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Death, nursing and writing ambiguous characters

Abstract:

When nurses are featured in narratives associated with death and dying, the common stereotype of the good nurse – of mother, or angel of mercy – is often invoked. Although such imaging can be flattering for nurses, whose work might otherwise go unnoticed and unappreciated, this representation is also unrealistic and dehumanising. Darker representations of nurses, and particularly the uncomfortable or profane aspects of nursing work, are not only rare outside of the horror genre, they have also largely escaped examination. Consequently, writers, as well as others including the public and those involved in the practice, teaching and scholarship of nursing, have a limited lexicon with which to describe that large part of nursing work which is situated in the realm of the abject, turbulent and traumatic. This article examines Franco's film, *Chronic* (2015), which features a nurse who works in home-based palliative care, and whose character defies stereotypes. Analysing this richly drawn character and what this characterisation reveals about the world in which he operates, provides a case study of writing characters against powerful stereotypes and writing ambiguity.

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Introduction: writing characters

In her enduring handbook for writers, *The Writing Book* (1990, 1998, 2010), Kate Grenville suggests that there are six technical aspects of effective creative writing: getting character, point of view, voice, dialogue, description and design right. She notes that it is, of course, artificial to separate these elements which all contribute to, and work together, in the finished piece of writing, noting that it is often nonsensical, for instance, to separate characters from the dialogue they speak and/or think – but that writers can, and often do, focus on one of these elements at a time for manuscript development and refinement purposes (1998: 35). Following Grenville’s direction, we focus on the first of these elements – character – in the process, musing on the authorial task of characterisation, and the importance of avoiding stereotypical representations.

Although characterisation is a foundational aspect of creative writing practice and has attracted enduring and significant attention in screenwriting research¹ – in terms of the character-centred and character-driven screenplay and many other areas (see, for example, Batty and Waldeback 2008, Batty 2014) – it does not seem to have garnered an equivalent focus in other areas of creative writing research. A search of *TEXT* journal, for instance, reveals that only two articles with the terms ‘characterisation’ or ‘character’ in their titles have been published in the more than 20 years that the journal has been operational. Emily Sutherland’s 2007 article explores the relationship between history and fiction, through an investigation of the characters created by writers in historical novels and literary fiction. Her proposition that ‘accepting that the historical character does share many of the characteristics of a fictional character is a helpful step in the creative process’, suggests the complexities involved in writing convincing characters, whether those narratives are for fiction or non-fiction manuscripts. Inez Baranay’s 2004 article also looks at the act of writing character but, in this case, in terms of the similarities of, and differences between, writing ‘the self’ as a character and writing other characters. Neither of these useful discussions focuses on the issue of writing non-stereotypical characters. To do so, we focus on an often-stereotyped character, that of the nurse.

Nurses as characters

Readers can believe they know or understand a person, or categories of people, because of what they have read about them (Halloran 2009). Nurses are an example of this, perhaps because they are so frequently represented in popular culture – including in literary and genre novels, first person memoirs and screenplays (see, for example, King 1987, Ondaatje 1993, Irving 1997, Chambers 2013). They are, indeed, such a recognised figure in society that children as young as three years of age are aware of what they believe a nurse is (Archer 1984). Yet, nursing has been in existence for thousands of years and has evolved from being a healing art handed down through families, a sacred duty performed by male monks to a diverse profession that today ranges from largely independent nurse practitioners through to nursing assistants undertaking mundane work under supervision (Hallam 2000). Persistent stereotypes, however, tend to project both to the public, and to nurses themselves, an essentialised and simplistic image – that nurses are female, dependant and inherently driven to

altruistically care (Nelson and Gordon 2006). Conversely, the nurse has also been imaged in film as dangerously intimidating or unhinged, manipulative and wily, subverting the cultural stereotype of the nurse as caring, demure and good. The power of the ‘bad nurse’ image can be understood as succeeding, at least in part, due to how vividly viewers understand the figure of the nurse to be a figure of angelic, motherly care. Many nurse characters in horror and other films, instead, epitomise the notion of the monstrous feminine (Creed 1993) – feared because of their power and expert knowledge, but also because of their female gender. Films such as *The Snake Pit* (Litvak 1948), *One Flew Over the Cuckoo’s Nest* (Forman 1975), *Fragile* (Balaguero 2005) and *Shutter Island* (Scorsese 2010) image such nurses, so powerfully indeed that this has become another stereotype.

