Wearing the Ritual: Masks and Meaning in Visual Representations of Nursing Care During the 1918 and 2020 Pandemics

A dissertation submitted to the Caspersen School of Graduate Studies

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Doctor of Medical Humanities

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Abstract

Since the COVID-19 pandemic of 2020, masking has emerged as a powerful ritual practice, rich with meaning and cultural symbolism. From a traditional lens, what started as a standard public health practice with photographic roots from the time of the third plague (1855–early 1900s) has been exposed as a complex ritual of social and cultural negotiation, raising questions around meaning, care, identity, protection, equity, and more. This dissertation examines what the nurse-masking ritual communicated, as revealed in visual representations of nurse masking during the 1918 Influenza and 2020 COVID-19 pandemics. Analyzing photographs, drawings, paintings, graffiti, social media, sculpture, and video materials, this study investigated what the masked identities of nurses represented and how they were constructed and interpreted across two global health crises. The method used emerged from the recognition that rituals are often elusive and indirect yet densely layered with symbolic and aesthetic meaning. Visual representations have the capacity to illuminate, communicate, enact, and coproduce these symbolic dimensions in ways similar to ritual practices. Images from the 1918 Influenza and 2020 COVID-19 pandemics were purposively sampled, and materials that demonstrably depicted masking as a symbolic, socially mediated practice during each pandemic period were prioritized. A researcher-designed tool that adapted an established nursing theory of knowledge acquisition was used to structure data analysis and to illuminate the empiric, aesthetic, personal, ethical, and emancipatory dimensions of masking as both a care practice and a communicative ritual performance. The research reveals how the nurse-masking ritual shaped and coproduced public understanding of infection control, identity, collective responsibility, and nursing solidarity. Findings can be used to inform more nuanced public health and nursing policy as well as academic and professional education strategies for nurses.

Keywords: ritual, myth, religion, nursing care, biomedicine, mask, masking, ritual study, 1918 influenza pandemic, Spanish flu, COVID-19 pandemic, corona virus, visual arts, visual representation, nurse

Dedication

To my husband Sang, my unofficial sounding board. Our conversations always help clarify my thinking. Thank you for your patience, encouragement, and unending love and support.

To my son Liam, who listened. You are more intelligent than I will ever be.

You both bring meaning to my every experience.

In Memory of

My parents, James J. Conlon and Virginia M. Conlon, who taught me to see the importance of simple things and for always being proud of me. I admire, love, and thank you.

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Acknowledging those people who helped me to this point seems a small return for the inspiration, guidance, and/or respite I received along the way, but without this ritual the document would not seem complete. To artists who share their gift and invite us to see and interpret, thank you. To my fellow students in the Medical and Health Humanities Program, I thank you for sharing yourselves in each class. You made the discussions rich and challenging. I also thank all those who teach and have taught in the Medical and Health Humanities Program, particularly Linda Van Blerkom, PhD, Professor, Anthropology; Jonathan Reader, PhD, Baker Professor, Sociology; Richard Marfuggi, MD, DMH; and Liana Piehler, PhD, Patrice M. and John F. Kelly Faculty Fellowship in Arts and Letters (2019–20), Thomas H. Kean Scholar/Mentor of the Year (2014), Affiliate Professor of English, Arts and Letters Program. Each of you contributed an essential piece to my learning.

To my dissertation committee, Merel Visse, PhD, Director and Associate Professor, Medical and Health Humanities, and Liana Piehler, PhD, Affiliate Professor of English, Arts and Letters Program, I am deeply indebted to you both, first and foremost, for your patience. You offered a thoughtful balance of critique and encouragement, creating a supportive space in which I felt safe to share my writing. Each of you generously shared the distinct strengths you bring to your respective fields, as well as your ability to share those gifts with your students. I am sincerely grateful. To my dear brother, James J. Conlon, Jr, PhD, whose excitement about my project kept me hopeful.

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Preface

> The meaning of ritual is deep indeed. He who tries to enter it with the kind of perception that distinguishes hard and white, same and different, will drown there.
>
> The meaning of ritual is great indeed. He who tries to enter it with the uncouth and inane theories of the system-makers will perish there.
>
> The meaning of ritual is lofty indeed. He who tries to enter with the violent and arrogant ways of those who despise common customs and consider themselves to be above other men will meet his downfall there.
>
> —Eric L. Hutton, *Xunzi: The Complete Text*

My work on this doctoral dissertation was born from experience with rituals as a human being, interest in rituals as a practitioner, and scholarly inquiry into rituals that expanded my thinking about their essential humanness and potential power. I create and indulge in rituals all the time. I eagerly celebrate holidays involving family rituals. I relish the ceremonial activities of birthdays and graduations. I have used rituals to help me write this work. Rituals are part of who we are and what we do.

As a nurse I have seen many things contribute to a person's health. Many of those things are undeniably the technical effect of biomedical intervention. For example, a person with bacterial pneumonia receives an antibiotic and the infection is eradicated. Less credited are the rituals in health care that have been performed for centuries despite having no obvious technical effect. What Xunzi asked in the epigraph to this preface was to approach rituals by searching for the less obvious. Ritual study requires humility and tolerating what seems intolerable. This is how I ask readers to enter this dissertation and what I ask nurses to reconsider and reinvestigate.

The words "drown," "perish," and "downfall" were deliberately chosen by Xunzi to elicit a sense of urgency and finality. I suggest that preserving the humanness so apparent in rituals and continuing to study them are desperately needed in health care now and necessitate this same urgency. Medical humanities are in a unique position to develop collaborative methods for

advancing the study of rituals and for exploring the potential power rituals possess in caring for people.

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> Truth is ever to be found in the simplicity, and not in the multiplicity and confusion of things.
>
> —Isaac Newton, *Theological Manuscripts*

Rituals are common to all societies. They help us celebrate, mourn, and navigate life's realities. We observe graduations with elaborate rituals using costumes, speeches, music, and awards. Religious ceremonies are laden with rituals involving specific apparel, chants, songs, and readings. We also visit caregivers who wear special uniforms, decorate their spaces, and conduct various activities with objects such as stethoscopes, catheters, and masks as they render care. Although rituals abound in nursing care, these conspicuous phenomena have received little valued attention within the nursing profession; therefore, scholarly investigation into rituals seems obligatory (Wolf, 2014).

Rituals held interest for me long before I knew they were rituals. On holidays, artifacts would come out of storage that were special in some way to the celebration. Religious services I attended required unique actions and prayers. Starting a new school year meant new book covers made from decorated paper grocery bags. Reverence for these practices was always present. Why? Are rituals instinctive? Are they spiritual or magical? Do they help us manage anxiety? Do they communicate hidden messages? This study explores these questions.

