and interpreting the life-histories of feminist educators. Middleton says that the origins of her methodology were grounded in the ways she related to the women participants and the “way we made knowledge about our lives as women” (p.65). She also likens story-telling and generating knowledge between the researcher and participants to the consciousness-raising process during the feminist movement of the 1970s. Another important point Middleton raises is that she was not separate from the research process — she was “inside [her] own questions and methods, positioned within the object and the process of [her] inquiries” (p.65). This

presents a challenge to positivism and conventional scientific research in which the subjects are the objects of inquiry and the researcher is the ‘detached observer’. Therefore, narrative inquiry has developed as a response to the restrictions of positivism and has disrupted dichotomies such as subject/object, knower/known, theory/practice, and method/process (Bunkle, 1992; Harding, 1986; Lather, 1991; LeCompte, 1993; Middleton, 1993). Narrative research (particularly the methodology of life-story research) “differs significantly from its positivistic counterpart in its underlying assumptions that there is neither a single, absolute truth in human reality, nor one correct reading or interpretation of a text. The narrative approach advocates pluralism, relativism, and subjectivity” (Lieblich et al., p. 2). To this, I would also add six other underlying assumptions about narrative as inquiry.

First, narrative in research sits within the ‘interpretive turn’ — the structure and patterns of material or text gathered is interpreted, re-interpreted and given meaning from the subjective position of the researcher and often from the participants as co-researchers (Geertz 1983; Rabinow & Sullivan, 1987). Riessman (1993, p.22), says “narratives are interpretive and, in turn, require interpretation”. Second, stories elicited through narrative inquiry are contextually bound historically, culturally, politically and socially. I previously alluded to this in the introduction to this chapter, where I state that lives are lived and stories are told about these lives within a particular historical, social and political context. Third, there is a heuristic process inherent in narrative research as both the researcher and participant engage in uncovering meaning of lived experience to enhance understanding of the phenomena/phenomenon under inquiry (Moustakas, 1990). Fourth, temporality, or locating events or things in time, is an important aspect of narrative inquiry as the researcher and participants present stories that are an expression of a past (re-membered, re-viewed and re-told), as well as an expression of a present and future life. Fifth, narrative inquiry “inhabits both social science and artistic spaces” which distinguishes it from other types of qualitative research inquiry (Blumenfeld-Jones, 1995, p.25). In other words, the methodological approach that informs the inquiry arises from the social sciences and there is an aesthetic aspect to interpreting the stories that are gathered from the participants. Clandinin and Connelly (2000) consider narrative research sits within a ‘three-dimensional space’ that is unbounded and therefore opens up ‘imaginative possibilities’. Poetry, photography, or drawing can also convey narrative meaning. Sixth and finally, there is the underlying idea of muthos developed by Aristotle (in *Poetics*) and expounded by Ricoeur (1991), which is central to the creation of

stories and narrative inquiry. Muthos refers to the act of emplotment, which is a way of transforming several stories or subplots into one synthesised story. Ricoeur (1991, p.21) defines emplotment as “a synthesis of heterogeneous elements”.

In this research, I wanted to ‘do science’ differently and to disrupt the binaries of subject/object, knower/known, but also to provide a robust rationale for my choice of methodology and method. I have positioned myself within the inquiry. The research questions were developed from my own positioning as a nurse educator and I brought these subjective experiences to the research process. Consequently, I have selected a methodology using life-story narrative as a way of unfolding and theorising about the philosophy, goals, intentions and practices of nurse educators. By taking this ideological and political position, I want to tell particular kinds of stories that are counter-hegemonic — that is, stories of social activism that have been silenced by those in power. For as Clandinin and Connelly (2000, p.128) say, “the theoretical methodological framework for narrative inquiry includes a narrative view of experience with the participants’ and researchers’ narratives of experience being situated and lived out on storied landscapes”. By eliciting the life-stories from the participants I become the interpreter whose task is to translate their stories in a way that speaks to a wider audience. I also recognise that my accounts and interpretations are only partial as I have selected particular discourses to illuminate the particular phenomena under investigation, that is, the ‘what’, ‘why’ and ‘how’ of teaching for and with social change in nursing. McLaren (1993, p.203) says that “narratives can become politically enabling of social transformation or can serve as strategies of containment that locate ‘difference’ in closed epistemological discourses”. He also suggests that we

use different kinds of narratives to tell different kinds of stories and that we sanction certain ones and discount others for ideological and political reasons. Our narrative identities determine our social action as agents of history and the constraints we place on the identities of others  
(p. 203).

To summarise, narrative inquiry transcends disciplinary boundaries — for as Riessman (1993, p.1) says it is “inherently interdisciplinary”. It interweaves theoretical and empirical inquiry processes as a way of understanding lived personal experiences of people within certain

historical, social, and political contexts. It is also situated within time and place. In the next section, I will present my rationale for choosing life-story narrative as the methodology and method, discuss definitions of life-story and present key features that are foundational to life-story and story-telling.

### **Life-story narrative as research methodology and method**

As a method of narrative inquiry in nursing research, story-telling's momentum has increased. Nurse academics and researchers have positioned narrative and story-telling as an integral aspect of interpretive scholarship for research, practice and education (Bailey & Tilley, 2002; Baker & Diekelmann, 1994; Banks-Wallace, 1998; Diekelmann, 1993, 1995, 2001; Emden, 1998a & b; Frid, Ohlen & Bergbom, 2000; Giddings, 1997; Heinrich, 1992; Ironside, 2001; Johnstone, 1999; Koch, 1998; McDrury & Alterio, 2002; Sandelowski, 1991, 1995). A search of the ProQuest (CINAHL) data-base revealed that several nurse researchers have used life-story as methodology and method (Burkhardt & Nagai-Jacobsen, 1994; Clarke, 2000; Crisp, 1995; Forbes, Bern-Klug & Gessert, 2000; Giddings, 1997; Hansebo & Kihlgren, 2000; Harden, 2000; Heliker, 1999; Lillemoen, 1999; Penn, 1994; Warman, 2001). A compelling reason for sharing life-stories of nurse educators teaching for and with social change is that they may encourage other nurse educators to share their stories. Diekelmann (1993) argues that, "telling stories publicly is political, critical, and transformative" (p. 6).

My decision to use life-story narrative for this research arises from both an experiential 'doing' (ontological) position and a theoretical 'knowing about' (epistemological) position. The 'knowing about' and 'doing' life-story narrative are embedded in my life as a woman, nurse and nurse educator. I am interested in honouring the subjective life-story accounts of the nurse educators who participated in this study. Each participant focuses on their life, as it is lived, and on the meaning that they make of their teaching experiences for social change. Using collaborative theorising, I want to build on existing knowledges to create new nursing knowledge (Diekelmann, 2001; Lather, 1991; Middleton, 1993).

#### **The experiential ontological position on life-story**

My interest in reading and writing stories began in childhood. My mother, in particular, encouraged me to read. Every Friday night we would go to the local library where I would stock up with three or four books and then spend the weekend, and what ever other time I

could snatch, buried in the stories. This pattern would be repeated again the next week, and so on. My parents and brother also read to me, so I was exposed to their interpretive accounts of the stories. They often embellished the stories by using a particular tone of voice when portraying the various characters and using physical actions to add to the sense of drama and occasion. It also enabled me to 'learn to listen' to the stories and ask questions if I needed clarification. The stories often covered both fictional and non-fictional accounts of people's lives. I would be transported into other worlds, imagining the lived experiences of heroes, heroines and adventurers in mythical and real contexts. Fairy tales, myths and legends have been used to transmit cultural patterns, values and beliefs between generations through storying, painting, singing and acting. Women writers such as Clarissa Pinkola Estes (1992) and Barbara Kingsolver (1990) talk of the 'underworld', which is the instinctive intuitive self where the bones of life-stories are laid. Estes, a Jungian psychoanalyst and cantadora (storyteller), says that stories, myths and fairy tales provide instruction to follow a path laid down, so that we may be led into our deeper instinctual knowing.

During my time at primary school I won a prize for a short-story competition. We were asked by the teacher to submit our stories and she would read them out to the class and students would then select the one they liked best. However, apart from that one brief moment of recognition it was to be some years before I returned to writing stories (narrative accounts of nursing practice). Professionally, nurses tend to lead storied lives. It is a way of transmitting the culture of nursing within groups of colleagues and between generations of nurses. My experiences of telling stories in practice or about practice have included: sharing information with colleagues about patients during handover at the end of a shift; taking an oral history from patients when assessing their health status and needs; participating in narrative therapy in a family centred therapy unit; and, attending narrative interpretive workshops with Professor Nancy Diekelmann at the University of Wisconsin-Madison. Further experiences in writing stories, have developed over the last decade through academic study. My Master of Education thesis presented my lived experiences (autobiography) of resisting and accommodating oppression (McEldowney, 1995), and the monograph includes narrative exemplars arising from my practice as a nurse and nurse educator (McEldowney, in press). It is because of these experiences that I have come to value the position of narrative, and in particular life-story as a qualitative research methodology. I consider life-story as a way of



coming to understand the practices, values and beliefs of the participants in this study and as a way of laying down a pathway that others may choose to follow.

#### The theoretical epistemological position on life-story

Numerous social science researchers have presented their views on life-story as a qualitative methodology and method (Atkinson, 1998; Clandinin & Connelly, 2000; Ellis & Flaherty, 1992; Hatch & Wisniewski, 1995; Lieblich et al., 1998; Linde, 1993; Richardson, 1998; Riessman, 1993; Roberts, 2002). Life-story can also sit within the sub-field or under the umbrella of narrative inquiry or the narrative study of lives (Atkinson, 1998; Josselson, 1996; Josselson & Lieblich, 1993, 1995, 1999; Lieblich & Josselson, 1994, 1997) as a form of narrative from life-history, oral history and ethnography.

What distinguishes life-story narrative from other types of qualitative research? There are several features: a focus on the individual as participant; the personal dialogical nature of the research process; the practical nature of the findings appealing to a wider audience; and, an emphasis on the subjective nature of the research that goes beyond the empirical and scientific standards that “continue to dominate other qualitative methodologies” (Hatch & Wisniewski, 1995, p.118). The central focus of life-story as part of the narrative research process is coming to understand the participants’ individual lives and stories about their lives as lived (Clandinin & Connelly, 2000). Therefore, the stories become data as gathered from the participants, as narrators of their stories. Denzin (in Hatch & Wisniewski, 1995, p.116) says that this research approach is focused “on the stories people tell one another” which distinguishes it from other qualitative methods, such as interviewing and participant observation. Among the various definitions of life-story as methodology, Atkinson (1998) defines it as

the story a person chooses to tell about the life he or she has lived, told as completely and honestly as possible, what is remembered of it, and what the teller wants others to know of it, usually as a result of a guided interview by another.

(p.8)

Linde (1993) refers to life-story as an oral unit of social interaction, which contains connections and coherence “created within each story and between the stories of the life-story” (p.25). The act of speaking or writing life-story may occur in the present, but the life-story accounts told through stories over time about that which is past, are reflections recalled from memory. Cortazzi (1993) says that the story-telling process is about “reflection upon reflection” (p. 13).

Reflection was also part of the epistemological journey I engaged in when thinking about the processes and features of life-story as methodology and method. After I had read the texts on life-story I would think about different positions that researchers had presented and would write in my research journal on reflections and insights. I include an excerpt from my journal on a reflection I wrote in March 2000:

Telling one’s life-story is a conscious act of unfolding, re-membering, and re-discovering past events, that are significant and meaningful. It is a process of re-presenting significant events in a recursive and discursive way. As a person tells their life-story, they reflect on what stands out in their memory in response to a question or comment that the researcher has posed. This process can involve asking themselves key questions such as: why was that (person, event, time) important to me? in order to make sense of what happened and why has it ‘sat’ in the subconscious or unconscious mind over time. The participants become the authors of their own life-story in the telling and re-telling of stories that matter to them. It seems that by telling their life-story the participants also create themselves by talking about what it is they do in teaching for social change. Their life is constructed through the telling of the story.

As well as reflecting and thinking through ideas about life-story, it was important for me to consider the difference between life-story and life-history because they were frequently included together in texts and I wanted to clarify if there was differentiation between them. I noted that some narrative inquirers consider life-story and life-history to be synonymous (Butt, Raymond, McCue & Yamagishi, 1992; Hatch & Wisniewski, 1995). But Goodson

(1995) and Watson and Watson-Franke (1985) say there are differences that focus on the role of the researcher. While Linde (1993, p.47) claims there is a difference in the “reportability and relevance” of the oral materials (stories) that are gathered. According to Goodson, the important distinction is that life-story is about a personal reconstruction by the participant, whereas life-history starts off as a life-story the participant tells and the shift occurs when the researcher moves to include other evidence such as “other people’s accounts ... documentary evidence and a range of historical data” (1995, p.97). Watson and Watson-Franke (1985) say that life-history is a ‘retrospective account’ of one’s life that arises from the eliciting and prompting by another person. Linde (1993, p.45) says that approaches to life-history can be more static than those from life-story. Life-history tends to focus more on a “fixed collection of [historical] facts”, whereas life-story is a composition of meanings, and is more expressive of life as a lived experience.

Based on these distinctions, I identify life-story as the appropriate methodology for this thesis because I am not including other people’s accounts about the participants or their practice. I define life-story as: “individual contextually situated stories that the participants have told me in a series of conversations at a particular moment in time”. The participants bring/call forth their stories to the present which have been invoked (re-called, re-named, re-presented) from past experiences. Life-stories move beyond the personal by positioning the narrative accounts and interpretations within a broader contextual framework, such as the personal, historical, social, political, and institutional. Munro (in Hatch & Wisniewski, 1995, p.117) warns that it is important not to de-contextualise individual lives and says that life-story “requires an historical, cultural, political, and social situatedness in order to avoid the romanticisation of the individual, and thus reproduction of a hero narrative which reifies humanist notions of the individual as autonomous and unitary”. In working with life-story, I also use these theoretical and practical considerations to inform the research process.

A further theoretical and epistemological position that I wished to address in this research using life-story, was working with my own or others’ cultural frames and references, and my decision to recruit Pakeha/Tauiwi participants to the study. This decision was based on my experience of identifying as Pakeha, and being involved in cultural safety and Treaty of Waitangi education courses. It also related to my position as head of department in a nursing school that offered a parallel programme for indigenous Maori students (outlined in Chapter

1). Over the years these experiences have influenced how I have negotiated bicultural relationships with tangata whenua<sup>1</sup> and how I have recognised my position as part of the dominant culture in New Zealand. I did not feel that it was appropriate for me to work with the life-stories of indigenous Maori nurse educators because my interpretation of their lived experiences could be perceived as yet another colonising experience. Smith (1999a & b) contends that it is important for indigenous people to write their own life-stories and histories and to have sovereignty over their own research processes. She says that for Maori women, inquiries into “the educational past are often journeys into a terrain deeply shadowed by histories of colonisation” (1999a, p.68). While I recognise that Maori nurse educators might share similar teaching experiences to their Pakeha and Tauwiwi colleagues, I consider it is more appropriate for them to conduct their own life-story research. Epistemological concerns, such as this, also give rise to considerations of rigour for life-story and the study design.

### **Issues of rigour and life-story narrative**

In this section I address issues of rigour and pay particular attention to the criteria for establishing rigour in life-story narrative.

In the final analysis, the work is ours. We have to take responsibility for its truths.

Reissman (1993, p.6)

Reissman’s ‘truths’ relate to the role of the researcher as analyser and interpreter, and how true they are to the participant’s life-story text. Life-story narrative arises from the personal lived experience of the participant and in turn is interpreted by the researcher. Traditional ideas of validity, reliability, and generalisability arising in many quantitative research projects do not apply in the same way to life-story narrative. The findings from life-story research cannot be generalised to other populations or situations, nor do they represent any one truth. People can construct different stories about the same event depending on their values, beliefs and experiences. Lincoln and Guba (1985) suggest four constructs of credibility, transferability, dependability, and confirmability to establish trustworthiness for research such as life-story. Trustworthiness in research is related to the methodology, method, research

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<sup>1</sup> Tanagata whenua refers to the indigenous Maori people of New Zealand. It is often translated as “people of this place”.

design and processes having integrity and being authentic. Credibility refers to an accurate description of the aim of the project, the questions, selection of participants, methodology, method and interpretation being made explicit and why certain decisions have been made. Transferability relates to the findings of the inquiry being useful to other studies with similar questions, and participants. Dependability refers to how the researcher accounts for changing conditions in the phenomenon chosen for the study and how the design may change because of increasingly refined understanding of the setting. Confirmability is achieved if the findings of the inquiry can be confirmed by another. As a construct, it tends to fit more with the positivist tradition of objectivity. But in qualitative inquiry, it is translated more as ensuring that preconceived assumptions and possible findings are challenged within the process of gathering and interpreting data. Accepting these four general constructs, narrative researchers have tended to develop more specific criteria to ensure rigour in narrative inquiry.

Clandinin and Connelly (2000) suggest ‘wakefulness’ is a significant criterion that arises from the process of ongoing reflection throughout the research process. They say that because narrative inquiry is still in a state of development as a methodology, researchers need to “be wakeful, and thoughtful, about all of [their] inquiry decisions” (p.184). Hatch and Wisniewski (1995) have formulated a comprehensive list of criteria, which they gathered from narrative inquirers to establish quality for narrative and life-history inquiry that goes beyond the standardised notions of validity, reliability and generalisability. These criteria include: “adequacy, aesthetic finality, accessibility, authenticity, believability, closure, credibility, compellingness, continuity, explanatory power, fidelity, moral persuasiveness, plausibility, resonance, sense of conviction, trustworthiness and verisimilitude” (p.129). Koch and Harrington (1998) say that in terms of achieving the above criteria, reflexivity is important throughout the research as a key aspect to achieving these criteria. Recording the key decision-making moments along the way, or posing questions to be answered in the writing up of the research process, provides an audit trail that other researchers may follow.

Riessman (1993) extends these ideas further and suggests four ways of validating narrative work; persuasiveness, correspondence, coherence, and pragmatic use. Persuasiveness refers to being plausible — is the interpretation reasonable and convincing? This occurs when the reader can say, ‘yes, I can identify with that — it stimulates my thinking and delights me with its creativity’. The interpretation resonates, or rings true, because it relates to the theoretical

positioning from the literature and also evidenced by the participants' accounts of their lived experiences. Correspondence relates to 'member checks' with the participants by the researcher. Member checks involve sending interpretations back to participants to ask them if they agree with the interpretation, if it corresponds with their understanding, and if their voice is fairly represented. Coherence refers to the connections that are created within and between life-stories. Riessman (1993) outlines three kinds of coherence for interpretive work: global, local and themal. Global coherence is about the "speaker's beliefs and goals in light of the structure of particular narratives (local coherence) and recurrent themes that unify the text (thematic coherence)" (p.67). Pragmatic use refers to whether the study becomes the basis of other people's work — will it be used to further research in the community of narrative inquirers? To support this as an outcome of the study, I will make key aspects of the research process visible so that other narrative and life-story researchers will be able to follow how I undertook this research project.

As there is no set formula, or recipe, for ensuring rigour in interpretive work, I have selected from the above criteria to ensure validity within the research, specifically reflexivity, authenticity, credibility, persuasiveness, internal congruence and coherence. I discuss applying these criteria in Part 2 – reflections on rigour.

### **Research design**

Following on from my choice and rationale for using life-story narrative as methodology and method for the research project, I needed to design the study so that it would be congruent with undertaking such a project. Feminist researchers, such as Anderson, Armitage, Jack and Wittner (1993) and Bloom (1998), say that women's life-stories are important in theory building. Because there was no indigenous material to use as a theoretical basis on how nurse educators teach for and with social change, I decided to have a series of conversations with a small number of nurse educators throughout New Zealand, who by reputation were considered to teach for social change in undergraduate and postgraduate nursing programmes.

The features of life-story that guided me included focusing on the individual as participant; and using a participatory, dialogical and interpretive process of life-story, which would lead to more in-depth understanding of the phenomena under study. By sharing the stories, knowledge unique to the experiences of their lives as nurse educators teaching for change

would be preserved and extended. The life-story accounts presented in this study provide the reader with an opportunity to engage in the story, analysis and interpretation. By providing explicated texts “common practices and shared experiences” are recognised and “an increased understanding of the meaning and significance of these explicated experiences” is offered from a critical interpretation (Diekelmann, 2001, p. 58). Life-story as methodology has the potential to contribute to nursing inquiry and knowledge by presenting lived experience as a way to “advance theoretical understanding of the human condition and commonalities in existential human experiences” (Johnstone, 1999, p. 136).

The selection of participants was an important aspect, because from my experience I knew that educators throughout New Zealand tend to know each other, and those teaching for and with social change were a smaller and obvious group within the cohort. This contributed to the risk of participants being identifiable. My entry into their lives as participants would be through asking them to tell me something about themselves and to set the scene for further conversations to unfold. But first I needed to gain ethical approval to undertake the study and prior to seeking participants who might be interested in undertaking a life-story journey to talk about teaching for and with social change in nursing.

#### Gaining ethical approval for the research project

In 1999, I applied to the Human Ethics Committee (HEC) of Victoria University of Wellington (VUW) for ethical approval to undertake this research. It involved responding to an approved format set out by the HEC (refer Appendix 1). At all times my consideration of keeping the potential participants safe was paramount. There were issues that I had to consider when addressing this aspect. First, my position as a then Head of Department of Nursing and as a researcher with inherent perceived power, could place me in a position of ‘power-over’ the participants. Second, New Zealand is a small nation from which to recruit nurse educators as participants, so the risk of identifying a participant, even when using a pseudonym, or revealing their work place, is high. Third, having conversations over a period and asking them to share their life-stories and examples of teaching for and with social change could potentially create discomfort, or bring unpleasant memories to the surface. Fourth, the intended number and duration of conversations with each participant (up to ten for 60 to 90 minutes each), required a considerable focus and time commitment. I was mindful of how

intrusive this might be given that most nurse educators work full-time and are often undertaking their own tertiary study.

Responding to my application, the HEC sought assurances on two matters (refer Appendix 2). One matter related to the degree of intrusiveness arising from the number and duration of the interviews (conversations). The other matter related to issues of anonymity and confidentiality. The HEC suggested that I consult two women academics experienced in the use of oral history as a method of inquiry and ask them to give me feedback about the appropriate number of interviews and time requirement for each participant, and to check my process for preserving confidentiality. I consulted the two women academics and gave them a copy of the proposal. Both expressed confidence in my research design and ethical considerations. They also suggested that I leave the number of interviews open, rather than place an arbitrary number on them and that I negotiate with each participant throughout the data-gathering period as to how many interviews would take place. The negotiation would take place at the end of each interview as to the need for further interviews. The rationale behind their suggestions was that in their experience they had been able to gather data in a few interviews with some participants while they needed to return on numerous occasions (often exceeding ten interviews) to their most valuable informants. This suggestion also applied to the length of time for each interview, which was left open to negotiation. They both mentioned that a short interview would often suffice, or if the interview was flowing well and the participant agreed it was appropriate to continue (and might take up to two to three hours).

Intrusiveness is an important issue related to the assessment of how much and how often the researcher needs to interview participants. However, participants (including those in this study) often welcome the opportunity to have this level of in-depth conversation (which I will discuss further in Part 2, Section 1): in order to give voice to their experiences, to gain self-acknowledgement and awareness, and to provide a sense of purpose to their lives. To unfold the depth and breadth of the participants' experiences, it was important to negotiate a fair and reasonable time with them at a mutually convenient time and place.

Anonymity and confidentiality raised questions, such as: Is there such a thing as anonymity and confidentiality in qualitative research? How do we protect the identity of participants in studies with small numbers of subjects, particularly when using life-story narrative that



includes revelation of personal and often intimate details? As more nurse researchers use qualitative research methods to gather information, protecting participants' identity is likely to be a major ethical consideration. In New Zealand (population almost four million), the potential pool of participants may be limited, which gives rise to the possibility of being able to identify people. This can occur either through a process of elimination, or, in the case of a small number of participants within a focused project (such as this study), being able to know who they are because of contextually identifiable information. Lipson (1997, p, 44) says that: "For some readers, guessing the identity of an institution, agency, [individual], or specific group is a challenge, like solving a puzzle".

In my role as an educator in a postgraduate nursing degree programme, I am intrigued at the way students raise the notion of anonymity rather than identifiability as an ethical consideration in relation to qualitative research that involves gathering data from participants. When asked why they focus on anonymity, it tends to emerge as a taken-for-granted assumption that anonymity be discussed. Perhaps one of the reasons for this is that many of the application forms for ethical approval used in New Zealand, cover both quantitative and/or qualitative research projects and the researcher is asked to describe how they will maintain anonymity. Ethics committees provide guidelines on protecting human subjects from harm that tend to focus on issues of confidentiality and protecting privacy and/or anonymity. Anonymity means that one's name is not known, and that one is incognito, unacknowledged, unnamed, unknown, unsigned (Collins Dictionary & Thesaurus, 1998, p. 26). Sieber (1992) says that anonymity means "the names and other unique identifiers [e.g., addresses, telephone numbers] of subjects are never attached to the data or ever known to the researcher" (p.45). I contend that the idea of anonymity has arisen from the quantitative research paradigm in which participants are more likely to remain unknown. The researcher's position in relation to the participants may be that of the 'detached observer' who does not know the participants by name (such as the use of questionnaires). Large numbers may be randomly selected, so it is impossible to know who the participants are and where they come from, and when displaying statistical findings, a number can be assigned which removes identity from the participant. Lipson (1997) suggests that

potential harm to participants is different when insights about human experiences and lives, not statistical findings, are the goals of a study, when "researchers and subjects" become friends and collaborators, and

when rich narratives or life-history segments, rather than tables, are published as findings.

(p. 41)

In qualitative research, where participants are engaged in one-to-one or focus-group interviews or conversations, they are known to the researcher. In the case of a focus group they are often known to each other, so cannot be anonymous. The researcher may have a series of interactions that take place over time and the participant(s) may share intimate details of who they are as a person. They may or may not choose to be named as themselves. If they choose to use a pseudonym, then a key ethical consideration is that of maintaining confidentiality and protecting their identity. Participants can be hurt in a minor or major way if their identity is not protected. This may result in embarrassment, loss of face, damaged reputation, loss of employment, legal repercussions (such as defamation) from divulged information about persons or organisations, breakdown of relationships with relatives, colleagues and friends (including the researcher), and recurring effects over time.

In the ethics application for this qualitative research, I stated that, as the participants would be known to me, the potential to achieve anonymity would not be a possibility. As the researcher, I would be striving to maintain confidentiality and considered that identifiability was a separate and different risk for the participants. Identifiability could be present regardless of whether the participants chose their own name or a pseudonym. Assigning pseudonyms is not a foolproof way of protecting identity. Therefore, the highest level of safeguard achievable for the participants would be that of confidentiality. I suggested that this might be achieved by ensuring that no identifying material be attributed to them which would include; geographical location, names of institutions, employers, colleagues, family and friends, and intimate, personal and professional information they might share with me. The two women academics thought the measures outlined in the application to preserve confidentiality were acceptable. They also agreed with me that identifiability is a special risk encountered in this type of research.

Following consideration of the two matters raised by the HEC, I amended the participant information sheet and the informed consent form to include the following:

- 'I will negotiate with you as to the number of interviews that will be required to gather information'.
- 'The length of time for an interview will also be negotiated with you prior to the commencement of each interview'.

I responded to the HEC on 26 July 1999 (refer Appendix 3) and received ethical approval to undertake the research on 11 August 1999 with no conditions imposed (refer Appendix 4). Then, I commenced the process of selecting the participants for the life-story project.

### Selecting the research participants

I mentioned in the application for ethical approval document (refer Appendix 1, p.6) that I would draw up a list of potential participants with assistance from senior nursing colleagues and my supervisors. At this stage the number of participants to be recruited had not been finalised but I suggested that it would probably be up to six. Inclusion criteria were developed to assist with drawing up the list. These criteria focused on certain characteristics that I considered would help identify potential participants. The main characteristic was that they were Pakeha or Tauwiwi women nurse educators who were registered nurses currently teaching in tertiary level nursing education programmes in New Zealand. Also, they would be experienced and respected for the contribution and commitment to teaching for and with social change over time and willing to risk possible identification because of the nature of their work. I made an assumption that those who elected to be a participant in the study would be consciously and actively teaching for social change. Another criterion was that I would select participants from a variety of tertiary education settings, such as universities, polytechnics or technical institutes, who taught various socio-political aspects of nursing and health care, such as cultural safety, women's health, psychiatric mental health nursing and community development. I selected these specific areas to narrow the field of potential participants and also because of my own experience in teaching in these areas.

The rationale of developing the inclusion criteria (and not specifying exclusion criteria) was to recruit participants who were good examples of teaching for and with social change and who would exhibit interest in the research questions. Casey (1993) contends that the development of exclusion and inclusion criteria for recruitment of subjects is a fundamental example of power exercised by the researcher. This is evident in the process that I used to recruit participants as I was focused on recruiting those nurse educators who I considered would be

able to articulate their stories of the lived experience of teaching for and with social change in nursing.

Having drawn up the list of criteria, it was determined that nationally, there was a potential pool of about twenty-five Pakeha or Tauwiwi participants. After discussion with my supervisors, I decided to aim for six participants who lived and worked in different parts of New Zealand as I considered that spending up to possibly ten interviews with six of them would generate ample data for the study. Also, having a geographical spread would hopefully enable their identity to be protected. Sandelowski (1995, p. 183) says that the sample size in qualitative inquiry is adequate if it produces “new and richly textured understanding[s] of experience[s]”. This was to be my experience over the next two years, because I collected rich, powerful stories totalling 700 pages of transcriptions.

To help me choose the final six, I decided to write some profiles of who might reflect on what I considered teaching for and with social change in nursing meant. Atkinson (1998, p. 27) suggests “the best candidates for a life-story interview may be those people who emerge naturally from [our] everyday interactions”. All the potential participants were known to me because of personal, professional and/or political connections. So the development of the six profiles became one of symbolic representation as I thought about the significance of my experiences as a Pakeha woman nurse educator teaching for and with social change and how each of the six potential participants’ experiences and understandings of their work resonated with me. An example of a profile follows (Figure 2). However, to protect the participants’ identities it is a composite profile. The profile became a frame of reference for me as the researcher and generated its own limitations. For example, one limitation that comes to mind is the criterion that specifies what areas of teaching the participants would be engaged in, namely cultural safety, psychiatric mental health nursing, women’s health or community development. This did raise a question for me: was I inferring from this inclusion criterion that nurse educators who teach in other curriculum areas such as research, ethics and professional practice, are not engaged in teaching for social change? My answer was no — it was not my intention to infer that others did not teach for social change. Rather, I wanted to narrow the field to nurse educators who had experienced similar teaching areas in the curriculum with which I am familiar — that is, areas in which the socio-political aspects of nursing such as difference, equity and justice are to the fore. So I consider that from inside

the profile there is a framework for exploring the life-stories of Pakeha or Tauwi nurse educators in New Zealand that addresses the socio-political aspects of teaching in nursing.

**Profile of ideal participants**

- The participant would identify as a Pakeha or Tauwi nurse educator and be a registered nurse (comprehensive, psychiatric, general and obstetric) and would be currently teaching in courses, such as cultural safety, psychiatric mental health nursing, women's health or community development in undergraduate and/or postgraduate nursing programmes. She would also be furthering her own education at postgraduate level.
- They would be, or may have been, a member of a community collective or organisation involved in social and political activism. For example, as a member of an organisation that promotes antiracism, or as a member of a women's health collective.
- They would have a reputation for teaching in an emancipatory way, engaging the students in a process that encourages them to consider their actions and keeps the processes open in the classroom and in practice, ensuring socio-political issues are discussed and thought about in practice and demonstrates 'power-with', not 'power-over', students.

Figure 2: Profile of ideal participants

In summary, because I wanted to unfold the voices of Pakeha or Tauwi women nurse educators, my methodological journey led me through life-story narrative inquiry to storying or story-telling. I considered that this participatory research method would have congruence

with the overall goal of this research. In Part 2, I discuss the processes that I went through to engage with the participants and gather their stories of the ‘what’, ‘why’ and ‘how’ of teaching for and with social change in nursing.

## **Part Two    Research in action**

### **Beginning the journey with the research participants**

Once the profiles had been completed, I made initial contact with each potential participant and outlined the research. If they expressed interest about finding out more, I gave them the information sheet to read and asked them to phone me if they would like to be a participant (refer Appendix 1a). At this stage, I had also taken leave from my job as Head of Department and was working in another academic role. This was an important decision for me as I had been concerned that being in a management position might influence whether nurse educators would be interested in being involved in the study, particularly in relation to issues of confidentiality, trust, my profile in nursing education, and being in a perceived position of power.

The first six women nurse educators who I approached responded and volunteered to become participants. These nurse educators were all involved in teaching for and with social change. They are known in the thesis by their pseudonyms: Anne, Eileen, Grace, Annie, Mary and Miriam. As one of my key assumptions for recruitment, I had stated that the participants should be consciously teaching for social change. However, in some ways this is an ambiguous assumption, because so often what nurse educators do is grounded in the everydayness and tacit knowing of being a teacher. Here I was asking these participants to share their awareness of the ‘what’, ‘why’ and ‘how’ of teaching for social change. Three of them indicated they would be interested in spending time reflecting on their experience of teaching for and with social change. One said that it would give her an opportunity to take the time to think about her ideas and practices. Another said she was interested in the research process of life-story narrative because she was considering using it for her own postgraduate research project. I then negotiated a time to meet with each of them to discuss the purpose, method and design of the project, the possible risks and time involved in being a participant, and my position as an interactive researcher (conversational story-telling rather than interviews). The participants would be the story-tellers and I would be the listener and

recorder of the stories of teaching for and with social change. My role was to negotiate the process before, during and after each conversation, ask clarifying questions, and, where mutual experiences emerged, to engage in dialogue. I will discuss this process further in the next section on using a story map to enter the field of inquiry, and the process of gathering the stories.

Also at the first meeting, I discussed the process of informed consent and once they had questions answered to their satisfaction I left the consent form with them to allow further time to consider being a participant before they signed the form (refer Appendix 1b). At the end of the first meeting I sent a letter to each participant thanking them for agreeing to participate in the research project (refer Appendix 1c). Although the letter mentioned signing and returning one copy of the consent form, all the participants chose to sign both copies of the form (one for the participant to keep and the other for me to file) at the time of the first research conversation.

The next part of the process involved setting up the first meeting to begin the research conversations. As the six participants lived in different parts of New Zealand, I had to negotiate a time and place with each of them that might coincide with either of us being in the same place, or nearby so that I would be able to travel to meet with them. Once this had been determined, I drew up a timetable and audiotape log (refer Appendix 6) for each participant which was to become invaluable as a tool for managing the number of interviews and keeping track of how many audio-tapes were to be transcribed. I also noted the sound quality of the audio-tapes and whether they needed re-transcribing. Before entering the research field with the participants, I created a story map to place a boundary around the questions and framework of potential story ideas that I wished to focus on with the participants.

### **Using a story map to enter and negotiate the field of inquiry**

Creating maps, or the act of mapping, is not confined only to the geographical notion of a spatial representation of terrain. Rather than confining mapping to those who use or make maps, such as cartographers, surveyors, geographers and planners, it can also be regarded as “creative, sometimes anxious moments in coming to knowledge of the world, and the map is both the spatial embodiment of knowledge and a stimulus to further cognitive engagements” (Cosgrove, 1999, p. 2). How then did I develop a story map to guide the participants and

myself across the terrain and through a series of ‘cognitive engagements’ and acts of gathering life-stories?

While on paper the story map is represented two-dimensionally as an interview framework, it is multi-dimensional, multi-textured and multi-layered (refer Figure 3). When we read a map on a flat piece of paper we build up an image in our mind by translating various signs and aspects into a meaningful pattern in order to make sense of what is before us. This might include re-membling and re-calling our knowledge of the location — have I been there before? is there something familiar with which I can locate my position? what is present in the foreground and background, such as contours and patterns? and, what is the landscape like as a whole? The story map is also a means of creating a space for our hearts and minds to speak. The participants are called out to invoke (call forth) a better place, a better community, a better world, a better universe (‘the great invocation’), in much the same way as the archetypal shape-shifter. The relationship as/of the researcher with/to the participants is significant in relation to the depth of insight that is invoked. The researcher may be able to connect closely with the participant to invoke deep personal accounts of their life. Cosgrove (1999, pp.1-2) suggests acts of mapping involve exploring some of the “contexts and contingencies, which have helped shape acts of visualizing, conceptualizing, recording, representing and creating spaces”.

The story map (refer Figure 3), entitled *Creating the space for our hearts and minds to speak*, was developed as a process for focusing on a series of conversations recorded on audiotape and re-presented with each of the participants over two years (1999-2001). It was praxiological in nature — that is, an opportunity to reflect on their practice and unfold stories of teaching for change, while using creative forms to speak the story (e.g., poetry, writing, photography), if the participant found this to be symbolic of their experience. I had previously named ‘conversations’ as ‘interviews’ in the application for ethical approval document. However, I considered that ‘interviews’ did not fit the idea of participants sharing their life-stories, so I changed them to ‘conversations’ because of the participatory nature of the researcher and participants conversing with one another (Norrick, 2000). This occurred after I had developed the story map and each of the participants had received a copy. If the researcher wishes to invoke participants’ stories of teaching for social change, then it seems more appropriate to have a conversation in which the participant has the space to talk about



their experience and at each meeting can build on the previous conversation. Conversations seem to create a more conducive environment and equitable relationship between the researcher and the participant. Interviews tend to be more formal.

As we settled into the process of negotiating and exploring the terrain in relation to the research questions outlined on the story map, I recognised that there were times when we would converse about an aspect of teaching for social change that we were familiar with, or which required further exploration. Two examples include: first, being involved in teaching cultural safety courses to undergraduate nursing students; and second, nursing women in psychiatric inpatient units and trying to work with them in terms of a medical diagnosis but wanting to responsibly subvert the process by assisting them to leave safely as soon as possible. The latter example is explored more fully later in a story that Annie, one of the participants, shared with me. The story about critically resisting the status quo is part of the story theme on *crossing the hegemonic boundary*.

The research questions were used as a guide for mapping and established the focus of the life-stories. I decided to frame it up as a series of conversations. I grouped the conversations into two series with a pause between each series so that I could review the process. Within each series the research questions were identified and a suggested cluster of story ideas was linked to each question. However, before embarking on the research questions in the first series I commenced the research journey by laying down the story map and setting the scene for what might unfold or be shaped by the process. I also wanted the participants to provide me with some background into their lives — their family, schooling, becoming and being a nurse, becoming and being a nurse educator, and identifying key people or experiences that had influenced their lives. Sharing one's her-story can help establish rapport between the researcher and participant and also gives the participant an opportunity to be the author of their own lives. These her-stories are re-presented as vignettes in Chapter 4 as a way of introducing and backgrounding each participant. Once the her-story was laid down, we were then able to shift to the research questions. The participants returned to aspects of their her-stories at various times during the conversations when they remembered more detail about certain people or experiences. This added to the overall coherence and congruence of the life-stories.



The proposed story ideas outlined on the map were to provide a focus for the participant to reflect on in relation to the key questions and were always open to negotiation and interpretation. For example, in the first series of conversations I selected ‘the what’ and ‘the why’ questions as the focus; ‘what’ is teaching for and with social change in nursing? and ‘why’ teach for and with social change in nursing? In relation to ‘the what’ question, I wanted the participants to consider what they considered teaching for and with social change meant to them. Did they name their socio-political work as teaching for social change, or was it something else? Did they have any specific stories from a global, national, or local context which would invoke and call forth examples of what teaching for social change meant for them and were there any significant stories that they might share. In relation to ‘the why’ question, I wanted to explore what the key influences were about ‘why’ they teach for social change, what were some of their reflections and lessons they had they learned over time? The proposed story ideas for the why question include: arriving at the ‘why’ stories; staying with the ‘why’ stories; stories from the edge; and, the ‘not okay’ stories and whole stories. Arriving at the ‘why’ stories and staying with the ‘why’ stories refers to the participant’s experience of why they became involved in wanting to teach for social change and what holds or compels them to stay teaching for change?

As mentioned in Chapter 2, teaching for change includes an element of resistance, so I also wished to unfold stories from the participants about their experiences of being on the edge, or the ‘not okay’ stories about times when they felt challenged or distressed by students and colleagues. The idea of asking them to talk about whole stories was to create the opportunity for the participants to unfold a more holistic perspective about why they teach for and with social change that reflects their personal, professional and political position. It was also created as a space or pause at this stage of the research to review the process. During this time I was able to check with the participants once again if they were happy to proceed with the idea of the story map as a guide, or whether there were any other aspects they wished to include in the series of conversations.

The second series of conversations related to ‘the how’ of teaching for social change — that is, seeking the essence of how the participants live their lives as nurse educators teaching for social change and asking them to articulate experiences as teaching and nursing practice stories and ‘experience as lived’ stories. Some of the reflections included in seeking the

essence of the 'how' focused on the 'what' and the 'why' of the how. For example, what content and process did they include in their teaching practice that addressed socio-political issues in nursing, and why did they make certain choices or take a particular stand or position on these issues. The last cluster of stories in the second series focused on sharing the dreaming and hoping stories and was a way of arbitrarily bringing a sense of closure to the process. However, it was also a way of leaving the process open to a future of possibilities in which there is no closure, only pauses and rests on their life journey of teaching for change. This may seem to be a paradoxical comment, but moments or pauses for dreaming and hoping about what has been, what is, and what might be, can create a space for reminiscing, contemplating and reflecting about a journey. In a sense, the opportunity for sharing the dreaming and hoping stories created an oasis or resting place along the way.

The final aspect included on the story map was the praxiological processes of reflecting, linking, connecting and synthesising. These are indicated as a reflecting loop at the bottom of each series of conversations with a nexus where the loop intersects (shown in darker tone in an **x** shape) representing the linking, connecting and synthesising of the conversations throughout the research journey and beyond. The inclusion of these processes on the map was to ensure that the participants and I engaged in praxis-oriented research that involved reciprocal reflection and critique about the what, why and how of teaching for and with social change in nursing. Because of the reciprocating nature of the questions, linkages and connections between and across stories could be made. The idea of synthesising was that, as the researcher, I could reflect on previous conversations with the participants and carry them into the next conversation. This would be achieved by listening to each of the participant's audiotapes and making notes on key ideas to emerge that could be followed up in the next conversation or whenever it might need to be recalled. I will give examples of this process in the next section which focuses on laying down the map, gathering the stories over time and reflections on the research in action.

### **Gathering the stories from the participants**

As previously mentioned, the gathering of the stories through conversations with the six participants took place between 1999 and 2001. Organising the date, place, and time for the conversations, evolved through negotiation. As I had received ethical approval to gather data for a period of twelve months (refer Appendix 4) the majority of conversations took place

during this time frame. However, three participants (Grace, Anne and Eileen), requested and gave their verbal consent for me to have follow-up conversations with them during 2001. I notified the Human Ethics Committee about this in a closing report (refer Appendix 5).

Initially, I did not realise how time-consuming undertaking life-story research would be, but I became connected to the six women during this time as they shared their gift of stories about the hope and sadness, joy and despair of teaching for change. Estes (1993) says that

Stories reveal over and over again the precious and peculiar knack that humans have for triumph over travail. They provide all the instructions we need to live a useful, necessary, and unbounded life — a life of meaning, a life worth remembering.

(back cover page)

Each of the participants was given a copy of the story map at the first conversation. We had an opportunity to discuss the layout and process. I was interested to know if they wanted to renegotiate the process of traversing the terrain and journeying through the cognitive engagements and acts of storying. All agreed to use the map and at the commencement of each session I would check to see if anyone wanted to change anything or add to the process. The map provided a connecting and holding of ideas over time, particularly when a few months elapsed between conversations. Another important aspect to emerge from using the map and a life-story approach was that a pattern of reciprocity, constancy and consistency in stories developed over time. While the story map presented an arbitrary boundary around the questions, the participants would often move back and forth between same or similar stories. They would carry repeat stories across the ‘what’, ‘why’ and ‘how’ questions and would sometimes focus on a story that was more related to another question that we would be addressing later in the series of conversations. For example, one of the participants, Anne, began talking about the ‘how’ in relation to the dreaming and hoping stories during our first conversation which was intended to focus more on initiating the research process, back-grounding and her-story. Anne says

*And I think for me that's what keeps me going. The hoping of how you might picture things might be, if you persist away at the edges.*

(iv1, p.4)

Each of the conversations was audio-taped on two tape recorders — I used one for transcribing and gave the other to the participant. The conversations were typed as text by a transcriber who signed a confidentiality form (refer Appendix 1d). Once the audio-tapes were transcribed, I edited them to check for accuracy and clarity. One of the participants was interested in keeping the audio-tapes for her children as an archive of stories about some of her experiences as a nurse educator and wanting to make a difference. Each of the participants received a copy of the audio-tape after each conversation. They were also given a copy of the transcripts and asked to comment and check them for consistency and clarity.

While I mentioned in my ethics application that each participant might be interviewed up to ten times, not all the participants had the same number of conversations nor for the same duration. This can be seen in a conversation log (refer Appendix 7) which indicates the number and time each of the participants had a conversation with me. Some of the reasons for differing numbers of meeting times included: geographical distance; pressure of work and study; holiday, study or conference leave; and in one instance I decided not to go ahead with a conversation because the participant arrived and was concerned about an incident that had happened that day which was very much ‘on top’ for her. Although the incident was in some ways related to the research topic, I considered it was more important at the time to offer a ‘listening ear’ than being involved in a research process. It did not seem appropriate to confuse her need to talk and be listened to, vis à vis my requirements as a researcher. Overall, the participants gave me their time according to their availability and were ready to discontinue the conversations when they felt they had reached saturation and no longer had anything more to add to their stories.

There were also times during the conversations when I needed to turn off the audio-tape. I had mentioned in my ethics application (refer Appendix 1) that there was the potential for the participants to feel distressed due to the surfacing of painful or unpleasant memories. In fact, during the series of conversations, three of the participants did cry and needed time out because of feeling either sad about the death of a family member or friend, or because they were angry and frustrated about a particular event that had reminded them about how unfair life can be for themselves or others. One participant shed tears of rage and sadness because she had heard the stories in class about registered nurses who were trying to practise in a

culturally safe way but there was no support from their colleagues. When these moments occurred, I checked if the participant wanted to proceed and in each case they did and expanded on the meaning of their distress. I also checked if they needed any support at the end of the conversation and again between and before the next one.