The trouble with this repeated and unreflective imaging of nurses is that, in such representations, nurses and nursing take on a fixed and mythic status. This misleads and misdirects, and then feeds into cultural anxieties about health care (McAllister and Brien 2016). The situation is, however, complex. Images of nurses as mother and angel (Davis 1992), for example, although sexist and reductive, have also been used very effectively to highlight the valuable work that nurses – and the profession of nursing – provides, particularly in times of war and other catastrophes (Fealy 2004). Such ‘good press’ can be flattering and edifying for nurses, but this representation is also unrealistic and dehumanising. Many scholars of nursing have decried the damage caused by such stereotyping, and organisations have been established to check media representations and criticise media producers who promulgate sexist and other demeaning narratives about nurses (Kelly, Fealy and Watson 2012, Summers and Summers 2014). There are downsides, however, to this control over how nursing can be imaged, including that the realities of professional practice are sanitised and any complexities involved in professional practice erased. Darker narratives about nurses and nursing experiences that subvert the domestic and the sacred are largely not addressed and remain untheorised by scholars outside of popular culture (McAllister and Brien 2016). Consequently, although a large part of nursing work is situated in the realm of the abject and profane, the turbulent and traumatic (Evans 2010), writers and the public as well as nurses, nursing scholars, educators and students, have a limited lexicon with which to describe this work, and thus tend to contribute to the promulgation of existing stereotypes.

Character, death and dying in *Chronic* (2015)

The main protagonist in the French-Mexican film *Chronic* (2015) is a home-based palliative care nurse, David. Written and directed by Michel Franco, the film chronicles a few months in David’s life, and the patients for whom he cares. The film is highly unusual in terms of both this subject matter, and the languid, detailed scenes of David implementing nursing care. Viewers see him bathing, dressing and feeding patients, quietly interrupting family interactions to dispense medications or simply joining the patient in reading or some other everyday activity. As the working day ends, David becomes less effectual, and his main activity seems to be that of jogging, sometimes on a machine, at other times through the streets. Although viewers follow him undertaking

and completing these quite ritualised actions, they are not told or clearly shown what to think or feel about either him or his activities. Viewers can only conjecture as to why he is doing what he does. At one level, he seems caring and attentive, but on another his motivations and intentions are inscrutable.

David is played by the character actor Tim Roth, who is well-known for roles that transgress boundaries between criminal and victim. In *Reservoir Dogs* (Tarantino 1992), for example, he is part of a gang of thieves. Mortally wounded, he dies, slowly and painfully, before viewers discover that he is actually an undercover policeman. In the television series *Lie to Me* (Baum 2009-11), Roth plays a forensic psychologist with an uncanny ability to see through even the most accomplished liars. Informed viewers may thus consider his role in *Chronic* with some suspicion, expecting contradiction and multiple layering of semblance and reality. Viewers, indeed, meet the nurse via an unsettling opening scene. With no musical score, a long quiet stationary camera shot of a suburban street gradually animates with birdsong, and the view of a young woman emerging from a house, getting into her car and driving away. As a parked car begins to move, the viewer takes on the first-person view of the driver – a man we later learn is the nurse, David. He follows the car and, although seemingly confident, is completely expressionless. This mundane, yet quite eerie, scene ends when both cars turn a corner. Although nothing significant seems to have happened and no words have been uttered, the scene clearly establishes that something important has occurred. Just what that is, however, remains unclear and unknown. Then there is a jump-cut to the next scene of David scrolling through the Facebook site of a young woman. What is he looking for? What are his intentions? Is he a stalker or deviant in some other way? These unanswered questions set the tone for a film that provides few answers to any of the conundrums it proposes; yet it draws out the character of the nurse, and the nursing he provides, in compelling ways.

The young woman in the car, Sarah, turns out to be frail, in pain, her body marred by skin lesions and weakened from an unidentified wasting disease. David is her home-based nurse. He bathes her thoroughly, but gently, not shying away from his charge's nudity, skeletal frame and helplessness. It is a scene of extreme, and disturbing, intimacy. That night, when he is off duty, he goes home and, alone, appears less comfortable in his surrounds – as if his life, or at least his competence, ceases when he is no longer performing his professional role. Some days later, he washes and prepares Sarah's now deceased body. He bathes her as tenderly and respectfully as he did when she was alive, but his face is impassive and his feelings are inscrutable.