Rituals are old, having been practiced by ancient humans until the present day. Scholars have studied rituals, named them, watched them, categorized them, and defined them. Yet they are still intangible. Attempts to define ritual have created a long history of intra- and interdisciplinary debate that ranges from searching for the perfect definition (Turner, 1967, 1974,

1977) to trying to redefine ritual (Bell, 1992) to disenchantment with the concept altogether (Goody, 1977, 2010; Staal, 1979, 1989).

On this matter I am most aligned with Grimes (2014), who said that trying to define ritual is like "trying to pin down jazz" (p. 189), addressing its fluidity and processive nature. As such, this study adopts a dynamic process-oriented definition of ritual: human actions that are repeated, formal, and intentional, communicating symbolic meaning while maintaining and shaping social landscapes. Rituals are representations of humanity.

Beyond definitions, as a practitioner I observe rituals that seem to resist clinical logic or cause-and-effect reasoning. This research is an attempt to understand that resistance. Based on the interdisciplinary literature review on ritual and masking that follows, I propose that rituals possess a "superpower," a triangular ability to emerge through causal opacity, to persist through social interruption, and to mediate human dichotomies. This dynamic understanding of rituals, supported by symbolic communication and performance theory, will provide the foreground to interpret the symbolic messages the nurse-masking ritual communicated in two pandemics.

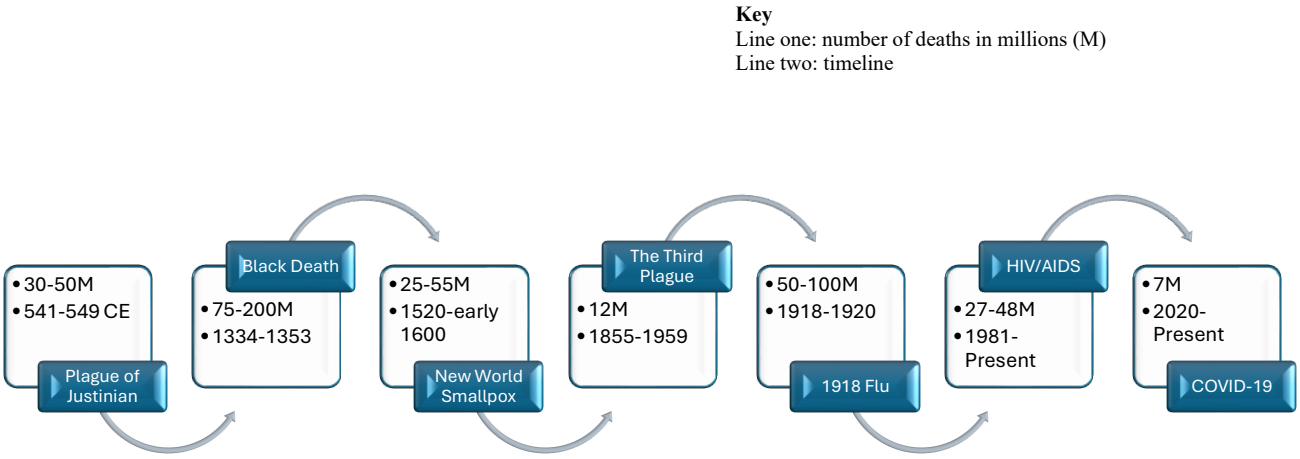
Although several rituals were initially considered for this study, the universal visibility of masking during the COVID-19 pandemic—in clinical, public, and virtual spaces—made it an attractive choice. The images were captivating and clearly communicated a message far beyond the necessity to wear a mask for protection from the virus. By analyzing visual representations of nurses masking during both the 1918 and the 2020 pandemics, I identified masking as a distinct ritual performance. Consequently, this study adopts a multimodal qualitative analysis of visual representations, which is detailed in the forthcoming methodology chapter.

Several terms are used throughout this study that require clarification. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) refers to the specific virus causing the acute

respiratory illness COVID-19. The phrase 2020 COVID-19 pandemic is used in comparison with the 1918 Influenza Pandemic to contrast pandemic eras. The COVID-19 pandemic refers exclusively to this event. Finally, coronavirus refers to a broader family of viruses commonly cited early in the pandemic.

The 2020 COVID-19 pandemic heralded a catastrophic loss of human life that is now situated in history with other ancient and modern pandemics (see Figure 1), such as the plague of Justinian (541–549 C.E.), the bubonic plague (also known as the Black Death [1347–1351]), the smallpox pandemic (16th–19th centuries), the third plague pandemic (1855–early 1900s), the 1918 influenza pandemic (1918–1919), and the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) pandemic (1981) (for a depiction of all figures shown in this text, see Appendix A).

Figure 1



Note. This figure demonstrates some of history's most deadly pandemics. Adapted from "History's Seven Deadliest Plagues," by M. Prabhu & J. Gergen, 15 November 2021 (https://www.gavi.org/vaccineswork/historys-seven-deadliest-plagues).

Collective fear, ambiguity, mistrust, cohesion, solidarity, and hope were lived and acted out in each of these pandemics and shaped social, cultural, economic, and political responses. In Europe, for example, after the third plague pandemic (1855–early 1900s), economic disturbances contributed to labor shortages, which improved the bargaining power of laborers (Italian Studies Department, 2010). During the 2020 pandemic, wage growth from October 2021 to March 2023, especially for low-wage earners, rose sharply as organizations competed for labor to compensate for built-up demand (Carroll & Walker, 2025). These concrete examples of lived action shaping the economic landscape demonstrate the power of ritual.

Visual evidence of masking during pandemics exists with little consistency until the third plague (1855–early 1900s). Although masking was used sporadically over the centuries, it was not until the late 1800s, early 1900s that it became more consistent, purposeful, and visible. This was the first pandemic to be photographed, and germ theory was becoming more widely accepted, both of which contributed to increased use and visibility of masking (Schlich & Strasser, 2022). There are many images of the familiar "plague mask," a large beaked mask believed to be worn during the Black Death, yet there is no evidence that these masks were ever used by doctors until later during smaller plague outbreaks in the 17th and 18th centuries. This corresponds with early beliefs that the plague was caused by "bad air or miasma," which was supposedly warded off by aromatic herbs held in the beaks of the masks (Matuschek et al., 2020). There is also no suggestive evidence that masks were consistently used during the smallpox outbreak in the 16th century (Conti, 2020, pp. 1–2). The history of medical masking is expanded on in Chapter 2.