On four occasions the quality of the audiotape recording was not clear and I was able to borrow the participant's tape for transcribing. The poor sound quality of the four tapes occurred despite checking the equipment prior to use. It also resulted in not always being able to have the transcripts ready for the participants. Several of the participants mentioned during the course of the conversations that the life-story process had been significant for them. Annie thought that the conversations between us had given her an opportunity to reflect and find meaning in some of the events that had happened in her day-to-day-life and were fundamental to

*why I do what I do, how I do it, and why I keep on doing it. It's grown with having these conversations. It's only in conversing with you that this has got shape, so the whole internal process of what I do, why I do it ... has now been given shape because it's out there, it's been heard and it's being responded to ... and I find that absolutely amazing.*

*(iv4, p.2)*

One of the key strategies I used to hold the stories over time and to assist the participants to re-connect with the research process and content, was to listen to the audio-tapes and read the transcripts between conversations. This enabled me to begin an initial analysis of what the participants had shared in conversation and what I considered to be key ideas to take into their next one. I wrote the key ideas on paper and used them as a prompt at the beginning of each conversation. By carrying ideas across there was an exponential process of building and developing over time, which gave rise to the depth and quality of the conversations. For example, after I had spoken with Eileen, during the second conversation, about what she thought teaching for social change meant for her, I began to engage with the text and summarised the key points as shown in Table 1.

In the third conversation, Eileen found the process helpful and she was able to expand further on the ideas and to tell stories of specific instances that illustrated what she thought teaching for social change was about. But, it was during the process of thinking and reflecting on the participant's stories that an exciting moment occurred — the emergence of shape-shifting as a metaphor for transformation and change.

Table 1: Extracted text

**Extracted text from Eileen (Interview 2)**

- *social change is an extension of my life;*
- *being authentic in the classroom;*
- *my hope is to change minds by offering another pair of glasses;*
- *it's about me hearing what they are telling me;*
- *there has to be a congruency between what you say and what you do;*
- *it's about being vulnerable and authentic;*
- *believing what you do is important at the macro and micro level;*
- *holding the big picture;*
- *everyone has the right to be whoever they are but the reality is that one person's right impinges on another's;*
- *hoping to privilege the position of the least powerful;*
- *how I use language is important;*
- *I make mistakes, don't get it right,*
- *that I'm a real person;*
- *don't want to be part of society that marginalises others;*
- *two major influences on thinking and practice — Marxist socialist influence and psychology;*
- *if the feelings change — the thinking changes as well ...*

**Shape-shifting as a metaphor for transformation and change**

Shape-shifting began to emerge as fragments in the participants' life-stories during our conversations and when I read over the transcripts during the initial stages of analysis. I had



been thinking for some time about what teaching for change entailed and felt there was something embodied in the lives of the participants that had yet to reveal itself. One day while having some contemplative moments in the back garden at home, I started to say out loud ... 'it's about changing and transforming things through shifting and shaping ... but what do I mean by that? ... I know ... it's shape-shifting!' Excited by the idea I went to the computer and searched for shape-shifting on the World Wide Web and Amazon.com, and found several texts (Jamal, 1987, 1995; McCafferty, 1997; Perkins, 1997). From this I re-examined other literature that I thought related to the concept (Estes, 1992; Kingsolver, 1990; Starhawk, 1990). I felt as though the revelation had been called up from my 'deeper instinctual knowing'. It was sharing the life-stories with the participants that had invoked this response. I had experienced an epiphany, which van Manen (1997) describes as "the sudden perception and intuitive grasp of the meaning of something" (p.364).

The concept of shape-shifting has been with us for centuries. In ancient times, shape-shifters, transformers or change agents, were known as shamans (Estes, 1992; Jamal, 1987, 1995; McCafferty, 1997; Perkins, 1997). These shamanic women of old Europe established sacred feminine traditions and practices such as protecting women during and after pregnancy and childbirth (Jamal, 1987, 1995). Shamans were able to transform or metamorphose themselves into other life forms or allies, such as animals, birds or trees. This process of shape-shifting enabled them: to enter the body and mind of an ally; to create harmony between human life and these other life forms; to learn about survival; and, to return to their human persona and teach about adaptation and change in their community (Jamal, 1995; Perkins, 1997). Later, with the emergence of Western science, shamanic practices were suppressed. Christian priests persecuted shamans, even burning them at the stake for their sacred and mystical beliefs.

Modern literature abounds with accounts of shape-shifting. Examples are: folk, fairy or spirit stories, in poetry and classic prose, and in science fiction (Estes, 1992; Jamal, 1985, 1997; Joyce, 1968; Perkins, 1997; Sams & Carson, 1988; Starhawk, 1987, 1990; Tuwhare, 1997). Today, shape-shifting is practised by many indigenous cultures and maintained by Wicca (witches), wherever they live, and Druids in England and Ireland (Jamal, 1997). Shape-shifting is also presented in various ways — on television through advertisements that entice us to transform our image and identity; in films such as *Star Wars* (destroyer droids and war

droids), *Star Trek* (changelings), *Merlin* (King Arthur's fabled wizard), *The Mask*, *Batman*, *Spiderman*; morphing video games; children's toys such as transformers; and music.

After reading and reflecting on the literature, I identified that I had experienced shape-shifting during a significant time in my life. I did not recognise it as shape-shifting at the time. What had happened was a moment of transformation and change in my life that opened up different ways of thinking and being. Also during this contemplative time, I was preparing a paper for presentation at an international nurse educators' conference and decided to introduce the notion of shape-shifting as a metaphor for teaching for social change in nursing. During the preparation of the paper, I had a conversation with one of the participants, Miriam, who talked about a significant nurse story and why and how it influenced her desire to teach for social change. I present this story in more detail in Chapter 5. At this stage I had not mentioned to Miriam about my ideas on shape-shifting so when I read the transcript of the conversation it then became clear that not only was shape-shifting present in her stories but I could see how other participants were also engaged in the process as shape-shifters. The presentation at the conference resonated with the people who came to listen and comments were made such as ... "I can see from the text how the nurse educator you were talking about was shape-shifting. I've never thought about education like that before, but I can see how the metaphor fits".

Several authors who have written about narrative inquiry and life-story methodology have discussed the use of metaphor in interpreting stories (Clandinin & Connelly, 2000; Polkinghorne, 1988; Riessman, 1993; Spivey, 1997; van Manen, 1990; Witherell & Noddings, 1991). Connelly and Clandinin (1988, p. 71) say that teachers' actions and practices are "embodied expressions of their metaphors of teaching and living". Metaphor is also used extensively in advertising to convey brand meaning (Morgan & Reichert, 1999); by scholars, researchers and rhetoricians (Cameron & Low, 1999; Hawkes, 1972; Lakoff & Johnson, 1980; Mooij, 1976; Reagan & Stewart, 1978; Ricoeur, 1975); and in poetry, language and communication (Cooper, 1986; Kittay, 1987; Richardson, 1990, 1998; Schon, 1983; Spivey, 1997; Steen, 1994). I identified three international doctoral research projects that used the metaphor of shape-shifting as magical transformation, crossing boundaries, transformation, transgression, and changing (Bathgate, 2001; Pulley, 1995; Swedlow, 1990). To my knowledge, no nurse researchers have explored the idea of shape-shifting in practice, either as educators or clinicians. However, nurses have written about using metaphorical stories as a

psychotherapy technique (Billings, 1991), as an expressive tool to reveal stories about nursing and nursing roles (Hartrick & Schreiber, 1998), and as a way of explicating the use of metaphor in teaching abstract nursing concepts (Sutherland, 2001).

The word ‘metaphor’ is derived from the Greek word *metaphora*, meaning ‘to carry over’, and refers to a linguistic process in which “aspects of one object are carried over or transferred to another object, so that the second object is spoken about as if it were the first” (Hawkes, 1972, p.1). In the 4<sup>th</sup> century, Aristotle was perhaps the first to discuss metaphor as part of his treatise on the logic, rhetoric and poetic modes of language. Earlier in this chapter (Part 1), I introduced his notion of *muthos* and presented Ricoeur’s (1991) interpretation of Aristotle’s ideas on *muthos* (the act of emplotment) in relation to narrative inquiry. Aristotle argued that metaphor was a departure from traditional logic, rhetoric and poetic modes, and was an application, or carrying over of a name from one thing to another, in order to bring about a new understanding. This position has influenced my understanding and use of metaphor in this thesis. The poetic mode of language can draw heavily on metaphor. One of the participants, Miriam, uses the metaphor of the dancing spider in a poem to evoke a sense of despair and change. I have included this poem in Chapter 5 as part of Miriam’s metaphorical shape-shifting story of teaching for change in nursing.

Hawkes (1972, p. 9) says that the effect of metaphor used properly “is that by combining the familiar with the unfamiliar, it adds charm and distinction, to clarity”. The best metaphors are those that bring images clearly and vividly to the eyes of the audience. The clarity comes by using everyday words; the charm from resonance, playfulness and pleasure in the choice of metaphor; and distinction arises from the surprising nature of the resemblances. Ricoeur (1978) refers to polysemy as the property of words in natural language having more than one meaning, that is one name with several senses and resemblances, and metaphor is a creative use of polysemy. Hawkes (1972) also adds, that “metaphors must be fitting [and] in keeping with the theme or purpose” (p.9). Drawing on the work of Quintilian (who had considerable influence on artists and theorists during the Renaissance), Hawkes advocates decorum (aptness, consistency and coherence) in the use of metaphor. He posits that the use of metaphor is to be managed in a way that raises ordinary speech “to a higher power for the purposes of art” (p.12). Figures of speech and tropes have the effect of raising ordinary speech when used in a decorous manner. A trope is an artistic alteration of a word or phrase

from its proper meaning to another. Hawkes (p.12) claims that metaphor is “the most common and beautiful of all tropes”. Eubanks (1999) presents a more contemporary approach to the aptness of metaphor. He considers that we “can develop a richer account of conceptual metaphor as a cultural phenomenon if we consider the patterned relationships between metaphors and other discursive forms — beginning with what [he] calls licensing stories” (p.419). A licensing story is one that gives license to the appropriate and congruent use of a metaphor.

So why use shape-shifting as a conceptual metaphor that has resemblance to change and transformation? I consider shape-shifting to be the archetypal metaphor as metaphor is symbolic of changing meaning (metamorphosis) and shape-shifting is symbolic of transformation and change (metamorphosis). It is a “pre-existent culturally [and conceptually] apt metaphor” (Eubanks, 1999, p. 421) — and perhaps one of the oldest and deeply embedded ways of knowing. A conceptual metaphor is influenced by politics, philosophy, social attitudes and individual constructions of the world. It can also be described in two ways. First, as a way of inventing discourse, and, second, as underpinning culture (Eubanks, 1999; Lakoff & Johnson, 1980). Using the metaphor of shape-shifting provided me with a way to make meaning out of something that was not familiar. It enabled me to think about transformation and change in a different way and, as Aristotle says, ‘to get hold of something fresh’. To understand the notion of shape-shifting, I had to link it to something that I could already identify with. As Hartrick and Schreiber (1998, p. 421) say, “by identifying the common essence between unknown and known phenomena, the understanding or knowledge of the unknown is extended”. Transformative experiences in nursing can inform how and why we teach for and with social change. I describe these transformative moments as shape-shifting.

However, the view of shape-shifting as a shamanic or fictionalised process of metamorphosis is not necessarily apt as a conceptual metaphor for this thesis. Nisbet, (1969, p.4) acknowledges Wallace Stevens’s position on the meaning and formation of words and the relationship “between metaphor and metamorphosis” which, “in the world of knowledge and meaning, [is] more than merely etymological”. This position on metaphor is helpful in framing the way shape-shifting has emerged as a phenomenon in teaching for social change. The participants, myself as researcher, and the process of using life-story narrative as a way of unfolding and revealing stories, are not metamorphosing in the shamanic sense. Therefore, I

have re-mapped the conceptual metaphor of shape-shifting to be symbolic of transformation and social action in order to fit with my ideological commitment for this thesis — which is to illuminate the counter-hegemonic voices of the six nurse educators teaching for social change.

Shape-shifting is about moving, changing, transgressing, adapting, bringing about change through invocation and evocation, and changing oneself in the process. Using life-story narrative and telling stories of teaching for and with social change in nursing, became a shape-shifting process for the participants and myself. For example, some participants found the process to be illuminating, a reflective experience, and time for thinking about their practice. In one case it made a difference to how a participant (Eileen) went back into the classroom to teach cultural safety. I include some of Eileen's comments from our sixth conversation.

*These conversations have fed into my own personal process rather than affecting my practice directly. I think it's because they have been trying to get at values and I've been reflecting quite deeply on those. A couple of weeks ago I was feeling quite negative about some of the decisions that I've made and whether things have been worthwhile and what of value have I achieved ... and then thinking that teaching for change has been one of the things of value that I can reflect on. I certainly enjoy teaching cultural safety very much this semester ... and I'm sure this research process has contributed to that. It's given me a place to stand back and reflect more deeply on it [cultural safety], and in believing it to be of value.*

*(iv6, pp.1&3)*

Shape-shifting through the act of story-telling intertwines past experience with the present and gives a future of possibilities. "There is a shape-shifting interchange between the storyteller and the audience, even as the stories themselves are about shape-shifting" (Jamal, 1995, p.xiv). We are forever changing, moving and re-shaping what it is we do in our teaching for social change. Perhaps this is best illustrated in the licensing story of the 'dancing spider' which expresses and reflects Miriam's commitment to bringing about transformation and change in nursing through her political, philosophical, social and personal commitment. The story is crafted from her personal experiences, as told during our conversations. In the

following section I present the three approaches I used to analyse and interpret the participants' stories.

### **Process of analysing and interpreting the life stories**

After gathering the life-stories, I had to decide how to manage the 700 pages of transcribed text. It was, as Sandelowski (1995) says, an overwhelming and 'paralysing' experience. Like the issues of rigour in life-story methodology in which there are no set guidelines or processes, the same situation occurs in relation to analysing and interpreting life-stories (Emden, 1998a; Polkinghorne, 1988; Riessman, 1993; Sandelowski, 1995). It is up to the individual researcher to determine their process and to ensure that it is clearly documented.

A key part of the analysis and interpretation of the life-story narratives was to do justice to the stories that the participants had shared. It was also important to ensure their voices were evident in the re-presentation of the text. As the interpreter of their stories, I could not "come to [the] text with an entirely open mind" as I had pre-understandings and expectations about what the stories were about and what they had to say (Linde, 1993, p.95). My position as a nurse educator who has taught for social change was a significant influence on how I originally formulated the research questions and how I designed the research. However, I was also aware that giving voice to the participants' experiences was more like a duet. For while it involved my selection of parts of transcripts and my interpretation of the text as listener and interpreter, the participants also read and commented on their individual stories and the story themes. It became a process of sharing voices in conversations and interpretation that I name 'co-vocation' or 'speaking together'.

The story map became a useful framework for re-focusing on the terrain that was covered during the conversations on their life-stories about the 'what', 'why' and 'how' of teaching for social change. I followed Marshall and Rossman's (1999) suggestion of using the initial research questions as guidelines for the analysis. Several other questions also guided my process of analysis and interpretation. These included: how will I select what parts of the participant's text to include? what aspects of the stories form the basis for interpretation? how will I determine what the stories mean? what are the similarities and differences that emerge within and between the participant's stories? how can I capture the essence of who they are as

women, nurses and nurse educators teaching for social change within the size and scope of this thesis?

I developed three approaches to working with the primary and secondary data. Primary data consisted of the personal her-stories and life-story texts, and secondary data included photographs, poetry and written articles, that the women had given to me during the conversations. The first approach was to develop a vignette as a structural device to re-present the life her-story for each of the participants. Vignettes are widely used in social science research but less so in nursing (Hughes & Huby, 2002). A life her-story vignette may also be referred to as a 'snippet', which is a brief profile of a woman's life-story (Giddings, 1997; Riessman, 1993). The intention in this thesis was to capture an account of the six participants' lives within their families, their experience of schooling, becoming and being a nurse, and becoming and being a nurse educator. The second approach to analysis and interpretation focused on creating stories using a process of synthesis that exemplified the work of the nurse educator as shape-shifter (which also became a story theme). I will outline this process in the sub-section on creative synthesis. And the third approach was to identify some key story themes arising from the participants' stories that would illuminate the 'what', 'why' and 'how' of teaching for change. This process will be discussed in more detail in the sub-section on the development of story themes.

### Writing the her-story vignettes

Several years ago I was given a copy of Mary Catherine Bateson's book, *Composing a life*. Bateson (1990) shares stories about the lives of four extraordinary women artists and their achievements as well as her own interwoven story. Lieblich et al. (1998) refer to Bateson's work as "a fascinating literary work that combines stories, conversations, and impressions on the part of the author to discover the similarities and dissimilarities in the lives of the women to whom she listened" (p.15). Using Bateson's idea of 'composing a life', I have put together (composed) a vignette of each participant. The vignettes are an overview of each participant's life-story and some of the key influences that have informed her life as a teacher. Using the word 'her-story' as a derivative of 'history', allows me to focus on the women's stories of their lives in becoming a nurse and nurse educator. But the vignettes are not life-histories. The her-stories give a public and private view of their lives and contribute to the background of 'why' they teach for social change. They are also important for understanding who the nurse

educator 'is'. I was interested in finding out: where had they come from; their position within their family; how they had become a nurse and nurse educator; any significant moments; and, who were the people that influenced them in choosing their life course of teaching for change. This process involved taking their transcripts from the first conversation and reading them for key points related to these questions. Often the participants would say "this was a significant moment ...", or "this person influenced me ...".

After I had condensed the transcript to these key ideas which were highlighted and underlined (for example: "**That was an interesting kind of time for me, because in my personal life, my mother had a stroke in the second year of my Masters**"; and "**My knowing that I wasn't functioning as a district nurse in terms of relating to people who were different to me and then becoming involved intimately with someone who is Maori were all significant**"), I then wrote each of the vignettes. I also had to take fragments of her-stories from subsequent conversations as the participants would often refer to previous life experiences in relation to the 'what', 'why' and 'how' of teaching for social change. A particular story might be repeated over a conversation or several conversations, so I considered this contributed to congruence and resonance because of the stability of the story and the sense of it 'ringing true'. To keep the flow of their stories I used quote marks round the words they gave me during the conversations and melded them with my commentary. The writing process involved opening up two files on the computer at one time — one file was the amended transcript of the first conversation with each participant, and the other file was the vignette for each participant. As I wrote in one file I would cut and paste the words of the participants from the other file as I went. As people do not usually talk in a set chronological order as they are thinking, remembering and reflecting, I found that the conversations would go backwards and forwards between ideas and times. Often the participant would pause and summarise their ideas as if they wanted to emphasise certain significant or transitional moments in their lives. Sometimes dates were given along with an event, or I needed to provide the historical, political or social context. I was able to supply this context because I am in the same age group as most of the participants, or they had trained as nurses about the same time.

When the vignettes had been written, I read each of them over for flow and sequence. The content was checked for any information that might identify the participants, colleagues,



work-place or family members. Each participant had a particular idea, experience, or characteristic that captured something evocative in relation to them and it became the title for each of their vignettes. The vignettes were also re-read to identify similarities and differences that emerged within and between each her-story. These are discussed in more detail in Chapter 4 as a summary following the presentation of the six life her-story vignettes.

#### The process of creative synthesis

Creative synthesis emerged as an important process for interpreting the data and to acknowledge and respect the wealth of material given to me by the participants. The researcher does not simply describe events in the participant's story, but constructs them in order to make sense of the events and unfold something that we do not already know. The stories told by the participants about different aspects of teaching for and with social change may have very similar plots. At that stage of my research, I had not read anything in qualitative or life-story research literature about the process of creative synthesis, so I began by formulating what I thought it meant for this project.

**I began by mind-mapping the meanings of 'creative' and 'synthesis'. 'Creative' invoked several meanings — imaginative, inventive, inspiring, original, visionary. 'Synthesis' conjured up several meanings — combining, amalgamating, integrating, welding, melding, blending, combining, fusing and uniting. From this, I deduced that I could use my imagination to think about possibilities for stories. This included weaving and integrating key ideas from across participants' texts of inspirational shape-shifting life-stories. They would be original because the life-stories had never been written before. The stories would also contribute to the development of indigenous knowledge about teaching for social change in nursing — that is, knowledges created and expressed by the participants. I wanted to engage in interpretive play within an unbounded 'three-dimensional space' and incorporate poetry and photography with text to convey meaning (Clandinin & Connelly, 2000).**

As with any story, there are plots and subplots, key characters and events. The process of working with plots and sub-plots to unfold the significance of the women's stories is called emplotment (Emden, 1998b; Polkinghorne, 1988; Ricoeur, 1991). Ricoeur (1991) calls emplotment "a synthesis of heterogeneous elements" (p.21), while Polkinghorne (1988) describes it as a dialectic process "that takes place between the events themselves and a theme

which discloses their significance and allows them to be grasped together as parts of one story” (pp.19-20). However, it is often what is not said by the participant that becomes of interest in the interpretive phase — taking them at something other than their word, or face value (Ochberg, 1996; Riessman, 1993). The invisible would be made visible by giving voice to the participants as they spoke about their lived experiences of teaching for and with social change. In this way the process of life-story interpretation became a process of creative synthesis.

Following the mind-mapping exercise, I undertook a search of the literature and found several texts that addressed the idea of creative synthesis (Arieti, 1976; Boden, 1994; Czikszentmihalyi, 1996; Freeman, Butcher & Christie, 1968; Hartshorne, 1970, 1984; Kallen, 1973; Moustakas, 1990; Peile, 1994). Arieti (1976) was possibly the most relevant to my conceptual interpretation of creative synthesis. For Arieti, the heart and mind mingle to evoke innovation. This innovation is reflected in the development of the story map — a process to create a space for the hearts and minds of the participants to speak their life-stories about teaching for and with social change. He suggests that creativity is not simply originality. It does not give unlimited freedom to do whatever we want in a creative sense, but imposes certain restrictions. It needs to fit with ordinary thinking, so that there is resonance with ideas — “it must be something that sooner or later ordinary thinking will understand, accept and appreciate, otherwise it’s seen as bizarre, not creative” (p.4). Arieti also discusses the creative process advanced by Joseph Wallas in 1926. This process included four stages: preparation (thinking about ideas in a free way and engaging in searching, listening to suggestions and wondering); incubation (in which there is a period of time to elaborate, organise and dwell on ideas arising from ‘free thinking’); illumination (where a solution, intuition, insight or feeling emerges that goes beyond a hunch); and, verification (where the idea is accepted after critical evaluation). According to Arieti, Osborn in 1953, expanded the process of creative synthesis to seven stages: orientation; preparation; analysis; ideation; incubation; synthesis; and evaluation.

Then, I explored Moustakas’s (1990) work on heuristic inquiry (including creative synthesis), which appears to replicate the ideas forwarded by Wallas and Osborn. Interestingly there is no reference by Moustakas to their work. However, Moustakas does acknowledge various philosophers and psychologists such as Bridgman (1950), Buber (1958), Jourard (1971),

Maslow (1971), Polanyi, (1969) and Rogers (1951), who informed his conceptualisation of heuristic inquiry. The heuristic research process involves unfolding the nature and essence of the participant's experience through a connectedness and relationship with the phenomenon. The researcher 'as self' is also central to this endeavour and is required to immerse themselves fully in the experience and to engage in reflexivity and critical self-reflection. Moustakas presents six phases as a guide to heuristic research design: initial engagement, immersion, incubation, illumination, explication, and creative synthesis. His phase of creative synthesis is centred on the researcher being familiar with the data (themes, qualities) and "can only be achieved through tacit and intuitive powers" (p.31). Moustakas claims that heuristic research methods are "open-ended", that there is "no exclusive list" for all heuristic investigation and "each research process unfolds in its own way" (p. 43).

As can be seen in Table 2, I adapted the phases of heuristic research described by Moustakas and selected four phases to help the interpretive process: immersion, incubation, illumination and creative synthesis. Table 2 also provides a summary of the steps in the process of creative synthesis that Wallas, Osborn and Moustakas identify. An asterisk denotes the four phases.

I use the creation of Miriam's shape-shifting story as an example of how I followed the four-phase interpretive process. Writing Miriam's story about the 'dancing spider' involved immersing myself in her transcripts to invoke (call forth) her stories — what was present in her text that captured the essence of the 'what' 'why' and 'how' of teaching for and with social change?

During the immersion phase I became deeply involved in thinking about the research questions and the response that Miriam had made to them when presented with the story map and the seven conversations that I had with her. This period of deep introspection occupied many sleeping, dreaming and waking moments from which I generated the sub-plots for the synthesised story. The stories, as data, included significant events as experienced by Miriam (the context, other people involved, emotions evoked, responses and strategies) and my accompanying dialogue. This self-dialogue involved a recursive aspect as I asked myself questions such as: What was happening for Miriam in this context? How do these stories of practice experience illuminate teaching for social change? Are these accurate accounts of what happened? Do these sub-plots/stories capture the essence of living the life of teaching for

social change? How might I use her poetry as part of her story? I then wrote draft shape-shifting stories by moving within and between Miriam’s transcripts.

**Table 2: The conceptualisation of creative synthesis**

| Author                                   | Steps  |
|--|--|
| <b>Wallas</b> (1926)<br>in Arieti (1976) | 1. preparation<br>2. incubation<br>3. illumination<br>4. verification  |
| <b>Osborn</b> (1953)<br>in Arieti (1976) | 1. orientation<br>2. preparation<br>3. analysis<br>4. ideation<br>5. incubation<br>6. synthesis<br>7. evaluation         |
| <b>Moustakas</b> (1990)                  | 1. initial engagement<br>2. immersion*<br>3. incubation*<br>4. illumination*<br>5. explication<br>6. creative synthesis* |

The next phase (incubation) involved ‘letting the draft stories sit’ and reading the literature on shape-shifting and the use of metaphor in qualitative research. It also included dwelling with the text — a process of holding the stories in my mind and imagining the possibilities that might unfold. The third phase was one of illumination. Moustakas (1990) says this occurs when there is “a breakthrough into conscious awareness of qualities and a clustering of qualities into themes inherent in the question [or topic]” (p.29). Illumination occurred when I became aware that there were some key qualities as connections in Miriam’s lived experiences that captured the essence of shape-shifting as teaching for social change. I also looked for markers and connections from the literature on teaching for social change. What emerged was Miriam’s potent core nurse story about being a shape-shifter, which then informed her story of nurse educator as shape-shifter. Finally, creative synthesis involved

writing the story about the dancing spider and I critically appropriated fragments of theory to illuminate and interpret the experiences. This phase of the process was time-consuming as I wrote and re-wrote the story to ensure that it would resonate with readers. I also repeated this process when writing Annie's shape-shifting story on *creating safe spaces to be unsafe or scared*.

#### Development of the story themes

After the her-story vignettes and shape-shifting stories had been completed, I immersed myself in the data again by re-reading all the transcripts. The emergence of shape-shifting as a powerful metaphor for teaching for social change had also begun to carry over into my interpretive process. How was it showing itself within the text? I focused on the research questions using the story map as a guide: what did teaching for and with social change mean to the participants? was there such a thing as teaching for change in nursing? why did they teach for social change? and, how did they do it?

I began to mind-map what I thought were the key ideas or phrases that were beginning to emerge from within the individuals' texts and between the texts of the six participants. Further questions guided me, such as: what ideas or story plots appeared to be dominant, consistent, and congruent within and between their life-stories as nurse educators teaching for change? I then returned to each of the participants' texts and identified that there were distinct life-stories that the women had shared relating to the key phrases and emerging ideas. I printed off the transcripts containing the stories from each of the conversations and made notes on the key phrases and emerging ideas within and across the stories. These were then attached to the transcripts and cross-referenced with the transcript and page number for easier reference. The next phase was to summarise the notes and enter them on a matrix that synthesised each of the key phrases and emerging ideas from the participants. The matrix was not pre-determined, so there was no foreclosure on what might emerge from the texts. For example, the phrases, emerging ideas and plots that created the story theme of *the authentic self* were laid down on a spreadsheet divided into individual columns for Anne, Eileen, Grace, Annie, Mary and Miriam.

Returning to the underlying idea of muthos or emplotment espoused by Emden (1998b), Polkinghorne (1988), and Ricoeur (1991), I noted that many of these ideas and plots clustered

together or crystallised and recurred and co-occurred between the participants. I name this process ‘aggregation’. I then developed another matrix in order to aggregate the synthesised ideas for the six participants. These aggregates of the synthesised story ideas were named ‘the journey of self as subject’, ‘the moral imperative’, ‘losing the way’, and ‘enduring as commitment’. The aggregates then contributed to the overall story theme of *the authentic self* in relation to teaching for and with social change. What evolved for me during this process was a variation on Moustakas’s four phases that I had initially used when writing Miriam’s and Annie’s shape-shifting stories, and incorporating the act of emplotment described by Emden, Polkinghorne and Ricoeur. I found that working across the participants’ stories involved a different process. The process used for creating the story themes is identified in Table 3. This same process was also used to create the story themes of the ‘*naming*’ stories, and *crossing the hegemonic boundary*.

Table 3: McEldowney’s process for creating story themes

|                          |   |
|--------------------------|---|
| <b>McEldowney (2002)</b> | <ol style="list-style-type: none"> <li>1. Immersion</li> <li>2. Emplotment</li> <li>3. Synthesis</li> <li>4. Aggregation</li> </ol> |
|--------------------------|---|

As I have described, while immersion is part of any interpretive process, in order to dwell with the text and see what begins to show itself, how the interpreter works with the material that unfolds may differ. While emplotment and synthesis were part of the process for writing the stories and developing the story themes, the difference arose when working on an individual participant’s story compared to working across the six participants’ stories. The key aspect of working across the stories was the process of aggregation — that is, the crystallisation or melding together of key ideas as plots that recur and co-occur, in a synthesised way.

To summarise, the three approaches to analysing and interpreting the life-stories of Anne, Eileen, Grace, Annie, Mary and Miriam, unfolded their individual life her-story vignettes and the five story themes of the ‘what’ ‘why’ and ‘how’ of teaching for and with social change;

*the ‘naming’ stories, the authentic self, crossing the hegemonic boundary, creating safe spaces to be unsafe or scared, and shape-shifting.* The phenomenon of shape-shifting as a metaphor for transformation and change also emerged through the interpretive process.

### **Reflections on rigour**

Prior to embarking on this research, and throughout the research process, I was ‘wakeful’ (mindful) about ensuring congruence between the processes relating to methodology, method, and interpretation, when using life-story (Clandinin & Connelly, 2000). I fore-grounded in the section on issues of rigour and life-story narrative in Part 1, various criteria for ensuring rigour such as reflexivity, authenticity, credibility, persuasiveness (which includes plausibility and resonance), internal congruence, and coherence. I have also added aptness as a criterion for using metaphor, for example, shape-shifting. So how did I meet these criteria?

Reflexivity, which includes being ‘wakeful’ and mindful, was a key aspect in the process. Hertz (1997) says that reflexivity permeates every part of research inquiry “challenging us to be more fully conscious of the ideology, culture and politics of those we study and those we select as our audience” (p.viii). Asking the key questions about the ‘what’, ‘why’ and ‘how’ of decisions made throughout the research journey enabled me to attend to things in my reflections such as the constructs of hegemony, praxis, justice and equity presented as part of the conceptual framework outlined in Chapter 2.

Reflexivity also encompasses how the researcher positions their voice and that of the participants within the study. As one of my aims was to give voice to the participants’ experiences of teaching for social change through their life-stories, I needed to ensure that their voices were heard. I was also mindful that because of the nature of life-story narrative as inquiry, my voice would be part of the analysis and interpretation of the text. This was made explicit to the participants from the beginning of the study. The feedback from them was that I had interpreted and given voice to their stories in a way that was credible to them. I consider this also relates to criteria such as dependability and confirmability to ensure that what I was presenting was perceived by them to be authentic. The decision trail that I included in the section on analysis and interpretation of the life-story’ texts, shows the reader how I determined and used the processes to work with the 700 pages of text.

Authenticity is perhaps the most elusive criterion related to rigour and reflexivity as it is so much part of the subjective self and how we present ourselves in the everyday world as both researchers and participants. However, I agree with Jones (1998) who says authenticity is also about acting with awareness and integrity because “everything we do and everything we are has its effect in the world”. Throughout the research process I was mindful that the integrity of the participants was paramount. I worked with this in two ways. First, I wanted to honour the contribution that each of the participants had made to the development of indigenous knowledges on teaching for social change by presenting their individual her-stories and weaving their individual voices through the story themes. Second, I have tried to honour the participants’ integrity by addressing the issue of identifiability and maintaining confidentiality as much as possible given the small pool of participants. I was also mindful that I would be continuing a personal and/or professional relationship with the participants, which I did not want to jeopardise. As well as being a criterion for rigour, authenticity appears as a quality in the story theme of *the authentic self*.

My decision and rationale for using life-story narrative as methodology and storytelling as method has been discussed earlier in Part 1 of this chapter. A clear decision trail has been established throughout the study from aim and purpose, formulating the research questions, to the design of the study, and as part of the research in action to ensure internal congruence and coherence. Creating the story map enabled me to focus on a coherent and congruent structure and process for gathering the life-stories. It enabled the participants and me to work within a multi-dimensional and dynamic space and to hold and carry stories over, between conversations. I also kept a series of note books to record reflections on key ideas and questions that arose along the way and also created a file on the computer on which I posted notes to myself as I was writing the research report.

Two criteria that I used to ensure rigour when interpreting and writing the life her-stories and story themes were credibility and persuasiveness. Life-story narrative is credible when the researcher convincingly conveys the stories and events as the participant intended. The final test of this emerges in relation to congruence within the participants’ framework and within the interpretation of teaching for social change. As the researcher, I was mindful that I needed to re-present their life-stories in a plausible way and that they would ring true with the participants and others who read the stories. The other important aspect of credibility for this



life-story research was the extent to which the stories were open to contestation by the participants and audience of readers in recognition of multiple interpretations as a component of reflexivity. In my application for ethical approval to undertake this research project (refer Appendix 1), I made it clear that I would share the interpretive stories with the participants.

At the completion of the conversations, the participants received a copy of each audio-taped conversation. I contacted them and sent them their individual her-story vignettes from Chapter 4 and a copy of Chapter 5 relating to the story themes. It was important to include Chapter 5 for them to comment on because the story themes emerged from the participants' stories as synthesised accounts and included excerpts from their transcripts. I asked the participants to read over their vignettes and the story themes and consider if my interpretations of their story texts were credible and persuasive. Did they think that my accounts of the conversations rang true? Were they plausible? Anne, Grace and Miriam said they felt comfortable with my interpretation and the composition of their vignettes. Annie said that she found the stories 'powerful and moving'. She also clarified the interpretation of one citation in a story because of reflecting on the conversation and re-memembering the event. Mary and Eileen thought that there were one or two areas in their story that needed adjusting because of issues of identifiability or to clarify the context of their conversation. All the participants considered the story themes were a credible account arising from their conversations.

One of the surprise findings while working with the data was how aptness emerged as another component of reflexivity. As a process of having to work with shape-shifting as metaphor, the criterion of aptness needed to be worked through reflexively, particularly in relation to interpretation of the text. One of the things I wished to avoid was not forcing the metaphor of shape-shifting to fit my pre-conceived notions of teaching for change but rather let it emerge in an appropriate and apt way. However, I did not deliberately set out to use metaphor when I entered the study, nor did I have a conscious knowing about shape-shifting at that stage. Rather, it revealed itself through the life-stories of the participants. Therefore, I hope that I have illustrated shape-shifting to be an apt metaphor by describing the reflexive process I went through to consider its appropriateness.

## Summary of chapter

In this chapter I have presented the methodological underpinning of this research and the method and design used to complete it. In the previous chapter I established that the literature on life-stories of teaching for social change was notable by its absence. Therefore, in this chapter I contend that life-story is the appropriate methodology and method to capture the ‘what’, ‘why’ and ‘how’ of nurse educators’ lived experiences of teaching for social change. Appropriate, because life-story is congruent with the research aims; it is an in-depth process; it allows theory and analysis to reveal everyday lives and practice; and, it is able to reveal the voices of nurse educators teaching for social change.

My in-depth literature search into the most suitable methodology and design also left me in no doubt that life-story research encapsulates the necessary academic rigour. After examining the literature on rigour and life-story research (Riessman, 1993; Lincoln and Guba, 1985; Clandinin and Connelly, 2000; Koch and Harrington, 1998), I selected from a variety of criteria as my ‘recipe’ to ensure validity. Above all, I have been scrupulous in making the key aspects of my research process visible for others to examine, because like Riessman (1993, p.6) I am prepared “to take responsibility for its truths”.

So what is the ‘visible’ process that I have followed? After the initial setting up phase (establishing the research purpose, searching the literature, focusing on the questions I wanted answers to), I sought, and was granted, ethical approval. My research design followed. I have detailed the way I selected my participants and how I negotiated our research relationship. I have explained how I gathered their stories over an 18-month to two-year period and the emergence of the metaphor of shape-shifting. Finally, I have explained how, faced with 700 pages of text, I engaged in an active and reflexive process of textual interpretation (creative synthesis). It proved a time-consuming process, but the story map helped keep me focused. Out of the creative synthesis process that I used, emerged the story themes — the ‘naming’ stories, the authentic self, crossing the hegemonic boundary, creating safe spaces to be unsafe or scared, and shape-shifting.

By far the most significant thing to surface from the conversations with the participants was the key construct of shape-shifting. As a metaphor to describe their evolution as nurse educators teaching for social change, shape-shifting began to resonate with all six nurse

educators as they reflected on their changing lives. Without the selected design process and chosen methodology, it is unlikely that the concept of shape-shifting or story themes would have emerged, so compellingly. It is time now to meet my participants. I present them in Figure 4 as a group of wise women — Ann, Eileen, Grace, Annie, Mary and Miriam. In the next two chapters, I will expose the rich lode of thoughts and reflections offered by them during the many hours we spent together.



Figure 4: Wise women gathered

## **Chapter 4      Teaching for social change: Living life as a shape-shifter**

Having set out to gather the life stories of the six nurse educators teaching for social change, I discovered that the metaphor of shape-shifting as a construct for understanding teaching for social change, arose from the texts in a dynamic and expressive form. It resonated with the stories of social change that the participants revealed to me during our conversations. Shape-shifting symbolises the metaphoric wholeness that the six nurse educators (as shape-shifters), bring to their teaching for social change.

In the her-story vignettes, I show that who the participants are as people is an intrinsic part of what they do as shape-shifters teaching for change. Insights into their life her-stories reveal how they learned to be shape-shifters and particularly how and why significant shape-shifting experiences or other shape-shifters (such as wise women and men) influenced who they are and how it is part of what they do.

As the reader engages with their her-stories, a number of patterns will emerge. During our conversations, the participants were able to call forth stories that showed how significant transitions, responses to challenges, and learning to take stances in their lives, had shaped their identity and motivation to be shape-shifters in life as well as shape-shifters for social change.

All the women have had moments in which they challenged the status quo. This is expressed as moments of resistance, such as ‘crossing the boundary’, ‘contesting the boundaries’, ‘crossing the line’, or ‘pushing the limits’. Some of these occurred early in life — childhood experiences of feeling different, being on the borders or margins, not counting, not always fitting in and being separate and alone. The participants consider these were significant in preparing them to take a stance of working for and with difference. Overcoming adversity has enabled the participants to accept transitions as a strengthening and unifying aspect of one’s self as shape-shifter. These experiences have then been translated into a desire to work for change through social and political activism within their communities.

The participants may have challenged and resisted, but they, too, have been challenged or called out to change. In some instances the challenges have been initiated by political, social or personal injustices giving rise to a deep sense of outrage. This then becomes a catalyst for shaping and shifting life in a way that motivates a desire to strive for justice and fairness in health and education. Being called out to change, or shape-shift, came from people in their lives, such as wise women or men shape-shifters who showed them pathways to follow, but also ‘let them be’ as people.

The six participants recognise their position of privilege as middle-class Pakeha or Tauīwi women. Coming to a sense of who they are in the world, and being aware of privilege, are all part of living life as a shape-shifter. They talk about responding to ‘wake up calls’ through experiences of racism, sexism and classism that made them see things differently. Responding to the wake up calls as challenges and being able to listen and hear the deeper knowing that surfaces, enables them to choose when to take stances and chances as shape-shifters engaging in shape-shifting for social change.

Becoming a nurse or nurse educator was not always a clear career choice for all, yet they remain in nursing. Living the life as a shape-shifter enabled the six participants to break through and find a space to stand as a nurse educator. It is a powerful position for engaging and working with social change that the participants undertake in an honourable and strategic way — even if at times they show the wiliness or trickster self of the shape-shifter as they work the boundaries and cross the lines.

The six her-story vignettes that follow are not in any particular order. The participants gave me their pseudonyms. Each vignette has a title that reflects an important comment made by the participant during our conversations, or to capture the essence of the person. I have also provided some commentary about the person at the beginning of each vignette. In some instances, I commence each vignette with a poem written by the participant or myself. In Grace’s vignette I include a photo, which she gave me to use as part of her story. There are sub-sections within the vignettes that indicate a significant moment, or life transition, such as ‘the early years’, ‘becoming and being a nurse’, and ‘becoming and being a nurse educator’. At the completion of each vignette I draw out some of the key ideas to emerge and position the six nurse educators as living life as a shape-shifter and teaching for social change. This

process is repeated again at the completion of the chapter to summarise what arises across the six vignettes. Now, the life her-story vignettes of Anne, Eileen, Grace, Annie, Mary and Miriam.

### **Anne's her-story — 'The injustice of it all'**

*enfolding barren mountains/glistening schist/limestone sculptures*

*blazing summers/biting winters/balmy autumnal air/snappy sappy spring*

*green undulating peninsular/river valleys/flood plains*

*light that seduces/colours that enthrall/smell of history*

*I am of this place*

I begin Anne's her-story with a poem that I wrote to depict her relationship with the environment in which she has lived. I first met Anne when I began teaching in postgraduate nursing programmes. However, I had heard about her before through colleagues, who were familiar with her work in mental health and cultural safety, in particular antiracism and Treaty of Waitangi workshops. My overall impression of Anne is one of enduring steadfastness against adversity and injustice, staying with the issues of teaching for social change much like the enduring nature of the environment, which is often under assault from the elements and people. During the life-story conversations she was always forthcoming about her personal and professional life related to teaching for change. As well as sharing her life her-story through conversation, Anne also provided me with a written autobiographical account of some aspects of her life. I have included fragments of this in her vignette.

### **The early years**

Anne grew up in a small rural area of New Zealand, the first born of six children. She says: "I was a child of the 1950s when women didn't have a great deal of control over their lives." There was a 16-year age gap between her mother and father, which she says was significant. Her paternal grandfather did not relate well to her mother, so there was constant friction. "I

think he [grandfather] thought that dad had chosen very unwisely, to bring this 22-year-old town girl to the country ... the 'wop wops' as mum called it ... with her ideas and things. And so my early childhood was coloured by the absolute animosity between my grandfather and my mother. My father was caught in the middle. But anyway that was huge, in fact that really governed the first 14 years of my life". Anne also considers that her mother probably resented the fact that she wasn't a boy because of the focus on land ownership and title being passed on to the oldest male child.

Anne was isolated at times during her childhood years because the countryside where she lived received heavy snow-falls. Because of her father's work, the family shifted five times before Anne was 13. She was expected to care for her father and younger brothers and sisters when her mother was ill or away having another child. Occasionally, she was boarded out with friends and neighbours and received some of her secondary schooling as a correspondence student. This often left Anne with a sense of feeling separate and alone, of having to carry an extra load. It led to her thinking that life was not fair or just.

Three significant people influenced her formative years — a female cousin of her father's, and her maternal grandfather and grandmother. Her grandfather was a schoolteacher and principal. "My grandfather had high expectations of his grandchildren. He was the scholar and he expected that we all were scholars in the making and so again, a man of his time. He had been to teachers' training college. He'd done a bachelor's degree and he had a diploma in education which was quite a lot for that generation." Her grandmother also acknowledged and affirmed Anne's constant support for her mother and siblings.

But it was possibly her second cousin who showed her most attention during this time. She offered the perspective that girls were capable and able to do anything they turned their mind to, which was a contrast to the perception of Anne's mother. "She singled me out for her attention as though she wanted to rectify my mother. So she tried to make up for some of mum's nonsense about boys. And more or less was before her time — she said 'girls can do anything'. Girls can run farms and girls can train as nurses and run farms. Then, girls can travel overseas and do their own thing." However, this relationship was not to continue as Anne's mother considered she was getting "ideas above her station" and should not expect attention as of right. One incident left her feeling that she didn't really count. "My cousin

suggested that she buy me a horse ... that was one of the attractions of going to her place — there were horses to ride. And to ride a horse you need the right equipment and so she bought this material to make jodhpurs and my mother was going to make them, but instead she made boxer shorts for my brothers out of the material; just to give you some idea that my mother's actions were quite deliberate sometimes.”

For Anne, ‘not really counting’ and the burgeoning demands on her life to be caretaker to her father and siblings, left her feeling unhappy and with a profound sense of injustice. “And I just remember being very unhappy. There were too many kids, not enough money and certainly no opportunity, and it seemed to me to be a great deal of injustice and since I first talked to you I’ve been thinking about ... if there was an overriding theme that governed my life, it is that I can’t stand injustice.” Anne’s maternal grandmother thought that she wasn’t getting a good deal and gave her five pounds as a thank-you for what Anne had done for her brothers and sisters when her mother was in hospital. Anne was devastated when her grandmother died, just before Anne’s 16<sup>th</sup> birthday, and she was not asked to go to her funeral. Her mother took her elder brother, which was a source of “great festering resentment” for her, and after this her relationship with her mother and brother was never the same again.