Later that evening, in a conversation with some strangers he meets in a bar, David tells them, perhaps to explain his solo drinking, that his wife, who he calls Sarah, has recently died and that he cared for her. While this is not true, it is unclear to viewers, who know that Sarah was not his wife, whether the lie is simply his way of garnering sympathy for a loss that he might keenly feel or whether he is intentionally deceiving them in order to make himself appear more interesting or worthy of sympathy. Here the first clue as to the film's theme arises. Perhaps it is dealing with the question: Who cares for the caregiver? Another hypothesis as to the film's theme is more nefarious. In David's care, several patients die. This is not surprising as, after all, they are terminally

ill. But little incongruities begin to recur which raise doubt as to whether their deaths are natural or assisted.

The next patient David is allocated to care for is an elderly man, John, afflicted by a stroke incurred a number of years before, and who is angry with how disabled, and dependant on his family, he has become. David works with him by stretching his stiffened body and setting him small tasks in order that he can engage in at least some measure of self-care. Slowly, the patient reveals to David aspects of his life that even he has not himself recently recalled, including his past profession as an architect. In response, David searches bookshops to find design books that would interest John. In one store, he tells the attendant that he is an architect. Whether this is another inconsequential white lie or an insight into a deluded personality is, again, disturbingly unclear.

As time passes, the relationship between David and John appears to become more trusting and familiar. John becomes less angry and agitated and, when he watches pornography on his computer, David, who was at first both shocked and amused by this activity, occasionally watches with him. This is perhaps a sign of fraternal companionship, but it might not be. On one occasion, distressed with breathlessness, John clings to David, and David holds him closely, easing his anxiety. Family members watch this embrace and then lodge a complaint about David's behaviour – regarding his intentions as manipulative and possibly sexual in nature. David is prohibited from any further contact with his patient and complies, although reluctantly.

Again, this behaviour is not damning on David's part, since it is suggested that he may have been motivated by an attempt to bring comfort and a sense of normalcy to the remaining days of this dying man. The family may be afraid of the intimacy that their father has granted to the nurse, and may also be ashamed of him. Here the film takes a poignant turn by raising what may be an uncomfortable truth for some families dealing with the impending death of a family member – in hospice-based care, patients often make intimate connections to nurses that can leave family members feeling left out, or feeling jealous or outraged (Dowling 2006). It also reveals a social paradox. This is that, as humans, we are frequently disgusted by the physical and mental ravages of disease and death (Curtis 2007), but there are some people who are drawn to it. This latter group would include doctors and undertakers, as well as nurses. This situation reflects a tension between the profane (illness and death) and the sacred (selfless care) which is at the heart of why representing characters, and their relationships, in an end-of-life setting, can provide such fruitful subject matter for storytelling (see Brien and Piatti-Farnell 2016).

In scenes that present David's backstory, clues – or perhaps red-herrings and mis-clues – are provided to suggest why he may have chosen to work in palliative care. The girl he was following online turns out to be his daughter, who he has not seen in several years. His ex-wife, married and now divorced again, is sad when she sees him – revealing that something has become untenable between them. This contrast between David's work and home life adds to the mystery and disturbing ambiguity that imbues the film. As Mike D'Angelo writes, 'the whole movie is an exercise in ambiguity, designed to engender suspicion about activities that would ordinarily seem utterly

benign, and that might very well be utterly benign' (2016). It is eventually revealed that David's son experienced a terminal illness and his (David's) decision to stop life-support led to his estrangement from the rest of the family. Although this is divulged through the narrative, it is not clear whether his wife and daughter were unable to forgive him, or whether David left them as a result of his guilt or shame. It also remains unanswered as to whether his actions were unforgivable, or if his family simply could not face what he was brave enough to do.

That he continues to work in palliative care, repeatedly confronting his own grief, could be a form of self-punishment, a strategy to resolve – or absolve – his own loss, or a manifestation of pathological obsession. Here, again, another difficult truth is suggested through this characterisation that has cultural resonance; as some clinicians, research reveals, may think of themselves as effective or better caregivers because of their experiences with illness and suffering. This has been described in terms of health care providers being 'wounded healers' (Conti-O'Hare 2002). It is also possible, however, that when such nurses prioritise their personal belief system over professional ethics, they may in fact be more *wounding*, than *wounded* healers.