During the 1918 Influenza pandemic and particularly the 2020 COVID-19 pandemic, masking was a common ritual, and despite the passage of a century between these two global

crises, there are similarities in health care responses and social reactions that are relevant to this study and confirm the claim that rituals persist over time. Both pandemics relied on similar public health strategies to contain the spread, such as masking, social distancing, and handwashing. Officials recommended face coverings (mandated in some states in the United States) during both pandemics (Morens et al., 2021). During both pandemics, improvisational masks were constructed by health care workers and the public, the act of constructing a mask becoming part of the ritual itself, preparing for care. To decrease the spread, sporting events and religious services during the 1918 Influenza pandemic were held outdoors, as were graduations and weddings during the 2020 pandemic (Morens et al., 2021). During both pandemics, irrational and harmful remedies were considered: in 1918, enemas and laxatives; in 2020, bleach and disinfectants. Since the viral cause of the 1918 Influenza pandemic was unknown, treatment was largely supportive and heavily reliant on voluntary nursing care in homes, leading to high mortality rates. In contrast, the medical response to the 2020 COVID-19 pandemic included professional nursing care, diagnostic equipment, intensive care units (ICUs) with ventilators and oxygenation, medications, and the ability to rapidly produce vaccines. However, despite these biomedical advances, lack of complete understanding of the natural history and pathogenesis of (SARS-CoV-2), led to high mortality rates (Morens et al., 2021). Mortality rates were also affected by a lack of political will to consistently enforce public health measures such as masking, social distancing, and vaccination (Neelon et al., 2021; Wallace et al., 2022).

During both pandemics, photographs were taken demonstrating the “act” of masking. Many public health education visuals demonstrated the donning and doffing of masks (Ewing, 2021). Artists also created paintings, drawings, sculptures, and masks. These visual representations were used in this study to investigate the central research question: What did

"wearing the ritual" by nurses during these pandemics reveal about nursing care within the larger social and cultural system? In the process of inquiry, the concepts of ritual, masks, and visual representation were explored independently, then brought together. The very essence of ritual is of something enacted, performed, witnessed, and interpreted. Anthropological study of rituals has long dictated that witnessing, interviewing participants, and participating in rituals are the standard methods of investigation and analysis (Bell, 1992; Grimes, 2014). I contend that aesthetic inquiry of ritual using visual representations expands the possibilities for ritual analysis. It allows for a richer understanding of the symbolic messages communicated because they become preserved within the image itself. If a mask is a symbol or sign, then a visual representation preserves the message, which allows for comparison and deeper layers of analysis (Barthes, 1972; Carey, 2009).

Accordingly, I conducted a multimodal qualitative analysis of a purposive sample of images and video to assess whether the masking ritual depicted in these visual representations communicated meanings beyond its expected empirical function, shaping thoughts, feelings, and actions across two catastrophic pandemics. I argue that analyzing ritual through visual media readily supports symbolic interpretation, highlighting ritual's superpower.

The model of knowledge acquisition developed by Chinn et al. (2026) was adapted to create a guide to analyze the visual representations selected for this study. This model was chosen for several reasons. My background is nursing, so this nursing theory as well as image exemplars of nursing were familiar and helped ground me as I stepped out of my comfort zone and used visual representations as data. In addition, the theoretical process developed by Chinn et al. (2026) is represented visually, which speaks to the power of images in shaping understanding. Finally, visual images such as looking at a cross-sectional image of the brain or a

video of donning and doffing a mask are frequently used in nursing education for facilitating acquisition of cognitive or psychomotor skills; use of visual thinking strategies and art-based pedagogy are less often thought of as strategies to focus on for the affective domain (Josephsen, 2023). This fact opens possibilities for nurse educators in the fields of mental health, maternity, and population health.

Chapter 1: Literature Review

Ritual and Prehistory

Rituals are arguably older than humanity. The behavior of some animals is extremely ritualized. For example, a lion's formulaic roar plays a role in social cohesion and defense of territory (Gray et al., 2017). The blue-footed boobies of the tropical Eastern Pacific perform an involved ritualized courtship dance that flaunts their distinctive blue feet (Angier, 2017). According to Goodall (1986), chimpanzees demonstrate ritual social behaviors when they return from searching for food. This ritualized reunion includes mutual embracing, kissing, group pant-hooting, and grooming (Goodall, 1986).

The surfacing of ritual in hominid evolution reveals information about cognition: Modern cognition is often recorded by ritual (d'Errico et al., 2003; Henshilwood & Marean, 2003; Rossano, 2015). The first discovery of Neanderthal burial at La Chapelle-aux-Saints, France (Bouyssonie et al., 1908), was reinvestigated, and findings supported the original proposition of the intentionality of Neanderthal burials during the European Middle Paleolithic period, some 300,000–50,000 years ago (Rendu et al., 2014). After a 12-year examination of human remains (taphonomic evidence) and of the condition of the burial pit at La Chapelle-aux-Saints (anthropogenic evidence), the study concluded Neanderthals collectively dug the pit, deposited the dead, and rapidly covered it for protection (Rendu et al., 2014). According to many researchers, the intentional burial performance by archaic humans in the archaeological record signified cognitive and symbolic behaviors (Nielsen et al., 2020).

Using red ochre for various purposes has similarly been cited as an indicator of cognition in multiple hominin species across time and space (Brooks et al., 2018; Geggel, 2018; Popelka-Filcoff & Zipkin, 2022; Wreschner et al., 1980). Early hominins gathered ochre, manipulated it to form powder or paint, and applied it to bodies, surroundings, or objects to signify something

to others who understood the meaning (Brooks et al., 2018). That archaic humans could create, use, and recognize symbols has signified for many social scientists the beginning of religion (Cauvin, 1994/2000; Mithen, 1996; Renfrew, 1985, 1993, 2004).

Origins: Ritual, Myth, Religion

Evidence of ancient thinking about rituals is often tied to religion. India's Satapatha Brahmana, a Hindu sacred text committed to writing in 300 B.C.E., described sacrificial, calendrical, and societal rituals (Eggeling, 1963). Kūkai's treatment of Japanese Shingon Buddhist ritual emphasized ceremonials, spells, and magic formulas during the ninth century (Krummel, 2018). Ritual texts inscribed on the walls of ancient Egyptian pyramids at Saqqara during the Old Kingdom (2686 B.C.E.–2181 B.C.E.), known as the Pyramid Texts, are the earliest known mortuary corpus of any civilization (Alvarez, 2022). The spells, or chanting, of the Pyramid Texts were generally concerned with facilitating the transformation of the deceased into someone judged worthy to mix with the gods (Allen, 2005). These texts about rituals clearly identify the societal importance of the rituals as well as their link to some religious form.