Soon, Anne began to consider how she might start to make her own way in the world in terms of getting her own money and having her own space. In her 4<sup>th</sup> form year she earned money during the school holidays by picking fruit, but soon realised that if she wanted to earn more than the going rate of 2/6 (25 cents) an hour she would need to look further afield. A school friend, whose father worked at a psychiatric hospital, suggested that they apply for a holiday job there. Anne and her friend were employed for three weeks. It was 1967 and there were no cleaners, so it was the nurses and assistants who kept the wards clean. She worked in the geriatric ward, toileting and bathing people and scrubbing floors. Although it was unpleasant work, Anne really enjoyed being with the elderly people and there was also a sense of being her own person ... “the place smelled of urine and burnt toast and overheating and floor polish. ... and I thought it was the most wonderful place on this earth”. At the end of the three weeks, Anne and her friend were interviewed by the matron of the hospital and invited to return to work there. For Anne there was a newfound sense of freedom that arose from the experience — she had her own room, was able to come and go at her leisure, watch television



(which they didn't have at home), and have meals when it suited — “nobody told you, you had to eat this or eat that. You could choose what you had to eat, and nobody told you off and it was a very civilised place ... it was really very nice”.

When Anne returned to school her teacher and the headmaster were quite derogatory about her interest in working in a psychiatric hospital and said, “What do you want to go up the line for?” This was a term used for sending people away without naming the hospital. Because of the stigma of being a patient or worker at a mental institution, using ‘up the line’ was supposed to keep the destination secret. In contrast, Anne’s mother was “rather ho-hum about it, because I think my mother could see that that was one less mouth to feed and an expense that was no longer an issue and there was no longer a need for any decisions about further education”. The day after Anne finished her fifth-form year she left to work full-time as a psychiatric assistant until she was old enough to start her psychiatric nursing training. By this time she had completed the Queen’s Guide Award, which included a community service requirement — she became a companion for a woman who was disabled by rheumatoid arthritis and did her housework. She also did some things at the local hospital. Her school certificate results were also good and the headmaster wanted Anne to go on to the sixth and seventh form — however, this was not supported by her family, not because of them being anti-education, but because of the cost of going away to school.

### **Becoming and being a nurse**

Anne lived in the staff residence at the hospital and spent eight months working with people who had “intellectual disabilities, unusual organic disorders and long-term psychoses”. When she turned 17 she began nurse training. One of the first things she did as a student nurse was to start a student unit under the auspices of the then New Zealand Nurses Association (NZNA) to try and improve conditions of employment. Anne recalls one early major accomplishment: “to get the plastic mugs they used in the wards off the nurses home dining room table and replaced with glasses ... my argument was why do we have to have the same awful, smelly plastic as the wards just because glass was a hassle on the wards”. Anne was starting to challenge the establishment about practices that she considered had been unquestioned, but recalls that she did not reflect on this too much at that time. This also carried over to her practice in the wards. “I didn’t stop to think back then ... I didn’t have any kind of reference point to make ... any kind of considered reflection about the care the

patients were getting, whether it was right or wrong. I just knew that some of the work was awful and some of the things that you had to do, like bathing people as if you were putting them through a sheep dip ... and people not having their own clothes ... but certainly there was no forum or no encouragement to either query that or discuss that. It just wasn't in the reckoning really and in fact there was a very clear message that if you want to survive this you don't rock the boat and the more obedient and sort of compliant you were the more successful you were likely to be and if you want to do anything like rocking, make sure you've got a registration and a way out first." Anne completed her training and became a registered psychiatric nurse five months after her 20<sup>th</sup> birthday.

Keeping the peace and maintaining a conspiracy of silence was a way of accommodating the system and making it through with minimal disruption to one's life as a student. Reflecting back on those times, Anne says that, "my sense of injustice was more about how staff were treated rather than how the patients were treated". The main issues for Anne centred on issues of power and control by the charge nurses, particularly over the young female nursing staff. Although Anne considered some of the practices for psychiatric patients were dehumanising, such as "pureeing people's food or people not been assigned their own clothes in some of the long term wards", she cannot recall any practices at that time in which people were treated less than human. It was not until she became a nurse educator in a psychiatric programme that she saw what she considered to be "abysmal nursing practice — I don't know whether it was because times had changed or I had different lenses or what".

One person who appeared to be significant to Anne during her time as a student nurse was a psychiatrist who involved nurses in decision-making and who included nurses in the assessment interviews. "He would ask you to take the patient back to the lounge or settle the patient back in a room and then ask you to come back and then ask you what was wrong with this person and what medication you think they should be on." The psychiatrist also introduced her to the ethics and morality of clinical decision-making and the impact on patients. Anne shared an example of this in a story about a woman who had been admitted with "a postpartum reaction and on her leave she had dismembered her infant and stuffed it into a coal range and tried to burn the baby. It was just horrific and then she came back as a remand patient and then after the trial as a special patient and there was a huge debate about her future. She was only 21 and she couldn't be incarcerated for the rest of her life and that

also, the debate was whether she should be let out of hospital fertile, and this psychiatrist is fascinating because he said, and he was quite a devout Roman Catholic, that he felt with a social conscience that it wouldn't be fair to have this woman having more babies, given what she'd done to the first." There was a debate about whether to sterilise her or not and whose decision it would be, that went on for weeks. Anne says this was "the first time that I thought about what huge decisions you make about people's lives and the person themselves doesn't have any say in it. I think she was told that there had been a great debate about her future and this was a decision that was made and ... 'this is what's going to happen to you, if we are going to be able to discharge you'".

When Anne became a staff nurse she was an active member of the union and remained so until she left clinical psychiatric nursing to become a tutor. At the time she was interested in conditions of employment for nursing staff. Looking back, Anne realises that while she was supportive of the staff's interests and conditions of employment then, this is not her current belief. Today, she considers that while it is important to treat the staff well, any changes in policy and practice should be related to ensuring better care and health outcomes for patients.

In 1973, after a year as a staff nurse, Anne entered a general nursing programme because she was told by a senior nurse "you are wasted here and if you're going to have a future in nursing you have to do your general training, here are the forms ... sign here". She found being in the introductory class exasperating. Because she had trained under the Department of Health programme, the school of nursing would not recognise that she had acquired any basic nursing skills, for example, making beds and taking temperatures. However, one tutor did recognise her knowledge and skills as a psychiatric nurse and excused her from a module. At the end of three months she had had enough and felt "used and abused" and began questioning about being a psychiatric staff nurse. "I'd learnt that old people coming into the orthopaedic ward got treated very badly. Like shockingly, and I also learnt that if you were a well-built student nurse you got treated very badly, too, because you were expected to be there for all the heavy lifting. Like they'd previously come on the ward and somebody was in traction and needed to be lifted. So you'd be fair with these very old people because of your size and so I decided that I didn't want to stay." These experiences made her reflect on whether she did want to complete her general training and she decided to return to consolidate her expertise as a psychiatric nurse. Anne says that she has "been lucky in a way

that my abilities and experience have enabled me to get positions without that registration and in fact I know people that went off and did bridging courses and things and they would not be able to look for the kind of jobs that I have been eligible for ... so it wasn't the be-all and end-all".

Anne left the general nursing programme and returned to work in psychiatric nursing practice within a general hospital for the next six years. She considered it to be "probably the most profound time in my life in terms of dealing about and working with people with psychiatric illnesses ... in today's words you could probably argue that I'd developed some kind of expert practice". However, when she no longer found the work challenging Anne decided to move on. She also found that there were changes happening in mental health ... "I could see that the writing was on the wall and that psychiatric nursing was going to be different, I didn't know in what ways, but I did believe there was going to be more community emphasis and I also thought that was right". The ward that she had been working in followed-up their own patients, so she had experience of working in the community. She then went to work as a tutor in a hospital-based psychiatric nursing programme and during this time married, acquiring three adolescent children from a previous marriage. They became a significant part of her life. Because there was quite a bit of travel involved as a tutor, Anne changed her employment again and became an in-service supervisor in the psychiatric hospital where she had done her training. She described the job as "pushing water uphill with a rake". Situations, such as staff not being interested in implementing nursing care plans and completing incident forms accurately, took their toll. During this time there was a turn around for Anne in which "my focus went from staff being the most important to the patients being the most important ... because it seemed to me that for other staff, the patients didn't count". She shared a story of implementing change in practice and recognised that this experience twenty years ago, taught her about the importance of strategising for change.

Anne attended a gerontology conference in which a nurse presented some research that she had undertaken on the use of pads and sheets for managing incontinence in people with dementia. Anne says the presenter provided a great rationale "because bed sheets soaked up the urine which meant that the person didn't get out of bed because it was cold, wet and uncomfortable. And so it reduced the amount of sleepless nights, night wandering and falls, and number of broken hips, which were quite frequent. It also took away the need for two-

hourly turns”. Anne decided that it would be a good idea to introduce the use of incontinence pads and sheets in a psycho-geriatric ward as it would make the patients more comfortable, and their skin would be better protected. It would also save the nurses from disturbing the patients through the night and cut down on the amount of soiled linen requiring laundering. So she developed a proposal and was given funding to implement the change. Anne says she recognises now that she should have consulted the staff first — “it was a good lesson about consultation, I probably needed some kind of participatory action research to get the people on board, but I didn’t know about things like that twenty years ago. I just thought it was a good idea and that people would appreciate my thoughtfulness that would save them a lot of extra work.” The project ended up being resisted by the staff, but she says it was interesting how easy it was to get money for the project because of a good proposal supported by evidenced-based nursing practice. She says: “I thought I needed to get the money first, rather than work with the staff ... that would come later. But I didn’t have enough strategy at my disposal to work with them to do that. It was a good learning experience”. These days she says that to be successful in bringing about change, then the people involved need to be part of the change ... “it would be part of my teaching now that you need to create the scene for people to be receptive to different ways of looking at things. You need to allow for people’s individual creativity and ideas and about how they might want to pick these up and run with them. I suppose a lot of teaching is about that ... sort of enacting change theory”.

In 1986, Anne faced one of her greatest personal challenges — her husband died. As she says: “Probably the most significant event in my sort of adult years about the way I spent life and my perception of life’s injustice on things was the death of my husband ... that changed my life really ... his death is probably where I got more involved with being clear about the things that I believe in”. Anne continued to be step-parent to his children, who had Maori heritage through their mother’s whakapapa ... “the person they were closest to in the world was their stepmother. And that was a very profound effect on me in thinking about Maori, the place that Maori had in this country and what happened to Maori and how Maori got treated”. This led her to further explore her own heritage and also what it meant to live in New Zealand ... “to learn about what that meant. Really living in this country. So to enable my Maori stepchildren to do what they needed to do, if they wanted to, and also to be very clear about my standing place here, and I have always been a searcher of knowledge. I needed to have some background that went with that.”

Anne says her husband's death was also a significant turning point related to her continuing community involvement in mental health services. After he died, she moved to the city and lived in an area where a medium secure forensic and admission unit was built as part of the transition to move patients from large psychiatric institutions to smaller community-based, halfway housing units. Believing that a welcoming community was the best place for these people to go, Anne was incensed by the response of some residents in her area ... "so I am living in a suburb where there are notices up all over the place for people to come to public meetings. And there was opposition to these 'mad' people who are going to live in our midst and that's probably when I became much more aware that in fact these are very ordinary people and they're harmless. I mean you're going to bring nothing but good to this suburb in terms of the corner shops and increased employment". For the past few years she has been a trustee of an organisation involved in supporting people with mental illness who had returned to the community to live. It was something she never envisaged when she worked as a nurse in a large psychiatric institution. She believes she "wouldn't have done any of these things if my husband hadn't died .... so I have done a complete about turn in believing that anything is possible".

### **Becoming and being a nurse educator**

Anne saw a newspaper advertisement for a tutor's job in a new comprehensive nursing programme. She applied, was accepted, and has been there ever since ... teaching mental health nursing, cultural safety courses, and workshops on the Treaty of Waitangi. She says that comprehensive nursing is a preferable way to educate and train nurses. "I know that's not the politically correct language and it [the programme] coincided in this country with the move to deinstitutionalisation and to more empowering and freer models of working with people. I just think it's the best thing that ever happened for psychiatric patients, really. Today, I get absolutely incensed at any suggestion that there should be a single psychiatric registration programme again." Anne says the new graduate programmes and postgraduate certificate courses in advanced mental health nursing support registered nurses to enhance patient care, and make a difference to management and leadership skills of those practising in this area.

A consequence of her grieving and having to manage students who required extra support meant Anne spent time with a psychotherapist before beginning her own psychotherapy training. It taught her anything is possible when working with quite difficult people in a psychotherapeutic relationship. She believes that “you can actually manage people with minimal medication and sometimes without any in a really holding relationship”. In addition to completing her psychotherapy training, Anne has also finished a postgraduate nursing degree. “I loved the master’s degree and I loved the opportunities that it has created. I took to that like a duck to water, really. And again I wouldn’t have done that if my husband hadn’t died.” Her psychiatric nursing background, postgraduate experience and training as a psychotherapist have enabled her teaching to “progress enormously particularly when talking about therapeutic relationships and what is possible. It doesn’t all come from reading books — it also comes from practical day-to-day experience of working in that way. It’s about the transpersonal connection. The connection of people and the caring that takes place in that moment, so that’s an intrinsic part of my nursing and teaching practice”.

In 1990, Anne was supported by her employer to undertake an antiracism training programme, which included Treaty workshop facilitation. Following the workshop, Anne became involved in facilitating Treaty workshops for nursing students and other outside agencies. “I don’t think my learning of that area has ever stopped. It has become clearer every year about the complexity of it all ... but that’s an important part of my life ... it’s about who I am and what I do ... and through my commitment somehow that work might contribute to making New Zealand a better place even if it’s that people don’t make such ignorant statements really.”

For Anne, then, significant life transitions, responses to challenges and taking stances became a catalyst for living the life as a shape-shifter teaching for change. Her early years contributed to her sense of injustice and instilled in her a desire to make the world a fairer place to be for herself and others. Anne works from her life experience to help shift and shape circumstances so they are just and equitable for those who have been marginalised, such as Maori and mental health clients and consumers.

Anne began to find her way in the world when she made a choice to leave home at 16. It gave her a sense of freedom and independence and a place to develop herself away from an

environment that made her profoundly unhappy. She also carried with her a sense of ‘all things are possible’ from the early message that her aunt gave her — ‘girls can do anything’ — and from her maternal grandfather who said ‘we are all scholars in the making’. These messages influenced her to make changes in working conditions as a student (Student Nurses Association) and registered nurse (union), and to further her own education at different times in her adult life. Like a shape-shifter, she found spaces to begin to work the margins of change knowing when to accommodate and when to resist the status quo.

But it was her husband’s death that presented the greatest challenge for Anne and one that shifted her to walk a different pathway to work with difference. Anne says it made her clearer about what she believes in and who, where and how she is in the world. Coming through trauma, loss and grief gave her a sense that she could cope with most things in life and that ‘anything is possible’. It enabled her self as shape-shifter to emerge and to consciously live a life as an agent for change. This is what she carries through to her teaching.

From her past personal and professional experiences of working with change, Anne brings her wise counsel from her knowing of the day-to-day practices as a psychiatric nurse and psychotherapist, to her stance as a nurse educator. In her shape-shifting role she calls the students out in a way that challenges their assumptions about race and difference and who and where they are in the world. Working with difference in education day-by-day is realised in Anne’s steadfastness and endurance as a shape-shifter.

Eileen is my next participant. In contrast to Anne, Eileen’s politicised mother was a significant early influence. Her values and beliefs have continued to have an impact on Eileen and her desire to live the life as a shape-shifter teaching for social change.

### **Eileen’s her-story — ‘Coming full circle’**

During our conversations, Eileen reflected on her life as if she had ‘come full circle’, particularly in relation to her mother’s influence. Many moments shared with her mother had been significant. They opened her eyes and politicised her to working with difference. Because Eileen discussed in some detail coming to understand about her position of privilege and issues of racism, I include this as a sub-section in her life her-story.



## **The early years**

Eileen was born after World War 2 in a northern English town and came to New Zealand as an adult. Both her parents trained as nurses. She recalls that her mother “was a really bright woman who had gone to grammar school ... and I think she got about the equivalent of nine ‘O Levels’ ... she realised that she needed to get an education”. Both her parents lived with Eileen’s maternal grandmother while they did their nursing training. In those days they didn’t train married women. “If you got married you had to leave. My mother put up a case for herself, I don’t know how she did it, and they agreed to take her on, but she had to live in the nurses’ home.” When Eileen was about three or four her mother had a bad motorbike accident sustaining major trauma to her leg. Eileen recounted that, “a significant story about my mother and her strength was that she looked at her leg and knew that if anybody messed with it she would lose it, and so she stayed conscious and refused to let anybody touch it until the ambulance arrived and took her to hospital. She was about nine months, roughly, in and out of hospital. During that time, it meant she was home, and I remember spending time with her. That is still precious in my mind”. Her mother recovered and went on to complete her general nursing training. However, her parents’ relationship did not survive. “It didn’t work out and they separated and my mother and I moved back to my grandmother’s place.”

When she was about ten or eleven, Eileen recalls sitting with her mother watching a debate on television about the Holocaust. One of the people debating was a Labour Member of Parliament. Eileen says: “I knew that my mother admired this man’s thinking very much, so I was going to admire it, too. He was talking about some of the atrocities. I have a recollection that it is my first knowing about the Holocaust and being terribly shocked, and turning to my mother and saying that the Germans were wicked, terrible people and I was glad that I wasn’t German; and her saying to me that ‘we are all capable of behaving like that, and that the Germans aren’t any different to anybody else and that English people would behave in just the same ways in given circumstances.’ I couldn’t comprehend that, but I knew it was important. It had stopped me in my tracks ... I know that being able to say that was one way of getting rid of the horror of it. I could dump it over there on those people over there, and that could make me feel better. I realised that that really informed my own sense of the world and my own ethics ... so it is full circle because, that is the first kind of intellectual memory I have”.

Eileen and her mother continued to shift location and her sister was born when she was 12. Eileen had started secondary school and was not enjoying it ... “I had never really enjoyed school actually. That got worse rather than better ... I started truanting. There was a meeting with mother and me and the headmaster. I would have been about fourteen and a half then. They were talking about me going to university, and it was the first time that I was aware that anybody thought I was intelligent. I certainly didn’t think I was, and I didn’t recall that anybody else had ever said I was. It was too late, way, way too late. I was into boys and that seemed much more exciting than school”. At fifteen, Eileen wanted to leave school. Her mother wanted her to stay and do her ‘O’ levels, but she found herself a job and then told her mother she was leaving. “Both my parents thought I was drifting and needed to sort myself out and get myself a career.”-

### **Becoming and being a nurse**

Her father, who enjoyed nursing and had become a nursing tutor, suggested that she might like to do a pre-nursing course in a city nearby. Following an interview, she was accepted. Eileen considers she didn’t have anything to do with that ... “it just happened. I didn’t choose nursing ... it was chosen for me”. Her mother had talked with her about the physical demands and long hours involved in nursing and that “stuck somewhere at the back of my head as well”. During her last practice rotation at a psychiatric hospital, Eileen felt more at home in that environment ... “as there wasn’t this ‘do, do, do’ pressure. They treated you as if you were an adult ... that was where I wanted to go.” Her father thought she should have done her general training.

While undergoing her training, Eileen took time out to nurse her mother who had had a mastectomy. When she became a registered nurse, Eileen again nursed her mother (who had developed secondaries) until she died. For a year after her mother’s death, she worked as a staff nurse in a psychiatric unit and recalls it as being “absolutely horrid. The way people were treated. Instead of staying there to try and change things, I left”. Eileen cared for her sister as she had promised her mother, and she married the man she had been going out with for three years. In retrospect, she believes that they would not have got married if the situation had been different. He moved to one city to do his psychopaedic training, and she was moving to another city to do her general training. She thinks they would have just drifted

apart, but instead they got married. Eileen completed her general training ... “I’m sure that was just to poke my tongue at my father”.

One of the significant things that stayed with her (perhaps her mother’s legacy) was the desire to study again and reclaim the missed schooling ... “I did five ‘O’ levels at night classes. At the back of my head there was always this: ‘you will need to have these things’, and that might have been part of doing my general as well”. Eileen gave birth to a daughter and six months later she went to work as a barmaid. She enjoyed that time because of the social interaction with others. As she says: “It was never what I was doing to ‘that body’ like when I was in general nursing. That is part of why I liked psych, that actually you were allowed to talk to people”.

Eileen then had her second daughter. After she was born, Eileen and her partner moved to another town to pursue his nursing career. They stayed 2½ years then moved to a city in West England. Eileen says, “that probably was the most stable, happiest part of our marriage. I had a group of women friends that I was very close to. I started looking at my own career, and was looking at doing health visiting. I got a job as a health visitor assistant, which was being responsible for the over-65s in a GP practice. I loved doing that”. During this time Eileen was also to experience an unplanned change — she got pregnant again, and experienced a whole pulling back of her own ambition and dreams, for another baby. “That was pretty hard ... doing the pulling back, making the decision to continue with the pregnancy and doing the pulling back was hard. Once I had done that it was okay, because I do enjoy being pregnant”. She gave birth to her last daughter.

Eileen says that at the time she and her partner were thinking of leaving England because it was the second term of a Thatcher government. “England was in a mess. The social classes were being polarised again, in a way that I hadn’t experienced in Britain, because post-war there had been a huge socialist shift, and my parents were both socialists and believed that this would be a new, much better world. That seemed to be destroyed overnight. Everything that people had worked for over thirty plus years just disappeared. There was a dreadfully low morale. There was a feeling of inevitability about it all ... an unstoppable ... and it wasn’t the kind of political environment I wanted my daughters to be brought up in”. She believed that utopia lay elsewhere.

Another reason for moving was that Eileen felt that her life had become very comfortable and predictable. She was thirty-five and felt she was going to be in the same position at forty-five. They considered moving to France, but work was not easy to come by and with three children it was too risky. So they chose New Zealand and settled in a small city because her husband had been offered a job and it was close to a university.

Eileen describes this as her “wake up call” as it was during the mid-1980s when Rogernomics<sup>1</sup> and the free market were being espoused. She arrived in New Zealand to find a Labour Government in power, which she considered was making more sweeping changes than Thatcher’s Government had made in Britain. Eileen says that this was her “wake up call ... that this was actually a global thing that was happening and there isn’t a utopia anywhere, so just get on with it”. It was also a time when she began to experience and come to understand racial politics in New Zealand. At first she was amazed at how warm and welcoming people were and how easy it was to move into the culture. But under the surface she realised “that’s not what it was really like”. She began work part-time as a community psychiatric nurse, but was “pretty useless and fulfilling a surveillance role for the psychiatrists. I didn’t know the culture. I had made assumptions that people spoke English and it was similar to what I knew. A lot of the clients, of course, were Maori and I had no idea how Maori families functioned ... how they saw the world, what the racial politics were. People were very, very polite to me and I went and had nice little conversations with them, and occasionally gave people injections and occasionally took people into clinics, but I was useless in terms of being helpful to them”. She then worked in district nursing for six months and then got a job in a nursing home.

Eileen also began to question the taken-for-granted aspects of her life, such as her marriage, and found that without the support of the close women friends she had in the UK “there was nothing in the marriage to sustain us. It rapidly fell apart which was pretty scary”. Eileen had begun studying for an undergraduate degree, as well as working full-time, and her marriage broke up. She really wanted to study full-time as an internal student. “I got a lot out of doing the studying, and I just wanted to do that. I didn’t want to be a mother ... I didn’t want to

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<sup>1</sup> Rogernomics is an extreme form of economic rationalism introduced into New Zealand by Finance Minister Roger Douglas in the 1980s.

have to look after all this emotional baggage [of separating, moving house]. Probably after about a year, I kind of grew up a bit and realised that I did have to do something for my children”. Eileen got full-time employment in a rest home and continued to study part-time. But after a year she decided to take time out from study in order to give more time and energy to her daughters as she felt she was losing touch with them (particularly the eldest). She later resumed part-time study to finish her degree. After completing her undergraduate degree she moved with her youngest daughter to a university town where she could be a full-time student. Eileen then enrolled in two programmes concurrently — a postgraduate diploma and a master’s degree. She considers that she never really had any ambition but rather a sense of “there will be something always.”

So on reflection, Eileen’s mother had a significant presence in her life that was not unfolded until Eileen began to study and become interested in philosophy herself. She realises that her mother “was ahead of her time”. She is currently exploring the notion of the abject (the dishonourable and despicable aspects of ourselves), and says “if we can come to recognise that we carry the ‘other’ in us, then we will be able to develop a different kind of ethic about people who think differently. It really has done the circle.”

Another transitional life event occurred for Eileen when she recognised that it was women who had been most influential in her life and had put the most energy into her ... “women had been the ones who had given me more energy and nurturance ... and that was where I wanted to put my energy. I was always female oriented and as desire is wrapped up in politics closely aligned with sexuality it becomes a choice ... not in a simple way ... but once you start thinking differently your desires shift. It was from that realisation really, that I began to identify as lesbian. I am sure that it is more complex than that, but that was the kind of consciousness that went with it. That has to inform my politics, of course it does. It informs my feminist politics on a larger scale as well.” Eileen considers that her position has presented a different view for her daughters by opening them up to what it is to be marginal in ways that they might not have been aware. She thinks it has been difficult for them in relation to what their peers might think about their mother ... “but ultimately beneficial I believe, because they have realised in the end that their friends actually don’t mind at all. Their friends make judgments about me as a person rather than as a lesbian.” However,

Eileen says she is quite philosophical about hardships that one faces in life being “grist for the mill later”.

### **Recognising privilege and racism**

Perhaps the most significant influences in coming to know about racism in New Zealand, were being caught up in the recession of the 1980s and seeing Maori queuing for the dole (unemployment benefit), and having a Maori partner. As Eileen says, “you could not be aware that there was racism going on”. She had arrived from England with a liberal humanist position and seeking racial harmony and a good life for her children that the New Zealand Government had promised. Her work, as a district nurse and recognising that she was not able to relate to people who were different from her, also raised awareness of inequity and injustice.

From her Maori partner there have been “learnings that I couldn’t have had anywhere else, anywhere else at all. Witnessing prejudice on a daily basis, going into shops, making decisions about where people will go because who will they have to face when they go there. ‘Will it be too much energy to do that today? Will I leave that till tomorrow?’ Those kind of decisions that I actually don’t have to make. And knowing that I can walk away from it at any time, that when I set foot in this country I immediately joined the privileged; that I come from somewhere else, but I have more privilege than people from here.”

However, this wasn’t her first awareness of racism — she had experienced this when living at home with her mother and grandmother and remembers her “mother again being pivotal in my way of thinking about race. She would argue with my grandmother about the influx of people into Britain from the West Indies in the 1950s. They had been sought by the British Government to come from the West Indies, they didn’t just come, they were asked to come to staff the services that were being developed, the welfare, social services and my grandmother referring to them as darkies and my mother saying that that was not an okay way to refer to people and challenging regularly the stereotypes and preconceptions that my grandmother had of those people.” Eileen also tells a story of being out with her mother and experiencing her first awareness of her own racism ... “we were in town and we stopped to talk to an Indian man who was a doctor from the hospital and that was how she knew him and she was obviously relating very warmly to this man and I suddenly wondered if their relationship was

more intimate ... and being horrified at the thought and then being ashamed of my own thoughts. I was about twelve. And her comfort with this man ... and my discomfort with how that registered with me ... the conversation, there was the actual physical proximity to somebody who was different, the relationship with the man was different". Eileen refers to this as an example of "carrying the beast inside us ... that is, we carry our own racism within us and by recognising it we can work with it."

Eileen found that once she identified as lesbian it was difficult to sustain heterosexual friendships because of the male partners of her women friends, so she recognised the need to develop new networks. She became involved in a women's health group at the time of the health reforms in the early 1990s, which was special. It was a diverse group ... "diverse in terms of age, ethnicity, education, experience, but a real willingness to work with that. Really empowering in that everyone took different roles, kind of functional roles inside the group. Different people chaired the group and different people wrote submissions. While I was involved with that, the National Federation of Women's Health Council was formed and I was at the inaugural meeting". The group received funding from the Area Health Board to open a Well Women Centre. The emphasis was on developing a shared role between Pakeha and Maori ... "so it was a 50-50 position, one Maori, one Pakeha, as manager and a supervisor from each group. So I was a supervisor of the Pakeha women". Eileen shared a story of coming to work in a bicultural way. Concerns were raised about the Pakeha manager who was an articulate woman and seemed well aware of women's health issues. The Maori manager had not been involved in mainstream community organisations, but knew her kaupapa Maori. The Pakeha caucus considered that the Pakeha manager was possibly patronising the Maori manager. However, she "didn't express concerns about her relationship with the Pakeha manager but other people in the group did. In fact we went through all sorts of angst about that. When it came down to it, the Maori manager knew exactly what she needed to know and knew she was getting it. She wasn't at all unhappy with the relationship. So that was a bit of learning. That you know you can get sensitive on behalf of others and muddy the patch for them in fact. So we (Pakeha) were the ones who had been doing the patronising. But it was a wake-up that we didn't understand bicultural politics very well and that we needed to get a deeper understanding of that if we were setting ourselves up in a way that was saying 'we want to work with Maori, then we have to understand what that meant' ... more than in the liberal way that we were understanding it. So we probably spent a year

working hard at what biculturalism meant for our particular group”. The experience of working with women at the health centre confirmed Eileen’s thinking that traditional mainstream health services did not work for many people (for example, women, Maori). She wanted to work with a group of women who had shared goals. As a consequence of this experience she now finds it “very difficult to work inside hospitals.”

### **Becoming and being a nurse educator**

When her postgraduate study was coming to closure, “a friend who was also doing the diploma, showed me an advertisement from the newspaper for a nursing teaching job”. Eileen had never considered herself as a teacher ... “I wasn’t sure what I was going to be doing, but it wasn’t that. I wasn’t confident in my ability to teach at all ... but I was offered a teaching job and I decided to take that. I was worried about whether I would be able to do it”. At the time of the conversations for this project, Eileen had been teaching in various courses at undergraduate and postgraduate level, such as cultural safety, family and communities, mental health, and women’s studies.

Eileen says that the experience of working with a committed group of women “who want to work in different ways, who know that there are better ways and are prepared to put themselves on the line for that”, holds her in education despite the difficulties experienced during times of resistance and challenge to wanting to make a difference. She has found the work fulfilling and says “I’m still learning and that’s a pivotal factor for me ... that this will build on everything else.”

For Eileen, education is also a theme that triggers both positive and negative connotations. She says: “I have strong feelings about the education system — the schooling system and what that does to children. The Pink Floyd song, *Brick in the Wall*, always sums up for me what education appeared to be about for children — making them conform. My parents’ desires for their own education and my education, my resistance to that and my dissatisfaction with my own early education, and yet those values are almost inescapable, and always the feeling of ... I do need to get an education, to the point now, where I love it. I just want to be educating myself all the time. I want to be reading and discussing and finding out. It almost seems as if it has come full circle. My mother is the pivotal person in all of that. I was talking recently with a colleague about ethics in education and this memory came back to



me of a time with my mother that was quite a profound influence on my own thinking, I realise now. That almost feels full circle.”

In summary, Eileen has had many significant challenges and transitional times that have shifted and shaped her thinking about who she is today as an educator for change. Her mother appears to have been a key shape-shifter in her life. She was strong, courageous, and ‘ahead of her time’ and opened Eileen’s eyes to possibilities. Eileen describes these as “wake up calls” because often they resulted in her coming to know and understand another side of herself, which would then result in a shift in her thinking and action. For example, one particular wake up call was emigrating to New Zealand from Britain during the 1980s hoping for a better world, but finding no utopia — instead, discovering that social and political upheaval was a local, national and global issue. Practice experiences and being witness to the effects of racism for her Maori partner, heightened her awareness of inequities for certain groups in society. She took a stance to work outside mainstream health care institutions. She considered these institutions were not working in the best interests for many people, such as women and Maori.

Shape-shifters in life, like Eileen, have developed a different ethic about those who think differently or who are positioned as ‘other’. She talks about how coming to know her position of privilege as Pakeha/Tauiwi and recognise the other side of self or ‘the beast within us’ has enabled her to work with issues of identity and difference. Listening and hearing wake up calls, recognising the beast within, and then acting on the knowing that arises is part of living life as a shape-shifter. It is through this process that shape-shifters are able to move between inner and outer worlds and position themselves as agents of change.

Coming to her identity as a lesbian was a significant life transition and breakthrough for Eileen in finding her own space to be. She found herself crossing the borders from being a wife and mother in a predominantly heterosexual world, to becoming an ‘other’ as lesbian which meant re-negotiating her relationship with her daughters and friends. It has informed her politics of marginality, and how she works the spaces between being other and the hegemony of the centre. This is another knowing that she has taken into her life as shape-shifter.

Teaching for social change began for Eileen in the family she grew up in. Because of her mother's integrity, political views and ability to relate to many different people that which profoundly influenced Eileen, what she does now as a shape-shifter teaching for change is 'second nature'. While Eileen took a chance becoming a nurse educator, she brings her tacit knowing of everyday lived experiences of marginality and racism into her teaching practice and shares stories with the students about possibilities for bringing about social change. Who she is as a nurse educator is an extension of her life as shape-shifter. Teaching for social change enables her to enter into relationships with students in which she can share things that are personally meaningful for them and herself. This is one of the significant roles of the shape-shifter to bring about change, when they enter or move into relationship with a person, or community, to share their experiences of how things might be.

In many ways, Grace's her-story, which follows, echoes some of the patterns of life transitions, stances and challenges experienced by Eileen. Grace spent time living in Britain because of her mother's connection. Grace also speaks of her gradual awareness of coming to know about race, gender and class issues and how she believed that New Zealand was egalitarian, rather like Eileen's perception of it being a utopia.

### **Grace's her-story — 'Wanting to make a difference'**

I had never met Grace before undertaking this research, but she welcomed me into her home and shared personal stories and commentary about her life, which at times brought sadness yet a sense of hope. My impression of Grace is that she is a great storyteller and has a way of bringing her experiences to life, so that you almost feel that you are part of them. One of the key reasons for Grace becoming a nurse and nurse educator was to make a difference for people and communities who experienced social and political injustice because of her deep sense of outrage about these issues.

#### **The early years**

Grace describes herself as a 'post-war baby boomer' born in a small New Zealand city to an English mother and first generation New Zealand father. Her parents met when her mother nursed her father at St Thomas's Hospital in London. He had been a prisoner of war in Italy

during World War 2. Grace says that as she gets older the war has become more significant in terms of how it shaped them and the influence that had on her.

Grace was the second child and the only girl among five brothers. Her mother continued to have close ties with her English family and in 1953 took Grace and two of her brothers to visit Grace's maternal grandmother. Grace says the visit "established for me, a beginning of my links with family in England which I've continued to have quite strong ties to at different levels". During Grace's childhood, there were also return visits by her grandmother and her husband at regular intervals. She recalls how they prepared for the visits, such as "brushing up on our table manners and out would come the butter knife ... I suppose I got a sense of some class difference at that point, because there was".

Because they lived a few miles outside the city, Grace attended the local country primary school, which was part of a tight-knit community and considers she received "a very conservative sort of schooling ... you sat down and you learnt and there was a very clear division between male and female roles, which was also really clearly established within our family". Grace says her father was involved in the community which was very much part of the post-war re-establishment of connections and growth ... "that was very much a man's world, too, and he used to say things to my mother like: 'Don't worry your pretty little head about that'. These were the roles I learnt about male/female — it was kind of quite patriarchal, quite dominant. And he was quite a forceful person and my mother was very accommodating." Grace returns to the idea of class difference between her mother and father and suggests that her mother was relatively isolated being at home with six young children and it was a big shift to come from upper class English society to New Zealand. She had been to a public school for girls, as had her mother. Grace also recalls the messages that were given to her as a girl growing up in the 1950s. Her brothers were sent to a private school while she went to a girl's state secondary school, the implication being that she "would get married and have children, and while I might have a job or career between ... it was about investment".

When Grace was twelve a significant event occurred — one of her brothers was killed while biking home one evening. "I have a very vivid recollection of that time and I guess how my brother's death was managed within the family, and also of that period in a Pakeha family —

like how it just became I guess ... subsumed into the family and we carried on. You just got on with it ... we never really talked about feelings, and I wouldn't raise it because I knew it would upset my mother, so it was kind of like ... we knew, but we kind of tiptoed around it. So that was a really significant event in my life and subsequently influenced how I dealt with grief and loss in later life."

Grace considers she was a relatively shy and solitary person. It was not until she went to secondary school and joined groups, such as Girl Guides, then Sea Rangers, that she began to make close friends. What she enjoyed most about these groups was that it offered the friendship and companionship of other young women, and the development of life skills. "I was always keen to get badges. I was keen to be a good girl, actually. I was very good at being a good girl." Grace worked hard at school to achieve and do what she thought was expected of her. She remembers the system being like Freire's banking system in which information is deposited (like money) by the teacher, in the minds of the students. Students then withdraw the information in rote fashion when being examined.

In her sixth form year another significant event occurred. Her father asked her if she would like to travel the following year (known these days as a 'gap year') and maybe go to school in Rhodesia ... "my father I guess had this sort of thing that we were not just local but global, and that there was a lot of learning to be had, living other experiences and so on". However, it was a time during the 1960s when Rhodesia was going through political upheaval, so instead it was suggested "they would send me to my mother's public school in England. And for him, there was a lot of kind of traditional stuff in that, and I think it was also partly of him showing his worth to the family." In 1967, Grace went off to England for a year and so began a series of international experiences that were to open her eyes to difference, the first being a stopover in San Francisco on the way to England. Grace stayed with a cousin who was blind and attended a normal class at high school. "I hadn't conceived that this sort of thing was possible ... and the thing that really stuck with me was, how her perceptions and obviously her intuition and how she assessed people despite not being able to see. It kind of opened things up suddenly and I thought, 'Wow, this is possible.' I mean I never saw anybody with a visual disability in regular schooling here. And another thing I really noticed there was that the students who helped her were African-American students."

Her next experience was one of culture shock at how traditional, contrived and competitive the boarding school experience was in England. She remembers feeling homesick and how social differences became pronounced. Grace recounts how her form teacher for English suggested that “I would actually find it much easier if I learnt to speak properly, and that she would be willing to help me and I really dug my toes in and said ‘No, I’m not ... I don’t speak refined’ ... I had a view that New Zealand was egalitarian, and I certainly had that perception there. But there were a lot of things I really kind of enjoyed about the school and it gave me insight and other moves to do different things. That was kind of symbolic for me.”

Grace travelled to Europe during this time and also spent time in the Republic of Ireland with one of her cousins, assisting a great aunt who had gifted her home to Cheshire Homes (for people with disabilities). The differences between her schooling experiences and this “were huge ... quite a different world ... and I mixed with international students and other student voluntary groups and their different understandings and backgrounds, who were doing a lot of the initial work. Things like the horse and cart bringing cement, which we would mix by hand ... it was a really good experience, but eye-opening to social differences and different ways of seeing things.”

On her way home to New Zealand, Grace stayed with friends who were on missionary work in Karachi. “Again it was incredible exposure to whole different ways of being, and cultural differences, class differences, the whole exposure and eye-opener to social inequity. It was quite significant ... that had a significant impact on me, and made me, when I came back to New Zealand, see things differently.” During her time away, Grace had written home and said that she was thinking of doing her nursing training. “It was fascinating, it still is to me, that my mother never encouraged it, or never said ‘great’ or never talked a lot about her own nursing training, and she was a St Thomas’s trained nurse.” Grace is referring here to the traditional reputation of nursing training at St Thomas’s Hospital in London. Grace thinks that she went nursing because she “had a sense of wanting to do good and to care about people, whatever that meant”. It was also because she would be financially independent and able to travel overseas after becoming a registered nurse.

## **Becoming and being a nurse**

In 1969, Grace began her general and obstetric nursing training in a city hospital. Like all nursing programmes in New Zealand at that time, the approach was influenced by the medical model and Grace says she can't recall that "we ever talked about death the whole time I was training, they never mentioned anything about people's feelings or family, or what happened when they went home ... it continued to instil that subservience ... you were just a nurse". However, due to her school experience she says she did very well with the didactic teaching and learning style. She became involved with the student nurses association and began to develop some political awareness of what was happening in nursing at the time, for example, the Carpenter Report<sup>2</sup>, and attending national conferences. One memory of activism comes to mind for Grace ... "we used to have to sit State Finals, and to make up your hours of work, so you would sit a three-hour exam in the morning, three hours in the afternoon and three hours the next morning, and then you had to go back to make up your duty hours. I remember we decided we'd stop this, (it must have been one other student and I, who had been to student conference ... getting a bit kind of bolshy about this), and we got the classes behind us to agree that they would step in and it was a matter of covering the wards, they would step in and cover for us, so that we didn't have to work that day. And I remember we developed this round-robin petition. We decided we would do it so nobody could identify who had instigated it. And we would send it to the Hospital Board. It was intercepted by the Matron ... now how she intercepted I don't know. I remember being called to her office (laughs) and her talking about going through the proper channels ... and we had no idea of channels or rights or anything of that sort of thing."

Grace was clear about moments during her nursing that have stayed with her. She says, "they're moments I really cringe about now, and moments I am kind of still staggering about how, with no input ever about how you supported people in loss, grief — or none of that kind of affective aspect or sense of how you were in yourself, within your person — none of that was ever addressed, and yet how did I respond and why did I do what I did in the moments? And like where did that knowing come from? Because it certainly didn't come from what we even talked about amongst ourselves, we never talked about that really ... at all. So anything kind of moral or ethical ... like while I knew I felt, within myself, not good about things or

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<sup>2</sup> The Carpenter Report (1971) recommended moving nursing training from hospitals to polytechnics. The Government adopted the move.

concerned or feeling really that this shouldn't be like this, I never, ever articulated it. I don't think I did and I don't think it was ever that climate that we did this between ourselves." One experience Grace "can still recall really vividly, and I think I might have been in my third year — I was in a ward that had eye ward and gynae mixed, and there was a woman who came in who was unsure of how progressed her pregnancy was, but there was obviously going to be an inevitable abortion because she came in query miscarriage. I don't think she had been seen by anyone, and then she called me to the room, and she was quite a large woman, so it was really hard to ascertain you know ... and this babe or foetus was born and it cried, and she and I just looked at each other like I had no ... like 'What do I do?' and then managing that subsequently and with her. And it was situations like that, you were totally unprepared ... and no preparation, no knowledge you know ... and it was never questioned."

After Grace finished her training in the early 1970s, she went with two friends to South Africa. She got a job in a Whites hospital, "but at the A&E they saw, until midday Saturday, ... mixed race and Africans. And when we asked to work there we were told 'no, when in Rome we do as Romans do'". Grace became aware of her growing sense of social injustice and was "quite focused on looking for it all the time there. And you know ... I mean the whole apartheid thing and how poorly blacks were treated, and I remember doing things that weren't sensible, and also doing things that I just hadn't ever considered the consequence of." For example, one New Years Eve, Grace recalls going back to where she was staying and finding that the house was locked and she didn't have a key. She approached one of the African servants and asked him to get through a window and unlock the door. Consequently, he lost his job because the owner of the house realised that he knew how to get into the house: "Well of course he'd known all the time ... I just hadn't ever thought through what might happen for him, and while I argued with the woman who owned the house, it was just 'no, he now knows how to get in'. It was that whole kind of mistrust and how expendable people were."

Another important story that she told about working in South Africa related to a baby named December, so-called because the baby had been found "abandoned outside a White block of flats. It was about five pound, probably premature. And it was in the children's ward. And as the baby was growing, it became evident that in fact it was a mixed race baby ... and so there was this little baby who could no longer be kept in this White world and under the laws there

the baby would not be able to be adopted. So instances like that made me increasingly incensed and enraged ...”.

In 1972, Grace decided to travel overland from South Africa to Britain. However, she got as far as Algeria and was deported because she had South African stamps in her passport. She was sent to a small settlement in Central Sahara and had to find her way out and one of the things she learned from this was “how easy it is to disappear ... nobody apart from the people I was travelling with knew where I was or what was happening ... but then they moved on ... it is easy to disappear off the face of the earth ... like nobody would know”. Grace spent a few anxious days waiting to get a flight out and remembers reflecting on her position in the world — “it really hit home to me how easy it would be, and ... who was I in the scheme of things really ... I became increasingly aware of my position of privilege of just being white. And whilst I might have been hitching with very little, travelling with very little, I had a hell of a lot. You know. And all those things I guess that’s part of all that travel and experience. Yeah ... it was the privileged position I really had. Just who I had been born to ... at birth, and what privilege that gave me ... in this world. And that was increasingly emphasised ... through those periods, and of that travelling time.”

Eventually, Grace arrived in England and worked as a medical research technician in a large hospital. She considers her ethical and moral awareness of conducting research began there because one of the researchers “was fiddling the data”. It made her question what researchers will do to maintain funding for projects. Grace then went on to Scotland where she married a person she had met on the ship travelling to South Africa. They then travelled back to New Zealand, hitchhiking through Lebanon, Iran, Afghanistan and India — an experience that is no longer safe to undertake. It was 1975 and Grace recalls that on their return “was the talk about how hard things were, and people were tightening their belts”. She decided to do her midwifery training and then got a job as a public health nurse in an inner city area. Grace says: “At that point in time, I would have said there was no poverty around. Well that was a real eye-opener for me, and I started becoming increasingly aware, I guess, of the inequities, the differences, that existed. And also, having a more global view ... so I was becoming much more kind of politically interested and aware about education, health promotion and health teaching.”



In 1977 Grace and her family moved to a small town and she became involved in WEL (Women's Electoral Lobby) and the peace movement. She became a sole Plunket nurse and worked alongside families with a high rate of unemployment. Housing and poverty were key issues for them. Grace was aware that in the community, with a big Maori population, the image of Plunket was one of being "very middle class — white middle class" and she said there were times "when I didn't do things that were considered to be okay. It was a small community and people were quite quick to pick you out, pick you off, if they could." Historically, Maori families and babies in the area had been visited by public health nurses, but through Plunket Grace had "an increasing number of Maori babies ... I was quite politically active in that place ... I enjoyed that time ... I had established, and was feeling like I was doing things that were working for change ... it was an opportunity to work with women, and with women making changes in their lives and families". During her time in the small town, Grace did her Plunket training and extramural study for a degree in sociology and also became a teacher in Marriage Guidance "doing group work, like courses for parents ... assertiveness courses, working with women. So I had been doing quite a lot of training and training weekends. focusing on communication skills and group skills." Grace adds that there was debate in Marriage Guidance as to whether gays and lesbians could be accepted as tutors. She says this was interesting "as I remained silent to myself about being a lesbian". I asked Grace if she had a knowing about her own situation at that time and she replied, "yes, I did. And I remember I had signed it and added my name to the local paper, supporting the homosexual law reform ... people didn't feel a Plunket Nurse should be involved in it." However, it was to be some time before she acted on her knowing.