Just when it seems apparent that David may be taking his patients' deaths into his own hands, the story takes another turn. A patient, Martha, who has terminal cancer asks him to euthanise her, but he firmly refuses. Here, his immediate emotional response and actions are unambiguous. He professes most strongly, at least in this circumstance, that he is not a killer, but a care-giver. But in later scenes, he is observed administering drugs to her, leaving her house and then reporting her death as cardiac arrest. The last patient David cares for in the film is a young physically disabled man, Greg, whose mother is taking some respite leave from the care task. David takes over his complex physical and psychosocial support. Across a table in a park, the two sit in silence with a considerable distance between them. When David eventually asks Greg if he needs anything, the patient swears at him. As usual, David's response is impassive and, as at the end of most days working with these patients whose chronic illnesses have made them remote and even unlikeable, David goes for a long run. It is to be his last.

Defining character in terms of the abject

This is a demanding film to watch, not only because of its sombre subject matter, but also because there is no clear direction provided as to how to feel as the narrative unfolds. Viewers must, therefore, form their own interpretations of the nurse character's actions, motivations and feelings. It is well worth the experience, however, not only in terms of its powerful and moving portrayals of death and dying, but because so many stereotypes are dismantled and transgressed. Unlike many stories of nursing that romanticise the work undertaken by nurses (Stanley 2008), it is clear in *Chronic* that nursing work is gruelling and taxing. David lifts, washes and feeds, mops up vomit and faeces, and bears witness to his patients' final moments that are sometimes not peaceful, easy passings. As such, the hard physical and psychic labour and the tedium of such work is not glossed over, nor is its unrelenting nature. Viewers, for example observe how, for David, sometimes his whole day consists of wordless and physically

challenging interactions with fully dependant patients who are clearly dying under his care.

In terms of this nurse as a character, he is male, and unlike the common stereotype directed towards male nurses in popular culture, David's sexuality and professional knowledge are not questioned (Weaver et al. 2014). Unlike the recurring handmaiden stereotype (Summers and Summers 2015), David primarily works independently, without need of doctors or other health professionals. He also must take responsibility for his own actions or inactions, and is called to account for them. In terms of the study of a character, the nurse in *Chronic* is an enigmatic character who is far from stereotypical. There are many paradoxical features in David's personality and actions that engaged viewers will find curious and disturbing. He seems committed to his work, yet he is also, simultaneously, unaffiliated and marginalised. He gains the trust and respect of his clients, yet these patients' families, as well as strangers and even his own family, appear unsure of his motivations and keep their distance from him. He successfully represses any signs of repulsion that he might feel in dealing with death and dying, yet viewers cannot be completely confident that David's motivations are pure or positive. Indeed, it is his inscrutability that drives the film, building a sense of mystery and foreboding as the narrative unfolds, and fascinating the viewer until – and after – the shocking final frames.

The work in which David engages can be complex and interesting, but it is also, at times, mundane and boring. It is thus work that can be both revered and reviled and, among other issues, this film delves into the abject nature of nursing work and, in particular, of palliative care. Julia Kristeva explains that something is considered to be abject when it threatens that which is clean and proper, which is classified as the non-object (1982). Bradbury-Jones and Taylor explain that there are three elements that can assist with understanding how the abject is experienced by patients and nurses (2014). There is the clean and proper (non-object) self; there is physical matter which is abject in itself like blood, vomit and decay; and there are reactions to encounters with the abject. Experiences that incite abjection are those that disturb identity and order, and do not respect borders and rules. Interestingly, and importantly, Kristeva points out that the abject 'beseeches, worries, and fascinates desire' (1982: 1). The abject is thus both disgusting and irresistible, and simultaneously both repulses and summons. Being able to describe and portray David's character so that he reflects this tension is not only fascinating but also deeply troubling, and a major strength in Franco's writing and directing of *Chronic*.

Each day, David works with the abject body. He does this, not in a perfunctory manner, but with tenderness and respect. While family members and even sometimes the patient themselves might be repulsed by the gruesome processes involved in dying, David appears stoic and unaffected. Rudge and Holmes suggest that nurses are supposed to act in this way – to sublimate any personal negative feelings and present a convincing façade that they actually are unaffected and, in doing so, assuage the cycle of disgust (2009). But even nurses have their limits on what they can accept (Bradbury-Jones and Taylor 2013). At these times, nurses engage in othering practices, such as marginalisation, distancing and rule transgression.² Many nurses also seek to avoid encounters with death and dying, preferring to work in areas of wellbeing and recovery