Catherine Bell, religious studies scholar, outlined three theoretical perspectives in her book *Ritual: Perspective and Dimensions* (Bell, 1997) that provide essential historical grounding for any discussion of the scholarly study of rituals. The first is related to the origins of rituals and religion; the second relates to the role of rituals within societies; and the third is concerned with rituals as a form of cultural communication that creates meaning (p. 2). Each of these perspectives is essential to review and will be briefly addressed here. This study will ultimately focus on the symbolic communication and performance of ritual; therefore, a more extensive review of scholarship addressing ritual from this perspective will be included.

Bell (1992) claimed ritual has been "central to research in religion and society since the late nineteenth century" (p. 3). As such, early theories about ritual were entangled with debate about the origins of religion and civilization, the most notable of which were the myth-ritualist theories or the evolution of culture theories (Bell, 1992; Segal, 1980). Ritual and myth (action and belief, respectively) are elements of religion, and early arguments reflected this (Durkheim, 1995; Evans-Pritchard, 1937; Frazer, 1906–1915/2024; Malinowski, 1948; Radcliffe-Brown, 1922; Rappaport, 1979; Smith, 1889/1969; Turner, 1966; Tylor, 1871/1958). Is ritual an essential part of religion and civilization? Is ritual primary or secondary to myth? Must rituals and myth exist together? According to Catherine Bell (1997), it was essential to review these early ritual questions, not only because they revealed a history of ritual but because they also revealed a history of thinking about religion, culture, societies, history, and universal structure (p. 3); I would include art, science, and language. Robert Segal (1980), a significant myth-ritual scholar, while not specifically endorsing Bell, indirectly supported the idea that early ritual questions, particularly the myth-ritual debate, were critical historical pieces in the study of religion and myth.

E. B. Tylor (1871/1958), evolutionary and social anthropologist, initiated discourse that myth, not ritual, was primary in the origin of religion. Tylor (1871/1958) asserted that religion was a leftover from early, "primitive" cultures' attempt to explain the world, and rituals were "survivals" seen in contemporary religious practice (Segal, 1998, p. 63). Tylor viewed myths as explanations that early cultures used to understand and control natural forces (1871/1958). He asserted that the "minimal definition of religion" was belief in spirit beings, which he identified as animism (Beumer, 2020, p. 20; Tylor, 1871/1958). This core religious belief in souls and spirits was characteristic of even the most advanced religious systems (Beumer, 2020).

Ackerman (1975) cited Tylor, arguing that even if the myths were proved wrong, they were relevant to study because they represented early cultures' attempt to make sense of the world (p. 117). I agree with this position because rituals are context related. It is helpful to understand the specific thinking, if known, because it informs and strengthens present thinking.

Subsequent myth-ritualist theories broke from Tylor and supported the primacy of ritual over myth (Frazer, 1906–1915/2024; Harrison, 1912/1962; Hooke, 1935; Hyman, 1949; Smith, 1889/1969). William Robertson Smith, a biblical scholar who studied the religion of the Semites, argued that ritual was primary and more basic than the beliefs of the Semites and that religion developed from the acts and behaviors to protect and preserve the welfare of the group (Bell, 1997, p. 4; Smith, 1889/1969, pp. 28–29). James George Frazer, an anthropologist most known for his book *The Golden Bough*, also investigated ritual and claimed that "underlying all ritual is the theme of the dying and resurrecting god which protects all people" (Frazer, 1906–1915/2024, p. vi). Frazer identified three hierarchical evolutionary stages in human cultural development: magic, religion, and science (Frazer, 1906–1915/2024). Frazer suggested that "primitive" cultures had faith in magic while modern cultures focused on science, with religion somewhere in between (Frazer, 1906–1915/2024). Mary Douglas, anthropologist, claimed that this evolutionary approach to culture was condescending and ethnocentric and allowed for hierarchical distinctions between cultures that were not helpful (1966). Douglas argued that even if cultural and religious features differed from culture to culture, how people thought was not that different (1966). This statement by Douglas aligned with Bell's and Segal's assertion that it is essential to analyze previous arguments about ritual.

Samuel Henry Hooke, an English scholar, and Jane Ellen Harrison, a classicist scholar, both asserted that myth and ritual depended on each other in early civilizations (ancient Egypt,

Babylon, and Canaan) and that over time ritual and myth separated and distinct religions emerged (Bell, 1997, p. 6; Harrison, 1912/1962; Hooke, 1935, pp. v–vi). According to Segal (1998), those arguing that ritual and myth were dependent on each other were the true myth-ritualist theorists (p. 63). Despite the intrigue and spotlight that the myth-ritualists brought to rituals, the theories have long been dismantled. Over time they have been exposed for lacking sufficient evidence, generalizing, ethnocentrism, pseudoscience, and overfocusing on the origins of religion and the universality of myth and ritual (Bharati, 1971; Douglas, 1966; Hyman, 1955, p. 28; Kluckhohn, as cited in Bell, 1997, p. 8; Wittgenstein, 1993). Segal (1998), in alignment with Bell (1997), pointed out that these early interpretations of myth and ritual led to questions about the relationship between practice and belief, religion and science, and thought and action, all of which were still relevant dichotomies related to rituals. Despite the repudiation of this line of interpretation, ritual remained in focus and became central to social scientists' investigation into social structure and function (Goldschmidt, 1966, p. 510).

Ritual as Social Structure and Function

Influenced by origin theories and their rejection, scholars began to study ritual for its influence on society rather than on religion alone. Social scientists used rituals to analyze society's structure and function (Durkheim, 1995; Malinowski, 1948; Radcliffe-Brown, 1922). Social *structure* refers to the patterns of social norms, roles, and institutions that guide human behavior and are viewed as crucial for social cohesion (Editorial Office, 2024); for example, societies typically have some type of family or parent structure to raise children. Social *function* refers to practices that contribute to the stability and general functioning of society (Editorial Office, 2024); going to college, for example, has the function of gaining employment and meeting friends or a spouse. Generally, structural functionalists view societies as biologic

organisms with interrelated parts that function as a whole to maintain equilibrium (Hasan, 2023). Structural functionalists view rituals as reinforcing social norms and group cohesion by contributing to social order and strengthening social values (Durkheim, 1995; Malinowski, 1922; Radcliffe-Brown, 1952).

Emile Durkheim, frequently cited as one of the architects of modern social science, was influenced by the myth-ritualists (Adams & Sydie, 2001; Bell, 1992, p. 24). His approach to rituals therefore had evolutionary roots because he viewed societies as changing over time from less developed to more developed (Adams & Sydie, 2001). He claimed religious beliefs represented the nature of sacred things within society and rituals demonstrated how people should act in the presence of sacred things (Durkheim, as cited in Bell, 1992, p. 24). Sacred things were associated with religion, and profane things detracted from or desecrated sacred things and had to be kept separate (Douglas, 1966; Durkheim, 1995). Malinowski (1922) suggested that people had basic needs (food, water, etc.) and social structure had to meet these needs through specific norms, behaviors, activities, and materials (Goldschmidt, 1996, p. 510). Radcliffe-Brown focused more steadfastly on social structure rather than needs. Radcliffe-Brown argued that religion and rituals existed and persisted because they were part of the societal system that maintained itself and established certain social values (1922). He did not view ritual as having the capacity to challenge or generate conflict; his position was that ritual only preserved cohesion and values.