### **Becoming and being a nurse educator**

In 1986, Grace moved again with her family to a small city and became employed part-time teaching "communication and counselling skills to second and third year nursing students" in a tertiary education institute. She also worked part-time in psycho-geriatric nursing. She found the move really hard and felt a sense of displacement and because Grace realised that she "couldn't remain in a marriage ... for much longer".

An opportunity arose later that year for her to work full-time in nursing education, and she started teaching in the mental health area. She describes this as "a bit like birth by fire", but was ready to move into education because she "had begun to want to work for what I believe

would be from a position that would work for change”. The career change from community to education was more serendipitous than planned. Grace had not set definite goals or mapped out a career as such. It was more about what work was available wherever she was at the time. But she continued to have an underlying interest in wanting to make a difference.

She became involved in curriculum development and as a relatively new staff member led changes within the nursing school by facilitating antiracism and Treaty of Waitangi workshops and “working in consultation with local iwi about the curriculum changes”. At the same time, changes were occurring in her personal life. Grace had two children, a son and daughter. Her son developed diabetes. Because of all the adaptation required, Grace “knew then I couldn’t leave the marriage, I just couldn’t do that ... it wasn’t the right time. It would have been too much for him.” In 1990, the family returned to England and went to Greece for a holiday. It was during this time that she realised she could not go on “living a lie” and she left her marriage.

Today, Grace has a passion and commitment to “opening doors, or trying to facilitate an appreciation of differences and how much that impacts on people’s health and well-being”. She does this within cultural safety, mental health and women’s health courses. She says her commitment to working with social change arises from her upbringing — “it’s that part of my determination that if you commit to something, or you start something, you don’t give up on it. And I see lots of parallels with the way my mother and father gave an incredible amount to others, to community.”

For Grace, the key things that have contributed to her wanting to make a difference have been her early experiences of travel and being exposed to different ways of living. This opened her eyes to social differences and injustices and recognition of her white privilege. Being born in the 1950s with a strong influence of a “gendered culture” and living in a male-dominated household, also had an impact on Grace. Her sense of being different from other women and not fitting in, created moments of deep introspection while trying to break through about where she belonged in terms of her identity. Ultimately, she did break through and acknowledged that she could no longer live the lie as a heterosexual woman.

The significance of her brother's untimely death and how that was subsequently dealt with in the family was an early shape-shifting event that would impact on how she dealt with grief and loss in the future. Grace presented a moment in her nursing training when she questioned how she managed to support the woman who lost her baby. While she had not been prepared, Grace was able to call on her deep instinctual knowing to respond in the moment and be there for the woman. Perhaps it was her previous life experience with her brother's death that laid the pathway for her to follow.

Living life as a shape-shifter emerged publicly for Grace when she made a conscious decision to work for difference in the community. She took an overtly political stance which is evident in her decision to work in areas of health such as Plunket and parent education and to belong to political groups such as the Women's Electoral Lobby and the peace movement. As a shape-shifter her sense of outrage guided her to want to address issues of race, gender and class.

Grace's transitions, challenges and stances in life have been that of living with light and shadow and the ebbs and flows of life in much the same way as the shape-shifter moves in and out of shadow self and spaces. Her essence of being is that she is "grounded" in who she is as a woman and educator.

She describes her process of reflection (which is visually depicted in Figure 5) as "the absorption of light and dark that ever changes, sometimes subtle, but ever changing. And the way the sea comes over what is already there, each time in a new form, but a mix of blending the old form with the new form, and the constancy of change. So there are some things that are enduring ... and that is what takes me and keeps me grounded as who I am and what I do in teaching for change."

Grace brings this wise woman knowing through to her work as a shape-shifter teaching for change. Even though her shift to nursing education was not planned she took her chances to continue educating for change. Through her knowing about the way the world is, and knowing that it is not always easy, she mediates the world to bring about justice and equity.



Figure 5: Grace's photograph of darkness and light.

In the next her-story, Annie, too, encountered defining moments in her life that shaped and shifted her as a person and a nurse educator. Like Grace she has experienced the ebbs and flows of life as she has chosen to move to and fro between spaces as a shape-shifter in life and in teaching for change.

### **Annie's her-story — 'Along the yellow brick road'**

*How I actually look back at the beginning would be different than how I'm looking back on it now and it's kind of an age thing. Like a few years ago, I would have looked back on my past as if it was still part of my formative experiences. The way I kind of look back to it now I can actually see a big picture of my past ... up until a certain point and thinking that it's that past that is there now ... and it's quite a sort of strange kind of qualitative experience. But while I say that ... it is being in the past in that sense that makes me feel really grounded and really good now and really confident in who I am. Rather than disconnected from that. A continuity rather than something that is separated ... my past as separated.*

*(Annie, iv1, 1999)*

This citation opened the first conversation that I had with Annie. The night before, she had been thinking about what she might say — how she might set the scene and recall key aspects of her life and ‘why she is doing what she is doing’ as a nurse educator. I have used the title ‘Along the yellow brick road’ for Annie’s her-story because she felt at times that she was like Dorothy in the *Wizard of Oz* who travelled on the yellow brick road and was open to seeing where the path might take her and following different signposts and people. Like Dorothy, Annie’s journey in life was not necessarily pre-destined and she wasn’t always sure what took her down certain paths. She says that the seeds of teaching for social change were planted when she was little and had a personal sense of “injustice or violation or invalidation, or it’s not fair”.

### **The early years**

Annie is the youngest of three children and was born in a New Zealand city after World War 2. Her parents both worked as psychiatric nurses. They lived in a small community in a large rented house that was “an old halfway house of the coach and horse days”. She remembers the house in a symbolic way in that it was split in two with a shared staircase and living areas upstairs and separate living space downstairs. Annie says what was curious about the arrangement was that “we lived in the most intimate of places with these people that we shared the other half of the house with and our paths never crossed ... like a sense of anonymous intimacy ... we were part of it but yet we were not”. She says that this has possibly influenced her ability to occupy and flow between different spaces and places in life and in her nursing practice, in particular psychiatric nursing. “There is a link between that early life experience and being able to actually be in other people’s spaces in quite a particular way where I’m not consciously respectful of it. But somehow that early experience gave me an ability to be with people, be beside people, but be separate from them as well.”

Annie describes her family as the “perfect family” — an older brother and sister and “two little motorbikes and a car ... the car for the family and the motorbikes for their independence”. She remembers her parents having “a pretty good relationship”, and being good friends. Her mother was the one who developed her nursing career as an educator while her father stayed in practice. Annie “experienced him as the main present caregiver while my mother was the one who came and went”. But for Annie there was also a sense of chaos in

that “the family home was something that everybody passed through on the way to somewhere or on their way from ... always lots of people coming in and out of the house”. It was situated away from the other houses in the community, so she describes them as “kind of fringe-dwellers on the edge of this community ... when we wanted to go into that community we always had to go down the lane, or people had to come from the community up to us ... so we were a bit on the edge”.

Annie says she often dreams about their place, because “it was dark and we had the grotty part of the house. There was no bathroom. There was a horrible outside toilet and huge macrocarpa trees surrounding the place ... but we did have a lovely front garden, so there was a real mix of real dark horrible awful spaces balanced with nice light gardens and colours and flowers”. During this time, Annie says she became fairly self-reliant among the comings and goings and chaos. “We were with anybody who happened to be around and one thing that was really significant that I remember was in the 50s they brought in a lot of nurses from overseas and we spent time with them ... one of them actually took us away for the weekend and things like that, so it was an incredible richness of real community.” This gave Annie a sense of safety and security and she says “I think the seeds of that childhood and the things that were significant when I looked back were the unpredictability, the lack of working in ritual. But within that, birthdays were marked and anniversaries were marked. But there was a lot of coming and going and to-ing and fro-ing. But within that somehow, those two people managed to get it together to give us a sense of being okay. A strange kind of situation. A strange sort of contrast. And I sometimes wonder if somewhere within me, like in my nursing practice, comes from that basis in terms of the belief that I have about safety ... I have never thought about this before, the importance of security and safety or groundedness in chaos.”

Annie explores the idea of contrast between light and dark places and the “contrast between really going to the edge and taking risks and also experiencing the real moments of security and safety”. She shared a story from childhood as an illustration of this idea. “When I actually look back on those early days, this place we grew up in, there was a lot of macrocarpa trees and lots of pine trees, so I have lots of dark places where we kids used to go ... although I used to go around to a lot of these places on my own, partly because the others had left me behind. But we used to go to the paddocks and through water tunnels and when I look back I think ‘oh, the freedom of those days’. There was a creek running through the place, too, and

of course it used to flood. What we used to do when the river flooded ... three or four of us would go in the creek and see how far we could get down before the flood made the creek too deep ... I mean we'd get up to there with gumboots on, walking down this flooded creek and nobody told us don't do that. And there was also where the train came, down the road a bit. What we'd do is dare each other to climb over the tunnel and we'd see the train lights coming from the other end and see how far we'd get in before we'd run out. So I think that somewhere within me I have a spirit of, whether or not my mum or dad cared about where I was I don't know, but it was almost as though I was just following my own path. And I felt safe and secure in myself. And yeah, fine." I explore this story further in Chapter 5 as part of Annie's shape-shifting story about creating safe spaces to be unsafe, or scared.

However, Annie was not destined to continue along the path of 'finding her own way' and 'doing her own thing'. She experienced an unhappy time at school by being held back. "I was starting to see myself as a failure." Her father became ill and the family moved to a place where they ran a psycho-geriatric home and she changed schools. She says it was "a significant turning point" in terms of how she would see the world. Once again, there were experiences of contrast. The people cared for in the house were a mix of psychiatric people from the hospital and ageing parents of rich people who lived in the area. "So on the one hand you'd have the senile women with Alzheimer's disease, and you'd have the rich old folk, and just again all mixed up in this house ... and it was a bit difficult there because my father, he had high blood pressure and he wanted to do good by us. They got the place, so we could all be together ... and my brother was at boarding school and even within that they actually could manage to create some sense of security within the family, so again that sort of contrast."

As well as enjoying being on her own, Annie developed two sets of friendships with the popular girls and unpopular girls. "My best mates were probably with the unpopular girls, but those unpopular girls were always girls with some kind of community disadvantage. They were always on the fringe. I didn't seek them out." She would move between keeping them separate and yet being part of both. It was also a time of Annie starting to "get a sense of invisibility. I had several pockets of my life that were quite separate from each other. I probably sort of started to build a sense of myself as actually not being visible. Because it didn't really matter what group I went into, I could move out just as easily and not be noticed.

So, I was starting to get a sense of myself as mattering but not mattering. Being okay but not being okay. And who cares anyway, because within that I actually did have some sense of self that felt okay.”

When Annie was a teenager her father died. She says that things started to go down hill. “That’s when the family started to disintegrate ... even all those times of coming together ... those early years, it was almost as if we ... it was like an atom ... we were just ... scattered within ourselves ... in terms of intimacy a lot was missing ... there wasn’t a lot of intimacy.” Her mother moved to a larger house and had more residents and Annie feels that once again she was absorbed into the family life of the staff and again “felt welcomed in and secure”.

### **Becoming and being a nurse**

Two events contributed to Annie going nursing — first she failed School Certificate and went to work in a telephone exchange over the holidays, and, second, she had an operation on her arm which gave her experience as a patient. She also got “a taste of the adult world, and got used to earning money”. Annie entered a hospital-based general nursing programme. In retrospect, Annie says that if she had her time again she would have done something more creative, such as music, theatre, directing. She also wonders why, given her family background, she didn’t go psychiatric nursing, but says, at the time “I was very anti-psychiatry actually. I was highly anti-psychiatry because that was the time in America when the anti-psychiatry consumer movement was happening and I remember somebody came back from overseas and they were talking about consumer rights backlash.”

Annie says she failed her nursing exams because she was “having too good a time”. It was the 1960s — a time of sex, drugs and rock and roll. She was going through a time of exploring her sexuality and heterosexual relationships. She also considers that her failure could be attributed to one of her primary teachers who had used power-over her and she had developed a response of ‘what’s the point’. Annie began to distance herself from the group with whom she had been having a good time and found herself a place on her own, which “was the best thing that ever happened. Some of the boys that I’d been going out with during nursing ... they’d started sort of coming out of the closet saying, ‘oh, I’m gay, I’m gay’, and I was still sort of plodding along in my own sort of heterosexual way”. During this time (1968), Annie met a woman who had returned from London. She stayed with her for almost a year and



Annie started to feel her own “sense of self”. This woman was a catalyst for Annie coming to know and recognise herself as a lesbian. Annie repeated the nursing courses she had missed and sat her state examination, six months behind her class. This did not concern her because her life was fulfilling and she was having some good nursing experiences. Many of the key people who influenced her practice were the ones who her colleagues were often terrified of, “... you know the old harridans ... the ones who really sort of kept the doctors in line”. While she also felt petrified of them at times, she respected them for their knowledge. It was about finding her niche, being there on her own terms, and often going with her own judgment.

A particular practice experience, allowed Annie to trust her own and other people’s judgment about issues of fairness, justice and consideration. She says, “where I saw unjust ways of people being treated, I felt that I had a voice to actually make comment. I couldn’t all the time, because of the overwhelming dominance of the ideology, so there were times when I did operate underground”. The situation involved a young Maori woman who was being admitted to hospital. Her family wanted to bring her in and do a karakia<sup>3</sup> with her. This meant there would be a large number of people in the ward and a requirement for a place for them to go. During the 1970s, it was not usual practice to support or accommodate Maori and their cultural requirements. Annie says: “I could have used my power as a nurse to say ‘no, you can’t do that’ and it would have been a hell of a lot easier. I could have drawn myself up to my full registered nurse height and said ‘no — these are the rules, you can’t do that’. However, I thought this has to happen. The rules of the organisation say it shall not happen.” Annie and a few colleagues organised a space for the Maori woman and her family to have privacy. The karakia went ahead, but it was all done so that it was invisible to the managers of the organisation. “There was also [an] element there that I actually had to trust, I really had to sort of go with my judgment, there was probably a whole lot of that in me.”

Annie found herself moving to the fringe and mixing more with “lesbians, gays, druggies”. It was the time of the Vietnam War. Many groups protested about New Zealand soldiers’ presence in Vietnam. Annie joined the protest marches. After registration she started work as a staff nurse supervisor on night duty where she had more of her own space and responsibility, and where the daily work was less predictable. However, her personal and professional life clashed. She found herself in a major confrontation with another staff

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<sup>3</sup> Karakia is the Maori word for prayers and is usually accompanied by waiata or songs.

member. She was admitted to a locked psychiatric ward for two weeks. Annie recounts the experience: “They put me into this locked ward, and because I’d been seen before, they said ‘you can wait for Dr M — we’ll wait till he comes back’ ... and fortunately the day I ended up there I had actually taken a whole pile of books to work to give to this person who had left and I remember one of them was Mozart’s life story, and they locked me in this room and I put a panel over the viewing hole. I don’t know how I did it actually, but I do remember that, and then I read my book, because I couldn’t really believe what had happened, and kind of in that setting, two nurses would come in and escort me to the toilet. But one thing that that experience taught me is that I could do anything I wanted to, and I remember going up to one of them when they were escorting me to the toilet and going ‘boo’ ... because they were registered nurses ... and again there was that sort of, not dualism as such, but it was that contradiction of the incredible sense of feeling safe enough to actually do that knowing that they actually wouldn’t do anything, because that was their job.” Because her mother had worked with the psychiatrist of the unit, Annie felt that she was treated reasonably well by him even though she was scared of his autocratic and dictatorial manner. She described him as “a bastard who treated me with kid gloves”.

After this experience Annie left nursing and joined a shearing gang, which was yet another diverse group to which she belonged. The feminist and gay and lesbian movements were also emerging more openly in New Zealand. She describes her association with many diverse, fringe groups as a “haphazard journey” through her adolescent and young adult life. These associations resemble a restless to-ing and fro-ing between a certainty about her own ability, on the one hand, and on the other, a lot of self-doubt about ‘who’ and ‘how’ she was in the world. Annie says that when she moved away from the city and nursing she “started to feel my own inner self was starting to emerge and I no longer had to pretend who I was”.

Following these varied life experiences, Annie returned to nursing and became involved in a women’s health collective, which offered alternative health information and support for women. She also worked as an afternoon supervisor where she was able once again to have autonomy and make decisions in practice. An opportunity also arose for her to undertake a six-month psychiatric nursing course (not related to registration), which she completed and then worked in this area for five years. Annie then decided to return to where her parents had

worked and completed a two-year psychiatric nursing course leading to registration. She did not enjoy the large institution and “the low activity level for patients”.

### **Becoming and being a nurse educator**

In 1977, Annie became a psychiatric nursing tutor in a hospital-based programme. She loved it. When Annie reflects on this moment, she says that while she had “quite a strong tolerance, for quite a lot of things to an nth degree, I also know that if it doesn’t suit me ... I will go”. Like Grace, she also had no distinct career plan, but says that she seemed to be quite fortunate in anticipating the right time to move on ... “some kind of built-in sense of now is the time to move ... but not knowing why ... almost as if in some point in my life somebody comes along and sort of says, ‘now we’ll just direct you here’ ... It’s not really me doing it.”

Annie’s shift into a tertiary education setting mirrored this pattern. One day she found herself calling into the office of a nursing school to inquire about teaching jobs. It was as if there were certain forces working for her. She had a conversation with the head of school and as she went out the door, Annie remembers her saying, ‘well when you come on Monday morning, if you go down there you can have the office with C, you know when you turn up on Monday morning’, “... and I thought what does she mean, I thought we were just having a talk about jobs, and I checked with her again ‘I’m not quite sure whether I’ve been offered a job or not’, she said, ‘yes’. And that’s how I got into nursing education.”

Annie also equates her positioning within psychiatric mental health nursing as being similar to how she entered nursing education in that she never identified herself as a specialist, but rather as someone who has “listened to the world and the world said that’s where you fit, and there’s this part of me in here that said ‘oh, yeah, that’s okay’ ”. As a person who lives with contrasts and contradictions, Annie says that, on the one hand, she does not know much about psychiatric mental health nursing, but on the other hand, she says there is a part of her that questions “what is there to know about it?” She also asks questions about her work in cultural safety and holds open the idea of being racist by virtue of her position as a White middle class nurse educator.

Annie sums up her whole nursing experience as always being a little bit to the side, not following the rules, because “I’ve been clear about who and where and how I am and what

fairness is about and what it's not about". She says that she hasn't always given voice, or expression, to the sense of injustice in nursing contexts, because the nursing environment is "so conservative and reactionary". Although it might seem that she 'happened along and by chance became a nurse educator', Annie says that being a nurse educator has given her a vehicle for expressing her dissatisfaction with the status quo in a way that she would never have achieved if she had remained in practice. In practice, she would have been "captured or oppressed by the dominant ideology."

Annie's position in life as a shape-shifter is grounded in an environment which prepared her to be different and to recognise difference. Growing up in a community (as a 'fringe dweller') that did not conform to the social norms has given Annie insight into her ability to be self-determining about how and who she is in the world. This continued into her adult life as she often found herself 'off to the side' mixing with diverse groups and becoming involved in political movements (for example, women's health, protests against the Vietnam War), and coming out as a lesbian. These early life experiences planted the seeds for how she positions herself as a nurse educator teaching for change. Like Eileen she is able to shift in and out of different spaces — to be alongside and connected but to also maintain her own sense of self and integrity. This is demonstrated in the way she is able to 'listen to the world' make choices about when to shift (such as doing her psychiatric training, and becoming a nurse educator), and take chances in her everyday life as a shape-shifter (such as going with her own judgement in practice related to the Maori patient having *karakia*). Walking the yellow brick road gives her a sense of negotiating the highways and by-ways and being open to possibility as a shape-shifter to address issues of social justice such as justice, equity and fairness.

The shift to nursing education enabled Annie to work more openly as a shape-shifter for change, rather than covertly as she did in practice. Like Grace, she moves between the light and dark place — living in a world of contrasts and contradictions and expressed as going to the edge and taking risks while at the same time having an integrated sense of safety and security as what she does in teaching for social change.

My next participant, Mary, is another nurse educator who lives on the edge. I have known Mary for years in both a professional and personal capacity. She has a sense of trustworthiness and integrity that belies her 'throw away lines' and resistance to authority.

## **Mary's her-story — 'I walk the line'**

The title of Mary's her-story 'I walk the line' is an indication of how she has always positioned herself on the line, the edge, the margins, and resists complying with the status quo. Walking the line and opening herself up to difference has strongly influenced how she works with students to support who they are and to be open to different ways of thinking and being.

### **The early years**

Mary is the youngest of the six participants and was born during the 1950s in small town New Zealand. She is a first generation New Zealander — her English father arrived by 'jumping ship' and her mother came from Tasmania. Mary is the third out of four children and later in her adult life discovered that she had three other half siblings. She considers that this possibly accounted for her mother's "secretiveness and hiding things and never being really that up-front or transparent or open as a person". Mary would sometimes come home to find her mother looking at photos. When she asked to see them her mother would "scoop them up and lock them in the top cupboard. We sort of thought, 'Why can't we see the photos?' It becomes a little bit clearer as to why some of the reasons for that may have been."

Mary attended local primary and high schools and could not wait to leave home. Her upbringing was reasonably happy, but she felt stifled by the small town and her father's discipline — he imposed strict boundaries. She says the values that she grew up with "were about honesty and being up front". It was always important for her father that she fronted up to anything she might have done rather than him hearing about it from someone else. Mary describes herself as being reckless in a lot of ways, especially at school. She says, "I never liked to be told what to do. I was always kind of flamboyant, but very hard to control." At high school, her peers elected her a prefect and she excelled at sport and debating. Reflecting back on this time, Mary considers that "there was kind of leadership stuff coming out at that stage that I can recognise now."

### **Becoming and being a nurse**

Mary was 16 when she left home and went general nursing in the city. She describes this as "an absolutely wonderful time for a whole lot of us young women who came together from

school”. However, she recalls “letting loose” and getting “into struggles with authority on all kinds of levels” and found herself being asked to leave the course after six months. For her this was “a really horrible thing” and she contends that today the challenges would probably be seen as minor misdemeanours or the “normal thing that you kind of did at that age”. Examples she cited were; playing cards all night and then going on morning duty, coming home late and climbing in through the windows of the nurses’ home. But she thinks the situation that ended up in an impasse and contributed to her dismissal, occurred in practice. Mary explains; “... a friend and I were doing a bed sponge and the curtains were kind of drawn, and there was a Maori chap in there. We were having a laugh with him and having a joke about something, and I can’t even remember what it was about. He was an elderly chap I remember, and the tutor sister was outside listening to the conversation that was going on. She dragged us out and told us that we were both totally inappropriate, the kind of conversation that we were having with him and the way we were talking with him. Of course, I had been brought up in a community that has got a high Maori population; I had been mixing in those circles since I was a kid, you know, singing down at the club. This guy just loved having us there joking and laughing, but it wasn’t deemed to be the thing that nurses should be doing, getting on at that personal level with an elderly Maori gentleman. I got hauled up to the Matron’s office and my friend managed to escape, because I think her parents intervened. She came from quite a high-standing family in the community, a very well known family, so she managed to escape, but I got the kick you see. Although my parents came through to see the Matron, she said that I was totally unsuitable for nursing and I had to go.”

Mary then applied to a nursing school in another city. She told them she had been dismissed from the first programme but was accepted. In the interim, between leaving the first and starting the second programme, she ended up getting into “more strife with the law and the probation officers took it upon themselves to ring the hospital and tell them that I was in more trouble and so I didn’t go”.

Mary stayed in the city and found other jobs. She worked closely with groups of Maori women who socialised with her. She then applied for, and was accepted into psychiatric nursing where they welcomed her “with open arms”. She completed the three-year hospital-based programme, but once again not without incident. Mary says there were a lot of personal

things that happened for her during this time that on reflection contributed to who she is today and have made her “more conservative”. First, there was more acceptance of difference and for who you were, although at that stage Mary says “I didn’t really know who I was”. Second, she liked doing different things with the patients who were in the secure wards and would take them into the community to go shopping. “A lot of those women were in there because of circumstances that weren’t necessarily to do with their mental health status or a mental illness.” Although some were very unwell, Mary believed that they had “a right to go out and be part of the community that they were born into”. Because she was a “capable, responsible and safe nurse”, the ward charge nurse reluctantly supported her as it was not a regular occurrence at that time for people with mental illness to be out and about in the community. The deinstitutionalisation process of moving people with psychiatric illness back into their communities had not been implemented at this stage.

The third thing that stands out for Mary, is that once again she nearly ended up having to leave a programme. She explains: “I think I had my drink spiked at a party one night ... it’s the only way I can conceive as to why I did what I did. When I got back to the nurses’ home I caused mayhem which necessitated a visit from the hospital superintendent. I had done quite a bit of damage. That was just bizarre for me, because I don’t know what brought that on. The more I think about it, which I don’t do now, but at that time, was more to do with someone putting something in my drink at a party to make me behave that way. That was pretty extreme. The other sorts of behaviours were much more about challenging the system and just being a kind of colourful character”.

And fourth, the major thing that happened for Mary, was that she came out as a lesbian and by the time she finished her training she was much clearer about who she was. She remembers feeling that there was something different about her, but not knowing what it was. Then, “it was kind of like a light that came on one day and I realised and it was great”. Within the accepting environment she felt supported and nurtured. She also developed a respect for certain charge nurses who were able to manage difficult situations and were also able to “be who they were and at the same time have a presence”. And she learned from watching and being alongside them. While there were challenging times she said that “having a sense of humour” was really important in psychiatric nursing to present a balance and defuse difficult moments. It is something that has held Mary in good stead.

After Mary completed her psychiatric training she went to Australia to work for a year, and once again “managed to leave with a fairly colourful reputation”. She returned to New Zealand, but headed back to Australia for a further nine months. She found herself working in a hospital that was not as far ahead in psychiatric nursing as New Zealand. Mary also realised that psychiatric nursing was not going to be enough for her. Because she liked to keep up to date with ideas, she came back to New Zealand and started her general training. This time she completed the programme and experienced similar responses to those that Anne did, about how to manage the knowledge and experience of nurses with a psychiatric registration coming into a general programme. Mary remembers being “very challenging too, about some of the things that they were saying”. After completing her general training Mary returned to the city and once again worked as a psychiatric nurse. She also decided to do an undergraduate degree, but wasn’t sure why. “I never thought I had the brains to go to university and I didn’t know what I was doing, or what the hell I was going on about”. Mary was accepted as an adult student and really loved university life. She completed an arts degree with a double major.

### **Becoming and being a nurse educator**

Mary claims she became a nurse educator because she “was standing in the wrong place at the wrong time”. She had gone to collect her partner who was working in a nursing school and “one of the bosses there said ‘oh, you’ve just finished your degree and if you want a job with us ...’ and I thought, ‘no, not really’, but they wanted a psychiatric nurse rather quickly at that stage, so I said I would do some clinical”. Mary worked there for three years and then decided to do her master’s degree.

She decided to take leave from her nurse educator’s position and enrol full-time in a research-based degree — she was not interested at that time in a nursing degree. “I really went off nursing. I think I sort of lost my way a bit, somehow. Psychiatric nurses didn’t have a clear enough voice. And I think the stigma and discrimination for clients and psych nurses probably did get to me. I thought ‘where’s it all going? ... how do we get ahead here? ... how do you make way for yourself in this kind of nursing world?’ I was quite disillusioned and unsure about how to proceed and so it was probably quite timely that I took an interest in how research might contribute to my professional understanding.” She managed to sustain herself



financially by working during holiday breaks and received a student allowance. It was a hard time, but Mary thought that focusing on a research degree rather than nursing would give her more future employment options and she could also use it if she returned to nursing.

A significant personal event occurred for Mary during her second year of study — her mother became ill and Mary found herself commuting frequently between the city and the small town where she grew up, in order to support her parents. Mary recalls this as being a mix of sad and humorous moments. Sad because she recognised what was happening to small hospitals in New Zealand during the 1990s as a result of the health reforms, and the lack of specialist care that her mother needed, such as a speech therapist (who they had to pay for privately). Because of her psychiatric nursing background, she also felt that the hospital nurses would treat her with suspicion when she went to visit her mother in the medical ward. Mary remembers the fight to get her mother the care she needed and recalls a moment when she felt concerned about the lack of safety and concern by the nursing staff. The first night after her mother was admitted the nurses left the cot sides down on her bed and she fell out — this resulted in the side of her face caving-in. “I didn’t recognise her when I first went and saw her, it absolutely broke my heart ... it just broke my heart.” Other things bothered Mary — her mother was put in a mixed four-bed room “opposite a guy who had just been in some accident with a gang fight”; her mother was not covered up properly, and not fed properly. Often, Mary would visit her in the mornings and food from the night before would still be on her locker.

During her mother’s illness, Mary recognised that she took on three roles — researcher, nurse and daughter. She advocated for her mother to stay in hospital for rehabilitation, rather than being sent to a rest home, by organising and audio-taping an interview with a social worker which indicated that her mother needed full-time nursing care as she was “totally and utterly dependent on support”. Mary also developed a full nursing care plan for her mother when she had her at home one weekend as a way of “trying to help them with understanding her and caring for her — about what things she was able to do and what she needed help with”. The only acknowledgement she received when she gave it to the ward staff was from the doctor — “the nurses never said anything”.

Humorous moments helped sustain Mary through her trips home. Having a sense of humour is one of Mary's characteristics, which she uses to lighten up situations. She recalls one such moment. Because her brothers and sisters lived in Australia, it fell to Mary to check on her father as it was a difficult time for him. "I would go home at the weekends and I would look in the kitchen cupboard and there would be another bottle of dishwashing liquid. He had been out to do the grocery shopping and there would be eight bottles of dishwashing liquid there. He just had no idea what he was doing."

Motivated as an adult student to do well, and "through fear of failure", Mary completed her masters programme. Her work was informed very much from a feminist position and she sought out material to write her assignments that deviated from the reference list. She returned to her job as nurse educator for a short time before undertaking a two-year contract lecturer's job at a university. Following the end of the contract she was offered a nurse educator position in a postgraduate mental health programme, which she has done for the past five years. Her focus in nursing education is to create an environment in which the student feels that they are able to be who they are and be open to different ideas. "It's about knowing yourself, raising awareness and translating that into action in practice, and recognising your own part in that."

Today, as a nurse educator, Mary is open about raising awareness of lesbian issues in mental health. Not in a dogmatic way but more to say "hey, there are consumers and mental health nurses who identify as lesbian. How are their needs being met?" She also takes the challenges out to professional organisations in partnership with mental health consumers who identify as lesbian to ensure their voices are heard. One major achievement she shared with me was the inclusion of recovery competencies for lesbians in the Mental Health Blueprint which has now become government policy. Mary says this happened through working underground and strategising with consumers and to ensure that the competencies became embedded in mental health policies and practices.

During the conversation about her her-story, Mary says that becoming a psychiatric nurse was a very significant experience for her and about shaping who she was. She says, "I've always felt that it had been left in the past, that it didn't really warrant much attention in my present day life. But it has been a good illustration of speaking to the kind of rebellious

nature that I had.” As Mary says, she found her niche in psychiatric nursing because people let her be and accepted who she was. Coming out and living the life of difference as a lesbian also contributed to grounding her in self. Because she is clear about who she is this enables her to walk the line as a shape-shifter.

Learning to live the life of being different has enabled Mary to move beyond her challenging moments when she was losing the way (for example, having to leave general nursing, taking time out from nursing education). This is part of being a shape-shifter — to learn from one’s life challenges and transitions and move from a position of vulnerability to an integrated position grounded in a sense of one’s self. Mary continues to challenge the status quo but in a more considered way. She shares her experience of the time her mother became ill and she had to shape-shift in various roles — daughter, nurse, researcher — to ensure her mother received appropriate care.

Being a shape-shifter as educator, Mary gathers her knowledge and wisdom from life and translates it into practice. Because of her values of being upfront, her position of difference, and the wise women shape-shifters who supported her through her life transitions of walking the line, she supports the students to be who they are and to be open to different beliefs and ideas. Like Mary, Miriam also has a rebellious aspect to her shape-shifting self and through this she has generated the energy to challenge the status quo and shape-shift for change in practice and education.

## **Miriam’s her-story — ‘Rebel with a cause’**

*Being deliberate*

*Fractious energy*

*is sometimes*

*construed as waste.*

*often*

*as spiders weave*

*as weavers make cloth*

*as cloths receive shuffled cards*

*the busyness is seen  
to be superfluous  
to the business  
Could it be deliberate  
A camouflage*

*For  
Caution is required  
with webs  
with cloths  
with cards*

*and with  
criticism of fractious energy*

*for without a web  
no flies would be caught  
nor young fed  
without the weaving  
the children would be cold*

*and the cards would always fall the same.*

*Life, warmth and opportunity  
might disappear if not for fractious energy*

*(poem written by Miriam)*

I first met Miriam when she called to check me out about teaching cultural safety and was focused in her questioning about my commitment to social justice. Miriam was the first participant I conversed with for this research project. I felt excited to begin my research journey with her because I had admired her passion and work as a nurse educator for social

change over a number of years. She is also a great spinner of stories. The above poem, written by Miriam, talks about fractious energy being spent in keeping the possibilities open for change. It also resonates with another poem she wrote called *Dancing Spiders*, which I will present as part of her shape-shifting story in Chapter 5. At the beginning of our second conversation, which took place in her garden, she gave me her own map of the key people in her life who had given her a sense of wonder and hope that she could make a difference. It was a summary of what we had spoken about in the first conversation. She admired these people because they were all involved in social change in some way and they challenged her to change.

### **The early years**

Miriam was born in rural New Zealand and has lived in the same region all her life. Although she may not have gone far geographically, she considers that she has “been far” in many ways, related to her life journey. She was the youngest of four children in an Irish Catholic family. Miriam says she was an “accident” but her mother’s favourite because she had more time to give her. Her sister and two brothers were years older — like extra adults in her life. At primary school Miriam had “the most stunning infant teacher” who was a nun. She found out later the nun was only 16 years old at the time. She says the nun was “fresh, sparkling and angelic compared to my older mother who was scraggy, tired and worn out”. The teacher inspired her with stories that wove magic and possibility. Miriam says that if anyone began to inspire her about teaching for social change, then “it would have been her because magic happened and it always happened in the direction of good. She knew miracles could happen and if I stuck close with her then I would learn how to make miracles too — some of it would rub off.” Miriam loved school and was quick to learn, but she would get bored and restless and would be sent off on her own to pray. She would “go to the sacrosanct where women were not meant to be” and the time of peace would give her a chance to explore her imagination. Although Miriam was naughty, the church made her feel special by welcoming and supporting her because other aspects of her life were not making her feel special. She had experienced sexual abuse within her family and she would keep this separate for fear that someone might find out and punish her. Miriam reflected on the group of women in her life at this time as giving her a sense of grace and nurturance, although she thinks they may have also been coaching her “to be a nun”.

Miriam also remembers a time when she began to “cross the borders”. She recounted the story of the head nun of the order visiting her school. There was much excitement among the children and Miriam remembers sitting on the edge of her desk with anticipation when the ‘big nun’ walked into the classroom. She asked them “which of you children would like to be ...?” Before she could finish, Miriam had put up her hand and said “a priest”. The nun smiled at Miriam and said, “you know girls can’t be priests”. After she returned to Rome, the nun wrote back to the school and inquired specifically “how’s that little one who wants to be a priest?” Miriam says, “she too recognised the specialness about someone who wanted to cross the borders.” For her it was about being inspired by people in terms of hope and change.

When Miriam went off to high school she had to travel into town and recalls this as being a time of discovering boys and once again contesting the boundaries. She started to question the church and ideas about sex and relationships and her “faith just went”. Her school work deteriorated and her mother sought assistance from a guidance counsellor who asked her what she wanted to do. Miriam replied that she wanted to be a doctor. Consequently, she was transferred to her local high school to do science. However, going to university had never been considered as an option within the family and she later dropped the idea. Miriam had been getting into “a fair amount of trouble at school” through wagging and running daytime parties at home while her parents were away at work. She had her prefect’s badge taken away because of smoking at school and spreading a rumour that the music teacher was having an affair.

### **Becoming and being a nurse**

Miriam went nursing after she left school, mainly to gain independence, but there was also a “desire to learn and a desire to help”. She had been involved in the St John Ambulance service during secondary school and had become committed to “making a difference inside emergency situations when the stakes were high”. Miriam achieved well during her general and obstetric nursing programme and especially enjoyed the paediatric area. However, she still asks the question why did she make it as one of the 16 out of 84 students to finish in her class? She says so many of them went silently without any explanation. This phenomenon was common throughout hospital-based programmes in New Zealand during the 1960s and 1970s when Miriam and the other participants were doing their training. Miriam recalls an episode that happened for her related to the death of a baby born with multiple deformities.

She suggests it is situations like this that might have sent students away because they were not dealt with.

Miriam picks up the story: “My first death was very significant ... it disturbed me physically. I was in prelim at the time and this little baby was in the corner of the nursery in the paediatric ward. I knew that we were waiting for her to die and I just couldn’t believe that would be what we were waiting for really, that there was nothing else that we could do. And when she died, I was called as the junior to come and watch them laying her out and I was distraught about this baby dying, but attended, like sort of braced myself and was going to attend the laying out of the body and ... she actually had a drip in her foot and ... the laying out nurse went ‘so this is your first corpse is it?’ And her technique was reasonably rough and as she was taking the plasters off this foot she actually pulled the drip out without removing the plaster properly. And the drip was actually a cut down drip and sewn in and she hadn’t cut the suture. And because this baby had been dying for quite a long time her heel ripped off, like part of her heel ripped off when she pulled it off. I was absolutely horrified and I ran off ... I just couldn’t stand there any longer, so I ran off to the sluice room, cried and cried, and was trying to do something with this horror that I’d seen ... it was just awful ... and then I was dragged back to come and see the end result of this beautifully cocooned little nothing and was told you know, ‘look...isn’t she beautiful’ and I just screamed at the nurse ... ‘no, she’s not beautiful, she’s dead’”.

Following this incident, Miriam found support from the home sister that was similar to the containment and support that the convent had given her as a child. The stress of the incident affected Miriam and she began to sleepwalk. One night Miriam woke up and found herself standing in a corridor of the nurses’ home with the home sister. Startled, she asked the home sister “what the hell are you doing?” She replied, “what the hell are you doing, because you’ve been doing the rounds with me every night for a week.” Miriam had no recollection that she had been sleepwalking for so long. At the end of the round, the home sister had been putting her back to bed, and she would sleep. However, this particular night the home sister sensed something was wrong and spent about five hours talking with Miriam about all the issues that were bothering her, including her distress over the baby. Afterwards, she went back to bed and it never happened again. “Somewhere in that talk I learned to cope with sadness and horrors” and the home sister had contained the pain. Miriam drew attention to

this story as a way of presenting the idea of how pain being contained within a nurturing community helps people move through distressing experiences. She often wonders that if there had not been a home sister who had let her be and kept her safe, whether she might have become more disturbed at distressing events and left nursing.

Miriam completed her training and stayed on as a staff nurse. She learned a lot from patients, such as the human capacity to endure illness. She was inspired by the courage of people to face pain and life threatening illness and admired the sense of hope that many displayed. Miriam had also grown close to her older sister who seemed to have constructed a happy family situation contrary to the one she had at home. Miriam wanted to replicate the dream and found a partner who was ‘counter-culture’ — a “surfie hippie type” in contrast to the men that her mother considered were more appropriate, “like a schoolteacher, or farmer”. Her parents both “hated him” and Miriam says it was not a good idea for them to stop her doing what she wanted because that would make her more rebellious and resistant. Despite her parent’s opposition, she was determined to marry him and went ahead a week after her 21<sup>st</sup> birthday. However, she said the marriage was a mistake and was probably all over “two weeks after we got married”. She saw it more as a rite of passage to a dream.

Miriam worked in intensive care. Although at the time she considered that it fulfilled her desire for action in the job, it was to be a turning point in her thinking about nursing and where she wanted to practice. One night she was on night duty — it was a quiet night and she was doing the monthly statistics for the unit related to how many people had died, transferred or gone home. She noticed that three out of the four people who had been in the unit for the month, had died and a lot of input had gone into trying to save their lives. Miriam started to think about how the families of the patients were coping with the aftermath of crisis and death. She reflected on how the families were the key source of information about the patient who might be lying unconscious and so a picture would be built up about the person from the conversations between the nurse and family. She said she would listen to a conversation “and hear them reflecting about a child or adult’s life and you’d know all of the long-term build up of the event that had brought this family into this crisis situation. So I was thinking about them when I was doing the stats, the people, the stories, the how it happened and the what ... and by morning, like it came really when I was vulnerable ... I thought ‘this is not where the action is’. Like, this is not the place, the place that this is happening is out in the community.”



When Miriam finished her shift the following morning she decided it was time to leave intensive care. She went home, got changed and marched into the Health Department and said: “I want to be a public health nurse”. She laughs now at her bravado and naivety because during the 1970s public health nurses were the most highly qualified and experienced independent practitioners in the country. Miriam had been a staff nurse for only two years. She was told that public health nursing positions were highly contested and “hard to come by”. But Miriam still hoped that miracles could happen and they did. She was offered a position in a small rural community with a large Maori population where nurses never stayed long. One of her first acts was to alter the supplied uniform (a green gaberdine jacket and skirt) by shortening the skirts, which “was just not done”. Becoming a public health nurse was to be a baptism of fire for Miriam, because “I was white middle class, had very little to do with Maori, had a Catholic upbringing and I must have looked a bloody apparition to those people with my long blond hair and a mini skirt”. But at the time it ended up being a strategic move by giving her a foot in the door and the opportunity to “get beside the families and stop the crises ending up in intensive care”.

In her developing role as a public health nurse, Miriam was guided by “another inspirational person” who became her “saving grace” and mentor in the small town. The mentor had been a public health nurse in an isolated rural Maori area for more than 20 years and had covered much of the territory on horseback. She was also on call 24 hours a day and provided most of the care because the nearest doctor was too far away. Miriam received non-judgemental acceptance from her and only gave her advice when asked. Miriam said she felt her nursing was located differently to anything she had experienced before ... “they weren’t the roles of the intensivist nurse or the Plunket nurse roles ... they were more the home carer, the witch if you like, or ... the witch/midwife and ... healer”. She also realised that her position was one of privilege (well educated and well cared for as a child) compared to the families she worked with. She became very fond of the children and says that she often recalls their faces when she is telling nursing students, stories about practice. The children also remind her of why she teaches for change.

During her time as a public health nurse she worked long hours, at least six days a week. This was to be one of the issues that affected her relationship with her husband and they separated. Miriam changed her job and for a for a time worked in different nursing positions — as a

practice nurse for two general practitioners where she learned a lot about community and family medical knowledge, and in a large organisation looking after the health needs of the workers. She also reunited with her husband, had a daughter and began studying extramurally. However, one of the other issues she said that had affected their relationship was his inability to provide for a family, so they went to Australia. Miriam found short-term employment in a nursing home where she challenged the system. She was disturbed by the money-driven nature of the service and started to move resources round. She relates an example of an elderly resident having a skin tear, but not being able to have it covered with a plaster because it was the weekend and residents could only get the plasters from the chemist if they used their own money. Miriam went around and asked other residents if she could borrow a plaster to use. Another situation was people being bathed during the night, so that staff were not sitting around with nothing to do. She stopped the practice. After two weeks, the nurse aids took out a petition asking for her to be employed permanently because they could see that things could be managed differently.

Miriam and her family returned to New Zealand and she had another baby. Her second daughter's birth signalled the end of her marriage and she began a relationship with an 18-year-old "dope-smoking, punk-rocker, with safety pins in his ears, and chequer-board hair". She says: "At this stage I had really clear boundaries ... like these are the boundaries and this is the way it is — but I wanted to know what was on the other side even though I knew that falling in love with an 18 year old boy at 32 and a mother of two children was not really the done thing". But he cared about her children and they both supported each other to go to university. Today, some twenty years later, Miriam is still in a relationship with him.

Briefly, Miriam returned to public health nursing in the same town where she first began, but realised she was no longer effective. She had been studying undergraduate papers for a degree in nursing and sociology. She was developing what she considers was "too much analysis" and felt dislocated from the people. She felt frustrated that she could not change the circumstances of their lives. "I just got angry, I could see their lives, know why it went like that, and not be able to do anything because of socio-political circumstances ... it was quite a paralysing time for me". She would see the children she had been caring for growing up to be troubled adolescents, who would be caught in a cycle of unemployment and poverty. Her work also led her to part-time community and life skills teaching in tertiary education. "I

worked with really tough unemployed kids looking at first-aid, life skills, caring for yourself.” At this time Miriam met another significant mentor in her life. A Treaty of Waitangi and antiracism teacher and activist, he was a strong influence in her becoming involved in working for change in education. He challenged her to make a difference.

Her next employment found her working on “the hard edge” with street kids and gangs on a government work scheme. She received study leave to complete her degree and was then head-hunted by a public health nurse who wanted to set up a multidisciplinary team to work in the community. She was looking for mavericks. She said to Miriam: “I believe you’re a maverick and I want to know if you will come into the centre?” Miriam was also aware that there was a shift taking place in community care. She saw it as an opportunity to move from the margin to the centre where she could work on viable and respectful policy development for vulnerable groups. Additionally, she would work with a collective of other health care professionals rather than on an often isolating and individual basis. However, when the health reforms and changes in health funding arrived in 1992, Miriam once again found herself in a position of challenging the ‘regime’. All the things they had worked for were being undermined by managerialism and economic rationalism. There was a loss of leadership and mentoring and Miriam decided there was little reason to stay. Many nurse leaders left because of disestablishment of their positions, or disenchantment with the reforms.

Miriam had also completed three master’s papers and she found a professor of women’s studies who was another inspiring woman and the first person to “call out her academic potential. Everywhere else I had cruised and suddenly I had someone saying ‘not good enough ... have you thought about.....?’” Miriam says they forged a mutually beneficial relationship, someone was demanding more from her and giving her support academically as well as talking over career options with her. At the same time, the professor was interested in “having a ‘spy’ who was sitting in the centre of the new economic rationalist regime and who was contra to the day-to-day happenings.”