(Chernomas and Shapiro 2013). In David's case, his abjection may be manifested more extremely. It is possible, for instance, that he is transgressing the rules of palliative care by killing his clients when they no longer fit his definition of 'proper' patients. It can be conjectured that he may believe that, given his experience, their process of dying would be even more horrifying without his interventions and is thus compelled to hasten their deaths, as he perhaps did with his own son, out of a sense of care, and even, kindness (Magnusson 2002). Although the film is ultimately ambiguous about whether this nurse is an angel of death or angel of mercy (Davis 1992), it deals with the euthanasia debate in a subtle, yet insistent, manner. While completely compelling, David's character and motivations are deeply mysterious and uncertain, and this mirrors the deep-seated cultural anxiety about medically-assisted processes of dying.

Writing about nursing generally, Evans refers to the 'strange yet compelling' (2010: 199) nature of nursing and points out the vagaries of abjection: what one nurse may find repulsive, another may find a challenge. Where one nurse may fear and avoid a patient who deliberately self-harms, for example, another may actively seek to work with them (McAllister 2008). Similarly, not all nurses who care for dying patients will find the work rewarding, and some may even find it disgusting. That Franco dares to enter such a contentious social space – palliative care – is important, for his writing (and directing) brings in from the margins aspects about, and cleavages within, both the human life cycle and the practice of nursing itself that are silenced and untheorised. Palliative care is considered a contentious space in professional terms because many nurses themselves feel anxious about dealing with death and dying; not ready, or willing, to care for these patients, or able to cope with the potentially unpleasant associated tasks (Gillan, van der Riet and Jeong 2014). There are, however, others who find the work appealing (Oliviere and Hargreaves 2017).

In *Chronic*, Franco presents many lengthy and often wordless scenes, allowing the audience access to deeply private nurse-patient interactions, including body-care rituals that are intimate and, to outsiders, possibly abhorrent. Viewers also learn that chronically ill or dying patients can become so detached from life as to be unreachable, but they can also have their dignity and humanity preserved through interactions that support, that do not judge, and where reactions to the abject are successfully repressed. In this way, Franco reveals the ephemeral allure of the profane and the sacred within nursing work. One significance of Franco's film is that it describes and reveals this often-hidden tension. This is done, moreover, through the character of the nurse David, and the way that character is written, acted and filmed.

Conclusion: the power of ambiguity

Grenville suggests that characters 'are like people in being, finally, mysterious. Their delicate mechanisms can't be summed up neatly in formulas or rules' (1998: 36), and thus this discussion has not sought to provide any rigid guidelines in relation to the process of characterisation. It has, instead, focused on how much a well, and finely, drawn character can contribute to a text. Specifically, this discussion has sought to tease out how the nurse in *Chronic* illustrates Grenville's idea of writing a 'complex character inhabiting a convincingly evoked world' (1998: 48). In *Chronic*, the portrayal of this

palliative nurse as a man who is flawed and ambiguous is, in terms of the writing of him *as a character*, both compelling and credible. Furthermore, we propose that this particular characterisation provides an interesting case study in how the ‘world’ this text evokes (that is, the world of palliative healthcare) is foreign to most people until inevitable life changes lead to illness, disease and dying. It also, we believe, reveals how a detailed character portrayal can contribute to a more intriguing and illuminating narrative rendering of an invented world including, as in this case, when writers are able to image and effectively convey at least some of the diversity and complexity of working life (Sennett 2008, see also Brigden and Milner 2013). In Franco’s powerful and arresting representation of a character-in-action, viewers are presented with a filmic depiction of an ambiguous character who drives the narrative of this original and intriguing film. It is possible, we finally suggest, that this mysterious character may help viewers to think more deeply about the process of dying, the possible roles one could take in that process, as well as the authority, and even dominion, attributed to nurses when they, as inevitably happens in palliative care, are tasked with overseeing this final stage of life.

Endnote

1. Characterisation in screen writing and screen writing research is a rich area of enquiry, but outside the parameters of this discussion.
2. Recent research deals with the difficult subject of patients who are assessed as ‘abject’ by health carers. These may be people who look or act in abhorrent ways, either because of physical, emotional, mental or cultural anomalies. Due to being understood, and classified, in this way – as abject – health practitioners may subject such patients to a process of othering, where the patient is marginalised and judged as less deserving than other patients and, at its worst, undeserving of care (Foth, Lauzier and Antweiler 2017).

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