In an interesting book on the history and evolution of anthropological study, Nicholas Thomas (1989) addressed the significance of Radcliffe-Brown's effort to establish a natural science of society. Thomas argued that this caused the shift from anthropologic theory and interpretation to fieldwork, and thus a break from evolutionary speculation in favor of scientific

functionalism (1989, p. 19). Thomas wrote that Radcliffe-Brown either ignored or criticized what he considered to be "pre-scientific amateur" writing and dismissed a whole generation of writers, which impacted structural anthropology (p. 19). Evidence of this could be seen in Radcliffe-Brown's work on Australian Aboriginal social organization in which he used terms such as "inaccurate," "misleading," and "lacking in precision" to describe pre-scientific writing (1931, pp. 33–34). According to Thomas (1989), this led to the dismissal of evolutionary or historical causality and "pre-scientific" writing. This static and ahistoric perspective by Radcliffe-Brown failed to explain rituals arising from social change or the dynamics of transformation and negotiation.

Claude Lévi-Strauss, structural anthropologist, moved in a different direction and proposed that culture, similar to language, was composed of hidden rules that directed behavior (1973/1977). Lévi-Strauss suggested that thought processes were the same in all cultures and that these mental processes existed in the form of binary oppositions (Lévi-Strauss, 1973/1977; Winthrop, 1991). He proposed that there was hidden meaning in all social expressions, and these underlying meanings could be understood by studying rituals and experiencing their collective representation (Lévi-Strauss, 1973/1977; Winthrop, 1991).

Binary opposition is a notable concept of structuralism, referring to seeing distinctions as basic to all language and thought. Each unit of language is defined in reciprocal determination with another term, as in binary code. For example, "up" has meaning because of its opposition to "down" and vice versa. From a structuralist perspective, this is not a contradictory relation; it is a structural and complementary one (de Saussure, 1976, p. 166, 1993, p. 118). Binary opposition is seen as an organizer of human thought, language, and culture for structuralists.

For de Saussure, language existed as a total system or it did not exist at all. His model influenced researchers to move from focusing on facts about human behavior to the idea of human action as a system of meaning (Mambrol, 2018). This was a critical bridge for the ritual symbolists: to look at rituals similarly to the way language is understood.

Examining action as a system of meaning is also the basis of this study, which conceives of ritual action as symbolic. During both the 1918 Influenza and the 2020 COVID-19 pandemics, groups were divided between masking and antimasking. This binary opposition was collectively represented by the masking ritual. It is critical to note that in structuralist theory a sign or utterance has meaning that is determined not by the author or speaker but by the "deep structure of the language system in which it occurs" (Lye, 1996, p. 2). Think of a student in a classroom who rolls their eyes because of disinterest or disagreement with the professor; the meaning of this action is only significant in the context of its occurrence. This is where the structuralists and symbolists differ. Both are interested in the signs; where they differ is where the meaning comes from.

Critics of structural functional assumptions questioned their validity because the methodology was observer dependent (Lett, 1987, p. 103). Other criticisms included that the assumptions did not account for individual human action, only collective thinking (Lett, 1987; Rubel & Rosman, 1996; van Gennep, 1909/1960). Others argued that what functionalists termed "shared values" were values often imposed by the dominant group (Gouldner, 1970). Evans-Pritchard (1950) and Asad (1973) both argued that functionalists ignored historical processes of the societies being studied. Asad was particularly critical of functionalists representing the groups they studied as integrated, self-contained systems, which he argued removed them from the flow of human history (1973).

Having traced rituals from their early prehistoric signs through their treatment in myth-ritual studies, religious origins, and structural functional interpretations, this chapter has outlined the major foundations through which ritual has been understood. Each theoretical understanding has contributed particular insights of interest to this study. These perspectives illustrate how rituals persist and actively adapt, respond to, and shape new cultural forms. The next section will focus on the communicative and performative approaches to rituals and will move toward how rituals will be analyzed for this study. It will review and question ritual study as symbolic communication that is performed and interpreted.

Ritual as Communication and Performance

During the 1918 Influenza and 2020 COVID-19 pandemics, masking emerged not just as a public health practice but as a ritualized activity with symbolic significance. The masking ritual allowed cultural groups to express values (the common good, individual freedom), negotiate identities (political identity, health care worker identity), and structure social experiences (isolation, solidarity, inequity). Its presence in visual representations of nursing care as well as public masking expressed its biomedical significance as well as these cultural signs. Witnessing and participating in these nurse-masking rituals as a researcher were not permitted in hospitals or nursing homes, yet the visual representations of the ritual were abundant. This section situates masking within the theoretical traditions of symbolic communication and process as well as ritual performance, establishing the foundation for analyzing visual images of masking from the 1918 and 2020 pandemics.

From the late 1950s through the 1980s, symbolic anthropologists made significant contributions to ritual study. Anthropologists continued to have interest in rituals, but more recent inquiry included political science, economics, business, and theater studies as examples

(Westman, 2011). A bibliometric analysis of research published 2000–2020 mapped scientific study of rituals, and a brief summary of findings showed that evolutionary research on religious ritual emphasized signaling—referring to the communication of beliefs, values, or status such as cohesion—as a central area of study (Fischer, 2021, p. 382). Clusters of clinical, neuroscience, developmental, and health research using rituals also showed high citation metrics; archaeology journals had the highest number of papers published on rituals (Fischer, 2021). Although the study was limited by inconsistent referencing standards across disciplines, the use of "ritual" as the only focal keyword, and assessing only English language articles, it did suggest that ritual inquiry is cross-disciplinary, with high citation metrics in communication of social signals.