### **Becoming and being a nurse educator**

In 1994 Miriam applied for an advertised position in nursing education. She considered it was the right time to move, to try to make a difference in health outcomes in another environment. Miriam has spent the past eight years involved in teaching undergraduate and postgraduate

courses in cultural safety and community development. Her reason for moving into education was to work with students in a way which would help them to understand the issues of social inequity in health care and to position them in a way that they could go and work with many and varied groups in society after graduation. She says she was fortunate to enter education at a time when a new degree programme was being developed. It offered her the opportunity to set up practice experiences for students where they could go into the community and work in a collegial way with others and where certain values, which were under threat, could be maintained.

Overall, Miriam considers the choices she has made in her life journey have not necessarily come from inside her — rather it has been more like certain pathways, or significant people as shape-shifters, who have shone their light to show her the way. Like Mary, they let her be but were often her “saving grace” from herself and others. “I always had a sense of hope and wonder that I could act and I was allowed to act ... and that I could make a difference. There have been people who have challenged me to change personally and professionally. I admired them because they were involved in social change and I could join my dreams to theirs. I wanted their miracles to happen.” This is what Miriam brings to teaching for change — the capacity to carry the teaching of others so that in turn she may pass on the knowledge and wisdom of those who have been before.

One aspect that positions Miriam as a shape-shifter is her ability to make choices about when to shift her position as a nurse in order to be more effective in bringing about change. She has cited several examples of moving in and between different environments and communities to address inequities in health and education. Miriam resurfaces in her shape-shifting role as a nurse educator in the next chapter (the story theme of *shape-shifting*), but first, where do these six vignettes lead us?

## Summary

As I interpreted their stories, I noticed a coalescence around the ‘who’, ‘why’ and ‘how’ of living life as a shape-shifter and the ‘what’, ‘why’ and ‘how’ of teaching for social change. The key concept to emerge from the her-stories of their lives is: ‘who I am is what I do’. In the next chapter, they share their stories about the ‘what’ ‘why’ and ‘how’ of teaching for

social change. So what can we learn from their lives of becoming and being shape-shifters for change?

A number of similarities surfaced during our conversations. Embedded in their being appears to be powerful standards of integrity and justice — knowing one self, being true to one's self, equity and fairness, social action and community responsiveness, and wanting to make a better life for themselves and others. Each has had powerful mentors and role-models as shape-shifters in community, practice and education, such as parents, family, friends and colleagues. Each has had life experiences that taught them about health and well-being, how to deal with psychic pain of death, separation, failure at school, and having to make critical choices that would influence their future. Often, parents had powerful influences. They have learnt from these experiences and incorporated them into their lives. All carry an aura of openness in their relations and dealings with others. Anne, Eileen, Grace, Annie, Mary and Miriam may not be high profile 'movers and shakers' in nursing education, yet, they are enduring and steadfast shape-shifters, grounded in the everydayness of their lives as educators for social change. They are powerful shape-shifters who use transitions, negotiate and power broke, challenge hegemonic practices, engage in counter-hegemonic positions and explore possibilities of freedoms and resistances which our society provides.

What sets these six apart from other nurse educators? Why are they different? A surprise to emerge from the her-stories was that four (Eileen, Mary, Annie and Grace) said they were lesbian. Although I had not initially proposed that participants in the study should disclose their sexuality, the four were clear about how the politics of identity positioned them differently to their colleagues and students. For Annie and Mary, being lesbian was something that emerged during adolescence. As Mary says the 'light came on' during her psychiatric nursing training, so 'who she was' became so much clearer. Grace and Eileen's revelations happened over a longer period. Both married and had children, so carried the knowing deeper within themselves. Grace described it as "living a lie", while Eileen's realisation came when she recognised women gave her more energy and nurturance. Being 'other' within a dominant heterosexual society has enabled them to move between spaces. As Annie says, "being a fringe dweller and living on the edge means you learn to understand what fairness is about and what is not fair". This has also contributed to who they are as

shape-shifters teaching for change because they bring their ideas on difference and justice into the classroom to be held open and discussed.

During the interpretive phase, I gave a lot of thought to how much their identity as lesbians was a factor in the kinds of material I was uncovering. What emerged was the recognition that it was not the lesbian politic that was predominant as who they are as shape-shifters, but rather a pervasive aspect of role, responsibility and authority of the teacher in society. However, their identity contributes to the powerfulness of the authentic self and the knowledge and comfort of being true to one's self. I consider that being true to one's self is a genuine authentic position that guides the integrity of the teacher and enables them to help others to find and walk pathways that are true for them. This is discussed more fully in Chapter 5.

All six participants 'see' and 'recognise' the pervasiveness of White middle class society and the colonising effects of European settlement in Aotearoa/New Zealand. They are conscious of how this positions them as White middle class women, because paradoxically at times they are part of it, yet are in opposition as well. Maybe that's how they are able to walk the line — being a part of it, but knowing about when to reshape themselves. They have seen and experienced racial/class/cultural differences, yet have never forgotten their position, always recognising the privilege of their position that brings a responsibility to use privilege justly and act for change.

In the next chapter, the participants share what they, as nurse educator shape-shifters, do to achieve change. Why did they choose teaching as their forum for social change? Interestingly, in the beginning becoming a nurse or a nurse educator was not always a clear career choice, occurring by default or expediency — despite nursing being a common career for women at the time. As they evolved into shape-shifters in their own lives, most saw teaching as an effective means of social change. All six nurse educators acknowledge that they occupy powerful positions for effecting social change. Their values, strategies, motivations, commitments and experiences carried them into teaching for social change and those same qualities sustain them in their lives. What came through clearly in our conversations is that their lives and teaching are underpinned by 'honour with integrity'. So,

what is it that they do in nursing education as shape-shifters that is different, and what ideas and themes emerge to show others a different way?

## **Chapter 5      Shape-shifting in action: The ‘what’, ‘why’ and ‘how’ of teaching for social change**

I now present shape-shifting in action as the selected synthesised life-stories of the six nurse educators (Anne, Eileen, Grace, Annie, Mary and Miriam), as ‘quintessential’ themes of the ‘what’, ‘why’ and ‘how’ of teaching for and with social change in nursing. I use the term ‘quintessential’ because it highlights the recurring story themes that embody their life journeys and day-to-day experiences as shape-shifters teaching for change. While their lived experiences were different, some similarities emerged. Their life stories often took the form of a core story, background story, or a potent story. For example, Miriam’s potent nurse story involved her experience as a public health nurse. Yet, she added several other background stories alongside this potent story. I recognised the story-line that emerged as a story theme of shape-shifting — change and transformation in herself and others.

Shape-shifting is a key story theme in teaching because it embodies the personification of nurse educators who work for social change. The previous chapter showed two aspects of social change — that of living life as a shape-shifter and how this informs their work as shape-shifting for social change. Their individual life her-stories showed the power of the participants’ resolute selves — ‘who I am is what I do’. This chapter now carries forward ‘who I am is what I do’ and surfaces the other side of the coin — ‘what I do is who I am’ — or the ‘what’, ‘why’ and ‘how’ of the day-to-day practices teaching for and with social change.

Following my analysis, interpretation and synthesis of the participant’s conversations, the story themes to emerge were:

the ‘naming’ stories;  
the authentic self;  
crossing the hegemonic boundary;  
creating safe spaces to be unsafe or scared; and,  
shape-shifting.

These five themes are an expression of the current synthesis of the participants’ stories. The quotations and references to individual participants capture a number of significant and



symbolic responses. The accounts are representative of nobody but the six participants — Pakeha/Tauiwi women teaching for change. The participants do not speak on behalf of anybody but themselves. Also, no one view or perspective can totally reveal “the complexity of life stories” (Pamphilon, 1999, p.393). Eileen was clear that as

*a Western woman the people I'm interested in ... in terms of social change ... are Western people. I don't see that there's a problem in using theory that's grounded in our culture ... as long as I'm not trying to apply that universally.*

*(iv4, pp.7&8)*

Each story theme has its own section. I have presented the ‘naming’ stories first as an overview of the participants’ positions on what they think their teaching for and with social change means. The second section presents the theme of ‘the authentic self’. This theme focuses on who the participants are, why they do what they do, and how they stay doing it. The story themes recur and co-occur. There appears to be a significant connection between the themes with each informing the other. For example, the idea of being a shape-shifter is part of Annie’s and Miriam’s stories in Sections 4 and 5 and the symbolic notion of shape-shifting is threaded through the other three themes.

Throughout the five sections the participants’ voices are shown in a different typeface. This is in contrast with the previous chapter. Here, I use *Times New Roman 12 point italics*, either inset as a quote or as part of the flow of a sentence. In some instances, I have cited the reference to the particular participant, interview and transcript number. For example, *Anne, iv1, p.4*; or when the citation goes over two pages *Anne, iv1, pp.2-3*. If the citation includes parts from different pages (because of the synthesised process of working with the text) then it is expressed as *Anne, iv1, pp.2&3,5*. Where the focus is mainly on one participant, such as in Miriam’s and Annie’s shape-shifting stories, I have excluded cited references in order to keep the flow of the storyline.

As mentioned, the first section focuses on the ‘naming’ stories. I asked each participant to consider what they thought teaching for and with social change meant. I was careful not to share my thoughts with the participants unless they asked me. The idea was to leave it open

to see what ideas emerged and if there is such a thing as teaching for and with social change. I use the word ‘naming’ as a way of drawing attention to the various threads and stories that weave to and fro across our conversations. The ‘naming’ stories do not purport to produce a totalising definition or discourse, but rather to leave the ideas open as possibilities for others to engage with and re-interpret. Hence the use of lower case ‘n’, rather than a capital ‘N’. LeCompte (1993) contends that naming something is not the same as changing it. The participants appeared to link their ideas about teaching for change in a conceptual way through stories rather than as a definition or naming. In this project the ‘what’ is framed within the participants’ historical, social and political context and appears to be enacted as part of their everyday lived experience as nurse educators. However, it is not always enacted in a conscious way. Instead, it appears to be an embodiment of who they are as women, nurses and nurse educators. The naming stories bring the ‘what’ of teaching for and with social change into focus, and opens them up for debate. The stories are never-ending. As Annie says, teaching for and with social change is *a continuous story in the process of being written*.

Section 2 presents the theme of ‘the authentic self’. I share some of the participants’ thoughts about the notion of ‘who they are, is what they do’. Such stories cover myriad persona, for example, the shape-shifter as trickster, the activist, or the vulnerable self. Aspects of their life her-stories and who they are as shape-shifters in life are also evident in the presentation of this story theme. The notion of authenticity has previously been discussed in Chapter 3 as one of the criteria for establishing trustworthiness in qualitative research. A parallel has emerged between life-story as methodology and method for this thesis and how the participants have presented themselves with integrity in relation to their self-belief about who they are in the world.

In Section 3, I present the theme of ‘crossing the hegemonic boundary’ that unfolds the life stories of education for action and change. The section does not provide a day-to-day prescription of how to teach for social change. It focuses more on what influences the participants’ desire to teach in a counter-hegemonic way. As a child, nursing student, nurse, or nurse educator, each participant experienced times when they challenged authority or ‘stepped across the line’. The desire to push the limits was often from a sense of injustice and unfairness to self or others. This sense of injustice included coming to terms with their own

racism, having Maori partner or children, and experiencing racism with them on a day-to-day basis. It also included being marginalised because of their beliefs and practices.

Section 4 presents a story named ‘creating safe spaces to be unsafe or scared’, which is another significant theme that emerged from the participants’ conversations. It is a shape-shifting story (by Annie) that also exemplifies how memories and ideas of lived experiences filter through one’s life and bring about change and transformation in the way we act. The story reveals some of the ‘why’ and ‘how’ of teaching for and with social change that echo across all the life stories of the participants.

Miriam’s shape-shifting story is presented in Section 5. It exemplifies further the way her life-story of teaching for and with social change manifests itself and contains elements of the other story themes (for example, the authentic self and crossing the hegemonic boundary). In effect it is her ‘naming’ story about becoming and being a shape-shifter. It is also an example of using the process of creative synthesis to write her story (previously discussed in Chapter 3, Part 2). Using synthesised accounts of Miriam’s stories of nursing and education, the metaphor of the dancing spider as shape-shifter is unfolded. I will also discuss the historical, social and political context from which the-stories-behind-these-stories emerged. They show that her nurse and teaching stories are intrinsically linked and connected. But first, the ‘naming’ stories about ‘what’ is teaching for and with social change.

### **The ‘naming’ stories**

*We’re going ... heaven knows where we’re going*

*We’ll know when we’re there*

*We will get there*

*Heaven knows how we will get there*

*We know we will.*

*It will be hard we know and the road will be muddy and rough*

*But we will get there*

*Heaven knows how we will get there*

*We know we will.*

*(Annie, iv5, p.25)*

The 'naming' stories theme relates to what teaching for and with social change in nursing is all about. Annie shared these verses with me that came from an anthem that she heard while attending an anti-racism workshop. She said it depicted the journey of the 'what' with all its twists and turns, not always being sure about what the 'what' is.

During the 1980s Anne, Annie, Grace and Mary were working as nurse educators. Miriam and Eileen were working in practice and became educators in the 1990s. Each of them was beginning to introduce ideas into the curriculum or nursing practice that indicated they wanted to make a difference in relation to health outcomes for patients and clients. Although Annie, Mary and Eileen became nurse educators by 'happenstance' rather than by design, they were still focused on working with difference in their teaching practice. The courses that all of them have taught or developed appear to fit into the socio-political or socio-cultural aspects of health care in the curriculum, such as cultural safety, Treaty of Waitangi workshops, women's health, community development, and psychiatric/mental health nursing. Other topics, such as ethical issues or professional practice, include socio-political aspects of nursing, but, from my experience, those taught by the participants are the courses that create sites of resistance. Both students and nurse educators play out different positions on race, gender and class in the classroom. The resistance possibly arises through fear, and feeling too uncomfortable to raise personal issues of guilt and ignorance because it is difficult to deal with these issues. It makes teaching in these areas a challenge to hold open ideas for critique and possibility.

When I introduced the idea that the participants discuss what teaching for and with social change meant to them, it produced mixed initial responses such as ... *never having thought about it ... not naming it as such ... was there such a thing? ... it's quite difficult to tease out ... I don't have any stock answers*. One of the participants said the process would be very useful to work through what she thought it was about. I found these initial responses to be paradoxical because I assumed that having volunteered as participants in the study, they would be clear about what they thought teaching for social change was about. However, their preliminary comments belie the fact that their personal philosophies, values, beliefs and practices are consistent with teaching for and with social change. While they may not have

had pre-constructed ideas to the fore, they were most insightful, clear and coherent in revealing the tacit knowing about their everyday work as educators for change.

During the course of the conversations over the 18 months to two years, we engaged in recursive and reflective dialogue as they considered the question *what is it?* Together we would summarise ideas and then take them further. The participants demonstrated the praxiological process that I had outlined in the story map — one of reflecting, linking, connecting, and synthesising. When I asked one of the participants (Grace) later if she would have thought about or named her teaching activities as ‘teaching for change’ she said

*no, not initially but it’s so obvious, yes ... yeah.*

*(iv2, p.19)*

I was clear about focusing on their interpretation and opened conversations in different ways such as:

*One of the things we looked at last time was the naming stories about teaching for and with social change and I’m interested in your critique of this because you may not consider that’s what you do ... I’m putting something out that you might not necessarily agree with ... is it something else?*

*(Rose, iv3 with Mary, p.2-3)*

If the participant was initially uncertain and wanted to think about the ideas further, I raised the question again after they had talked about different teaching or practice experiences. For example, when I first asked Grace and Anne, both wanted to consider it further. Grace said that *off the top of my head* she could not think about what it meant. But she did identify a range of curriculum areas such as cultural safety and women’s health that she taught and thought they were about social change. Anne said that until I mentioned the idea she would never have said that she was teaching for social change or named it as such. She talked about being committed to things like the Treaty of Waitangi, to mental health and to students getting a fair deal but was not

*consciously aware of working for social change and because you live the life you don't always think about teaching and practice experiences as being stories for social change ... that is the way you are ... you are what you are really.*

*(iv6, pp.1,8-9)*

Examples of my follow-up questions to invoke further thinking and reflecting included:

*So if I was to ask you now, after having had a conversation over the last forty minutes or so what you think teaching for and with social change is about, what might your ideas be?*

*(Rose, iv2 with Grace, pp.16-18)*

or

*You said you'd never thought about what you do as teaching for social change and you've been talking about various practice and teaching experiences that are about enacting change ... so if I was to ask you now what you think about teaching for and with social change, would you add anything to what you said or how might you summarise it?*

*(Rose, iv3 with Anne, p.20)*

Grace and Anne returned several times to thinking and talking about what it meant for them and were able to summarise their thoughts and reflections over the course of three or four conversations. Grace considered that her teaching activities were about teaching for social change because she had a strong commitment to exposing the students to

*a range of women's lives and the way things are for them, so that they can gain insight into what has impacted on the women's lives such as social, political and economic factors.*

*(iv2, p.1)*

She summarised her ideas about the 'what' of teaching for social change as follows:

*It's about creating possibility ... it's about envisaging hope ... it's about what I perceive as issues of justice ... issues of human rights, human dignity, of equity. It's issues of respect. It's issues of recognition and acknowledging differences among, within and between individuals. It's about issues of social alienation, of our engendered culture. It's about who we are in the world and how we are in the world and trying to understand that ... understand from a looking back to a looking forward as to how it could be different. It's about the global and personal perspective, from macro to micro, about peace and hope ... it has at its heart the essence of care, about people's body, mind and soul ... about being who you are ... yep, that's what it is. About being responsive, responsible and respectful, and not about change for change's sake, but there's an astuteness about what has shifted and how things are shifting and how you can work with that ... and maybe it's also about my own blind spots and acknowledging that there are other ways of doing things and that how I do it mightn't be the most effective all the time ... or with everyone because of who I am, where I stand and how I respond.*

*(iv2, pp. 17-18)*

And later during the third conversation Grace added

*the core of teaching for social change is about teaching for health which is integral to and is the heart of nursing ... and nursing is about social change on many levels ... it's about stepping across and stepping out because the majority of my colleagues don't ... so working for social change gets marginalised, minimised, and becomes silenced. And it's about making the most of teachable moments.*

*(iv3, p.1)*

*Teachable moments* refers to the educator reading and working with the moment. It is about being receptive to the students' ideas and getting the dialogue going. Anne had some similar ideas to Grace particularly with reference to: making a difference; creating possibilities; human rights, justice and equity, colonisation issues; being respectful; envisaging and

instilling hope; knowing who and how we are in the world; sharing power; teachable moments and, recognising and acknowledging difference. And she also added the idea of role-modelling (or the psychoanalytic term of transmuting internalisation)<sup>1</sup>; allowing for individual creativity and ideas; the teacher as interpreter<sup>2</sup>; creating an appetite for learning; and challenging ‘nonsense’ when students perpetuated stereotypical viewpoints.

When I asked Annie during our second conversation about her perspective on ‘what’ is teaching for and with social change, she said

*it's a hard one ... it's actually quite hard to tease out really isn't it ...  
if I were to respond to that just off the top of my head, I would  
probably say to make things better for people. Then, I would go one  
step along and say 'is that altruistic?' and am I really saying it's  
actually providing me with an opportunity to get my own stuff out there  
and resist ... a vehicle to challenge the status quo.*

*(iv2, pp.2&8)*

In the third conversation, Annie raised an important question about whether she was one of the few nurse educators teaching for social change in her school. Was this a construction that had been assigned to her as a participant in this research? What about those who teach ethics or professional practice? Were they not also teaching for social change? And weren't all nurse educators teaching for social change by virtue of making things better for people, or making a difference to health outcomes? However, when Annie and I discussed this further we both concurred that there were fewer nurse educators in New Zealand teaching the ‘evaded subjects’, such as mental health, cultural safety and women’s health and wondered why this might be so. Some of the reasons that came to mind were fear and avoidance of wanting to deal with anger and resistance from students. Annie then considered again what teaching for social change meant for her that went beyond

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<sup>1</sup> As a nurse psychotherapist, Anne uses this term in relation to role-modelling respect. She describes it as a person taking into themselves the good things that they have been getting from the therapist and it becomes their own (iv2, p. 1).

<sup>2</sup> Anne is referring to the nurse educator interpreting materials such as literature, policies, into everyday language so the students can understand different concepts (iv3, p.11).



*what's on the surface and a shared understanding of what social change might be ... such as wanting to make a difference ... which is an altruistic sort of empowerment type model. I think perhaps social change comes from an essence of selfishness. Selfishness of making life better for myself and in order to make my life better for myself, I have to act for myself. There's also something about teaching this area that feeds the soul or something ... I mean it's all part of the whole isn't it.*

*(iv3, pp.5&13)*

Going beyond the altruistic model of *wanting to make a difference* by 'doing good' and, instead, acknowledging her *whole being* was teaching for social change and *acting for herself*, Annie said she was better able to choose when to be socially and politically active. These factors appeared to separate her from most of the other nurse educators with whom she worked. Choosing when to be and act was evident in her her-story about living with difference. As a Pakeha woman she felt there was a responsibility

*to be free to act to make a difference ... and free to act is underpinned by who and how I am in the world which enables me to act ... and the soaring open opportunity alongside the responsibility, accountability, consciousness, reflection that drives that freedom to act. So if you chunk that down again ... teaching for and with social change is freedom to be who and how you are and how you act in the moment.*

*(iv3, pp.22-23)*

Annie posed another key question that the other participants also mentioned: *how do you know when you are doing the 'what' of teaching for social change?* Most of them realised that what they were doing was not resulting in any *earth shattering* changes, but if they could touch some students in a way that opened their hearts and minds to thinking critically about socio-political issues then maybe there would be a ripple effect that would make a difference to health outcomes. During our second conversation Annie showed me a card a student had given her that depicted a Christmas tree with decorative tinsel and ornaments with one highlighted as a cracked ornament. Inside the card was a message:

*Friendship is like a Christmas tree,  
decorated with warm memories and shared joys,  
and you are the slightly cracked ornament  
that always makes me smile.*

The student had also added her message:

*‘Much admiration and aroha<sup>3</sup> for the work you are involved with. I believe I need you to know that you have made a major impact on my life, both personally and professionally’.*

Annie said it was interesting that we should be talking about teaching for change at that time because the student’s message had invited her to consider what was the work that she was involved with? She thought that something happened for the student in a cultural safety class that resonated, or as Annie says:

*This student has seen something that has actually touched them in a particular way ... and that’s the person I’m talking to ... connecting with ... but I don’t necessarily know that. Unless I got that card I would never know and I think that does sort of zero in on it, because ... when I was going through my own experience of becoming a nurse there were people who spoke to me ... who were just a little bit off to the side ... but those people will never know that they touched me.*

*(iv2, pp.8-9)*

Annie reflected on her experience as a student nurse and being touched by and connected to those *a little bit off to the side*, who called her to make a difference. She likened it to the passing on of touching and connecting by wise women in ancient cultures. What she offers in teaching for social change at the micro-level is a focus on a human touching that recognises and respects individual differences — much the same as the *cracked ornament* stands out as different among the other Christmas decorations. Touching and connecting starts with

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<sup>3</sup> Aroha is a Maori word that conceptualises love and human regard.

*a willingness to cross the line and act ... hoping you touch others coming along and instil willingness to act in them ... not in a wanky white liberal way but more about moving out of your comfort zone and you don't know what's going to happen.*

*(Annie, iv2, pp.12&14)*

Miriam also referred to *lighting up smiles of intellectual curiosity* in students by *getting the dialogue going* in much the same way that Annie (as the cracked ornament) made a student smile. She said that if they found something of their own, such as a question ... 'what if ...?' ... 'what are ...?' ... 'how about ...?' ... that makes others rethink their position, or an article or idea to share with colleagues, then *that's when you know the 'what' is going on*. Miriam felt this was an important part of what teaching for and with social change is about. When I asked her about the 'what', she preferred to focus on the process of the student and teacher getting into an action-reflection cycle about their everyday lives and how they can make a difference. She also suggested that social change was part of a dynamic system in which

*you can't change one thing without another thing changing ... it's a relational thing ... like you can't have Maori owning more land without Pakeha owning less or you can't lobby for Maori language or women's rights without there being a concurrent change in men's lives or children's lives. Things don't happen in isolation.*

*(iv2, pp.8-9)*

Like the other participants, Miriam summarised her position and echoed a lot of what they said about being hopeful, believing in possibility, wanting a better world, having the capacity to act as agents of change, and reading the moment when to shape and shift thinking. She also added that there was a certain duality in believing that the world could be fair and just, because she also believed that

*the world will never be fair. So teaching for social change is a job without completion ... you are never done with it.*

*(iv2, p.9)*

For Eileen, exploring the ‘what’ of teaching for and with social change was a useful process as it gave her an opportunity to work through what she thought it was about. Eileen was clear that the ‘what’ is an extension of who she is and how she lives her life. She says at a simple level it’s about *holding the big picture* for the students, and *hoping to change minds*. At a more realistic level she says it is about offering them *another pair of glasses* to view the world. But she is also aware that she

*can’t predict what people see through those glasses. They won’t see what I see through them, they’ll see what they want to see because they’ve got different glasses. So it’s about me really listening to what it is that they are seeing ... I need to get inside the student’s ‘frame’ of reference before I can ask them to climb into mine ... otherwise there won’t be any dialogue.*

(iv2, p.1)

Eileen’s thinking about *holding the big picture* and *offering them another pair of glasses* alludes to the idea that nurse educators require knowledge and insight into teaching ‘with’ social change in order to teach ‘for’ social change. When I asked the participants about the ‘what’ of teaching ‘with’ social change they all referred to using stories from their nursing or teaching practice as exemplars of working with change. Examples of these stories are presented in Sections 4 and 5 — Miriam’s shape-shifting story and Annie’s story about creating safe spaces to be unsafe or scared. The participants also talked about working with the students on the development and impact of social policy and health policy on health care and health service delivery. This involves getting the students to critique key strategic policy documents and to ask questions, such as: what are the underlying discourses that inform the development of these policies? who developed the policy? what consultation took place with the stakeholders? who would benefit from the policy? what impact would it have for certain groups of people in society — for example Maori, women, children, people with disabilities, and mental health consumers? Grace says when she teaches she refers to a number of key nurse writers who have presented a critique of ideas on power and politics in nursing (Chinn & Wheeler, 1985), social activism in nursing (Moccia, 1988), patriarchy (Watson, 1990), and feminism and nursing (Hall & Stevens, 1991; Thompson, 1987). She also includes New Zealand writers on poverty such as Waldegrave and Coventry (1987), economic theory

(Easton, 1997) and will talk about theories of change. Eileen says when she teaches anti-racism courses she focuses on the development of self and issues of personal and structural racism, and how nurses can be agents of change. While Anne says, when she facilitates Treaty of Waitangi workshops she is clear about reminding the students that the Treaty is

*a contract that this country was founded on and it is part of the Health and Disability Act, Code of Rights, and contracts that are negotiated with the District Health Boards.*

(iv2, p.3)

In the context of the health and education reforms over the past 12 years, Miriam, Grace and Annie sense that a considerable challenge arrived about whether teaching for and with social change could hold in nursing education programmes. Miriam suggests it is imperative that we be more articulate about why it is critical for nurses in New Zealand to address the socio-political aspects of nursing and health care. Grace considers that a challenge arose as a result of the undergraduate nursing review undertaken by KPMG<sup>4</sup> in 1999 that appeared to embrace a more techno-rational approach to nursing education. The call came from practice to review the preparation of nurses to work in complex and challenging health care environments and to explore whether the current curriculum provided the opportunity for this to occur. Grace says if there is too much emphasis in the curriculum on gaining technical competencies then the subject areas related to cultural safety, women's health and mental health could be minimised.

I finish this section by presenting a 'naming' story that Mary shared about introducing a second-year paper in an undergraduate programme that focused on nurses working with mental health consumers. It is a story that provides an imperative to continue teaching for and with social change in nursing education. Mary's story demonstrates her commitment to *raising awareness about inequities and translating that into action* which she considers is a key step for any kind of social change in nursing. It is a 'naming' story about *walking the talk*. When Mary became a nurse educator teaching seemed to be about conforming to a prescribed curriculum *in order to get them to pass a Nursing Council exam*. Mary was more

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<sup>4</sup> The KPMG report on undergraduate education was commissioned by the Nursing Council of New Zealand and provided recommendations that would enable the preparation of comprehensive nurses to meet health requirements in 2010.

interested in working in innovative ways with students in a safe learning environment to raise their awareness about attitudes and beliefs so that they might

*feel a bit more comfortable with people who have had a mental illness.  
For me it was about giving them an opportunity to think about it  
themselves, outside the box, really.*

(iv2, p.3)

She wanted to expose them to the world of the mental health consumer and issues of inequity, such as stigma and discrimination, and particularly

*about the way the world was for women ... and about the impact that  
society had on them in the way that their roles were constructed and the  
behaviours that went with that. Like 'let's get real about this ... we're  
dealing with real people ... this might be the theory but let's see how we  
can apply it to practice or to the area that you are going into'.*

(iv2, pp.2-4)

Mary presented several scenarios to the students that focused on the concept of body image and related it to anorexia and how the media constructs women's body image. She also discussed the social construction of depression and presented the students with various positions, for example

*what some of the women writers might have said about the question  
compared to what some of the famous psychoanalytic writers and  
thinkers like Freud ... how they might have shaped it up.*

(iv2, p.4)

Mary recalls the majority of students feeling uncomfortable and *having a large degree of difficulty* with the concepts and how they might relate to a person with a mental illness. She considers that this was probably due to the students' age and lack of life experience and apart from a few students who were older and understood the ideas she was presenting ... *the rest were kind of there because they had to be there, really.*

This ‘naming’ story about *walking the talk* continues today as part of Mary’s role as a nurse educator teaching for and with social change in mental health nursing. On reflection, Mary reiterates that she still does not consider the socio-political context in nursing is managed well. While the student groups she works with now may have

*an understanding of it, and a recognition of it, and a voicing of it, and a concern about it ... there’s also an element of powerlessness about what to do about it ... there’s not that translation across to social activism, or looking for opportunities to change things in practice.*

(iv3, p.5)

So Mary focuses on working with the students to *recognise their power, encourage their voice*, and how they can influence the development of policies that relate to their practice and professional development. She also calls the students to know themselves and where they come from, and to *really put themselves on the line* so they can make a difference in their relationship with mental health consumers. Because as Mary says

*If you don’t have the awareness of who you are then you’re certainly going to be struggling to relate to others who will have different backgrounds, values and cultures. So I look at effecting change more on an individual scale ... and when someone has had a significant shift in their thinking, or their behaviour, because of some kind of education that I’ve been involved in, then that has significance for me. You see the light go on with people and you see it translated into a positive change of understanding on their part and a shift in direction in practice. So teaching for social change is walking the talk, I suppose.*

(iv5, p.9)

Mary’s story of *walking the talk* to enact social change, presents an evocative naming story to emerge about ‘what’ is teaching for and with social change. It encapsulates many of the key ideas that the participants highlighted during their conversations. Reading through the texts I wove backwards and forwards looking for the threads that contributed to the idea of walking

the talk and identified the following as key congruent ideas that the participants highlighted during their conversations: *creating possibility; being hopeful; being respectful; being responsive; being responsible; making a difference*; and, *being 'who we are'*. Sitting within these key ideas were the threads of naming 'what is teaching for and with social change?'

In summary, when the conversations began the participants did not have pre-constructed ideas about 'what is teaching for and with social change' even though their personal philosophies, values, beliefs and practices are focused on teaching for change. Because the practices are so tacitly embedded as part of who they are and how they live their lives, they had not consciously thought about what it is they do. However, the capacity to reflect on their practice, enabled them to call forth their understandings of their day-to-day lives and practices of what constitutes teaching for and with social change in nursing.

From their 'naming' stories it seems that nurse educators who teach for social change are shape-shifters who walk the talk. In the next section on the authentic self, I pursue the idea of being who they are as teachers for social change, in more depth.

## **The authentic self**

*This above all: to thine own self be true,  
And it must follow, as the night the day,  
Thou canst not then be false to any man.*

(from Shakespeare's Hamlet<sup>5</sup>)

*It's what you do that makes your soul. Not the other  
way round.*

(Kingsolver, 1990, p.52)

In order to 'walk the talk' of teaching for social change, all the participants were clear that first and foremost it was important to be grounded in knowing who they are, and being true to themselves. While the her-stories have given some account about who they are in life as

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<sup>5</sup> This quote is from Act 2, Scene 3 of the Shakesperean play Hamlet. It is taken from the third edition of *The Oxford Dictionary of Quotations* (1979, p. 430).



shape-shifters and how their lives have been shaped as nurse educators teaching for social change, I identified several key ideas from the ‘what’ ‘why’ and ‘how’ stories that contribute to the theme of the authentic self. These are: the *journey of self as subject*; the *moral imperative* as justification for teaching for social change; *losing the way* as an expression of being vulnerable or marginalised; and, *enduring as commitment* which is an expression of ‘staying with’ teaching for change.

### **The journey of self as subject**

Living the life as a shape-shifter teaching for change is embedded in ‘who they are’ and why and how that shapes what they do. Who they are as self is who they are as teachers. I use the term ‘self as subject’ for as Flax (1993, p.93) says “subject(s) more adequately expresses the simultaneously determined, multiple, and agentic qualities of subjectivity”. Coming to a sense of who they are as a subject in the world, is influenced by their life journeys. As one of the participants says

*I come from a background in which I was privileged to grow up in an environment that prepared me for my involvement in teaching for change. I grew up in a community where I came to understand about difference from an early age ... that behaviour did not conform to social norms at the time.*

*(Annie, iv5, p.8)*

Other participants also suggested that they were the products of their culture and their backgrounds had privileged them for the work of teaching for change. Many people (family, friends, students, colleagues) and lived experiences have helped them on their journey of self as multiple and agentic subjects. Grace says that the experience of her father as a prisoner of war during World War 2 has impacted on her because he showed her what it was like to be determined, not give up in the face of adversity, and to be a survivor. These attributes have assisted her to endure difficult personal and professional moments and give meaning to these experiences. Her not ‘okay story’ of being challenged by a male student is presented in the subsection on losing the way.

Miriam suggests that being authentic or genuine is the only position to operate from as a teacher for change because the only thing you can really know is your own experiences and how they might impact on others. She says that being authentic is

*about being willing to keep on interpreting and re-interpreting and listening to interpretations of experiences. That's why stories are so important.*

*(iv3, pp.1-2)*

She describes the authentic journey of self as a parallel project — that is, social change and personal change occurring together and informing each other. The personal change is about recognising and working on the aspects of self such as the *beast within us* (being *mean, nasty, selfish* and *arrogant*), and trying to hold different values. This resonates with what Eileen presents in her her-story. Miriam also says it is about

*offering my enthusiasm to students ... offering my passion ... I don't try to hide it ... you actually have to have feelings in this work. I might modify myself in some situations but I don't try and suppress my personal way of being. I think it's imperative that it be present because if I'm not going to offer it why should the students.*

*(iv2, p.11)*

For Miriam not suppressing her feeling self is based on a principle of fairness and responsibility to herself and the students. By becoming involved in self-disclosure, Miriam says it encourages students to self-disclose their enthusiasm and passion for social change. This sense of fairness and responsibility is explored further in the next subsection on the moral imperative.

An aspect of the authentic self, presented by the participants, was accepting that one is human and being honest about making mistakes. To be honest with the students about one's mistakes invites them to also share their mistakes. They mentioned that at times they acted in a way that resulted in power-over the students. Eileen's story of being vulnerable and becoming the teacher as knower is an example of recognising power-over and is presented

more fully in the sub-section on losing the way. Two of the participants also revealed how they would deliberately provoke a response from students when they wanted to engender discussion. In their work, as agents for social change, this could be identified as the shape-shifter as trickster. They did this by deliberately introducing ambiguity — that is, putting out arguments to create dissonance and creating an opportunity for students to *speak to different positions*. A further example of the shape-shifter as trickster can be found in Miriam's shape-shifting story in Section 5 of this chapter.

### **The moral imperative**

One of the clearest messages that the participants gave to me about 'why they do what they do' in teaching for social change, was their personal life position about justice. This became evident in their her-stories — from being minimised or marginalised as 'who they are' or from experiences such as feeling and thinking that there were unjust situations in their own lives, and the lives of partners, family members, or patients. The desire to address issues of injustice, such as the multiple oppressions of race, gender and class, and the responsibility to strive for that which is 'right and just', are driving forces. For example, Anne recounted her overwhelming sense of injustice as a child because of having to be caretaker to her siblings and her mother not supporting her to participate in activities. As a consequence, she *would do anything to change things that are unjust* because these experiences helped shaped her *absolute outrage* and influenced who she is, and why she does what she does. Eileen shared her experience of living with her Maori partner who had to confront racism on a daily basis. She says it became so obvious in public places, such as the supermarket or in a restaurant, when people would ignore her partner and address their comments to her.

The moral imperative appears to be influenced by the *responsibility of privilege* and the *responsibility of conscientisation*. The responsibility of privilege arises from an acknowledgement by the participants that identifying as a middle class Pakeha/Tauiwi nurse educator privileges their position over the less powerful, such as students, Maori and patients. Three of the comments forwarded by the participants include: *I've got so much privilege around me, my background privileged me*, and, *as a member of the dominant class I am in a privileged position*. One cannot walk away or dismantle ascribed privilege. Therefore, it becomes a responsibility for Pakeha/Tauiwi nurse educators not to abuse their privilege but

to use it in a way that promotes counter-hegemonic teaching and learning practices. As Anne contends

*You've got to be able to live with yourself. It's about integrity ... it's really important to me that I don't feel that I've compromised my own values and beliefs ... it's 'to thine own self be true'.*

(iv6, p.22)

A responsibility of conscientisation is that once one knows and becomes aware of injustices then there is a moral obligation to act and address them. Eileen considers that thinking politically and teaching for change is so much part of who she is and it started when she was growing up. Once she realised there were issues of race, gender and class to address there was no way she could turn away. Eileen refers to her mother's significant influence again, as she did in her life her-story vignette:

*she had a critical eye and a lot of integrity about how to conduct relationships with people ... and a political view of the world that she communicated to me. So it feels like second nature ... it's just what you do.*

(iv4, p.1)

Eileen describes her *first politics* as class related which have subsequently been overlaid by politics of race and gender. She continued her journey of self in relation to teaching for change when she emigrated to New Zealand and was confronted by the myth of egalitarianism. Thinking she had left the politics of class and race behind in England, she received a *wake up call* when confronted with racial differences in relation to poverty and unemployment. Eileen says

*I realised that I had some responsibility to do something about it. I couldn't just run away from it. So I got into the politics of racism quite quickly ... and going to university and the opening up of another level of oppressive practices through studying women's studies papers and the realisation that none of the oppressions are separate. I could see that*

*theory offered some tools for working with it. So instead of just raging against it, I could see that I could personally do something about it.*

*(iv4, pp.2-3)*

Eileen contends that once students come to know about race, gender and class issues then what is known cannot be unknown. Once things have been brought to conscious awareness they cannot be covered over. She is also mindful that to become aware of these issues can be overwhelming for the students, so it is important to keep the dialogue open and support them to see other realities and possibilities for enacting change in their nursing practice.

Annie posed a question about morality and self ... *where did it begin and end?* Focusing on the idea of moral and ethical decision-making in nursing practice and education, she concludes that morality

*means nothing if it isn't actually woven throughout the everyday practice of who you are ... but don't get me wrong ... I'm not moral all the time. Sometimes I'm very immoral ... towards myself as well ... but that's part of being moral ... it's both, and (morality, immorality). Because if you are moral within yourself and who you are with yourself, then you will have a tolerance for the consequences of your actions.*

*(iv3, pp.10-11)*

There is a sense that being responsible and constantly striving for a fair and just world by teaching for and with social change, has consequences for the participants. Sometimes they find themselves *losing the way*.

### **Losing the way**

All the participants spoke of times when they felt that teaching for social change marginalised and silenced them and situated them in a vulnerable space that challenged the essence of who they are as shape-shifters. Grace and Eileen offered examples of 'not okay' stories (or stories of their own or student resistance) that demonstrated moments when they were personally challenged by a student which initially led to self-doubt about their ability to continue teaching in cultural safety and women's health papers. They felt at times they were

*losing their way*, but eventually with some support and reflection they strengthened their resolve to continue their commitment to teaching for change. In Eileen's case, she did take some time out before resuming her work in cultural safety.

Eileen's story relates to the vulnerable self or *the snare of vulnerability*. In five years teaching cultural safety courses she has experienced the extremes of teaching for change — the extreme negativity and having to defend herself against personal verbal attacks as students resist knowing about issues of race, gender and class, to the extreme rewards when students shift their thinking and attitudes about these issues. Eileen considers her own vulnerability to be a critical part of what she does and wants to do. Being vulnerable is part of being authentic. It is about the nurse educator sharing her own vulnerability about not knowing, being incongruent or inconsistent at times with the students, who are also in a vulnerable space about being challenged. However, Eileen says

*if you defend yourself against the vulnerability you're not in the space with the students ... you've moved into that other space of teacher and knower which then separates you from them. If you're not vulnerable, then you can't hear them because of being in that different separate space ... and you can't teach for change if you are separate.*

*(iv3, pp.3-5)*

Eileen also says that her worst experience of responding in a defended way happened with a young student in a first year anti-racism class and lasted for a semester. As a group the class appeared to find any challenge difficult, particularly one young student who was overtly hostile. Eileen felt that that the student wanted to disrupt the sessions. She asked some challenging questions such as *'this is a multicultural country, why are we doing biculturalism?'* which is often a question that students might raise and one which Eileen normally feels able to discuss. She says the student

*got my number and I got into heavy dialogue with her. She realised that dialogue was what I was seeking and prepared to engage in. What it did was exclude the rest of the class ... that was the first thing. They were just lost ... they were not following the dialogue. The other thing was*

*that this student was taking me down blind alleys ... and I was going down them. At the end of the session I had some discomfort with the class and at the end of the second session I had real discomfort and started processing what was happening. I'd lost the class and so I went in every week highly defensive, and started to shut her down as soon as she started because I didn't know what else to do with it. I either went with it and it went nowhere or I stopped her. And it didn't work well at all. It was an awful class.*

*(iv3, pp.7-8)*

Because of this traumatic experience, Eileen withdrew from teaching the paper for a year. During this time she reflected on the processes and wrote a draft paper entitled, *Reflections on the anti-racism classroom*, which she gave to me during one of our conversations. She also spent time with some colleagues debriefing about her defensiveness, but found the most helpful process was working through her own reflexive processes. This included asking herself the questions about her own resistance vis à vis the student's resistance and what were some of the defences at work, such as denial and projection. Eileen recognised that the *snare of vulnerability* in her encounter with the student had positioned her as the *teacher as knower* with *legitimate power*. It arose from a lack of confidence in her knowledge that made her feel vulnerable. In defending her position, Eileen missed the covert cues of resistance from the student. She now says

*resisting a defensive position requires a number of things; an awareness of the dynamic, a reflexive approach, a value base that supports non-defensiveness, and a safe place to debrief.*

*(Eileen, unpublished paper, 2000, p. 4)*

She now feels she has returned to teaching anti-racism with a clearer sense of when to be vulnerable and when to provide a *firm ground* on which the students can stand and feel safe to challenge the teacher and each other. Eileen's example of feeling unsafe and recognising the need for safe spaces in the classroom is explored further in Section 4 within the story theme of creating safe spaces to be unsafe or scared.

Grace also recounted a story of when she felt on the edge because of a personal and professional challenge to her being as a lesbian woman and nurse educator. She had taught an undergraduate course in mental health that was about raising awareness of differences, including how lesbian women with mental health issues manage in a dominant heterosexual health care environment. The challenge came from a male student who had failed an exam. He had been struggling theoretically for some time and when he failed he brought in a lawyer and laid a complaint about the content of one of the questions not being acceptable because it related to a woman-to-woman relationship. Grace recalls the incident:

*There was all this undercurrent and difficulty ... he appealed and was re-assessed. I wasn't involved in the assessment or cross-marking. Anyway he failed and he re-appealed and was just not letting go at all. His appeal was not upheld and lo and behold he took a complaint to the Human Rights Commission (HRC). He called in another student whose work I'd previously marked ... and he (the complainant) made the most outrageous statements about me, about my being a lesbian ... and it went on and on ... I consulted a lawyer.*

*(iv3, pp.22-23)*

The student alleged that the nursing school was *sexist and discriminatory* against him and other male students. He had named Grace in his complaint and during interviews with the Human Rights Commissioner, so she was called to give her account. Grace says the student was making *damaging* comments about her in public, and had presented some readings as evidence, that she had compiled for the class. His church and father backed him. Eventually, the HRC were favourable towards Grace and what she had presented in the programme. But she says it took a lot of *time and energy* and she felt that because comments were made about her in public, she had no right of reply and was silenced. As she says

*For me it felt really unjust ... not being able to have a voice in it. I suppose it made me more weary and more questioning about why do I keep doing this ... maybe I shouldn't ... or maybe I should be more low key ... do I become more silent or do I not?*

*(iv3, pp.23-24)*



However, Grace decided that it was important to *move on*, choose when to be silent and to continue staying with raising issues of difference even though the incident had as she says

*challenged the whole essence of me.*

*(iv3, p.26)*

Grace and Eileen's stories have highlighted the times when nurse educators are challenged by students and put to the test when they raise the contentious issues of race, gender, and class. Through these 'not okay' experiences, and despite feeling marginalised and vulnerable, they both found their way back to a continuing commitment of teaching for social change. Earlier life experiences of having to deal with distress had prepared them to stay with what was important for them. In the next subsection on the authentic self, I present the idea of *enduring as commitment*.