Symbolic anthropology examines culture as an independent system of meaning that can be interpreted by symbols, actions, and objects used during rituals (Spencer, 1996, p. 535). Traditionally, symbolic anthropology focused on religion, cosmology, ritual activity, and expressive customs such as mythology and the performing arts (Des Chene, 1996, p. 1274). In contrast to viewing rituals solely in relation to social structure and function, anthropologists such as Lévi-Strauss (1973/1977) began thinking of ritual in terms of communication and focused on the symbolic meanings of human behavior. This led to the idea of ritual as cultural language, projecting meaning and values that shape social structure and function (Geertz, 1973; Leach, 1976; Lévi-Strauss, 1973/1977; Schneider, 1980; Turner, 1966, 1969). For Lévi-Strauss, the language of ritual was biologically coded in the human brain (1973/1977). Leach broke from this idea by not subscribing to the universality of mental coding (1976). Instead, Leach focused on linguistic rules that established the sequence of ritual action like syntax and language (as cited in Bell, 1997, p. 68). Geertz (1973, pp. 90, 112) viewed ritual within a culture in two ways, first as communicating how things are, and second as modeling what could be. Using this assertion by

Geertz, masking during the pandemics communicated danger and the need for protection (how things are) and sharing social responsibility for safety (how things could be). For Geertz, interpreting ritual was critical in understanding social behavior (as cited in Des Chene, 1996, p. 1274).

Victor Turner, symbolic anthropologist, proposed that symbols were "determinable influences inclining persons and groups to action" (1967, p. 36). Symbols could be objects, activities, words, relationships, events, gestures, or spatial units (Turner, 1967, p. 19). The perspective of symbols "initiating" social action can be seen during both the 1918 Influenza pandemic and the 2020 COVID-19 pandemic. Masking or not masking was divided between two political party systems, each communicating identities and values (New York Times, 2021).

Although Turner began as a structural functionalist, he later developed a "social drama" approach that shifted from classical structural functional analysis to examining "social structure in action" (Firth, 1973, pp. 193–195; Grimes, 1985, pp. 80–85; Turner, 1957, p. 241, 1980). This approach moved inquiry away from static systems and toward how tension, conflict, and negotiation unfolded in everyday life (Turner, 1980). Turner emphasized that social order was disrupted and restored through lived experience and that these acts shaped thought, feeling, and interaction. Whether framed as signs, language, or symbols, such actions generated a cognitive, emotional, and behavioral triad that recurred across human history.

For Turner (1980), crises, including pandemics, could expose or reshape underlying values and power dynamics. This perspective is central to the present study as it illustrates how everyday practices embody struggle, moral debate, and response, framing social change as an ongoing, malleable process rather than a fixed outcome. Consequently, I have suggested that the capacity to persist through social interruption constitutes the first aspect of ritual's superpower.

A classic example is the modern Halloween tradition, which is rooted in the ancient Celtic festival of Samhain, which marked the end of summer and invited communion with the dead through costuming and transformation (Reinhard, 2024).

Turner was greatly influenced by Arnold van Gennep's work, *The Rites of Passage*, originally published in 1909 (1960). Van Gennep, ethnologist and folklorist, described rites of passage as "rites which accompany every change of place, state, social position and age" (1909/1960, pp. 1–10). His theory of initiation rites was born from investigative study of many cultural rituals and ceremonies focusing on developmental life stages and transition. Van Gennep outlined three phases of the rites of passage (1909/1960). The first phase of separation comprised "symbolic behaviors signifying detachment from a fixed point in the social structure" (Turner, 1964, p. 235)—for example, detachment from one's family of origin when getting married. The second phase, transition/liminality, came from the Latin word *limen*, which means "threshold," referring to "states, times, spaces, etc., that exist at the point of change" (Merriam-Webster, n.d.). According to Turner, the liminal stage was ambiguous as one passed from one state to another, and he viewed it as "a process, a becoming, or transformation" (1964, pp. 234–235). In the final stage of aggregation, the passage was complete, and one returned to a stable state (Turner, 1964).

Turner elaborated on liminality, referring to it in a later publication as "betwixt and between," expanding on van Gennep's ideas (1964). Turner investigated the Ndembu people of Zambia in the 1950s, at which time he identified his key ideas of "ritual process, liminality, and communitas" (Turner, 1967). During the liminal stage in Ndembu rituals, participants were separated from their current social identities and entered into a state of "communitas," which was described as a sense of equality and cohesion (Turner, 1967). Turner also discussed what he termed "structure and anti-structure" (Turner, 1967). Structure referred to social order, norms,

and hierarchies; anti-structure (or communitas) referred to being outside the social structure, which often occurred during the liminal period of rituals and rites of passage (Turner, 1967, 1969, p. 95). Turner's description of the liminal stage will be further discussed in the chapter on methodology, as it is this concept that was used to select visual art representation samples.

Later in Turner's career he began to consider modern (industrial) rituals, not solely traditional (tribal) rituals. However, he struggled to reconcile his notion that all rituals had religious elements, and thus he described modern rituals as "liminoid" (lacking religion) (Deflem, 1991). Though Turner has been praised by fellow anthropologists, several important criticisms bear noting. Mary Douglas (1978) argued that traditional societies also had nonreligious rituals and therefore all rituals should be studied the same way regardless of having religious elements or not (pp. 36–39). A former teacher of Turner's argued that Turner's distinction between structure and anti-structure was too rigid and that communitas was significant only within an established structure (Gluckman & Gluckman, 1977, p. 242). Morris (1987) further noted that Turner may have failed to see the informal, open aspects in structured relationships and overlooked the symbolic dimensions and informalities within the realm of structured relationships (p. 122). These critiques informed a nuanced application of Turner's concepts in this study.

In contrast to Turner's symbolic approach, Clifford Geertz, also a symbolic anthropologist, had a more interpretive approach and focused on cultural functions. For Geertz, symbols were vehicles of culture (Ortner, 1984, p. 129). Importantly, in his book *The Interpretation of Cultures* (1973), Geertz stressed that analysis of culture should "not be an experimental science in search of law but an interpretive one in search of meaning" (p. 5). This interpretive orientation reinforces the analytical approach to this dissertation: Masks are not just

functional but symbolic, participating in and generating dichotomous narratives of protection, identity, authority, and care during the 1918 Influenza and 2020 COVID-19 pandemics.

Arthur Kleinman, a psychiatrist and anthropologist who was influenced by Turner, contributed to the study of both ritual and care, making his voice relevant to my study exploring the masking ritual in a catastrophic nursing care context. Kleinman extended ritual theory into the medical domain. In a paper titled "Medicine's Symbolic Reality," he claimed that modern medicine's biophysical focus was being used as a basis for investigation and critique of the entirety of medicine (1973, p. 209). He argued that medicine was both a biophysical and a human science and advocated for a sociocultural approach to the investigation and critique of medicine (Kleinman, 1973). For Kleinman, meaning and efficacy were inseparable in medicine until modern biomedical technological advancements (1973, p. 208). Similar to Turner's claim that rituals communicated meaning and initiated action, Kleinman asserted that in a sociocultural context, a medical system did much more than diagnose and treat illness; it structured the experience of illness and created the form disease took (Kleinman, 1973, p. 209; Turner 1967). According to Kleinman, healing was a social experience, whereas efficacy was a cultural construct (1980). For example, a diagnosis by a physician gave a label to something that was "wild and unknown threatening social order and personal stability" to make it manageable (Kleinman, 1973, p. 209). Kleinman suggested that healing occurred on a symbolic path of "words, feelings, values, expectations, and beliefs that connect cultural forms with affective and physiological processes" (1973, p. 210). In the context of catastrophic pandemic nursing care, masking functions along this symbolic pathway, carrying affective and cultural weight in addition to biomedical utility.

Similarly, Michel Foucault, historian and philosopher, used the term “medical gaze” as a new way of observing and interpreting the body in the early 19th century (Foucault, 1973; O’Callaghan, 2022). For Foucault, biomedicine transformed a person’s identity and adjusted knowledge that could be dehumanizing and dismissive—for example, the proverbial expression “the gallbladder in room 17” (Foucault, 1973; O’Callaghan, 2022).

I agree with Kleinman and Foucault that “medicine’s symbolic reality” and/or the “medical gaze” have made it more difficult to allow the ritual, see the ritual, feel the ritual, and participate in the ritual, whether it be making a patient’s bed or putting on a mask. Taken together, Kleinman’s and Foucault’s frameworks highlight how masking rituals participate in producing, mediating, and representing the experience of illness. These insights support my own and argue that masking is both a practical intervention and a culturally meaningful ritual.

Kleinman promoted an approach to medicine and care in which healing occurred within a social context, placing value on patient narratives and caregiver empathy. Several biomedical scientists criticized him for romanticizing traditional systems over biomedicine. Kirmayer (2013) warned against assuming that healing practices or cultural traditions implied therapeutic effectiveness. Waldram (2000) stressed that just like biomedicine, traditional medicine had to be subjected to empirical scrutiny. Other relevant criticisms included the oversimplification of comparing biomedicine and traditional medicine: When people idealized or “romanticized” the idea of tradition, they created a false split between “traditional” and “modern” medicine. This oversimplified things and failed to reflect the complex, everyday reality in which people drew on multiple medical systems at once (a situation known as “medical pluralism”) (Islam, 2005).

Although these criticisms warned against idealizing “traditional” healing, I don’t believe Kleinman’s work ignores this. He depicted medical systems as plural, hybrid, and shaped by

complex moral and political factors. His framework anticipated these critiques by revealing the analytical instability and oversimplification inherent in the category of "traditional medicine" (Kleinman, 1980, 1995).

Ritual studies as an interdisciplinary platform are relatively new, with the term first being used by the American Academy of Religion in 1977 (Post, 2015). As this literature review demonstrates, ritual historically played a significant role in religious studies, anthropology, sociology, history, philosophy, and the arts. In the 21st century, ritual studies have grown to include cultural memory studies, media and communication studies, migration studies, aesthetics, cognition, political studies, and theater and performance studies (Grimes, 2014; Post 2015). Ronald Grimes, a student of Victor Turner who is considered the founder of the field, emphasized that rituals have been studied for much longer and by many, but the interdisciplinary framing has allowed for broad collaboration and theoretical synthesis (Grimes, 2014, as cited in Post, 2015). The *Journal of Ritual Studies*, first published in 1987, is a "broad based interdisciplinary journal, concentrating on the diverse, creative and globally significant topic of ritual studies" (Journal of Ritual Studies, n.d., para. 1). The identification of ritual studies as an interdisciplinary field, as well as the publication of this journal, has allowed for wider collaborations and audiences to the discourse. This dissertation is situated within this interdisciplinary landscape, contributing a visual analysis of masking as a ritualized practice in nursing care during two pandemics.

In the exploration of understandings of ritual within symbolic anthropology, performance theory, and ritual process and interpretation across a historical perspective, several themes unite to support the analytic framework for ritual nurse masking for this dissertation:

- Ritual as symbolic communication (Turner, Lévi-Strauss, Geertz) provides tools for interpreting masks as social, cultural, and political visual representations.
- Liminality and ritual process (van Gennep, Turner) enlighten how nurses and patients occupy threshold roles and how masking marks transitions between danger, care, and social identity.
- Performance theory (Turner) highlights the masking ritual as performative within this theoretical framework.
- Medical symbolism and the "medical gaze" (Kleinman, Foucault) situate masking within the experiential and representational dimensions of illness and healing.
- Interdisciplinary ritual studies contextualize this project within a broader intellectual tradition, the medical humanities.

This approach allows for a theoretically grounded, cultural interpretation of visual representations depicting nursing masking rituals in the 1918 Influenza and 2020 COVID-19 pandemics.

The following section turns toward the relevance of ritual analysis in modern visual and digital contexts, moving from reviewing valued established frameworks to articulating the conceptual position that guides the present study. The inevitability of ritual study related to our online culture warrants acknowledgment. My own study is an unconventional one, conducting a visual analysis of the masking ritual, an unconventionality that aligns with the evolution of ritual scholarship. As Grimes so pointedly revealed, "I study rituals because I don't quite get it" (2014, p. 1). My interest in rituals is similar. I see them and practice them, yet they are elusive and resistant to simple definition. Examining them from an alternative lens, such as visual culture, may offer new insights into how rituals communicate and generate meaning.

While I have many reservations about our online culture in general, gazing at cyber ritual, cyber culture, and cyber religion suggests that ritual practice is continually adapting to new social environments and may bring new inquiry and theory about rituals. Scholarship summarized by Post demonstrates the inquiry into digital ritual forms that provides a relevant entry point into that realm but is beyond the scope of this study (see Post, 2015, for additional review).

This literature review on ritual creates a reasonable view into the history and thinking about the ways rituals have been excavated, investigated, thought about, written about, and researched. Any effort to capture the full history of ritual theory will inevitably be incomplete, yet this review identifies the major scholars and intellectual developments. This grounding provides the basis for interpreting the masking ritual within the visual representations examined in this dissertation. In the following section, I turn to the key terms and conceptual distinctions essential to this study, clarifying the language and analytical categories that will guide subsequent chapters.

Defining Ritual

What is ritual? Is it instinctive? Is it a representation of human cognition? Is it essential to religion or social cohesion? Is it a means of understanding the world and quelling anxiety? Does it communicate and create meaning for humans? Does it shape ideas? From my perspective, and for the purpose of this study, rituals are defined as human actions that are repeated, formal, and intentional, communicating symbolic meaning while maintaining and shaping social landscapes. Rituals are representations of humanity. Anthropologist Roy Rappaport also thought that ritual was important to human social life and saw it as “the social act basic to humanity” (1999, p. 31).