### **Enduring as commitment**

Working with student resistance and continuing to 'stay with' teaching for social change is no easy process as evidenced by the experiences of Eileen and Grace. Like them, the other four participants also showed a steadfastness, tenacity and endurance to 'hang in there' even when they felt marginalised. When I asked the participants why they continued to be involved in working for social change despite the challenges from students, colleagues, and sometimes the public, they declared it as a lifelong commitment, something that was enduring and beyond being a nurse educator. Miriam describes her commitment as

*irresistible, passionate and in the bones. I'm not separate from social change ... I'm part of it.*

*(iv4, p.10)*

while Annie says

*I hate doing it because I'm so scared ... but I can't not do it! This is what I have to do because if I don't, then who am I?*

*(iv4, pp.5&15)*

Annie could not separate her commitment away from who she is even though she often found that teaching for change produced internal conflict. However, even though she *hated the conflict* she was more interested in maintaining and not alienating connections with others, because as she says

*nurses are activists who connect to the community. I mean that's what nursing is about and so that's why I continue to do what I do.*

*(iv4, pp.15&18)*

The participants did say that at times they need to rest awhile and take time out, but this is difficult because they consider they are in a minority, both locally and nationally. There are not a lot of other nurse educators willing to teach the courses they are involved in. As a result, they are interested in seeking more like-minded colleagues to share the load and to prepare for succession if, or when, they move on. This included 'shoulder tapping' and inviting interested colleagues to walk the talk alongside them — in the classroom, developing courses, and being part of debriefing strategies.

The participants also mentioned various strategies that continue to sustain their hope, such as when the light shines on their students' faces after hearing stories about making a difference in practice. Miriam says that one of her sustaining processes is to recall the faces of her patients, particularly the Maori children in the small rural town where she was a public health nurse. This re-membling was a reminder about why she is determined to work for change. Anne says she has done a lot of personal work that ensures she is able to stay with her commitment to addressing the consequences of injustices in mental health, Maori health and the Treaty of Waitangi. She used to feel responsible for everything that went wrong in the classroom, but through having personal psychotherapy and being a psychotherapist she now realises

*that I'm not responsible for other people's reactions ... I can't actually predict, control, manage everybody else's responses, so I've worked hard at not carrying them around as a burden.*

*(iv4, p.35)*

Mary also considers it essential that nurse educators who work in challenging areas should have ongoing formal and informal supervision, particularly to debrief, and get perspective and direction. She also talks about being sustained by various communities, such as the lesbian community and psychiatric mental health nursing groups. Mary says they are very much her support network because they enable her to be who she is.

Eileen says that to stay aware and validate what you do as an educator for change, it is important to be current about what is happening locally, nationally and globally

*to remind yourself why you're doing it and so it influences you to keep on doing what you're are doing. It is sort of self-fulfilling in a way because the more that you work for change the more you're alert to it.*

*(iv2, p.11)*

She reminded me that while she might be teaching for change at this time, it wasn't the only way of working for change. She says:

*Because you can sometimes feel overwhelmed with the need and slowness of change, it's good to remember that other people are doing other things in other places ... and this isn't the only opportunity that students will get.*

*(iv2, p.11)*

As multiple subjects, Anne, Miriam, Annie, Grace, Mary and Eileen identify the many layers that contribute to the sum of their authentic selves. Why they teach for and with social change and why they stay doing it, is inscribed in the personal, professional, political and ideological aspects of themselves. Flax (1993, p.108) says "the subject is a shifting and always changing intersection of complex, contradictory, and unfinished processes". The six

participants are clear about teaching for change being a never-ending process which they need to retreat from occasionally to re-energise and re-commit.

The participants as shape-shifters reveal aspects of their authentic selves by calling on and coming from what they know of their worlds and interpreting and re-interpreting how this might impact on others. They do not suppress their way of being, but are careful and responsible in making explicit what they want to change. This is embodied in the recognition of their position of privilege as middle class Pakeha/Tauiwi women in New Zealand, which becomes a moral imperative for 'why they do what they do' in teaching for social change, and why they 'cannot not do it'. Once this commitment is part of their being they cannot walk away from their ascribed privilege and the responsibility of knowing about, and responding to the injustices associated with difference. Hence, their active engagement in an open conspiracy for social change.

### **Crossing the hegemonic boundary**

*The further one goes, the more possibilities there are, if you keep your eyes open and your mind not fixed — the mind that so often says, 'Well, that shouldn't be.'*

(Cunningham, in Flax, 1993, p. viii)

In the previous section on the story theme of the authentic self, I presented the idea that the participants were driven by a sense of justice or injustice and the desire to address things *that shouldn't be*. Wanting to make a difference in health outcomes for those who are in a less privileged position involves walking the talk. At various times in their lived experiences as shape-shifters walking the talk for action and change, the participants have found themselves *stepping over the line, stepping out of line, laying oneself on the line, crossing the boundary, transcending boundaries, pushing the boundaries, breaking out, standing out, and being visible*, as a way of openly conspiring and challenging the dominant ideology in health and education. These counter-hegemonic actions arise from the embedded nature of social and political activism that the participants have enacted personally and professionally over many years as nurses and nurse educators. Specifically, these actions include: critically resisting and not conforming to the status quo, critiquing and analysing power relations, and having the freedom to act as change agents and cross the hegemonic boundary.

### **Critically resisting the status quo**

Critical resistance is a dynamic process intended to bring about social change. It is a knowing political act — action-oriented, creative, visionary, inclusive, transformative, and empowering. Critical resistance implies taking action to transform the status quo. It is a pathway that unites resisters and sustains commitments to overcome racism, sexism and classism. It is about ‘walking the talk’. Critical resisters are active agents who contest hegemonic structures and seek to transform oppressive power relations (McEldowney, in press).

Looking back at the her-stories of each of the participants, it is evident that challenging the system by pushing boundaries, or stepping out of line, is a pattern that has carried over to their lives as nurses and nurse educators from when they were young. Their commitment to walk the talk and teach in areas of undergraduate and postgraduate nursing curricula, such as cultural safety, the Treaty of Waitangi, women’s health, mental health and community development, has positioned them as critical resisters or shape-shifters within health and education institutions.

Several of the participants told stories of critically resisting in their nursing and teaching practice. Through these personal experiences, crossing the boundary did not hold the same fear and anxiety for them as it once did. Mary is clear that she has always been rebellious and disliked people having authority over her. She says

*There’s no way that’s ever going to go away ... it’s going to mellow out, but it’s always going to be there.*

*(iv4, p.21)*

Miriam says she likes getting close to the line and transcending the boundaries. During the sixth conversation I had with her, she jumped up to show me how she crossed the line, by considering an imaginary line and stepping backwards and forwards over it. She likened it to the action of a dancing spider as it criss-crosses threads when it spins and weaves its web. This example is explored further in Section 5 on the theme of shape-shifting.

Annie shared a significant story of working as a nurse in a psychiatric unit when she began to understand the way in which nurses could *step across the boundary* and the world would not fall apart. She says that while the anti-psychiatry movement in the 1960s influenced her burgeoning sense of injustice for those with mental illness, she recognises that she entered psychiatric nursing (and eventually nursing education) in order to counter the dominant ideology that pervaded health care (and education) institutions. She describes the experience as working underground to subvert the system in which circumstances were unjust for marginalised women who were admitted to a psychiatric unit. Annie picks up the story

*A woman was admitted one night because she had a large self-inflicted wound. She had been in a fight with her partner ... who was a woman ... and I knew she was going to be in for a rough time because of her sexuality. So I took her out to the utility room and had a chat with her. I was being therapeutic and I was being a nurse, but I was also saying 'this is what you have to do in order to get your life on track ... get out of here and go. So when the psychiatrist comes round in the morning this is what you need to do'.*

(iv2, p.6)

However, in order to *take a risk* and *step across the boundary*, Annie says she had to consider the situation carefully within the context of her nursing responsibility and accountability. She realised she couldn't go and say to the psychiatrist '*here's a psychiatric patient who is being treated unjustly ... I want to get her out*'. So Annie reflected on the woman's situation and how her experience was going to be affected by *being different* to most of the others in the ward. She also talked with three of the women's friends about caring for their friend out of hospital because she was suicidal and asked them to keep a close eye on her and bring her back if they were concerned. She had to think about the woman's safety, her safety as a nurse and the wrath that might come from the psychiatrist. Annie says

*there was quite a lot of nursing knowledge and critical judgment that I had to weigh up to then step across the boundary of what was considered outside my brief as a nurse.*

(iv2, pp.6-7)

The woman went home and two weeks later she rang Annie to say how much she had appreciated her support and trust. While the woman could have gone out and suicided, Annie knew intuitively that she wouldn't — she went with her own trust and nursing judgment. Annie said the experience of critically resisting and working underground gave her confidence to stand up and push the boundary further — something she has continued to do as an educator for change:

*to actually teach for and with social change you've got to really know what you're about ... I feel you really do ... and you've got to weigh up the consequences. You've got to have the confidence to push the boundary just a little bit more and if it goes wrong, or if you're called to account, it's up to you.*

(iv2, pp.6&7)

Annie also recognises that by virtue of being a Pakeha educator she is part of the *dominant group* and therefore shares some of the same values. But paradoxically she often finds herself in opposition to the dominant group because of who she is. She considers that this gives her choices and makes it easier to cross the boundary between these positions. Her membership or belonging to different groups prepares her for when to stay and when to leave.

She says

*While I can tolerate and accept and share some similar values there's something fundamentally intrinsic in me that says 'no ... there's more than this' ... and it's at this point I step out because of who I am and so I will leave the group and go out and do whatever I do.*

(iv3, pp.7&9)

Annie also thinks that nurse educators who teach for social change *do what's expected* and *what's not expected*. The *not expected* is about putting one's self on the line and being visible.

Eileen posed a question about how do nurse educators position themselves to resist the *seduction of sameness* that can be tempting when one is always in the firing line or resisting the status quo and all around students and colleagues are wanting to maintain a sense of sameness. She says

*it's tiring to work with difference all the time ... you want to relax into sameness sometimes.*

(iv7, p.16)

She is aware of positioning herself to students in a particular way and creates a space for them to shift. However, Eileen says that she feels she can fall back into different ways of being and say what she likes in the privacy of her home but would not make some comments in public. She shares examples of these positions of duality with students:

*I might use the example of saying 'all men are lazy' or 'all men are not in touch with their emotions' ... and I know men who aren't lazy and who are in touch with their emotions ... but sometimes at home it's very nice to say 'all men are ...'. And I think students are relieved when as a cultural safety teacher you can say that you do that. You're not PC [politically correct] every moment that you're breathing! I present that, so more of them feel comfortable with complexity.*

(iv7, pp.16-17)

In order to critically resist the dominant ideology the participants considered that there was an underlying need to address power relations in their engagement with students and clients.

### **Critiquing and analysing power relations**

The participants discussed the notion of power throughout the conversations I had with them. Recognising that power exists within themselves and their students and how it is played out everyday in the classroom was a significant topic of conversation. Addressing 'power-over', 'power-with' and 'power-within' is a key aspect of their work in teaching for change. The participants tended to avoid the use of the word 'empowerment' because it had connotations of a patriarchal or colonising power in that *one allows people to have power or offers power*



to others when it is expedient to do so. Annie and Anne both referred to the altruistic idea of empowerment that positioned nurses in a patronising way of *doing good to others*. Power-over refers to that which is top down authority and control and motivates through fear. Power-with refers to power that is negotiated and equitably shared between people, and power-within refers to a facilitative individual power that can be used to bring about a change of consciousness in ourselves and others (shape-shifting). From their experience in practice and from engaging in anti-racism and Treaty of Waitangi workshops, studying papers at university that critiqued power relations (women's studies, critical social theory), and reading texts about power (e.g., Foucault, 1977; Freire, 1972; Grosz, 1995; Memmi, 1965), the participants work to provide a forum for students to critically analyse the inherent power in the dominant institutions of which they are a part. Students are also supported to look within themselves for their own inherent power, which they can use in transformative ways.

Anne and Mary both talked about the colonising aspects (power-over) of the medical model in psychiatric nursing and how the hegemonic institutions in New Zealand position Maori. Mary addresses issues of power with students, but comes from the position that in order to work alongside mental health consumers it is essential that nurses address their own powerlessness and recognise the power-within. Then, they can become more effective change agents. In her 'naming' story on walking the talk, she cites the example of nurses being an oppressed group and how this contributes to a sense of helplessness in bringing about change. She says the students will often sit in class and complain that they cannot do certain things for consumers. Her response is:

*'Hey, what about the consumer? ... let's get real here. What about partnership? How can we share the power out there?' So it's getting them to recognise their own power in the jobs that they do and the relationship that it has with the service they provide for consumers. An example of this would be discussing the kind of power and power relationships that intersect between the medical profession and nursing in looking at prescribing rights.*

*(iv2, p.7)*

Anne also uses stories from psychiatric mental health nursing practice and from Treaty of Waitangi workshops as examples of how students can learn from situations where patients/consumers and Maori have been subjected to power-over through authority, control and abuse, often in the name of *doing good*. She says it's important to critique the conditions that created the situation in the first place and will often ask a consumer to come and talk to the students about their experience. Anne recalls a story about a woman who was a client in a psychiatric unit because of an eating disorder that she had had for a number of years. Anne says the client had been in the unit for some months and experienced two situations that left her feeling that she had no power. One afternoon the client went out for a while and on return to the unit found all her belongings had been shifted and there was someone else in her bed. She felt *bewildered* and *unhappy* that no staff member had negotiated with her about the change. Anne says:

*The staff had felt the need to shift her, presumably because of the pressure of admissions, but they didn't wait until she came back to talk with her about it or explain it to her. They just shuffled her belongings holus bolus and they were all stacked up where her new bed was.*

(iv3, p.3)

The same client had also requested a different therapist because she wasn't relating well to the person she had been seeing. The client had been exploring a model that looked at strengths in people with persistent and enduring mental illness rather than the pathology of their illness. Anne says the multi-disciplinary team discussed the client's request at a meeting without her being present and where she had no right of reply or opportunity to discuss why she wanted another therapist. Anne says:

*I can imagine the kind of discussion that went on, and it probably went along the lines of transference issues with her therapist and the decision was made on her behalf that it was in her best interest to continue with that therapist. And so she felt totally dis-empowered by that ... rather than being congratulated on being assertive [which is part of the strengths model] she was told to continue with a therapist who she did not like.*

(iv3, p.4)

Anne describes this event as the health team getting into *professional claptrap* because as an experienced psychiatric nurse and psychotherapist she could imagine the therapist focusing on transference when probably it was no more than the client not liking the therapist and *there was nothing deeper or meaningful about it*. Her commitment to addressing power-over is to present the students with ideas about how they can work in non-oppressive ways. As she suggests in her ideas about the ‘what’ of teaching for social change, it is about modelling practices of respect in the classroom that helps promote respect for clients. As well as modelling respect, Anne’s work on the Treaty of Waitangi raises questions about recognition and rights that are enshrined in the principles of the Treaty. She says that trying to get people to understand about Maori sovereignty (that is, Maori having ownership over matters Maori) is challenging because

*many of the Pakeha that come to the workshops have great difficulty moving from the viewpoint of what ‘we let them do’, to ‘them [Maori] telling us what they are going to do’ and furthermore telling us that it’s none of our business what they do.*

(iv2, p.8)

Anne says that in this situation she calls on her knowledge of key historical situations and political or strategic documents (for example, the Maori Trust Boards Act) and creates a space for everybody to have a place to speak and present their point of view even if there is disagreement. I asked Anne if she had a story about an experience of working with disagreement and how she facilitated the process to hold the students present. Anne recalls a story from a recent Treaty workshop that she facilitated. The students were discussing Treaty claims and settlements (such as fisheries settlements) that had been made over the past few years and she says:

*One gem in the class says ‘I think that all of those fisheries settlements should have been made on territorial waters that people could have travelled on in a waka [canoe] ... they should not have been made on modern day fishing techniques’.*

(iv2, p.6)

Another student on the other side of the room jumped up and said

*‘This is for all of us and I think you are completely wrong and you are talking through a hole in your head ... I’m interested in our future’.*

*(iv6, p.6)*

Anne says the first student was initially silenced, but then without changing their mind replied in a respectful way to the person who had made the disrespectful comment. She says it was also a time for her as the facilitator to defuse the situation by saying in a joking way

*‘Well if that’s the case that those settlements should be made on land, we would all be fishing on sailing ships’ ... and the student laughed. It was kind of the end of the story really.*

*(iv2, p.7)*

Miriam talks about the *power of experience* as contributing to the development of power-within and the shift to wanting to make a difference even in small ways. She says that taking students out on community projects opens their eyes to different worlds when they drive down streets and see poorer housing, or go to a community centre and talk with people who have different lifestyles and economic circumstances. The students also get to see themselves in different worlds (much as shape-shifters mediate between different worlds) and Miriam says,

*these experiences allow them to re-think some of their previous opinions about the homeless, or positions on violence, racism and sexism ... and so we talk about things like ‘what is it like to be an urban Maori disenfranchised from tribal roots and the land?’ and so they learn the potential to be transformative.*

*(iv7, pp.14-15)*

Eileen also talks about sharing her own power of experience with students by telling first-hand stories of situations she or her family have experienced in the health care system, so if students ask questions she can take it further. She told me a story about a time she visited her granddaughter in hospital and heard a nurse complaining about a young Maori boy in the

next room who was *unhappy and demanded a lot of time*. Staff made an assumption that he was being neglected by his mother. Eileen says his mother did come sometimes and always brought another child with her. The nurse did not stop and think about the mother's circumstances, such as living a long way from the hospital, possibly having to organise child care, and having to rely on public transport to get there. Or she may have had other children at home who needed her attention. Eileen says,

*none of this was going through the nurse's mind. She found it easier to say that 'she's a neglectful mother' because she is Maori.*

*(iv2, p.12)*

By assuming things about others and *positioning them differently* rather than checking out with the person what is happening for them, the nurse is in a position of power-over the patient and family. Eileen says this example of what happens in the everyday can present the students with an opportunity to consider how they might respond in this situation.

The participants are mindful of the power of the teacher in the classroom. Does their power silence the student because of the committed position they take as an educator for change? They reveal how *taking a stand* can close things down. Do they work for power in a non-blaming way? From the conversations it seems that they do both. Eileen mentioned this in her 'not okay' story about losing the way, when she recognised that she had power-over the student who was challenging her and because of her defended position she silenced dialogue between herself and the students. She also suggests that giving students the opportunity to read and analyse various discourses from the media related to social change is one way of giving them the language to *unravel the skeins* about resistance. It also gives them the power to understand where ideas come from and the language that is used to position these ideas as essentialist or universal truths. Eileen says this is contrary to what some of her colleagues think is the right thing to do and they make comments such as *how can the students possibly understand the process of discourse analysis*. She says this makes her annoyed and that it is interesting how colleagues think nothing of learning medical knowledge with its,

*complex words and attendant meanings ... and so who are we to say that they shouldn't have the opportunity to engage with discourses*

*because sure as hell people in power will have. So are we saying that nurses should stay in a relatively powerless position?*

*(iv3, p.13)*

By critiquing their positions on power, and making the accepted knowledges of the dominant group problematic, the participants as shape-shifters create a possibility to resist the hegemony of power-over. Coming to a sense of power-with and power-within and resisting the temptation to 'do good', enables a shift to occur in bringing other ways of knowing and being to the fore. Power-with and power-within also provides strength and motivation, individually and collectively, to bring about social transformation, through agentic action.

### **Acting as a change agent**

A willingness to act as a change agent begins with a willingness to cross the line. Annie says that being a Pakeha woman gives her privilege and choices about when and how to step across the line. While Grace suggests that in order for change to take place the nurse educator has to

*work from where the student is at ... and it's no good pushing beyond that because they may still be in a pre-contemplative stage of having to be present but not necessarily wanting to be.*

*(iv2, p.13)*

The pre-contemplative stage of change refers to a level of responsiveness within a cycle of change. Grace says she became aware of this when she was teaching about addictive behaviours related to drugs and alcohol and sees a parallel with teaching for change because, like addicts, the students are often not yet ready to open up to knowing about different possibilities for change.

The participants were clear about taking a stand and being up front about attitudes and behaviours that were overtly discriminatory or oppressive to others. For example, Eileen says that there are some opinions from students that *should not be tolerated*, while Anne says the nurse educator has to *keep chipping away and indicate to the students when they are being racist*. They were also clear about their role as change agents by contributing to the shaping and shifting of ideas in nursing. Eileen sums it up, when she says:

*What we are doing is quite deliberately changing people's minds ... I do have a strong position. How can I possibly teach and not suggest to students that I think that there's a good position to be in ... the trick is about being really clear about what you are doing, but still leaving a space for students to offer another perspective. If we say 'no we're not trying to get you to take any particular position' and then we mark their work or challenge them in class and make it clear we are not tolerating certain attitudes ... then that contradiction becomes difficult for students and makes them think that we've been dishonest with them.*

*(iv6, pp.6-7)*

The agentic position is one of being authentic and being true to one's beliefs and values about social change. The participants focus on lowering resistance to ideas about social change by raising or posing questions to promote a reflective and reflexive process. The questions might include the following that Grace says she uses when getting the students to critically reflect:

*What's happening here?*

*What's going on for me?*

*What is this based on?*

*Where does this come from?*

*Why is there resistance?*

*Why are things the way they are?*

*What will I lose if I give away my power?*

*How can I make a difference?*

*(iv2, p.12)*

As educators and agents for social change the participants wish to instil in students the idea that they, too, can become change agents or social transformers. A desire to bring about change means you become an active change agent to counter hegemony. Choosing when and how to be a change agent is part of being a shape-shifter. This involves being able to read the way and read the moment, weigh up the options and know when to make decisions and accept the consequences of crossing the line. However, learning to critically resist the status quo and be a change agent can be risky and scary. It requires a safe environment and the

support of wise counsel in order to cross the hegemonic boundary. In the next section, I present Annie's story of how she came to understand about being safe to be scared and the influence this had on creating safe spaces for students to explore boundaries, maintain their integrity and learn how to work with difference.

### **Creating safe spaces to be unsafe or scared**

Four of the participants (including Annie) talked about their vulnerability and feeling scared or unsafe in teaching for social change. Because of these lived experiences, they are mindful about how students can also be scared and vulnerable in the classroom when talking about challenging topics that might make them feel unsafe. This influences their teaching practices and how they maintain a safe learning environment.

In her life her-story, Miriam talked about the need to have safe spaces to go to, to have pain contained, such as sanctuary within the church when she was small and the need to separate herself from family because of abuse. Later, when she was a student nurse, she sought another safe space by spending time with the home sister who listened to her talk about the pain of the baby dying. This was presented in her personal her-story as a significant event that she considers possibly held her in nursing while many of her peers left during their training. Eileen also talked about her experience of vulnerability and feeling unsafe in her story of losing the way.

Grace says creating a safe space for students to be unsafe (particularly in cultural safety courses and women's health) is paramount in sustaining the integrity of the student and to break down the resistance to knowing that can evolve if they do not feel safe or comfortable to talk about issues of difference, such as racism or feminism. What the participants learned from their experiences is taken back and shared in the classroom as an example of how things can change, how they can bring about a sense of hope and how they can shift and shape thinking.

I selected Annie's story to capture the essence of creating safe spaces because during the series of conversations, Annie returned to a childhood story about being safe to be scared, which exemplifies why she continues to do what she does. It is an 'arriving at' and 'staying



with' the 'why' story (refer to the story map, Figure 3) in the sense that Annie reflected on the process of what it was like to feel scared in an environment, but at the same feel safe and protected.

Annie recalls, as a child, going through a huge water tunnel to an enclosed valley with hills on either side. It was an isolated place, but a typical New Zealand child's playground with creeks and stones, bush and rocks, and tadpoles. She likens the scene to something out of Oscar Wilde's book *The Selfish Giant* in which children go and play in the giant's garden, but it is always dark and cold like winter. While the giant is away for many years the children find a hole in the wall around his garden and create a bright corner with flowers and trees — a magical paradise. When the giant returns from his travels there is still the darkness and shadows of winter except for the patch of spring and summer light. Annie recalls their playground in the valley as being like a safe *magical paradise* similar to the bright sunny corner of the giant's garden, but also very risky and scary like the giant's winter garden, because there were no adults around and Annie was the youngest of all the children who played there. There were often disagreements and ganging up on each other, but there was also a sense of *being in charge*. Annie remembers one risky incident where she was left to fend for herself.

*I used to tag along behind some of the older kids, especially my sister and her friends and one day we got stuck up this rock. I was halfway up this rock and I couldn't go up and I couldn't go down and my sister and her friends said 'well tough, we can't help you'. And of course sometimes kids of that age don't really know how to help each other ... I mean it's simply survival ... it's 'I want to help you but I don't know how to' ... so I couldn't go up and couldn't go down and I had slippery gumboots on. But in the end I made it.*

Today the *magical paradise* is a park with trees and walkways and a bench seat on which to sit and reflect on what has been before. It is represented in the photograph (Figure 6) as more of a sanctuary. But Annie says it is also symbolic of the area that she remembers as the safe and scary place where she played as a child some 47 years ago. Annie took the photo after we had spoken about her memories of the area where she grew up. She was stirred by these

memories and wanted to return and see what the space had become — and did it still exist? She found the glade late one afternoon, up the back of the valley. The background for the photo provided darkness and mystery but the sun was shimmering through the trees and light fell on the seat as a clearly defined spot. Annie says that moment captured the essence of the

*who, and where, and how, and why I am now.*



Figure 6: Annie's photograph — 'the safe space'.

When she walked through the valley she thought about the number of paths as journeys and not always knowing where they might lead (similar to the idea in her life her-story of going down the yellow brick road). She asked herself what was it about the place that contributed to why she teaches for and with social change in nursing. It made her *safe to be scared*. It presented her with opportunities to overcome challenges, manage risky situations, and to push boundaries beyond what she thought she was able to do within

*the incredible feeling of safety of that kid's paradise ... which has developed a sense of safety where I can be scared ...*

The story carries memories from Annie's past that influence the present and future. She considers that connecting the past with the present shapes how we manage and live with *points of damage or potential damage* if and when it arises in the future. The points of damage that Annie refers to are

*racism, sexism, oppression, disadvantage, unfairness, injustice, sexual abuse, because we all have places of damage in relation to these concepts ... and it's about getting away from these places of damage to a place of un-damage ... and depending on the degree of severity, and the interpretation of the meaning we have about these points of damage ... shapes us in terms of who we are and how we are and unless we have places of un-damage to go to and develop a sense of safety to be scared then we are very vulnerable.*

Annie's story of her childhood adventures in the magic paradise of the valley and the story of the children creating their paradise in the selfish giant's winter garden parallels the way in which she works to create a teaching and learning environment in which students can be safe to be scared. Both students and teacher enter a space with their places of damage, so she takes the idea of creating an environment as a magical paradise in which the students can enter a space and speak about their concerns and then safely shift to a place of un-damage. Annie contends that students have not always had the opportunity to talk about their feelings about race, gender and class issues, cultural safety and the Treaty of Waitangi. Even when she finds the students' attitudes challenging, Annie chooses to work on possibilities for the future rather than confront them with ... *'you should be doing this not that'* ... *'that's not ok'* ... *'you could be doing this ...'* However, Annie says there is also a vulnerability of putting oneself on the line, but it is important to keep the students connected and not alienated.

*I tend to try and keep things as safe as possible but also provide a space where if people feel that things are affirmed for them, then it's actually okay to feel those things and not to try and do too much about it ... but let the feeling do its work ... and within that you try and put parameters round it so that somehow they can be safe to be unsafe ... and they've got to work on that.*

Annie shared an example of a story that stood out for her in creating a space for a student to be unsafe. It was during an eight-week cultural safety course that was timetabled for two and a half hours a week. During the eight weeks, one student said nothing, although Annie had set up interactive group experiences. She created a space for the student to remain silent by not focusing on her. Annie says

*I actually made certain not to invite her comment.*

During the last session at the end of the eight weeks and as part of her usual practice, Annie encouraged all the students to say something before they left. The student who had been silent began to speak. She shared with the group that she *was totally aware of what she was doing for the eight weeks*. She had been listening intently during the group interaction and reflecting and thinking about her personal responses about the Treaty, cultural safety, tolerance, and issues of difference. The student shared a most beautiful and moving reflective piece about her journey and captured the essence of the whole group process. Annie says

*I'm so pleased I didn't actually follow group process protocols like 'you've got to talk, you've got to talk!' because it was appropriate for her not to talk ... and at the end she brought the group process and content together about some of the conflicts we were dealing with ... and she just had it in a flower and handed it to us all. And I don't think I've ever been so moved before and that was because of her process. What she came up with in the end affected us all and I think everybody went away from the group changed ... changed through silence.*

Supporting the student to remain quiet or silent enabled her 'to be'. Annie considers it was her intuitive sense that let the student be. Over the eight weeks she did check in with her to make sure she was comfortable and not distressed but *going with the group process over time was the right thing to do*. Annie says that teaching for social change has to happen over a period of time so that people can raise issues and get the feelings of anger and frustration out because this is an inevitable part of the change process. It is about being respectful and

maintaining the *integrity of the group as a whole* within the safe space. She finds that this can occur by connecting in an active conscious process, which she says

*requires total concentration and putting oneself into a space of connection. For example, whenever a student asks me a question I'm thinking 'is this an on the top question that I can deal with or what else is potentially behind the question?' How could I best respond to this question in a way that actually keeps that person whole and keeps their integrity? How do I deal with the often racist content of the message in terms of my own value and belief system and who else is in the classroom and how might they be hearing this message if they are of that race that the person is commenting on. So it requires a monitoring, an assessment and a choice of responses by me.*

So creating the safe space to be unsafe or vulnerable is what Annie does in teaching for social change. This enables the students to enter into and connect with the space, to share their concerns and ideas, and then go out stronger and grounded in who they are, so they are able to enter into safe spaces with clients. Using her intuitive wisdom and insights from past experiences of what it is to feel unsafe and scared, Annie is able to enter the world of vulnerability and enable things to unfold in a way that respects and affirms the integrity of the student and also to maintain her safety and integrity as a nurse educator shape-shifting for change. Her story also resonates with the next story theme of shape-shifting.

### **Shape-shifting**

In Chapter 3, Part 2, I outlined the use of metaphor as a way to make meaning out of something that is not familiar, by linking ideas to something that we can already identify with. I also introduced the concept of shape-shifting as being an archetypal metaphor for transformation and change. In order to bring about change, the nurse educator can transform into a change agent or shape-shifter. This was discussed in Section 3 of this chapter where I presented the idea that to cross the hegemonic boundary and resist the status quo, it is imperative that nurse educators are active agents in walking the talk for social change.

Each of the participants talked about working to make a difference by shaping and shifting the ideas of students and colleagues, or had been shaped or shifted themselves by significant people or experiences. The life stories contained powerful examples of shape-shifting that the participants brought into their teaching experiences. I selected one of the stories to exemplify the relationship between the life-story, the shape-shifter, and shape-shifting in teaching for social change as intention and process. Even though I had identified shape-shifting as a metaphor for bringing about change and transformation, I did not present the idea to participants until I had completed most of the conversations. Therefore, I was excited by Miriam's nurse story in which she described a shape-shifting experience and again when she talked about herself as the dancing spider as shape-shifter.

For Miriam, shape-shifting symbolises much of what she does as a nurse educator and agent of change. One of the backgrounding stories to this potent shape-shifting nurse story relates to her time as a staff nurse in intensive care. I included some commentary in Miriam's her-story (refer Chapter 4) about the time she was on night duty doing the unit statistics and she recognised that she was not in the right place to make a difference. The following morning she left work and applied for a public health nurse position and was offered a job in a small rural town. It was during this time as a young public health nurse that significant events marked turning points in her understanding of social action. Miriam says that because of these events she came to a sense of possibility and hope, that if

*institutions could open up for one event then it would be possible for them to open up for other events ... so then you get the idea that if it can happen once about one thing, it can happen at other times ... so yeah change can happen.*

The first of these significant events occurred in 1972 and involved a newborn Maori baby called Turangawaewae<sup>6</sup> Miriam had developed an *extraordinary sensitivity* to Turangawaewae — something she never had with any other babies in the small rural town, which has a significant Maori population. Although she felt that she was out of her depth in terms of the culture and people, she recognised her very good skills in nursing babies and children because of her time spent in paediatric nursing practice as a student and registered

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<sup>6</sup> Turangawaewae is the Maori name for a place to stand, the place where we stand.

nurse. On her first visit to see the baby, Miriam put her hands on Turangawaewae. She knew there was something wrong.

*The message came through my hands ... it was like I was touching heat or something. It didn't come through my eyes or the history taking. It was like he opened up channels in me that I didn't even know existed.*

It seemed that the baby was calling to her. Miriam didn't want to alarm the mother, but she suggested that she would phone the doctor because she sensed there was something wrong. Miriam prided herself on her clinical skills and presenting facts to doctors. This time, she felt she was acting in an extraordinary and new way by

*feeling compelled to ring the doctor without any facts.*

The doctor found nothing wrong with Turangawaewae. Yet, still Turangawaewae called to her.

*I used to know when to go and see him. He would call.*

And he continued to call, even when Miriam went on holiday overseas. One morning, she awoke knowing that something was wrong. She phoned the doctor and learned that Turangawaewae was having surgery. He had been diagnosed with biliary atresia. It later progressed to liver failure.

Soon after, Miriam found herself behaving in a way that defied any known explanation. One day she drove her car towards the local hospital instead of going to her usual work place. It was as if she was *getting instructions from elsewhere*. These 'instructions' were guiding her to visit Turangawaewae. When she saw him she knew there was nothing else to do but take him home to die. Miriam says

*there was stuff coming to me that was extraordinary and new ... tapping into the fact that I didn't know everything ... and tapping into the fact that knowing was also a way of not knowing.*

She identified that holding on to professional knowing could close down other ways of knowing such as the intuitive. It was not Miriam's conscious choice to go to the hospital. She was guided to go there. Miriam had

*absolute clarity about the position of non-choice. There was nothing else to be done.*

Miriam had no consent from Turangawaewae's parents to take him home. She recognises now that she transcended the boundaries of informed consent. At the time (1972), it was unusual for people to be taken home to die. However, there was no resistance from the hospital staff when she decided he needed to be with his family. Miriam said it was as if the staff were also being guided by the same force that influenced her action. When she arrived with him at his home 25 kilometres away nobody was surprised. They responded with:

*Oh, good. You've brought him home.*

One significant thing that shifted for her was that she realised her commitment at the time was not to the profession but to the community and Turangawaewae's iwi. She says

*One of the things revealed to me was that I was no longer important.  
The 'I' nurse was no longer important.*

The tribal needs transcended any rules, boundaries or professional position. To deliver their child so they could be with him as he died and then to mourn him, was far more important to Miriam than any professional or nursing issues. Her commitment to Turangawaewae, his family and iwi was to do things related to life and death in the right way for them culturally and not the *institution's right way*. As Miriam says

*Turangawaewae belonged to them ... his bones belonged to them ... not to us and the institution. As very much a lone Pakeha in their environment I was right out there on the margin, but this experience let*



*me tune into what was at the centre of their community and I would never have been able to do that from an intensive care unit.*

When Turangawaewae died, the family asked Miriam if she would help lay him out. It was also the first tangi<sup>3</sup> she had attended. She recalls how she was coached in the tangi kawa<sup>4</sup> by two extraordinarily gentle teachers, a kuia and a senior public health nurse named Jan who, she says, were very significant in letting her be, but knowing when to support her.

*When the family asked me to lay him out I thought 'I don't know what to do here' so I rushed back to the office and Jan showed me how to handle a Maori dead body according to the protocols of the tribe. And after the tangi, the kuia<sup>5</sup> was waiting for me and she said 'come over here dear, come over here and wash your hands' and I wondered why and she told me they were tramping the house to lift the tapu and then we were going to have ka<sup>6</sup>i. I thought that makes sense to wash your hands before you have food.*

The two teachers, as mentors, taught her how to act in a particular way, which helped shift her toward becoming a teacher for social change. Miriam says

*by having teachers who show you how to change yourself inside, it's an action that moves your understanding about how to be and how to know things.*

However, this story rests with Turangawaewae. He taught Miriam how to move between inner and outer worlds – bringing the unspeakable to consciousness. He was a shape-shifter for Miriam as she was for him. It was a reciprocal process as he gave her *tremendous gifts* and she took him home to the arms of his mother to die. He taught her that

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<sup>3</sup> Tangi is the Maori word for cry, funeral.

<sup>4</sup> Kawa is the Maori word for protocols.

<sup>5</sup> Kuia is the Maori word for an elderly Maori woman.

<sup>6</sup> Kai is the Maori word for food.

*things can be very easily shifted to the way things ought to be, so that's the social change he taught me. He became a footstool for me to acquire new levels of understanding and trusting new ways of being in the world. He transformed me from thinking that conscious knowing was the only thing that could provide action.*

Another way Miriam reflects on her practice is to write poetry. Writing poetry has also been a way to shift her from *survival to living* when she feels despair about her effectiveness as an educator for change or when she feels alone or on the margins. Miriam feels there is beauty in words that move her to a state of grace and hope. She says:

*I know that when I'm despairing ... I look at the landscape and I look at where hope can be built. So it's about hope that comes from a place of quite deep flatness ... and being prepared to look into the abyss. It's so necessary to be able to build on something solid.*

The following poem was written while Miriam was working as a nurse manager in community health. It was also the beginning of the health reforms, which brought profound changes in the delivery of health care in New Zealand in the 1990s.

### **Dancing Spiders**

Spiders that dance  
surely  
on fragile webs  
ignore  
holes  
tangled webs

How can you avoid something without knowing it's there?

Spider  
focus on dance  
know

the rainbow threads you make  
are not myths  
but light  
in a very dark world.

Inspiration to write *Dancing Spiders* came from a visit Miriam made to a garden shop. There she saw newly hatched spiders spinning their webs on a wire fence that was moving in the breeze. It had been raining. The sun was shining and rainbow colours reflected off the moisture on the threads of the webs. Miriam describes the deftness and skill of the spiders as

*a magical wall of courage, the courage of little spiders sparkling and  
dancing in the wind.*

Miriam says *Dancing Spiders* is a poem with an element of hope – the rainbow threads of the web providing some light and hope at an otherwise dark time. Miriam wrote the poem at a time when she despaired about changes in the New Zealand health system, such as increased charges for children's prescriptions.

*I became alarmed when prescription charges were put on and my  
nurses were working with families who could not afford the five bucks to  
get the prescription, so they'd go to the doctors to find out whether their  
child was to be admitted to hospital or not ... but they couldn't afford to  
get the antibiotics that would stop their child going to hospital.*

She wanted to make a difference for families who could not afford the increases. It became a tense time for Miriam. On the one hand, she felt desperate about the effect of the health changes on her vulnerable child clients. On the other hand, *Dancing Spiders* gave her the courage to act. She recognises some of the same forces operating within her that had occurred with Turangawaewae.

Guided by the courage of the dancing spiders, Miriam decided to capture the Minister of Health in her web. She became the shape-shifter as trickster. She plotted to meet the Minister

at a political party function. Together with another community health manager she got an invitation to an electorate meeting that he was attending.

*It was delightful ... we went very well dressed pretending to be true blue National Party members who were used to going to suppers with farmers' wives and ministers from parliament ... and I lined him up.*

Miriam mentioned to him that there were three major reasons why children in the community were being admitted to hospital – they had either ear, chest or gastro-intestinal infections. The drugs for these conditions were not expensive and primary health care would prevent them being admitted to hospital. She suggested that there would be a limited number of medicines to remove from prescription charges and nurses could prescribe and administer them, which would reduce costs. Miriam considers that the Minister listened to her. She says:

*I like to think that in part the meeting was one of the reasons that the charges for children got shifted. I knew that to even begin to talk to him about stopping prescription charges, stopping the health reforms ... was a nonsense, but if there was just this little group of children I could do something for ... if I could connect with him in a hard way ... a logical way ... then it might be possible. I got myself into the position where I could meet with him in a place where he was undefended ... captured and open ... where I could entangle him in my thinking.*

A position where she could try to shape and shift his thinking.

Miriam also considers the idea of dancing spiders to be significant, because she had a reading done by a trusted Maori woman (the same one who helped her come to know about the kawa for tangi). Her main animal guide was identified as the spider. Miriam considers the spider to be a spinner and weaver of a web that appears to be fragile but is tensile strong. It is critical that the web is connected to the environment and that it bridges various positions. The web is positioned to catch and trap insects for food so that the spider and her offspring may survive.

Today, Miriam is a shape-shifter teaching for social change in cultural safety and community development courses. She describes her experiences of teaching as weaving backwards and

forwards across what seems to be an un-crossable space. This brings a stability inside the space where there are several factors occurring — rather like a dancing spider spinning and weaving its web between places of attachment and crossing a chasm. She says that the talk that happens inside teaching is like the web. It's what is being woven or spun. And the web is sitting inside a classroom where there are lots of different positions. Sitting in the web is the spider as the agent for social change. Miriam suggests that the students are the young spiders and what she is trying to do is to show them the insect and allow them to eat it and get rid of it. However, the educator

*can't jam a whole insect into a student's mouth, so it's a process of deconstructing, pulling apart the insect with them, not for them but with them, into manageable chunks so that they can begin to see that they too can help devour the insect. And so the students can learn to be web spinners and weavers.*

When I asked her what the insect represents she mentioned injustice, lack of human care, not making room for one another, blind obedience, lack of thinking, and lack of gentleness for each other and the environment. Miriam also talked about how strategic spiders are — how they hide and come out at a particular time. She likened this to being careful with students and not overwhelming them with her ideas or position. For Miriam, becoming strategic had happened over time and she recounts how when she was young and naïve she

*would put webs in places where they would just get blasted, and there was quite a lot of wasted weaving because of not knowing how to be strategic. Yeah, trying to put a web across a chasm that is too big so that you actually can't stretch that far ... for example not staying in the Area Health Board when the prevailing conditions were such that the web I had to offer would be simply squashed.*

Miriam also describes her experience of 'listening for trapped life' (Kingsolver, 1990).

*I know very well now when I am being crossed, my ears prick up and my antennae go up quite quickly. I'm better at reading it as I've got older*

*... it's about knowing when it's time to be cautious, or to be alert. I couldn't describe what gives me these signals. It's beyond language, I think. It's like when you look at someone and you know they're not well. So it's about listening to your intuition ... and waiting for something that's more solid. Not operating on intuition alone.*

For Miriam, the idea of the dancing spiders means that if you move quickly and lightly enough and listen for trapped life

*you won't get caught by the predators. You will actually have some protection and ... successes.*

The story of the dancing spider is a metaphorical shape-shifting story which weaves together the known and unknown and creates a web of possibilities. It is descriptive of what shape-shifting and being a shape-shifter is about. It is important to spin and weave the web in the right environment otherwise the web will be blown away or damaged by predators. As a nurse educator engaged in teaching for social change, Miriam helps shape ideas and as a consequence shifts the thinking and action of students and colleagues. She achieves this by having hope and the courage to make a difference by hiding and emerging at the right moment, being able to read the moment, knowing what to do in the moment, and taking care not to be alienated from being in the moment.

Much of Miriam's story comes from her practice as a public health nurse and as a nurse manager in community health. These experiences show how life lessons shape what it is she does as a shape-shifter and how shape-shifting is carried forward as life knowledge. These experiences also give rise to the moral imperative for self as teacher, and show the value of how stances she has taken in the process of teaching, assists others to find ways to be as shape-shifters. Her shape-shifting story encapsulates the other story themes. For example, she has 'named' what it is she does in teaching practice as a shape-shifter, she reveals her authentic integrated self through her actions in practice and education, and she shows how she crosses the hegemonic boundary by transcending the rules in order to work with and be part of the community.

While each of the participants stories differ and the structure of their stories varies, like Miriam, each of the other participants (Anne, Eileen, Grace, Annie, Mary) had interesting life-story experiences that showed the emergence of shape-shifting, living life as a shape-shifter, and teaching for change as a shape-shifter. This is borne out by the way they engage in shape-shifting through their activism. They bring the unspeakable to consciousness. They seek alternatives to traditional practices. They create safe space for dialogue in the learning environment. They heighten awareness of social justice and equity. They foster critical thinking in students. Above all, they reflect ‘who I am is what I do’ and ‘what I do is who I am’ as shape-shifters, to make sense of the ‘what’, ‘why’ and ‘how’ of shape-shifting and how this informs teaching for change.

## **Summary**

The last section on shape-shifting captures the quintessence of the relationship between life as lived and teaching for and with social change that each of these participants’ narratives so richly reveal. In Table 4, I present a summary of the quintessential themes of shape-shifting in action. These are the synthesised aspects of teaching for social change that emerge from the life-stories of the six shape-shifters, as active agents for never-ending social change in the world of nursing and nursing education. Because their lives and those of their students are always open to change and shifts in thinking and action, the ‘what’ of social change is always in transition.

The ‘naming’ stories, the authentic self, crossing the hegemonic boundary, creating safe spaces to be unsafe or scared and shape-shifting are important themes in revealing the overall work of the shape-shifter. They weave together all the magical integrative components of teaching for and with social change as shape-shifting in action.

Since our conversations, most have mentioned that participating in this research has given them a layer of insight and awareness of their practice as nurse educators. As I explained earlier, the participants had no pre-constructed ideas on the naming of what teaching for social change meant for them even though it is deeply embedded in their everyday practice. Participation in this research encouraged them to reflect on their journey and what they do in their lives. I used the word ‘naming’ as a way of drawing attention to the various threads and

stories that wove to and fro across our conversations. For the six, the ‘what’ of teaching for change is a dynamic process that affects their lives and the lives of students. The stories in this chapter provide insights into the lives of shape-shifters in action — accepting challenges, taking chances, taking stands, creating possibilities, working with difference, and being who they are.

Table 4          Shape shifting in action themes

| Story themes  |
|---|
| <b>The naming stories</b>   |
| <ul style="list-style-type: none"> <li>• Walking the talk</li> <li>• Creating possibility, being hopeful, being respectful, being responsive, being responsible, making a difference, being who we are</li> </ul> |
| <b>The authentic self</b>   |
| <ul style="list-style-type: none"> <li>• The journey of self as subject</li> <li>• The moral imperative</li> <li>• Losing the way</li> <li>• Enduring as commitment</li> </ul>                                    |
| <b>Crossing the hegemonic boundary</b>  |
| <ul style="list-style-type: none"> <li>• Critically resisting the status quo</li> <li>• Critiquing and analysing power relations</li> <li>• Acting as a change agent</li> </ul>                                   |
| <b>Creating safe spaces to be unsafe or scared</b>  |
| <ul style="list-style-type: none"> <li>• Annie’s story about arriving and staying with the ‘why’ and ‘how’ of teaching for social change</li> </ul>   |
| <b>Shape-shifting</b>   |
| <ul style="list-style-type: none"> <li>• Miriam’s story about the ‘what’, ‘why’ and ‘how’ of teaching for social change</li> </ul>  |

I have shared some of the participants’ thoughts about the notion of ‘who they are, is what they do’. Such stories cover myriad persona, for example, the shape-shifter as trickster, the activist, or the vulnerable self. By constantly engaging in the ‘what’, ‘why’ and ‘how’ of



living the life as shape-shifters teaching for and with social change, the six participants have exposed themselves to the struggles, joys, disappointments, despairs, paybacks, and gains that go with shape-shifting.

To be able to ‘walk the talk’ as a change agent, all participants were staunch on one thing — you must first be grounded in knowing who you are. Another was their position on justice (the moral imperative). Once they became ‘conscientised’ they felt a moral obligation to act on injustices (racism, sexism, classism). All have felt vulnerable and marginalised because of their teaching for social change, sometimes withdrawing from the classroom. However, despite the struggles and disappointments they have endured. They cannot walk away from shape-shifting. It is ‘in their bones’ and they cannot not teach for social change.

How do these shape-shifters teach? They read the moment, bringing genuineness, integrity, responsibility, justice, fairness, and openness to the classroom. To achieve their goals of justice, openness and authenticity, the shape-shifters often lay themselves on the line, or step over it. As multiple subjects they act differently. Critiquing and challenging the status quo in a counter-hegemonic way means putting themselves at risk. As a child, nursing student, nurse, or nurse educator, each participant experienced times when they challenged authority or ‘stepped across the line’. Their sense of injustice included coming to terms with their own racism, having Maori children or partner, and experiencing racism with them on a day-to-day basis. It also included being marginalised because of their beliefs and practices. It is hard being a shape-shifter all the time and to resist the seduction of sameness, because being different takes its toll. To critically resist means helping students critique and analyse power relations in society. All have their different experiences of power-over (hegemony), power-within (as responsible wise women teachers) and power-with (partnership and reciprocity). They are also clear about their roles as change agents who help shift ideas in nursing, encouraging their students to continually ask the critical questions, such as ‘what is happening here?’ ‘why are things the way they are?’ and ‘what can I do about it?’

In Section 4, I presented a story named ‘creating safe spaces to be unsafe or scared’, which is another significant theme that emerged from the participants’ conversations. The story reveals some of the themes of the ‘why’ and ‘how’ of teaching for and with social change that echo across all the life stories of the participants. Keeping one’s self and others safe is

important to sustain and maintain one's integrity. Because shape-shifters can be so easily marginalised, their ability to endure comes from taking time out, networking, calling on wise counsel, not operating in isolation, and relying on the collective.

Miriam's shape-shifting story of the dancing spider symbolises the way teaching for and with social change can manifest itself. It is also an example of using the process of creative synthesis to write stories. Miriam unfolds her shape-shifting story using the metaphor of the dancing spider as shape-shifter. By spinning and weaving, shape-shifters become critical resisters or active agents who engage in open conspiracy to change society in a responsible way. They take strong positions on addressing injustices, but they do what is expected and not expected — they come from a position of power-with and power-within, not power-over students. They work to unravel the skeins of resistance by modelling respect and using the power of experience that comes from their lives as lived — all the sum of their experiences.

In the previous chapter, I introduced the life her-stories of my six participants by way of vignettes focusing on the key concept of 'who I am is what I do'. In this chapter, I have spun the coin to reveal how these shape-shifters teach for social change — the concept of 'what I do is who I am'. Together, social change and personal change are intertwined as parallel journeys that shape-shifters engage in. The lives of these remarkable women did not begin and end with this research. Their work is never-ending.

In the next chapter I discuss the emergent constructs of shape-shifting; the participant's life her-stories, and stories of teaching for and with social change; and, how the literature on hegemony, agency, justice and praxis contributes to understanding the practices of those teaching for social change in nursing.

## **Chapter 6            Shape-shifting as teaching for social change in nursing**

In theorising about shape-shifting as a process of teaching for social change, I will focus on a synthesis of insights, ideas and claims that have arisen from the literature; the life her-stories; story themes; and, personal insights. The sections in this chapter relate to components of shape-shifting and being a shape-shifter in nursing education. Initially, I will address the notion of shape-shifting being an active process in teaching for and with social change. I will also discuss the ‘so whats’ or significance of teaching for change as shape-shifters and the influence this has on students, colleagues, and the participants. Then, I will explore the way in which the participants’ shape-shifting experiences are picked up in their life-stories and personal her-stories and how pivotal and transformative these experiences have been in their journeys as shape-shifters. From there, I will focus on the nurse educator’s capacity to be a shape-shifter within multiple and often contradictory settings and circumstances. In conclusion, I will address the significance of the research process in revealing how using life-story narrative as methodology and method in this thesis unfolds shape-shifting as teaching for social change.

### **Shape-shifting as an active process in teaching for and with social change**

In my attempt to avoid an essentialist totalising narrative about what is teaching for social change in nursing, I left it open for the participants to decide what they thought it was. When I started this research journey I identified early on what I thought teaching for social change in nursing was about. I also outlined in Part 1 of Chapter 3, a profile of a nurse educator who teaches for social change. However, during the series of conversations I often asked myself is there such a thing as teaching for and with social change in nursing? According to the literature the notion of teaching for social change is embedded in various radical, critical and feminist discourses. From the participants’ responses, it became evident that the process of naming what they think teaching for and with social change is about was a powerful act that revealed the agency they have in constructing and shaping their lives. Their active engagement in teaching for change, positions them as shape-shifters in nursing education.

From their life-stories and personal her-stories, they bring their capacity as shape-shifters to work with people in the professional realm. Shape-shifting appears in that process as part of

several endeavours, such as: using it to develop others and build community, to further the social and political critique of nursing and health care, and as a way of challenging and transforming the status quo in counter-hegemonic ways. The key story underlying what teaching for social change is about is summed up in ‘walking the talk’. In walking the talk, the participants are involved in what Boler (1999b) describes as a ‘pedagogy of discomfort’. She proposes that a pedagogy of discomfort is a call to inquiry and a call to action. Boler says that “one is challenged to invite the ‘other’ with compassion and fortitude, to learn to see things differently, no matter how perilous the course for all involved” (p.176).

So, how do these nurse educators, as shape-shifters, work with a pedagogy of discomfort and what is it that positions Anne, Annie, Eileen, Grace, Mary and Miriam differently to their colleagues. Why do they stay involved in their shape-shifting activities? In a moment of reflection, Annie offered that she thought all nurses were involved in social change because of their role in health care and assisting people to gain wellness, but then thought about what it was that situated her differently. Their day-to-day lived experiences are fundamental to why they teach for social change, how they do it and why they keep doing it. They do not come across as dogmatic, fascist or forcing a particular political agenda. Nor do they take one particular road to action, but rather leave open possibilities. However, they do recognise that being nurse educators teaching for social change involves critiquing and deconstructing social and political agendas in health and education. They do what they do because of who they are as individuals, both publicly and privately — and they continue to do it despite the resistance. They do not back down because the going gets tough, nor do they seek popularity, or to be liked.

The participants see their shape-shifting work as nurse educators as ongoing and never ending. Through their shape-shifting and life-changing experiences, the participants have developed a social conscience oriented to justice. Flax (1993, p.111) says that a political discourse on justice offers an important position on the “conflict, resolution, or recognition of differences”. Through their acts of social change they are changed to consider social justice in a way that does not sit at an empowering or altruistic level of ‘doing good to others’. Their nurse educator colleagues may deal with contested or evaded issues and topics by silence or omission. This may stem from fear and ignorance of ‘other’ or ‘difference’ and not necessarily from an intent to hurt or oppress. Often their actions are the result of ‘doing good to others’ which they consider is a just way of being in the world. Or they may choose to abdicate responsibility and seek the comfort and

safety of distance — not wanting to be seen as crossing the line. However, unlike their shape-shifter colleagues, they lack the critique that ‘doing good’ arises from a liberal perspective that positions the person who is ‘being done good to’ as ‘other’ which arises from a patriarchal power-over perspective. For the six participants as shape-shifters this is anathema.

The participants recognise that all knowledge is political, value laden and contested and choose to hold it open for critique and deconstruction. They look at the untold stories and histories of the ‘other’ and how these have been constructed and perpetuated in relation to dominant knowledges. This enables different truths to be presented that challenge the dominant knowledge. The way they engage with students is open and dialogic. They work with the teachable moment by having a reflexive awareness — a stepping back and critiquing ‘what’s happening here?’ and ‘why are things the way they are?’ They look at how things have shaped their worlds and how they in turn shape things, but not always being aware of whether they have or not. They are overt about their open conspiracy for change. Boler (1999b) says that a pedagogy of discomfort “aims to invite students and teachers to examine how their modes of seeing [and listening] have been shaped specifically by the dominant culture of the historical moment” (p. 175).

How do the participants keep themselves from being dogmatic or fascist in their beliefs about social justice and change? Their beliefs and assumptions about social justice are not immune from questioning and ‘shattering’ (Boler, 1999b). They recognise and critique their position of ascribed privilege and work with that each day — they do not take it for granted. They are open to change, reshaping and shifting their thinking and practice by recognising that they learn from and with their students. Eileen and Annie talked about this being the responsibility of privilege. There is a strong commitment to continue each day despite the not okay times and they hope that sometimes things will be all right. They are clear about their identity as middle class Pakeha/Tauiwi women, hold open possibilities as shape-shifters do, they make mistakes and recognise this, and share ‘who they are’ with students and colleagues. This is part of being their authentic self. Their stories indicate that they show students how to change by presenting the possibilities of how to be as a nurse, and how they came to know and be as a nurse. Miriam’s shape-shifting nurse story also presents the possibility of thinking about different ways of knowing. Her experience with Turangawaewae and his iwi transformed her from thinking that conscious and objective knowing was the only way to action. The intuitive and subjective

knowing is also an important aspect of informing our actions. Miriam felt that professional knowing alone can close off other aspects of us, as nurses, that are important to listen to and to hear.

Having spaces for students and educators to be unsafe or scared is a critical aspect of teaching for social change. In one way it is about having the physical space free from dangerous obstacles and the environment being aesthetically pleasing, such as having flowers, music, food, and sitting in a circle. But more importantly it is about individuals feeling a sense of safety and freedom to express themselves without fear of retribution or opprobrium. As Lepp and Zorn (2002, p.383) suggest, safe spaces are “where learners uncover, go beneath the surface, question the status quo, and envision new possibilities”. The idea of creating safe spaces is not new. Creating learning, or ritual circles, is an ancient process (much like shape-shifting) in which communities came together to share knowledge and the cultural and spiritual dimensions of their lives. Historically, women have found safe spaces within their communities during times of conflict or persecution (Estes, 1992; Rich, 1979; Starhawk, 1987). During the 16<sup>th</sup> and 17<sup>th</sup> centuries women healers were driven underground as the rise of scientific knowledge and the church challenged their practice. Today, as nurses, we talk about keeping people safe; physically, mentally, culturally, environmentally and psychologically, while they are in our care. We also talk about safe houses in the community for women and children who have been abused. However, we do not talk about the importance of having safe spaces for ourselves as nurse teachers for social change.

Annie’s story of creating safe spaces to be unsafe epitomises her work as a nurse and nurse educator teaching for change. While safe space is essential in the teaching and learning situation, the participants also spoke of keeping themselves safe when they felt vulnerable, or were losing their way. Staying safe is what holds them as shape-shifters. It enhances their capacity to make choices to be free to act for change. However, Greene (1988) says

Freedom cannot be conceived apart from a matrix of social, economic, cultural, and psychological conditions. It is in this matrix that selves take shape or are through choice of action in the changing situations of life. The degree and quality of whatever freedom is achieved are functions of the perspectives available and the reflectiveness on the choices made.

(p.80)

At an institutional level, the basis of nurse educators' work as shape-shifters teaching for social change is to be aware of contradictions that arise for them and their students, through everyday experiences of power and oppression. It is also about valuing the voices of students and colleagues. If the process fails, the status quo is reproduced in the preservation of a hierarchical power-over relationship between nurse educator and student, nurse educator and colleague. The capacity to be free to act for change becomes diminished.

Furthermore, there are many structural issues that threaten the participant's work as nurse educators, such as economic restraints that affect resources and central control of curricula by bureaucracies. Nurse educators are also seen as functionaries in a technological world where the goal is to produce outputs with quantifiable results. Too often, the measure of their success is how many students graduate — a situation that Mary found herself in when she became a nurse educator. Although the institution may be a site of social reproduction for nursing students, it can also be a site for challenges to the dominant ideology. Both nurse educators and students can create and reshape knowledge and values. The classroom can become the site where the discourse of possibility can be constructed (Apple, 1993). Because teaching is valuable political work, nurse educators need to free themselves from the isolation and competition that entraps them. Working collectively at creating curricula, relationships, and non-hierarchical work-places enhances reciprocity, which, as Flax (1993) asserts, is one of the processes for maintaining justice. This means critiquing oppressions that occur in their daily lives. It will generate conflict, tension, and resistance, but nurse educators who do not critique their marginality within institutional hegemony perpetuate the structural constraints that produce conformity to the status quo.

Nurse educators shape-shifting for social change, are often involved in antiracist activities, but they also address gender and class issues in the classroom. This is evident in the participants' stories about what it is they do. To critically resist, nurse educators need to know themselves; to know who they really are as a result of historical and social processes that have been embedded in their consciousness. Traditionally, nurses have been separated and alienated from one another, because of their subordinated position within health care (Duffy, 1995; Roberts, 2000). Being subordinate has contributed to nurses thinking they are powerless to bring about change. This powerlessness has prevented them from achieving solidarity and collective activism. Knowing

one-self and having a sense of agency is central to being effective teachers and nurses. This is what the six participants bring to their teaching and nursing partnerships, as a catalyst for provoking social change. To critically resist, nurse educators must be conscious of their own subjectivities; by so doing they can respectfully affirm and challenge the lived experiences of others. When nurse educators teach for social change they generate conflict with students and other nurse educators who are embedded in historically and socially constructed positions and have incorporated hegemony into their consciousness. The work of nurse educators as shape-shifters includes a feminist and antiracist critique that is transformative and challenging. This can threaten other nurse educators or those in positions of authority who still cling to traditional pedagogies and hierarchical ways of teaching (Diekelmann, 1995, 2001; Ironside, 2001).

Given that shape-shifting is an embodied and active process for the six women in the study, what are the significant shape-shifting experiences from their life-stories that make them who they are as shape-shifters teaching for change?

### **Shape-shifting experiences in the participants' lives**

For each participant there are layers of experience that contribute to who they are. This is captured in the ombre, or shadow self, that is always present. This shadow self may not always be visible unless there is an entering into the shape-shifting process through storying with the participants. It is then that the ombre shows itself. If I had not asked them about what it is that they do and why and how they do it, their experiences might never have been revealed.

It is the stability of the ombre — the past as shadow self that sits alongside the participants — that makes them grounded as who they are and gives them the ability to be shape-shifters. The past is not separate and they are also able to envision future possibilities. Ombre (from French) and ombra (from Italian) means shadow. It is derived from the Latin word umbra that refers to the total shadow cast by the earth or moon during an eclipse. It is also often described as the dark side of the moon — the shadow side. The moon is light because it is a reflection of the sun and the part that is away from the sun is the ombre. The ombre or aspect that is not always seen or is in shadow, is as significant as that which is seen. So it is with the participants — the ombre is ever present, but the participant will call forth the part of the self that they wish people to see at the time. The ombre is made up of various aspects — it may be darkness and despair or light and hope. They carry these aspects in their shadow selves. But the self as shown, and the self as



shadow, are the composite of the person and compose an integrated authentic self — it is about being one-self. The ombre of the shape-shifter is like a mirror or double reflection as a way to look at one-self. The ombre holds and carries the stories over the life as lived or to be lived — it is always being re-shaped and is never ending just as working for social change is a life long commitment by the participants. Ombre is the transitional place between the inner and outer world of the subject. Flax (1993, p. 119) discusses the work of Winnicott on subjectivity, who argues that as humans we simultaneously live in three realities — the subjective or inner reality, the external or objective reality, and the transitional. I suggest that the ombre is the transitional place between the inner subjective reality and outer objective reality of the nurse educator as shape-shifter. How the participants view and act in the world is shaped by the past, present and future worlds that are mediated within the ombre and gathered into the wholeness of their resolute subjective selves.

The participants' her-stories revealed that significant experiences had occurred in their lives, or people had influenced them as to who they are as shape-shifters. Miriam, Annie and Mary spoke of being influenced by nurses, teachers, mentors or friends who touched and connected with them. As a consequence they now carry this 'touching' and 'connecting' in their ombre. Miriam spoke of three important teachers in her shape-shifting nurse story — the experienced public health nurse and the Maori kuia who were supportive to her when she worked as a 'rookie' public health nurse and felt out of her depth as a Pakeha in a predominantly Maori community. They gently guided her by 'being there' for her and not judging her lack of experience. Miriam also found baby Turangawaewae to be a shape-shifter teacher in her life because he opened her to the experience of transcending the normal boundaries of practice. He helped her recognise her ombre by opening up new levels of understanding and trusting one's personal intuitive self. She transcended from the professional to the personal part of her ombre that is informed by, and carries, ancestral shape-shifting memories. She crossed the line between what she believed was the acceptable behaviour of a public health nurse and what was expected of her by Turangawaewae's iwi. The iwi focused on her as a person and her commitment to them, which they considered was part of her professional self. Being called and carrying the call from the ombre is an important part of the work as a shape-shifter.

Mary also experienced the guidance of wise women elders. When she came out as a lesbian during her time as a psychiatric nursing student, the acceptance by some of her colleagues and

older nurses was supportive and nurturing. She also found that watching and working alongside some of the wise women senior nurses to be an important way of learning about how to be as a psychiatric nurse. Like Mary and Miriam, Annie also found that there were significant nurse elders who supported her to be when she was working as a staff nurse. She often found that the wise women nurses would show her a pathway on how to mediate between the dominant medical knowledges and the intuitive nurse knowledges that emerge from the ombre. Being guided enables shape-shifters to work with others. Mary and Annie work within their communities to support other lesbian women.

Eileen spoke about her mother's profound influence on how she began to form ideas about class and race privilege and the need for education, which ultimately went full circle and raised her awareness of issues of equity and justice. While Grace also talked about how her international travel had opened her eyes to her position of privilege and the contribution this had made to her now being responsible for addressing injustices. Witnessing injustices such as poverty first-hand can be a catalyst for justice. Being touched and connected to wise women or life-changing events enabled the participants to reach out and touch others through holding the links and memories in the ombre. Like the shamans or archetypal shape-shifters who were the teachers and guardians of health in their communities, these significant people helped create a shift in the participant's identity, thinking and action to make a difference and often to address injustice, but not always in an overt way that made sense at the time. As Eileen says, it often has to go full circle over time before one can realise the significance of the experience or wisdom handed on from mothers, mentors, teachers and other wise women.

A sense of being different through shifts in their identities, or being positioned differently within their families or communities, was another shape-shifting life experience for the participants. Annie recounts how growing up in an unorthodox family and being a 'fringe-dweller' on the edge of a community to which she belonged but was also separate, possibly influenced her ability to shape-shift. She moves in and out of spaces as an elusive shape-shifter that positions her as being with people but also apart. Moving in and out of transitional spaces is a strategic shape-shifting act that also has resonance with the archetypal shape-shifter. The elusive shape-shifter enters into another space or world to learn and then returns and interprets their learning to the community. They remain part of their community but at times distance themselves in order to learn and to seek resolution and integration of self within the ombre.

Certain events such as loss of a partner, parent or sibling created times of darkness within the ombre for the participants, but out of these dark shadow times emerged a lightness of clarity and being about possibilities for social change. These key turning points often indicate why their lives went a particular way. Anne's story about her husband's death contributes to the light and darkness of her ombre. To experience a shattering of the psyche through loss and grief challenges one's resolute self. Anne says when her husband died her life changed, but she also came to realise that it is possible to turn one's life around. She continued to be step-parent to her husband's children who had Maori heritage from their mother's whakapapa. Through this relationship she began to think about the position of Maori in New Zealand and about her own heritage and position as Pakeha. Seeking further knowledge, she participated in antiracism and Treaty of Waitangi workshops as a commitment to addressing social justice. This has since become part of her life's work.

As teachers of social change in nursing, the participants show their action for social justice in different ways. What influences this action arises from the ombre. It is presented as: *'I cannot not do it. Who would I be if I didn't do this'* and *'I cannot do this without others'*. How has this social conscience, expressed in the need or desire to teach for social change, come about? What motivates them to want to make a difference? Various shape-shifting stories about injustices were shared that indicates the participants have been driven by an underlying sense of anger. Boler (1999b) describes this as anger of indignation and outrage on behalf of injustice done to others or themselves. These stories unfold the motivation behind why and how the participants actively strive towards wanting a fair and just world for themselves, their families, the students and ultimately the recipients of health care. Flax (1993, p. 122) suggests that our "capacity to seek justice and our needs for it arise in part out of transitional spaces". The experiences of racism, sexism and classism, or being treated unfairly, had a profound effect on them. This has been carried through as part of their ombre and informs why they do what they do as teachers for change. For example, Anne says that an overwhelming sense of outrage when she was young about unfair and unjust actions by her mother, and subsequent outrage at practices in mental health, have definitely shaped how she practices and teaches for change. Eileen says that having a Maori partner opened her eyes to the lived experience of racism.

I describe this striving for justice as the moral imperative that is a key idea in the story theme of the authentic self. The integration of the moral and not moral is part of the ombre. The participants carry the integration of the moral and not moral as part of the shadow self. As a dialectic, this gives rise to the participant knowing about their capacity to work in moral and not moral ways and to be mindful about when they transcend moral boundaries and participate in acts of injustice. Annie says that sometimes she is very immoral towards herself and others, but her moral self gives her a tolerance about herself and others making mistakes.

Entering the personal life her-stories of the participants indicates the choices they have made that have prepared them for their journey to being shape-shifters. They know how to move within and between spaces and shift between to mediate the worlds of teaching and practice. While the focus of this research project has been on the micro-level of social change the participants engage at the macro-level and hold this open for their students. These nurse educators offer an example of how their personal life her-stories and awareness of difference through varied lenses provide a map for shape-shifting (change). Their stories show how they have changed themselves or their persona by becoming different selves, such as wife, mother, lesbian, nurse, nurse educator. It is from these shape-shifting experiences as evidenced by their personal her-stories that the participants have developed the capacity to be shape-shifters.

### **The capacity to be a shape-shifter**

*The awakening of the shape-shifter archetype in our present time is a symbolic marker for the emerging spiritual realisation that consciousness and situations are malleable and can be shifted. As collectively social structures are transposing from one form to another, individuals are shifting through a myriad of identities, reaching for an integrated, multifaceted self.*

(Jamal, 1995, p.xxv)

The shape-shifter travels along the borderlines and negotiates the boundaries between places, positions and different realities. Nurse educators teaching for social change travel across and between the borders and boundaries and ‘become the language of their surroundings’. They are continually re-inventing themselves, for to enter the experience of change you must become the

experience. For example, when the participants told their life-stories they became the story — they are the story *I am what I do — I do what I am*. As an example, when Miriam was telling me the story of the dancing spider and how she spun and wove a web she became the spider by her physical actions. She stood up when we were talking and moved backwards and forwards, across and back, like she was dancing and weaving a web. The nimble spider dancing across gossamer threads: ‘*catch me if you can*’ she cries.

The participants have the capacity to be shape-shifters as there is an internal solidarity about them. They live their life powerfully as integrated multifaceted women and are clear about who they are. They are able to move between and in and out of their self as educator and the ombre of one-self, in response to what is required, or as agentic action. They take on changes in very conscious ways even though the day-to-day acts of teaching for change are enacted unconsciously as part of their being. It is part of their personal conscience that they call on and use in their capacity as shape-shifters. They are as Flax (1993) would say multiple, partial and contradictory subjects. Was she talking about shape-shifters because this is how they present and re-present themselves to the world?

Being a shape-shifter is a way of living in complex worlds in that they live in different spaces at the same time. How do they mediate between worlds of knowledge, self and everyday life? They live as shape-shifters with both traditional and contemporary being at the same time and their life-stories show this. Making sense of historical and current life-stories within the context of the personal, as it influences the professional, is the essence of shape-shifting and teaching for and with social change. Becoming a nurse educator is a lifelong process that is grounded in the personal, political and professional. Who the participants are and come to be as nurse educators is a reflection of complex ongoing processes interactions and interpretations of history, events and relationships. Therefore life-story is at the centre of personal, political and professional inquiry understanding. Shape-shifting is a way of survival, learning about change and adapting to different situations.

Transcending personal and professional boundaries, or working the borders, is a part of shape-shifting strategy. The participants have learned through experience about how and when to be and which aspect of their multifaceted selves they reveal. For example, when they need to shape-shift and become the roaring lioness or the gentle butterfly. They attempt to position themselves

or are called to position themselves where they might make a difference. In their life-stories they talk about crossing the line, pushing the boundaries, as a way of learning to live on the edge and testing how far they can go. Several of the participants shared stories of being on the edge or crossing the line as an agentic act of ‘open conspiracy for social change’ (Murphy, 1999). Putting oneself on the line, or crossing the line, can call forth the vulnerable self from the ombre. This aspect of the authentic self contributes to the capacity of the nurse educator as shape-shifter.

The participants talked about different aspects of vulnerability that challenged the essence of who they are by marginalizing, minimising and silencing them. Eileen described the snare of vulnerability in her ‘not okay’ story of teaching in a cultural safety paper. Consequently, she took time out to reflect on her position and subsequently returned to teaching. This reflection on action has the capacity to shift the nurse educator from a position of vulnerability so that they do not become a victim of circumstance. As shape-shifters, they view adversity as a time of consideration, challenge and possibility in much the same way as archetypal shape-shifters used to take stock of the elements and challenges of nature and work with them. Questions posed to assist this shape-shifting process include; what is the story here? what do I need to take heed of? how do I need to re-shape my thinking and action? Even though they may be vulnerable or excluded and marginalised by others, the position they hold as shape-shifters is a strong place to be. Southwick (2001) suggests that

in a post-modern world marked more by difference than sameness, marginality becomes the social location for many. It is not that [they] need to be rescued from marginality, but marginality itself needs to be reconceptualised as the social location of possibility.

(p.119)

Because they are boundary dwellers, and middle class Pakeha/Tauiwi women within the dominant culture, the participants are familiar with and know how to ‘work the system’ in counter-hegemonic ways by mediating the space between the margin and centre. This then, provides them with a ‘social location of possibility’.

One of the most powerful responses to emerge from the participants about why they do what they do is embodied in who they are in the world as women and educators. There is no

separating or splitting away from their being — who they are is what they do and they do what they do because of who they are. Being who they are and knowing who they are is critical to being authentic with others. It is expressed in their life-stories and as Miriam says *I can't do this on my own ... I have to do it with others*. Some of the key characteristics of being authentic that emerged from their stories include: disclosing their various selves in their teaching, such as being vulnerable, being the trickster; recognising and working with the responsibility of privilege; and the responsibility of conscientisation. In shape-shifting storytelling, characters like the tricksters (coyote and mink) were transformative figures that played important roles in the community (Jamal, 1995). The participants are also open to being the shape-shifter as trickster and can provoke, challenge and create dissonance and disruption that often is a catalyst for change. Miriam and Eileen both commented on their role as tricksters at different times when they would intentionally work with students to introduce ambiguity and provoke a response, particularly if they considered the students were closed in their thinking and there was limited dialogue. Annie became the mink trickster as she described how moving in and out of groups smoothly without drawing attention to herself gave her entrée in to belonging and yet not belonging. She moves into her ombre and out again according to how she reads the moment. As a Pakeha, belonging to the dominant group, she is privileged, but when she feels in opposition to the dominant group because of who she is as a lesbian and change agent, she crosses the boundary to another group where it is safer for her to be. What she receives from different groups contributes to her groundedness and being able to make choices about when it is time to shift and act. This is part of being a shape-shifter.

Shape-shifters have a sensitivity to other people's reactions and to community through the role of shape-shifting. It is about recognising and using one's personal power-with others, not over others. They develop a heightened awareness. They know themselves in order to know others, and they often take on the characteristics of others who have been before or those who have taught them, such as the significant people who they mention as wise women or men, mentors or role models. They are who they are and do what they do because of what has gone before and what is yet to be. They carry memories of experiences from the ombre that are re-membered and positioned in the present day and inform what the vision for the future might be. Anne, Annie, Eileen, Grace, Mary and Miriam are the storytellers and I am positioned as the envoy who interprets them and puts them out in the public domain. Through their acts of storying, their life-stories position them as shape-shifters which reveal the public and private aspects of their lives.

There appears to be stories within stories — shape-shifting within shape-shifting. These stories are transformational. They are about changing and being changed by, shaping and being shaped by, shifting and being shifted by. Jamal (1995) says shape-shifting has an important role in these times because practising transformation assists nurse educators to continue to attain knowledge or convey messages to students and colleagues.

### **Revealing shape-shifting through life-story**

Using the metaphor of shape-shifting brings new insight to the idea of teaching for social change in nursing. Before this project I had little awareness of shape-shifting. As I shared conversations with the participants, they revealed fragments of shape-shifting in their life-stories. Soon, I began to recognise its emergence and significance. The relationship between life-story and shape-shifting is also significant. As the participants revealed themselves through their life-stories, they showed how they have shape-shifted over time, how they have chosen to change and be changed, and how the act of telling stories about one's life brings about change through reflection on action. Their stories illuminated how they have thought about what they do, why they do it, and how they do it. I was struck by the congruence of this within their lives and practice, and was reminded of the way Starhawk describes the process of learning to become and be a shape-shifter. She says: "The way we define reality shapes our reality. It is only when we know how we have been shaped by the structure of power in which we live, can we become the shapers" (1988, p.8). Each of the participants was clear about how they had been shaped and shifted by the structure of power, and how they could become shapers and shifters for social justice.

Shape-shifting can occur at different levels, such as cellular (losing weight), personal (changing self, becoming a different self, becoming an 'other'), and institutional (creating different circumstances for teaching and nursing). It is the personal, or micro, level of shape-shifting that this thesis addresses. By association, the participants have influenced educational and health institutions, so the macro level is also addressed. In a reciprocal way, they, too, have been influenced by institutions, such as school, church, hospitals and educational institutes. The stories that the participants shared during the 18 month to two-year period of data-gathering are life changing shape-shifting stories — stories about events and relationships when they were children and adults. These events helped shape them as nurses and nurse educators. There is also a shape-shifting interchange between the storyteller and the audience, the audience and the storyteller — even as the stories themselves are about shape-shifting.



Life-story narrative, as methodology, is congruent with shape-shifting, because telling life-stories about making a difference or bringing about change is, of itself, 'shape-shifting'. Also, life-story narrative is suited to gaining insights into the "confusions, contradictions and complexities" of everyday life and locating the significant turning points that are part of the influence for change (Russell & Korthagen, 1995, p.141). Life-stories reveal shape-shifting processes over time. How this occurs is both contradictory and paradoxical, because the research process and content side of life-story are paradoxically positioned within this thesis in relation to temporality. Life-story, as methodology, reveals the participant's life as shape-shifter across a lifetime. Yet only fragments of a life are presented — in negotiated moments, as part of the research process. Further, the fragments depend on what the participants remember and the meaning they recount during those moments. Every experience, event, and relationship is not shared — only the memories and reflections which the participant wishes to reveal at the time. What their stories revealed, though, were consistent, integrated and stable accounts of themselves within and across texts. Their self-identity and who they are emerged from multiple texts across short periods of time. The stories revealed integrity between self belief, social action and commitment. This gave rise to an internalised congruence and coherence in their personal and professional lives that revealed elements of shape-shifting. Although there is an inconsistency between what is life-story and what occurs during the actual process of story-telling, one of the things that has been revealed is a consistency and stability of politicised commitment in their stories within and across texts. It is a series of stories that contribute to a life-story. There may be no connection or consistency in the story-telling. However, in this research I found the six participants to be consistent in what they told me and often a story would be repeated over a number of conversations. By including a praxiological approach of reflecting, linking, connecting and synthesising (refer Figure 3) the participants and I were able to hold stories across time.

Each of the participants has been through pivotal shape-shifting experiences that have transformed their lives. These experiences are exemplified in their her-stories and emerged powerfully in the story themes. The stories are, however, central to revealing the authentic integrated self of the participants that is expressed as: *who I am is what I do — what I do is who I am — I cannot not do this work — and I cannot do it apart from others*. Who they are as nurse educators and what they do is inexorably linked to who they are as people. The political work of

teaching for and with social change in nursing is an important part of their being. All participants expressed this at some time during our conversations. They have made a conscious life decision to work with change, although they do not consciously think about it in their day-to-day practice. It has become an embodiment of ‘who’ and ‘why’ they are, rather than a conscious act. Anne summed this up in her conversation about the ‘what’ of teaching for social change:

*I'm not consciously aware of working for social change, and because you live the life you don't always think about teaching and practice experiences as being stories for social change ... that is the way you are ... you are what you are, really.*

Using methods of shape-shifting through story telling we intertwine the experiences of the nurse educators through life-stories of nursing practices that inform present day reality. The old and new are melded and are brought to the present. It is by entering the experiences of the life-stories that the reader can begin to think about ways of knowing, being and doing as exemplified by the participants — that is, it becomes a shape-shifting experience. By reading the journey of the nurse educator as shape-shifter through their life-stories, feelings of interconnection can be evoked. Through story telling as shape-shifting we can learn about personal and professional change, how to transform and how to become shape-shifters teaching for social change.

## **Summary**

I commenced this study wanting to find out how and why nurse educators teach for and with social change in nursing. I also wanted to find out how their life-stories reflect their philosophy, goals, intentions and practices, as they seek to teach for change. I was fortunate to recruit six highly articulate, passionate and committed nurse educators who were prepared to share their life-stories with me.

I am of the view that choosing a life-story approach to the research, is an appropriate way in seeking answers to my questions and thinking about my pre-conceived notions about teaching for social change. Life-story reveals and evokes the fascinating connections between personal life as lived and the participant's stances of activism in their everyday practice within their pivotal role as nurse educators. The metaphoric emergence of the construct of shape-shifting has worked to reveal central aspects of the ‘what’, ‘why’ and ‘how’ of teaching for social change,

and to show the complex and inextricable links to the authentic integrated self of the participants as shape-shifters.

Shape-shifting experiences in the participant's lives have been pivotal and transforming in bringing about a desire and motivation to engage in a life-long commitment to 'walk the talk' for social change. In their capacity as shape-shifters, the call to work within a pedagogy of discomfort, positions them as agents of social and political action in educating for justice. This capacity is carried within the ombre or transitional space of their authentic integrated selves and is expressed as 'who I am is what I do' and 'what I do is who I am'.

As an active process, shape-shifting presents new and different ways of thinking about the micro-level of teaching for social change. Like the wise women shape-shifters who have preceded them over the centuries, Anne, Eileen, Grace, Annie, Mary and Miriam open up pathways that others may choose to follow. Through naming what it is that they do, the agency of the participants is revealed in how and why they have shaped and shifted in their personal, political and professional lives. By sharing these life-stories as shape-shifters, possibilities abound for how other nurse educators might build community and develop others as shape-shifters, further the socio-political critique of nursing and health care, and transform and challenge the status quo in counter-hegemonic ways.

In the next and final chapter, I present my reflections on the research process, the key findings, contributions and implications of the research, and ideas for further research into shape-shifting in nursing education.

## **Chapter 7            Concluding comments**

This research project has been part of a significant journey for me. While my previous research experiences about social change provided impetus for this project, in a reciprocal way this study has given me the opportunity to reflect on my own teaching, and to explore ideas about teaching for social change in nursing. So I consider my concluding comments bring this study to a close, knowing that many more opportunities exist to continue studying nurse educators as shape-shifters, in their lives and as teachers for social change. To repeat what Annie says in Chapter 5, this project has been part of a continuous story that is in the process of being written. It is without end, just as the politicised work of teaching for social change in nursing is without end.

Now, I will present a few key reflections on the research and research processes in which I will share some of the certainties, uncertainties and limitations of journeying inside the lives of Anne, Eileen, Grace, Annie, Mary and Miriam. Following this, I will discuss some of the significant findings that unfolded — particularly the emergence of shape-shifting as a key construct, and how using life-story as methodology and method revealed the lived experiences of the participants as both becoming and being shape-shifters teaching for social change. Then, I will identify some of the implications of the research and suggest further research possibilities. And finally, I will close the chapter with a few reflective comments.

### **Reflections on the research and research process**

The original intent of this thesis was to explore the philosophical, theoretical, pedagogical and practice positions of nurse educators teaching for social change in tertiary level nursing education. How do they go about it, and why do they put themselves on the line day after day? I chose life-story as my methodology and method to uncover the lives of nurse educators who teach for and with social change. I then recruited six participants to the study. By so doing, I hoped to unfold (through in-depth conversations) why they have a strong desire to teach in a pro-active radical way, how they do it and how this socio-political activism makes a difference in their lives. Before we spoke, did they perceive themselves as teachers for change?

What unfolded was that while the participants had volunteered to participate as educators who teach for and with social change, it seemed this was so tacitly embedded in their day-to-

day practices that they did not think consciously about it. But in volunteering they recognised that they taught for social change and were committed to exploring this through sharing and reflecting. However, while committed to this position, the participants remarked that they often did not know what the impact of their teaching was on students. But they were clearly moved by the number of accounts when they had made a difference and shared examples, such as receiving a card from a student (Annie), or seeing smiles on the faces of students as they start to think about possibilities (Miriam).

As I mentioned in Chapter 1, this is a political piece of research. To conduct life stories of women nurse educators is to take their lives seriously and acknowledge their conversations as making a contribution to theorising about teaching for social change in nursing. One of the challenges for me as researcher in using life-story narrative as methodology has been the constant need to hold the participants' voices as paramount. Nurse educators' understandings and interpretations of their experiences have largely gone unrecorded and therefore silenced in nursing education literature and in the public domain. I consider this study makes an important contribution to the literature on teaching for change in nursing and also the use of life-story narrative as methodology and method in qualitative nursing research.

Another aspect of the research that I reflected on, particularly during the analysis and interpretation phase, was how the participants' voices would be re-presented. I asked myself questions about whose voice would be privileged — mine or theirs? And who chooses what stories are presented in the final document? How can I say it is their voice when there is an overlay of my voice. So I contend that giving voice is a misnomer unless we explain as researchers what it means in each of our projects. How can I give voice to someone else's stories — I can only interpret them from my own subjective position arising from experiences that might be similar to theirs, or not. Everyone's stories are unique and the way they experience and interpret them for others is unique, too. However, I believe that the participants and I shared voices and spoke together in conversation (co-vocation) and I consider this a strength of the study, as evidenced by the richness and depth of accounts of teaching for and with social change which they entrusted to me.

Their life-stories disclose what they know about themselves as nurse educators, which is a political act, just as writing their stories is a political act. In this research I sought to avoid

alienation and distancing between the participants and myself, as researcher. I wanted to establish a reciprocal research relationship and acknowledge the two-way engagement as a mutual process through conversations, plus feedback on life-stories and story themes. This is one reason why I selected life-story as both methodology and method — because of the mutuality and reciprocity that can develop between researcher and participant. I did not want to work with the text in a way that was disrespectful, or alienating, for the participants.

Being involved in this type of research is challenging, both theoretically and personally. The conversations generated an overwhelming amount of data. Because there was no recipe on how to analyse and interpret life-story text as data, I developed a process to work with the text. This should prove helpful for other nurse researchers who wish to use life-story narrative as methodology and method. When I read through the transcripts I often found myself wanting to put a theoretical framework around what they were saying, but I resisted because I wanted the stories to speak for themselves.

Another thing to happen was my growing excitement that what they were revealing to me in their stories had not been talked about in public before. I am mindful that my interpretation of their text is influenced by my own life-story and personal encounters as a nurse educator who teaches for social change. I am also mindful that my interpretation of the text is influenced by the literature review on education and nursing. Therefore my theorising about the story themes has a connection between what is known and discussed in the literature, what the participants have shared with me over time, and what my thoughts, feelings, intuitions and reflective awareness are about teaching for change. The participants also brought their knowledge, feelings, intuitions and reflections into their life-stories as they theorised about the ‘what’, ‘why’ and ‘how’ of teaching for social change. It was also important for me to write and present the life her-stories and story themes in such a way that they are accessible to readers — so they can connect with the ideas and experiences and consider their own responses and interpretations of the texts.

By not de-contextualising the participants’ lives I avoided the heroine narrative — that is, holding the six participants as models of how one should be and teach for social change. That is why I included their personal her-stories, so that the reader can get a sense of who they are, and why, and how they became shape-shifters teaching for change. This is the way their life

has been and is lived. They move beyond a utopian view of the world and try to make changes within the reality of their everyday lives. As revealed earlier, they are human and make mistakes, and they do act in ways that are not okay. They do lose the way and close down others, they do get frustrated, angry and need time out. But as shape-shifters they recognise this as being part of their authentic integrated selves and reflect on ways to be less into power-over the students and as knowers of their work.

The participants' stories also arise from their own experiences of working through injustices, and inequitable situations in their own lives and being different and/or marginalised and how that positions them in the world. Is it that being marginal and/or different positions them in ways that others who have not had similar experiences would feel less comfortable with? The participants do not publicly flaunt their difference. However, it seems that these significant experiences have shaped them as people and shifted their thinking and influenced their desire and action to make a difference in their own and others lives, for justice and equity.

One of the research processes which may be of interest to other life-story researchers is the development and use of the story map as a way of entering and negotiating the field of life-story inquiry. How effective was it for this research project? I believe it provided a way of mapping the terrain of the participants as shape-shifters and to reveal the process of shape-shifting. Having the map as a guide enabled the participants to invoke life-stories and it provided a framework from which to further explore ideas. I also consider that the research journey itself became a shape-shifting experience for the participants and myself. This is confirmed by the comments of participants, such as Annie and Eileen, who said they had thought about doing things differently in the classroom as a result of reflecting on the stories during and after our conversations.

The issue of temporality, or locating things in time, was brought to the fore by using the process of life-story over time. It posed some questions for me in this research project. The participants talked in the present about current stories, or stories that are remembered, reviewed and retold. Why did they select certain aspects to talk about? Is there such a thing as a whole story and is what is being told an accurate account? I do not believe there can be, because participants will only share what they want to and what they re-member and re-call. Life stories are subjective, partial and incomplete. There is no objective or single truth that

emerges from the text, nor is there one correct reading or interpretation of the stories/texts that arose from the study. What emerged as ideas about shape-shifting and the story themes was generated by this group of participants and myself, as interpreter. They are not generalisable to other nurse educators who teach for change. The binary of subject/object, knower/known, theory/practice, and method/process is disrupted and laid open for critique and possibility. However, I did find that there was a consistency and congruence within and between the participant's life stories over time. So in effect there are two aspects to temporality which is to do with the re-called, re-membered story and the time factor using life-story narrative. This is because I am asking the participants to carry and hold stories at the same time as telling stories that are in the present, stories that are yet to be, or emerge, and stories that have been told long ago. They are captured in a moment in time. The bones of life-stories are already laid down in the ombre, or shadow self, and how they are called out depends on what process is invoked. The stories offer a pathway for others to follow and to explore our instinctual and intuitive knowing. The use of the story map was significant as a way of invoking stories.

Several ethical considerations emerged that I had foreshadowed in my application for research approval. These included the evocation of painful memories, the intrusive nature of life-story narrative and identifiability through putting their life-stories out into the public domain. Surfacing painful memories occurred spontaneously because of the nature of the evocative and personal nature of their life-stories. This is also one of the ethical considerations when working with life-story because the researcher is asking the participant to call out stories that have been significant in why and how they teach for social change. What is it that motivates us? Often it is the transformative moments of coming to terms with something that gets to the very heart of who we are and why we need to change circumstances and conditions that make a difference in our own and others' lives. Sometimes the telling of a personal experience that had been sad, such as the death of a family member or friend, would cause the participant to go quiet — their voice would become harder to hear and they would cry. Sometimes it was anger and frustration that would trigger tears. Whenever this occurred I would check to see if they wished to continue by turning the audio-tape recorder off, taking a break and checking to see if they wished to resume. I also did a check-in with them between and before conversations.



Using life-story as methodology and method was also time consuming and invasive for the participants. I wondered if they would all last the distance because of the amount of time we would be spending together and their other personal and professional commitments. But it was the best way of unfolding the depth and richness of the day-to-day lived experiences of the nurse educators as they are engaged in shape-shifting. Keeping the process open to negotiation meant that they could determine when, where, and how often we met. They all remained as participants and recent feedback indicates (as this research comes to an end) that they found the experience valuable in thinking about their practice and what it is that they do. Some said that in the process they had further evolved and shifted their thinking about how to work with students. One participant said that after reflecting on one of our conversations she realised it was time to 'take a public stand' nationally and internationally on a particular professional issue that she had been thinking about for some time.

The participants are aware that because of the small number of nurse educators teaching for change in New Zealand that they may be identified. The issue of identifiability made me question the place of anonymity in qualitative research inquiry. I raised the questions about it not being a consideration for research that involved face-to-face interviews or conversations, because the participants are known to the researcher and are therefore not anonymous. This was discussed in detail in Chapter 3 Part 1. Each of the participants in this project chose their own pseudonym and I have excluded a lot of personal information that they gave me, such as place names, people's names, where they work. I also removed, or amended material, at their request, after they reviewed their life her-stories and story themes.

## **Significant findings**

What are the key findings to emerge in this thesis and what is their contribution to the development of indigenous nursing knowledges? There are two findings that are the major contribution. First is the emergence of shape-shifting as a key construct. This construct emerged as a most powerful metaphor for teaching for social change in nursing education. I began this research with the notion that there were nurse educators who, through their practice, thought and behaved differently. Some of them I had met previously. Others I had heard about. Using the archetypal metaphor of shape-shifting is a contemporary way of theorising about the process of transformation and change. The idea of nurse educators

having or developing the capacity to be shape-shifters who teach for and with social change is a new idea for nursing and nursing education.

The second key finding is that using life-story, as methodology and method, surfaced and revealed how shape-shifting is borne through life stories of the participant's lived experiences and practice wisdom. The important aspect of life-story in this context is that life-story is connected to teaching, not so much to social activism. It is more about living the life and authenticity of self and the commitment and investment to teach for and with social change in nursing. The potential to be a shape-shifter was grounded in their early and subsequent life experiences as they changed and shifted and re-shaped their lives according to these significant life-changing experiences. They also carry the intuitive and ancient wise women's knowing within the ombre, or shadow self, because of being touched by other wise women and men. The idea of the ombre was also a significant aspect to emerge from my theorising about the authentic integrated self as shape-shifter.

These findings shifted my thinking from focusing on the notion of critical resistance to a more personalised theoretical and philosophical account of the nurse educators' work as shape shifters teaching for social change. While the underpinnings of a critical feminist perspective provided an initial theoretical framework for why nurse educators might teach for social change, the participants' personal accounts arising through life stories and personal her-stories were more revealing about the 'what' 'why' and 'how' of teaching for and with social change. When I began the research journey I had limited ideas and knowledge about who shape-shifters are and what shape-shifting is about. As I progressed, I found myself drawn to explore further and located literature that made me consider the possibilities and connections for nurse educators teaching for change. So much of the literature holds up the macro-level of social change — that nursing as a whole is engaged in major transformation within health care. This can minimise the day-to-day work that is done by nurse educators teaching for social change. That they are engaged in powerful agentic acts does not appear in the literature. Hence my decision to use and contemporise shape-shifting as a metaphorical construct for teaching for social change. It is part of the aesthetic aspect of working with narrative inquiry — to see what unfolds along the way and then to theorise and make sense of it as an emerging concept.

The participants' life-stories exhibited story lines that were multiple, recursive, and intermingled with self and other. The participants narrated their experiences as stories within historical, social and political contexts. They called forth stories that indicated significant transitions, responses to challenges and how they learned to take stances and chances in their lives. The stories contained the fragments of shape-shifting that recurred and co-occurred. This was important for the building of shape-shifting as an idea for bringing about change and transformation. To look back at where the participants have come from and understand who and what their main influences have been, I could more fully understand where they are and where they are going. What also emerged from the story lines was the 'what', 'why', and 'how' of teaching for change as exemplified in the five story themes. These are the 'naming' stories of the what is teaching for and with social change, the authentic integrated self as shape-shifter, crossing the hegemonic boundary in order to be a shape-shifter, creating a safe space to be unsafe or scared, and shape-shifting (the why and how). Each story theme was synthesised from the sub-plots arising from the participants' life-story texts. The sub-plots gave rise to ideas that then contributed to the story themes.

As well as the key findings, was there anything else significant that emerged? I found that Flax's (1993) work on justice and Boler's (1999b) work on a pedagogy of discomfort were useful in theorising about teaching for social justice and transformation. Flax contends that in order to understand justice we need to have an understanding about injustices. In this research, injustice came to the fore as a powerful motivator for the participants in wanting to make a difference as shape-shifters teaching for change. Boler's idea of a pedagogy of discomfort as a call or invitation to action related closely to the notion of walking the talk. I would also add to Boler's idea that within the pedagogy of discomfort sits a pedagogy of despair and disquiet, and of hope and possibility, that I consider emerges from the stories of the participants as they walk the talk for justice and equity.

Another aspect to emerge was how the participants critiqued the notion of empowerment in relation to the story theme of crossing the hegemonic boundary. Empowerment arises in the literature as an emancipatory process that assumes if someone is empowered they are free to act. Literature related to the curriculum revolution of the 1980s that put out a call for a shift to an emancipatory paradigm has not achieved its intent. Some idealised assumptions have been made about how change might take place, but they are not working from the practice

wisdom of nurse educators teaching for social change. My review of the literature showed a lack of articles on the lived experiences of bringing about changes in nursing education from an emancipatory teacher's perspective, both nationally and internationally. The participants consider empowerment to be altruistic in intent — that is, the idea of doing good to someone, or on behalf of someone. They suggested that it was more of a patronising, patriarchal approach of 'power-over' not 'power-with'. I suggest that further research be undertaken to explore the notion of empowerment and social change and how it contributes to the discourses on power and emancipation. One of the significant aspects of teaching for social change as shape-shifters is that it holds open the possibilities of re-thinking about who and what an emancipatory teacher might be.

A further finding was the emergence of different types of stories that arose during the conversations and while working with the text. I had not read anything in the literature on narrative inquiry or life-story methodology that suggested a typology of stories that might arise during life-story conversations. Often the participants' stories appeared as stories within stories and I name them potent, core, backgrounding, and licensing stories. For example, Miriam identified the shape-shifting story about Turangawaewae as her core nurse story. She says that it is the story from nursing practice that she has reflected on the most as it marked a significant turning point in her thinking about how things can be changed. I also named her shape-shifting stories as being potent because they are powerful examples of the nurse and nurse educator as shape-shifter. Backgrounding stories are those that lead into or sit behind a core or potent story. They provide the detail about what led up to the core story such as Annie's story about growing up in an environment where she was safe to be scared and how this then informed her ideas about the story of creating a space in the classroom for students to be unsafe or scared. Annie's and Miriam's stories also become licensing stories by giving license to the metaphor of shape-shifting as a new way of thinking about transformation and change.

One further finding emerged that was not expected. While I did not set out to develop a recipe on 'how to teach for social change', the participants did provide insights into some of their pedagogical practices that have significance for not only nurse educators who teach for social change, but nurse educators in general. One specific example is that of creating safe spaces to be unsafe or scared. This is fundamental in any learning environment because it is

important for students and educators to have a feeling of safety to express themselves without censure, particularly when tensions and conflicts arise between the competing subjectivities of the students and teachers.

## **Implications and research possibilities**

I have already noted that this thesis presents partial accounts of the lives of nurse educators as shape-shifters teaching for and with social change. So what are some of the implications and applications of the findings for nurse educators who teach for social change and nurse educators in general? First there needs to be more life-story research on the everyday experiences of nurse educators teaching for social change in order to understand more about what it is that they do, and why and how they do what they do. Because this is the first study of its kind, there was no evidence in the literature that addressed the life-story accounts of teaching for social change or nurses as shape-shifters. It is important to situate the personal and intuitive knowing, embedded and arising from the everyday practices of nurse educators, as ‘legitimate’ knowledge to inform practice.

Second, this study has been focused on those who teach in what I name as ‘evaded’ subject areas in the curriculum — for example, cultural safety, women’s health, community development, and psychiatric mental health nursing. But what of those nurse educators who teach in other areas, such as professional practice and ethical issues in nursing? Do they also consciously teach for social change? Would their values, beliefs, motivations, and commitments be similar or different? I suggest that the discourses of possibility be opened up to other nurse educators to see if and how they position themselves as teachers for change.

Third, is being a nurse educator within a tertiary education institute more conducive to being a shape-shifter than working in practice? Is difference tolerated more and are shape-shifters more likely to emerge as active agents in educational settings? Are there policies and practices that support and accept the idea of teaching for change? Perhaps working for change is more overt in nursing education, rather than as covert practices in nursing practice (such as responsible subversion). Annie alludes to this when she says that being a nurse educator has given her a vehicle for expressing her dissatisfaction with the status quo, more so than if she remained in practice and was caught or oppressed by the dominant ideology. This lends itself to a research project on shape-shifting in nursing practice as well as further research into the

educational institute as providing a context for shape-shifters to emerge and for shape-shifting in education to occur.

Fourth, how do we as nurse educators support and sustain shape-shifters as they engage in political counter-hegemonic work? How do we open up the silences that surround women's work in teaching for change? Weiler (1988) discusses the importance of providing mutual support and understanding for those educators who are engaged in political teaching activities. The participants in this study have outlined strategies of how they manage to endure the commitment to work with difference every day as shape-shifters. To counter the silence we need to share our stories publicly about what it is we do as shape-shifters that makes a difference. This is one of the contributions of undertaking this study.

Fifth, what are some of the political implications of undertaking life-story narrative as a methodology and method of inquiry? In the first section, I mentioned in my reflections on the research and research processes that there are challenges in undertaking this type of research because it is time-consuming. It is also not seen as the type of research that meets mainstream funding criteria. In these days of funding being linked to research outputs, will it be feasible to undertake this type of research within a shorter time frame? The in-depth data collection process may preclude it from being considered.

The participants raised concerns about how would they be able to continue teaching for social change because they perceive there is a neo-liberal shift to a more technocratic competency driven approach in nursing curricula. Also, how might regulatory bodies that have input into approval of curricula, such as the Nursing Council of New Zealand, work with the ideas of nurse educators as shape-shifters who address issues of social justice in nursing curricula? Is there a possibility for dialogue and inclusion of their ideas and practices within the development of guidelines for cultural safety, for example? As shape-shifters, the participants are interested in keeping possibilities open and alive for debate because they consider that this will bring about a shifting and shaping of thinking and action in others.

## **Final comments**

As I reflect on the project as a whole, I recognise that using life-story narrative methodology is a time-consuming approach to qualitative research that took a significant commitment from

the participants and myself to stay focused. However, it seems that if a researcher wants to unfold and give voice to their participants' lived experience of teaching for social change, then spending time coming to know them and finding out about what and who in their life has contributed to their desire to teach in a pro-active radical way, is both critical and political. The willingness of Anne, Eileen, Grace, Annie, Mary and Miriam, to tell their unique life stories over an 18-month to two-year period and the richness of the material that they gifted to me has been profound. I feel privileged to have been given these gifts and would like this study to honour their lives as they continue to teach in counter-hegemonic ways.

This project will I hope be useful to other nurse educators who wish to engage in life-story inquiry and explore the day-to-day practices of nurse educators that often go unnoticed and unpublished. By recognising what is possible as shape-shifters who shape-shift for social change in nursing education, we can identify the importance, value and commitment of bringing about an open conspiracy for social change.

I finish with an apt quote from another shape-shifter, Starhawk. The quote resonates with me because it poses some ideas for us to contemplate if we wish to engage in teaching for social change. If nurse educators wish to become shape-shifters shape-shifting for social change, then it is imperative that they listen and hear the wise counsel from shape-shifters who show the way. For as Starhawk (1988) says

The way we define reality shapes our reality. It is only when we know how we have been shaped [and shifted] by the structure of power in which we live, can we become the shapers [and shifters].

(p.8)

A shape-shifting process that the participants have so aptly demonstrated in their stories of teaching for social change in nursing.

## Appendices

- Appendix 1
  - Application to VUW HEC for ethical approval of PhD research project
- Appendix 1a
  - Participant information sheet
- Appendix 1b
  - Letter confirming agreement to participate in the research project
- Appendix 1c
  - Consent form to participate in the research project
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  - Transcriber confidentiality form
- Appendix 2
  - Memorandum from Convener VUW HEC, 15 July, 1999
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  - Memorandum from Convener VUW HEC, 11 August, 1999 re ethical approval to undertake PhD research project
- Appendix 5
  - Memorandum to Convener VUW HEC, 18 December, 2002 re closure report
- Appendix 6
  - Audiotape and timetable log
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| <b>APPENDIX 1 Application to VUW HEC for ethical approval of PhD</b> |
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VICTORIA UNIVERSITY OF WELLINGTON

*Te Whare Wananga o te Upoko o te Ika a Maui*



**HUMAN ETHICS COMMITTEE APPLICATION FORM**

**Nature of Proposed Research:**

*Nurse educators teaching for and with social change*, is a qualitative research project using a life story narrative approach. It explores the philosophical, theoretical, pedagogical and practice positions of a number of women nurse educators teaching in tertiary level nursing education programmes in Aotearoa/New Zealand.

**Student research:** PhD (Nursing)                      Course Code: NURS 691

**Project Title:** (Working title)  
Shape shifting: Stories of teaching for and with social change  
in nursing  
(Short title)  
Nurse educators teaching for and with social change

**Principal Investigator:**

Rose McEldowney  
1. PhD student, Department of Nursing and Midwifery,  
Victoria University of Wellington  
2. Lecturer 0.5, Department of Nursing and Midwifery,  
Victoria University of Wellington

**Supervisors:** Associate Professor Cheryle Moss, Department of Nursing and  
Midwifery, Victoria University of Wellington

Professor Alison Dixon, Head of Department, Nursing and  
Midwifery, Victoria University of Wellington

**Other experiences/roles in relation to this project:**

I have been a nurse educator for the past twenty years, teaching in undergraduate and postgraduate nursing programmes in Aotearoa/New Zealand. Ideas for this project began to form in 1992 when I enrolled in a masters paper entitled, *Sociology of Women's Education*. The lecturer coordinating the paper, Sue Middleton, asked the student tutorial group to read and critique the draft text of a book she had written. The text, *Educating feminists: Life histories and pedagogy*, was published in 1993. The focus of the text wove autobiography or life histories of post-World War 2 feminist educators through sociological, educational and feminist theory. Middleton also embedded her own experiences as a woman, teacher, wife, mother, and writer,

alongside those of her participants. In her foreword to the book, Maxine Greene (1993, p.viii) suggests that readers “are likely to feel like participants in the ongoing conversation(s)” presented within the text. The life history method made an impact on me, for here was the validation of a research methodology that gave voice to women educators and their work and did indeed draw educators to relate their experiences to those of the participants in Middleton’s research. I began to understand the importance of grounding one’s everyday experiences within particular theoretical, historical, cultural and social contexts.

Subsequently, I used this process for a project entitled, *Life histories of feminist nurse educators*. In this project I had two-hour conversations with five nurse educators who identified themselves as feminist and began to explore the influence of their beliefs on nursing and teaching practice. Several questions emerged from my reflections on the five participants’ life histories. In particular, questions related to issues of oppression such as: Why do nurses resist knowing about oppression?; If they do consider they are oppressed, why don’t they do something about it?; and, How can nurses resist oppression?.

In 1992, I completed a directed research project entitled, *Resistance to knowing: Emancipation or entrapment?* The project arose from my experiences teaching cultural safety in an undergraduate nursing programme. I was interested in the concept of resistance and why students resist knowing about emancipation. The project involved critiquing resistance as theorised by critical education theorists such as Freire (1972), Giroux (1983), and McRobbie (1978), and critical feminist educators such as Arnot & Weiler (1993), Casey (1993), Jones (1988), Lather (1991), and Weiler (1988).

In my master’s thesis I continued to explore the notion of nurses as an oppressed group and how nurses resist or accommodate oppression. I told my own story about resisting and accommodating oppression as a woman, as a nurse, and as a nurse educator. By telling my own story and reflecting on why I resisted and accommodated oppression, and situating the experiences within particular historical and sociopolitical contexts, I was able to consider what strategies might emerge for nurses and nurse educators to assist them to resist oppression in their working and personal lives. From this work I developed a conceptual model of critical resistance in nursing education (McEldowney, 1995).

Now, I would like to build on the knowledge and ideas gained from my previous studies, and to explore the life stories of nurse educators teaching for and with social change and carry over the notion of critical resistance.

**Proposed starting date:**

July 1999

**Proposed date of completion of interviewing:**

September 2000

**Proposed source of funding:**

Self funding (currently employed)

**a) Objectives of the project**

The purpose of this qualitative research project is to illuminate the life stories of women nurse educators who are engaged in teaching for and with social change in Aotearoa/New Zealand.

I will explore with the participants how they came to be nurse educators and how they came to perceive themselves as teaching for and with social change. By illuminating their experiences and revealing and unfolding the possibilities of teaching for and with social change, I hope to surface and theorise about the process of shape shifting in which the participants are actively engaged.

The research questions to be addressed in this project are:

How do nurse educators' life stories reflect their philosophy, goals, intentions and practices as they seek to teach for and with social change?

Why are they teaching for and with social change?

How are they teaching for and with social change?

**b) Method of data collection:**

Using the notion of research as praxis (Lather, 1991), and a life story narrative approach, I will explore with nurse educators their understanding of theory arising from practice, and practice informed by reflection on theory. I consider this participatory research method will have a high level of congruence in relation to the overall goal and research questions, such as exploring the work of nurse educators teaching for and with social change and how our personal, professional and political stories meld together.

Engaging in praxis-oriented research which involves reciprocal reflection and critique with the participants, will hopefully guard against objectifying the participant and imposing meaning on their experiences. Together, the participants and myself as researcher will be involved in the generation and validation of knowledge. The participants will be the theorists of their practice in teaching for and with social change. As the researcher I will become the envoy or catalyst who takes the intimacy of their life story narratives into the public domain. I will situate the work within theoretical and methodological contexts and care will be taken to situate my own theoretical perspective vis-à-vis those of the participants. Therefore, it is the relationship between the participants' personal life stories and knowledge production that I wish to explore through a reflexive praxiological approach.

**b.i) Process**

A list of potential participants from polytechnics and universities offering nursing education programmes will be developed following discussion with senior nursing colleagues and my research supervisors. Selection of participants will be based on knowledge of their contribution and commitment to teaching for and with social change in nursing in order to gather life stories that relate to the research questions. I will make contact with the possible participants to explore if they would be interested in receiving information about the research project. If they express interest I will mail information about the project to them (Appendix 1).

At this stage the number of participants and interviews has not been finalised. However, it is likely that up to six participants will be recruited and that each participant is likely to be interviewed up to ten times.

Following verbal acceptance, each participant will receive a letter confirming their agreement to participate in the research (Appendix 2) and a consent form to participate in the research project will be included (Appendix 3). Please refer to Section e) for detail about the method of recruitment, and Section i) for detail on gaining informed consent.

Following the signing of the consent form, an initial series of interviews (and subsequent interviews) will be negotiated at a particular time and place to suit the participant. These interviews will enable the researcher and participant to set the scene for the research process. Areas to explore will include: background; family; general education; becoming a nurse; becoming a nurse educator; significant influences (people, events, experiences); and, their 'world view'. A second series of interviews will explore the participant's philosophical, theoretical and pedagogical positions as a nurse educator teaching for and with social change.

I will negotiate with each participant as to the number of interviews that will be required to gather information. The length of time for an interview will also be negotiated with the participant prior to the commencement of each interview. The interviews will be audiotaped on two tape recorders. At the conclusion of each interview one tape will be transcribed and reflected upon by the researcher. The other tape will be left with the participant for independent reflection, and the opportunity to withdraw, correct or make further comment. According to Giddings (1997), this enables the participant to create a "knowing of their own story". By going back to the participant and following up on the previous interviews there is the opportunity to discuss ideas, thoughts and feelings that may have emerged and to unfold deeper layers of data content. Returning or giving back the tape to the participants will enable me to check for interpretive/analytical validity. The participants will also have the opportunity to read their narrative and comment on my interpretation.

Participants will also be invited to present secondary sources of data such as journals, poetry, artwork, photographs, or other artifacts that they may have found inspirational and which they consider represents their position in relation to social change. If during the course of the interviews the participant wishes to invite me to their practice site, e.g., classroom or clinical practice, then I will renegotiate with the participant and appropriate agencies for consent to accompany them.

Each participant will be engaged in the research process independently from the other participants. I plan to complete the first series of interviews with all participants before proceeding to the second series.

The gathering of data will stop when the researcher and participant reach a point of saturation – that is, when there is a mutually agreeable endpoint in the data collection and no new data has emerged.

### **b.ii) Data analysis**

After each audiotape has been listened to and reflected on by the participant, the individual nurse educator's narratives will be examined for themes and patterns while at the same time acknowledging the idiosyncratic nature of the individual's stories. The process of analysis will include:

- transcribing a first draft of each interview that includes all words and any other features of the conversation (e.g., laughing, crying, long pauses);
- working with the whole text and more in-depth work with selected portions which reflect the patterns and meaning of the narrative and to identify interpretive categories that emerge from each life story text;
- presenting the narrative in a way that reflects the words of the participants in relation to theorising about their lives and practices and will also include my own theorising about the meaning of their experiences (collaborative theorising);
- identifying emergent trends and overall patterns from the group of participants as they teach for and with social change;
- maintaining a reflective journal so that the development of the research and my thinking and ideas will be woven through the text; and,
- ongoing involvement of the participants throughout the data collection phase and early stages of analysis. The participants will have the opportunity to look at their narrative and make comments.

### **c) Benefits of the project:**

Nurse educators' understandings and interpretations of their experiences in teaching for and with social change have not been well represented in Aotearoa/New Zealand. This topic and approach has not been undertaken in New Zealand with nurse educators, but has with women teachers in schools and higher education and from a feminist pedagogical position (Jones, 1988; Middleton, 1993).

The direct benefits of undertaking this project include:

- the opportunity for participants to tell their own stories and share insights about teaching for and with social change;
- praxis-oriented research has an emancipatory intent which enables the participants to construct and reconstruct their life story and as a consequence they may make changes in the way they teach for and with social change;
- illumination of life stories that generate further exploration of how teaching for and with social change has influenced the context and content of our work as nurse educators; and,
- developing indigenous nursing knowledges that create other possibilities for nursing education in Aotearoa/New Zealand.

An important indirect benefit of the study will be the opportunity for other nurse educators and nurses in general to situate themselves relative to the positions and contexts of the participants in the study. Other indirect benefits of the thesis will be for educators in other disciplines, such as education, sociology, psychology, and other professional groups, to also consider their position and context relevant to teaching for and with social change.

**d) Characteristics of the participants:**

As previously mentioned, the participants in this project are women nurse educators who teach in tertiary level nursing education programmes in Aotearoa/New Zealand. They will be experienced, well known and respected for the position they take on teaching for and with social change. They are also likely to be people who are willing to risk being identified because of the nature of their work.

**e) Method of recruitment:**

I will develop a list of potential participants with assistance from senior nursing colleagues and my supervisors. The list will include women nurse educators from throughout the country who are respected for the contribution and commitment to teaching for and with social change. I will also select the pool of people from a variety of work settings and according to the varying perspectives they have in relation to social change. When the list has been finalised I will contact each potential person on the list, explain that I am undertaking doctoral research and ask if they are interested in receiving information about the research project (Appendix 1). I will then mail information about the project to them. Recruitment will also include asking them to phone me back if they are interested in participating. Once a potential participant has expressed interest in being involved in the research project, I will discuss with them:

- the purpose, method and design of the project;
- the risks and time involved in being a participant;
- my position as an interactive researcher;
- that their participation in the project is voluntary;
- that they have the right to withdraw at any time; and,
- that they may refuse consent for the use of the whole or part of their narrative.

Please refer to Section i) for the next part of the process which relates to gaining informed consent.

**f) Payments/reimbursements to participants:**

No payments will be made to the participants. The time and place for the research will be negotiated with the participants so that they will not incur costs, e.g., transport.

**g) Other assistance (e.g., meals, transport) that is to be given to participants**

The cost of taping the interviews will be borne by the researcher. I will provide light refreshments during interview times.

**h) Special hazards and/or inconvenience (including deception) which participants will encounter**

The potential special hazards that participants may encounter include:

- being identified as a nurse educator who is involved in politically challenging work and the repercussions this may have within their workplace, professional and/or private life

I will negotiate with the participants to change their name if they wish. However, they will be known to me and identifiability may be difficult to avoid despite my taking all precautions to maintain confidentiality. I will try

and protect them as much as possible from undue stress and harm by checking regularly through the process of sharing their life stories that they agree to the inclusion of intimate, personal and professional information. Stories disclosed by the participants may also mention other people, so by maintaining a pseudonym it may protect colleagues, family friends, and institutions as well. While the participants will be from all over Aotearoa/New Zealand their geographical location will be concealed to exclude the identity of their employers and the institutions where they are employed.

- surfacing of painful or uncomfortable memories for the participants during the research process

If, during the course of an interview, a participant becomes distressed I will pause and give them time to decide whether they wish to continue with the interview or take time out. At all stages of the research process the participant has the right to withdraw or to change their mind about the inclusion of information that might cause distress. I will provide the participants with my telephone number so they may call me between interview times if anything untoward should arise related to the research. I will also suggest that if they have any concerns about the research process they may call my supervisors or members of the Victoria University Human Ethics Committee. Courtesy, equity, confidentiality and communicative integrity will be maintained throughout the process.

- the tensions that might arise from my being an interactive researcher in the research project

My position as an interactive researcher will be made explicit to the potential participants. I will undertake the life story interviews with the participants in an interactive dialogic way, using appropriate self-disclosure, and ensuring there is reciprocity between the participant and researcher.

Because this research method can raise boundary issues such as transference between the researcher and participant, I will build in supervision sessions for myself and maintain a reflective journal throughout the research process.

- balancing my analysis and interpretations with the participants' analysis and interpretations

As previously mentioned in Section bii) on data analysis, I will present the narrative in a way that reflects the words of the participants in relation to theorising about their lives and practices and will also include my own theorising about the meaning of their experiences.

I will negotiate with the participants what is to be included or not included in the text. I will also make explicit whose voice is represented when the narrative is interpreted – the participant or researcher.

**i) How informed consent is to be obtained**

When the potential participant has verbally agreed to participate in the research project I will organise a time to meet and give them a copy of the consent form to participate in the research project. The purpose of the research and research process will be outlined. At this stage I will discuss the potential risks involved in being a participant in the research, such as the implications of being identified, possibility of surfacing painful memories and possible repercussions from employers, colleagues and family. I will ensure that they understand they have the right to refuse to participate, the right to withdraw at any time, and I will take all measures to protect their privacy and support confidentiality if they wish to use a pseudonym. I will also ensure that the participant has the opportunity to ask questions and that they are given sufficient time to decide whether they wish to participate. At that time they may wish to sign, otherwise the consent form will be left with the participant until such time as they are ready to sign. Both the participant and the researcher will hold a copy of the signed consent form.

**j) State whether consent is for the collection of data, attribution of opinions or information, release of data to others, or use for particular purposes**

Consent will be sought from the participants mainly for the collection of data and to use portions of the audiotaped life story narratives as part of the thesis document.

Articles for publication or presentation of work in progress at conferences may occur during the writing and after completion of the thesis. Participants will be asked if they consent to their stories being included in any article or conference presentation.

Consent will also be sought to include any secondary sources of data provided by the participant, in the final thesis document, e.g., reflective journals, poetry, photographs, drawings.

**k) Whether the research will be conducted on an anonymous basis**

Participants will be asked if they wish to be identified as themselves or by a pseudonym.

The participants will be known to me, and as they are likely to have a high profile or be known to many other nurses, identifiability may be difficult to avoid despite me undertaking all precautions to maintain confidentiality. However, I will negotiate with them at all stages of the research process to ensure that any information gathered is cleared by the participant before any publication or presentation. The participants also have the right to withdraw any information at any time if they consider their position is compromised.

Where appropriate I will endeavour to ensure that the identity of any other person(s) mentioned by the participants will remain confidential, e.g., family, friends, colleagues, and employers.

If I employ a transcriber to type up the interviews I will get them to sign a form to ensure they retain confidentiality in relation to the participants' data (Appendix 4).



**l) Procedure for the storage of, access to and disposal of data, both during and at the conclusion of the research**

All interviews with participants will be audiotaped on two tapes – one to be held by myself and the other by the participant. My copies of the audiotapes will be stored in a locked filing cabinet only accessible to myself. A logbook will contain the code for each participant, their tapes, and the time, date and place when each interview takes place.

Transcriptions of the participants' interviews and the analysis of the narratives will be kept on the hard drive of my computer. These will be password protected. Back up disks will also be stored in a locked filing cabinet along with the audiotapes.

Hard copies of the narrative will be made available to the participant for comment.

On completion of the research, the audiotapes will be securely locked away for a period of five years. At the end of five years they will be erased. Secondary data sources will be returned to the participant if requested.

**m) Feedback procedures**

The participants will have access to all audiotaped interviews. They will be asked to listen to and reflect on their own stories before the next interview session.

All participants will receive a copy of any print material that relates to them and will be asked to read and provide comment.

The participants may receive an abbreviated or full report of the research if they wish.

**n) Reporting and publication of results**

The research will be reported in a thesis and lodged in the library at Victoria University of Wellington. A copy will also be available in the Department of Nursing and Midwifery of the university.

An abbreviated or full report of the research will be made available to the participants.

There is also the potential for work in progress to be presented at nursing conferences or published in national and internationally refereed journals.

The Human Ethics Committee and any funding agencies will be advised of the completion and findings of the research project.

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**VICTORIA UNIVERSITY OF WELLINGTON**  
*Te Whare Wananga o te Upoko o te Ika a Maui*



I am a doctoral student in the Department of Nursing and Midwifery at Victoria University of Wellington. I have chosen to undertake a research project which explores the life stories of women nurse educators who are engaged in teaching for and with social change in tertiary level nursing education programmes in Aotearoa/New Zealand.

I am inviting women nurse educators who consider they make a contribution and commitment to teaching for and with social change, to share their life stories about why and how they teach for and with social change in nursing.

If you are interested in being a participant in this project, I would interview you at times and places that are convenient for you. I would also negotiate with you the number of interviews that will be required to gather information. The length of time for an interview will also be negotiated with you prior to the commencement of each interview.

The initial series of interviews would explore your personal background; family; general education; becoming a nurse; becoming a nurse educator; significant influences (people, events, experiences); and, your 'world view'. The second series of interviews would explore your philosophical, theoretical, pedagogical and practice positions as a nurse educator teaching for and with social change.

Light refreshments would be available during the interview times.

I would audiotape the interviews on two tape recorders (one of which would be left with you), and ask that you listen to and reflect on your story before the next interview session. This would enable you to withdraw, correct or make further comment. I would also give you a hard copy of your narrative to comment on. You may also wish to share examples or materials during the interview process that you consider reflect your life story, such as reflective journals, poetry, photographs or drawings.

The audiotapes and any other material would be kept securely stored during the project and for up a period of five years following completion of the project. No one else would have access to them unless you give your consent.

There are some potential risks associated with being a participant in this research project because of the politically active nature of teaching for and with social change in nursing. Some of the risks might include:

- being identified as a nurse educator involved in politically challenging work which might have repercussions in your workplace, professional and/or personal life;
- painful or uncomfortable memories surfacing during the research process;
- tensions and boundary issues arising between us because I will be an interactive researcher which means having interactive dialogue with you and using appropriate self disclosure; and,
- balancing my analysis and interpretation of your life story narrative with your analysis and interpretation.

As part of the project requirements I will be submitting a written thesis and your life story narrative would appear as part of the text. You can choose whether you would like to be identified by your own name or by a pseudonym. If you did not want your own name to be used, all care would be taken to ensure that no identifying information would be associated with you (or your colleagues, family members, place of employment and employer), in either oral or written form. You would also have an opportunity during the early stages of data analysis to look at your narrative, make comments and ensure that your voice is represented. I would also negotiate with you what would be included or not included in the text pertaining to your life story.

If at any stage during the interview process you became distressed because of painful or uncomfortable memories then I would cease the interview and check whether you wished to take time out, continue at a later date, or withdraw from the project. I would also provide you with my telephone number so you may call me between interview times in case anything untoward should happen related to the research.

My supervisors Cheryle Moss and Alison Dixon, will be reading and critiquing drafts of the thesis as part of the supervision process. A summary of the research results or a full research report would be made available to you. Cheryle will also be providing me with ongoing supervision to ensure that any transference or boundary issues are identified and dealt with between interview times. I will also be maintaining a reflective journal throughout the research process.

If during the course of the research you invited me to your practice site, e.g., classroom or clinical practice, then I would negotiate with the appropriate agency for consent to accompany you.

Your participation in this project is entirely voluntary. If you decide to participate, I will ask you to sign a written consent form. Should you choose to discontinue as a participant you may do so at any time without having to give reasons or without penalty of any sort.

If you have any questions or would like to receive further information about the project, please contact me at 74 Wellington Street, Hamilton, phone (07) 856 2593, or my supervisors, Associate Professor Cheryle Moss and Professor Alison Dixon, Department of Nursing and Midwifery, Victoria University, PO Box 600, Wellington, phone 0800 108 005.

|                    |   |
|--------------------|---|
| <b>APPENDIX 1b</b> | <b>Letter confirming agreement to participate in the research project</b> |
|--------------------|---|

VICTORIA UNIVERSITY OF WELLINGTON  
*Te Whare Wananga o te Upoko o te Ika a Maui*



*Date*

74 Wellington Street  
HAMILTON 2001

*Dear*

Thank you for agreeing to participate in my doctoral research project titled *Nurse educators teaching for and with social change*.

I enclose two consent forms for you to sign – one for you to keep, and the other for me to file. Please read the consent form carefully before signing.

When you have returned the signed consent form, I will contact you to arrange our first interview time.

If you should need to contact me at any time my phone and e:mail details are as follows:

Phone (07) 856 2593 or (04) 472 1000 x8301  
E:mail [rose@shareware.co.nz](mailto:rose@shareware.co.nz) or [rose.mceldowney@vuw.ac.nz](mailto:rose.mceldowney@vuw.ac.nz)

I look forward to participating in the research process with you.

Yours sincerely

Rose McEldowney

## VICTORIA UNIVERSITY OF WELLINGTON

*Te Whare Wananga o te Upoko o te Ika a Maui***Title of project: Nurse educators teaching for and with social change**

I have been given and have understood an explanation of this research project. I have had an opportunity to ask questions and have them answered to my satisfaction. I understand that I may withdraw myself (or any information I have provided) from this project at any time without having to give reasons or without penalty of any sort.

I understand that there could be potential risks associated with being a participant in this research project. These might include:

- being identified as a nurse educator involved in politically challenging work which could have repercussions in my workplace and professional and/or personal life;
- painful or uncomfortable memories surfacing during the research process;
- tensions and boundary issues such as transference arising between myself and the researcher; and,
- the balancing of my analysis and interpretation of my life story narrative with the researcher's analysis and interpretation.

I also understand that:

- any information or other related materials I provide will be kept confidential to the researcher, her supervisors, and the person who transcribes the audiotapes of our interviews;
- if I choose to use a pseudonym instead of my own name, no identifying information will be associated with me or my colleagues, family members, place of employment and employer, either during or after completion of the research;
- the researcher will negotiate with me as to the number of interviews that will be required to gather information;
- the length of time for each interview will also be negotiated with me prior to the commencement of each interview;
- I will keep all copies of the audiotaped interviews and the researcher will keep her copies in a locked filing cabinet;
- the researcher will keep her audiotapes in a secure place for five years after completion of the research project;
- I will be involved in all stages of data collection and during the early stages of data analysis;
- I will have an opportunity to look at and make comments on the narrative relating to myself before the written thesis is submitted by the researcher;
- the researcher may use the data in presentations at conferences or in articles for national and international refereed journals; and,

- the data I provide will not be used for any other purpose than that already stipulated in this consent form, without my further consent.

I would like to receive a summary of the results of this research when it is completed.

I agree to take part in this research project.

**Signed:**

**Name of participant:**

**Date:**

|   |
|---|
| <b>APPENDIX 2 Memorandum from Convener VUW HEC, 15 July, 1999</b> |
|---|

VICTORIA UNIVERSITY OF WELLINGTON  
*Tē Whare Wānanga o te Upoko o te Ika a Maui*



**MEMORANDUM**

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**TO:** Rose McEldowney  
Nursing & Midwifery

**FROM:** Graeme Kennedy  
Convener, Human Ethics Committee

**DATE:** 15 July 1999

**SUBJECT: APPLICATION FOR ETHICAL APPROVAL: NURSE  
EDUCATORS TEACHING FOR AND WITH SOCIAL CHANGE**

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The Human Ethics Committee has considered your application but before approving the application seeks clarification on the following matters:

- 1 In light of the degree of intrusiveness (up to 10 x 1.5 hour interviews per person) the committee would like to be reassured that this is appropriate or necessary. We therefore suggest that you seek advice about your project from an oral historian. \*\*\*\*\*, a specialist oral historian from the Historical Branch of Internal Affairs, has been suggested as an expert in undertaking oral history projects. The committee also understands that \*\*\*\*\*of our own History Department has some knowledge of the ethics of oral history type research.
- 2 The committee is unclear about your use of the terms "anonymity" and "confidentiality" in sections (h) and (k). From what you have written it seems that, even with a pseudonym, some participants may be identifiable. You need to be clear as to what you are undertaking here. You must be absolutely clear that if people wish to remain anonymous they cannot, under any circumstances, be able to be identified. Similarly if you undertake to keep information confidential, that means you do not write about it or report it. You may need to revise the information sheet and consent form to clarify this matter, e.g. in appendix 3 you state that a potential risk is that participants will be identified and yet further down the page, you undertake to preserve anonymity.



**APPENDIX 3 Memorandum to Convener VUW HEC, 30 July, 1999**

VICTORIA UNIVERSITY OF WELLINGTON  
*Te Whare Wananga o te Upoko o te Ika a Maui*



MEMORANDUM

TO: Graeme Kennedy  
Convener, Human Ethics Committee

FROM: Rose McEldowney  
Nursing & Midwifery

DATE: 30 July 1999

SUBJECT: APPLICATION FOR ETHICAL APPROVAL: NURSE  
EDUCATORS TEACHING FOR AND WITH SOCIAL CHANGE

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Thank you for considering my application for the above project.

I appreciate the valuable feedback from the committee and have followed up on the two matters raised in the memorandum.

- 1 In light of the committee seeking assurance on the degree of intrusiveness, I have spoken with \*\*\*\*\* and \*\*\*\*\* as you suggested. They were both very supportive of the project and gave similar feedback as to the number of participant interviews that would be appropriate for the project.

They suggested that I leave the number of interviews open rather than place an arbitrary number and state in the participant information sheet and informed consent form that it will be a process of negotiation throughout the data gathering period as to how many interviews will occur with each participant. The negotiation would take place at the end of each interview as to the need for a further interview.

The rationale behind their suggestion is that in their experience they have been able to gather data in a few interviews with some participants while they needed to return on numerous occasions (often exceeding ten interviews) to their most valuable informants.

The same applies to the length of time per interview. This also requires negotiation. They mentioned that often a short interview time may suffice, or

that if the interview is flowing well and the participant agreed then it was appropriate to continue (and may take up to 2-3 hours).

They also agree that the question of intrusiveness is an important one related to the assessment of how much and how often the researcher needs to interview participants. They expressed confidence in the design of the project and spoke anecdotally of their experiences interviewing participants. For example, many of their participants have welcomed the opportunity for this level of in depth interviews.

They also recognise that I may have to return to the participants when I enter the analysis of data phase because I may have to clarify aspects of the data with them.

I have amended the participant information sheet and informed consent form accordingly to include the following:

- 'I will negotiate with you as to the number of interviews that will be required to gather information'.
- 'the length of time for an interview will also be negotiated with you prior to the commencement of each interview'.

- 2 As the participants will be known to me and the interviews will contain personal information, the potential to achieve anonymity is not a possibility in this project.

Even though as the researcher I will be striving to maintain confidentiality, I consider that identifiability remains a separate and different risk. Identifiability may be present regardless of whether the participants choose their own name or a pseudonym.

In the participation information sheet and informed consent form I have gone to considerable lengths to preserve confidentiality while at the same time being careful to clarify the risk of identifiability which the participants may experience.

\*\*\*\*\* and \*\*\*\*\* thought the measures outlined in the application to preserve confidentiality were acceptable. However, they agree with me that identifiability is a special risk encountered in this type of research. This is why I mentioned it as a special hazard in Section (h).

- 3 I agree with your comments related to Section (k) of the application. Therefore, I have amended the first sentence in the second paragraph to read, "The participants will be known to me, and as they are likely to have a high profile or be known to many other nurses, *identifiability may be difficult to avoid despite me undertaking all precautions to maintain confidentiality*".

I hope this has sufficiently clarified my position and will assist you with your deliberations.

I enclose a revised copy of my application.

Please do not hesitate to contact me if there is any further information you require. My email address is [rose.mceldowney@vuw.ac.nz](mailto:rose.mceldowney@vuw.ac.nz) or phone ext.8301.

**APPENDIX 4 Memorandum from Convener VUW HEC, 11 August, 2002: re  
ethical approval to undertake PhD research project**

**APPENDIX 5 Memorandum to Convener VUW HEC, 18 December, 2002 re  
closure report**

VICTORIA UNIVERSITY OF WELLINGTON  
*Te Whare Wananga o te Upoko o te Ika a Maui*



MEMORANDUM

TO: Dr Allison Kirkman/ Professor Graeme Kennedy  
Convener, Human Ethics Committee

FROM: Rose McEldowney  
Nursing & Midwifery

DATE: 18 December 2002

SUBJECT: CLOSURE REPORT FOR PHD THESIS: NURSE EDUCATORS  
TEACHING FOR AND WITH SOCIAL CHANGE

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As I am in the final stages of my PhD research, I am writing to update you on progress.

The project proceeded as planned with the exception that three out of the six participants requested follow-up interviews and gave their verbal consent. All interviews were completed by 8 September 2001. Please find attached a summary of the audiotape and conversation timetable that indicates the interview schedule for the six participants.

I have now closed off with the participants. They have had the opportunity to read and comment on the referent material relating to their participation.

## APPENDIX 6 Audiotape and timetable log

| Participant | C/No | Audiotape No | Date     | Comments  |
|-------------|------|--------------|----------|---|
| Miriam      | 1    | 1            | 24.9.99  | C90, Poor quality tape, seems like tape recorder has fault, Partly transcribed plus disk – used Miriam’s copy to complete transcribing  |
| Miriam      | 1    | 2            | 24.9.99  | C60, transcribed plus disk  |
| Miriam      | 2    | 1            | 16.10.99 | C90, transcribed plus disk  |
| Miriam      | 3    | 1            | 3.11.99  | C60, transcribed plus disk  |
| Miriam      | 4    | 1            | 9.3.00   | C90, transcribed plus disk  |
| Miriam      | 5    | 1            | 7.4.00   | C90, transcribed plus disk  |
| Miriam      | 6    | 1            | 16.4.00  | C90, This conversation was originally scheduled for 14.4.00 but ended up being deferred because when Miriam arrived I ended up having an untaped conversation with her. Rescheduled for 16.4.00 Transcribed plus disk |
| Miriam      | 7    | 1            | 30.5.00  | C60, transcribed plus disk  |
|             |      |              |          |   |
| Annie       | 1    | 1            | 6.10.99  | C90, transcribed plus disk  |
| Annie       | 2    | 1            | 8.12.99  | C60, transcribed plus disk  |
| Annie       | 3    | 1            | 24.2.00  | C90, transcribed plus disk  |
| Annie       | 4    | 1            | 5.5.00   | C60, transcribed plus disk  |
| Annie       | 5    | 1            | 15.5.00  | C90, transcribed plus disk  |
| Annie       | 6    | 1            | 13.12.00 | C90, transcribed plus disk  |
|             |      |              |          |   |
| Mary        | 1    | 1            | 6.10.99  | C90, Poor quality tape, seems like tape recorder has fault, copy taken of Mary’s tape, now fully transcribed  |
| Mary        | 2    | 1            | 9.12.99  | C60, transcribed plus disk  |
| Mary        | 3    | 1            | 25.2.00  | C60, transcribed plus disk  |
| Mary        | 4    | 1            | 18.4.00  | C60, transcribed plus disk  |
| Mary        | 5    | 1            | 4.5.00   | C60, transcribed plus disk  |
|             |      |              |          |   |
| Grace       | 1    | 1            | 9.10.99  | C90, transcribed plus disk  |
| Grace       | 1    | 2            | 9.10.99  | C60, transcribed plus disk  |
| Grace       | 2    | 1            | 7.12.99  | C60, transcribed plus disk  |
| Grace       | 3    | 1            | 17.4.00  | C90, transcribed plus disk  |
| Grace       | 4    | 1            | 31.8.00  | ?not yet transcribed, seems to be missing. My copy not found, transcriber denies knowing about it Grace has given me her copy – now transcribed   |
| Grace       | 5    | 1            | 11.8.01  | C60, transcribed plus disk  |

|        |   |   |          |                            |
|--------|---|---|----------|----------------------------|
|        |   |   |          |                            |
| Anne   | 1 | 1 | 11.10.99 | C90, transcribed plus disk |
| Anne   | 1 | 2 | 11.10.99 | C60, transcribed plus disk |
| Anne   | 2 | 1 | 1.12.99  | C90, transcribed plus disk |
| Anne   | 3 | 1 | 21.2.00  | C60, transcribed plus disk |
| Anne   | 4 | 1 | 20.6.00  | C90, transcribed plus disk |
| Anne   | 5 | 1 | 16.10.00 | C90, transcribed plus disk |
| Anne   | 6 | 1 | 8.12.00  | C90, transcribed plus disk |
| Anne   | 7 | 1 | 8.09.01  | C60, transcribed plus disk |
|        |   |   |          |                            |
| Eileen | 1 | 1 | 15.10.99 | C90, transcribed plus disk |
| Eileen | 2 | 1 | 31.10.99 | C90, transcribed plus disk |
| Eileen | 3 | 1 | 11.2.00  | C60, transcribed plus disk |
| Eileen | 4 | 1 | 8.4.00   | C90, transcribed plus disk |
| Eileen | 5 | 1 | 10.4.00  | C90, transcribed plus disk |
| Eileen | 6 | 1 | 29.5.00  | C90, transcribed plus disk |
| Eileen | 7 | 1 | 27.03.01 | C90, transcribed plus disk |

#### Key to table

**Name** = name of participant

**C/No** = conversation number, e.g., No. 1, 2, 3 .....

**Audiotape no.** = number of audiotapes used at each interview

**Date** = date of conversation with participant

**Comments** = any comments re the quality of audio-tapes, tape-recorder or transcribing, any changes to conversation time, when the audio-tape was fully transcribed and the length of the audio-tape, e.g., 60 or 90 minutes long. Also included that I had received a computer disk from the transcriber of the transcribed conversation

**APPENDIX 7 Conversation log**

| <b>Participant</b> | <b>Total number of conversations</b> | <b>Time period for each conversation (C1..)</b>   |
|--------------------|--------------------------------------|---|
| Miriam             | 7                                    | C1 150 mins<br>C2 90 mins<br>C3 60 mins<br>C4 90 mins<br>C5 90 mins<br>C6 90 mins<br>C7 60 mins |
| Anne               | 7                                    | C1 150 mins<br>C2 90 mins<br>C3 60 mins<br>C4 90 mins<br>C5 90 mins<br>C6 90 mins<br>C7 60 mins |
| Annie              | 6                                    | C1 90 mins<br>C2 60 mins<br>C3 90 mins<br>C4 60 mins<br>C5 90 mins<br>C6 90 mins                |
| Mary               | 5                                    | C1 90 mins<br>C2 60 mins<br>C3 60 mins<br>C4 60 mins<br>C5 60 mins                              |
| Grace              | 5                                    | C1 150 mins<br>C2 60 mins<br>C3 90 mins<br>C4 90 mins<br>C5 60 mins                             |
| Eileen             | 7                                    | C1 90 mins<br>C2 90 mins<br>C3 60 mins<br>C4 90 mins<br>C5 90 mins<br>C6 90 mins<br>C7 90 mins  |



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