This review would be remiss if the numerous dichotomies associated with ritual were not addressed, because many definitions of ritual focus on, are derived from, or represent one position or the other (see Table 1, Ritual Dichotomy column). Additionally, as revealed in this literature search, rituals help mediate human dichotomy, which I assert is the second part of ritual's superpower. "Dichotomy" refers to a division into two mutually exclusive or contradictory groups or entities; it also refers to something with seemingly contradictory qualities (Merriam-Webster, n.d.). Bell's and Goody's contributions in this realm of ritual discussion are noteworthy.

Table 1

Ritual Dichotomies: Themes, Authors, Performance, and Communication Theoretical Interpretations

Ritual dichotomy	Theme of discourse	Key authors	Performance theoretical interpretation	Communication theoretical interpretation
Action–thought	Primacy or interdependence	Bell (1987); Frazer (1906–1915/2024); Segal (1980, 1998); Smith (1889/1969); Tylor (1871/1958)	Ritual enacts thought in embodied, observable forms, connecting cognition and practice.	Ritual functions as a "high-density" signal; the physical act of masking communicates complex professional ethos without requiring verbal explanation.
Magic (irrational)–science (rational)	Evolutionary continuum or ethnocentrism	Douglas (1966); Frazer (1906–1915/2024); Goody (1977); Malinowski (1948)	Ritual performance mediates symbolic belief and rational understanding.	Communication reinforces social bonds and trust in expertise (scientific signaling) rather than just transmitting technical data.
Ritual action–social action	Is all action "just" action?	Bateson (1987); Schechner	Performance differentiates	Ritualization acts as a "meta-

		(1980); Searle (1969); Tambiah (1973); Turner (1967, 1980)	ritualized from everyday social behavior.	communicative" frame, signaling to observers: "This specific care act is distinct from ordinary interaction."
Religious (sacred)–secular (profane)	Is ritual reserved for the sacred?	Douglas (1966); Durkheim (1912); Moore & Myerhoff (1977)	Performative framing constructs sacred or profane contexts within ritual.	The mask communicates "separation"; it marks the nurse as an inhabitant of a liminal, sacred, or dangerous space.
Ritual object–ritual theory	Phenomenon or analytical construct	Bell (1987); Goody (1975)	Objects acquire symbolic meaning through ritual enactment and audience engagement and interpretation.	The mask is a "medium" or "signifier"; its physical presence communicates protection, status, and anonymity simultaneously.
Collective–private	Social vs. individual function	Freud (1907/1959); Goffman (1967); Goody (1975); Jung (1959, 1964)	Ritual performance mediates collective identity and individual experience.	Ritual serves as a "social glue" (synchronous signaling) that communicates group membership and shared risk-mitigation.
Tradition–change	Ancient vs. modern	Bell (1987); Smith (1889/1969); Wolf (2014)	Ritual performances preserve tradition while enabling adaptive innovation.	Communication through "intertextuality"; 2020 masking "cites" 1918 imagery to communicate historical continuity and institutional memory.
Opaque–transparent	Symbolic communication	Kapitány & Nielsen (2015)	Performance regulates visibility	Focuses on the "signal-to-noise" ratio; ritual masks may hide the

			and interpretation of ritual symbols.	individual (opacity) to amplify the role of the "Nurse" (transparency of duty).
Structure–anti-structure	Social order and transformation	Turner (1969)	Ritual enactments allow liminal and anti-structural experimentation.	Communication of "communitas"; the shared visual language of the ritual breaks down hierarchy to communicate universal vulnerability.
Authentic–virtual	Mediated ritual forms	Post (2015)	Performance theory addresses authenticity in live, mediated, or virtual ritual forms.	Analyzes the "fidelity" of the signal; how ritual meaning is transmitted via photographs or digital media vs. face-to-face interaction.
Performative–mundane	Meaning-making vs. routine	Schechner (1980); Tambiah (1973)	Ritual transforms routine acts into meaningful, communicative performances.	The "indexicality" of the act; ritualized care communicates that an act is "for the record" or "for the patient," rather than just a task.
Costly–cheap	Investment and commitment	Rossano (2015)	Performance effort signals social and symbolic investment in ritual acts.	Hard-to-fake signaling: The physical discomfort of the mask communicates a "costly" commitment to the ritual and the safety of the community.

Note. This table synthesizes major dichotomies identified in ritual studies literature. Communication and performance theory served as the conceptual lens for this study to interpret ritual enactment, meaning-making, and social function. This list is not comprehensive of all contributors to each discourse. The column titled "Communication theoretical interpretation" is an algorithm's output (Google, 2026; see reference list for acknowledgment of use).

In her article "Discourse and Dichotomies: The Structure of Ritual Theory," Bell (1987) recognized that despite significant variation in methodological approaches, there was consistency in describing ritual as a type of "critical juncture wherein some pair of opposing social, or cultural, forces come together" (p. 95). Bell underscored how dichotomous thinking—for example, sacred/profane or structure/antistructure—shaped ritual theory rather than simply mirroring empirical realities. Jack Goody's oppositional interpretation of the term "ritual" was blunt. He was against it; as his famous article "Against Ritual: Loosely Structured Thoughts on a Loosely Defined Topic" asserted (Goody, 1975, as cited in Moore & Myerhoff, 1977, p. 25), the terms "ritual," "myth," and "magic" accepted a dichotomous view of the world that might have been rooted in ethnocentric assumptions (as cited in Moore & Myerhoff, 1977, p. 27). He further asserted that ritual analysis contributed little to the understanding of human behavior except for part of Turner's definition of ritual (as cited in Moore & Myerhoff, 1977, p. 27; Turner, 1967, p. 19).

Turner defined ritual as "formal behavior for occasions not given over to technological routine, having reference to beliefs in mystical beings or powers. The symbol is the smallest unit of ritual . . ." (Turner, 1967, p. 19). Goody reduced this definition by Turner to "formal behavior in the non-technical realm" by getting rid of reference to magical beings or beliefs (as cited in Moore & Myerhoff, 1977, p. 27). For Goody, any action that could not be verified empirically was analytically problematic (as cited in Moore & Myerhoff, 1977, p. 27).

Tambiah (1973) argued, however, that ritual acts were performative and that meaning faded when they were subjected only to empirical or to causal verification. I agree with Turner (1967), who asserted that ritual and ritual symbols were not just reducible to physical objects or spiritual beliefs; they also expressed a deeper connection to both the human body and social

structures that directed behavior. This dual relevance helped to connect individual experiences with broader societal meanings.

For example, when a mask is used as personal protective equipment (PPE) by a patient or a nurse, it is used to prevent the spread of respiratory viruses. When masks have also come to represent fear, care, or social responsibility, they are functioning symbolically (Maragakis, 2024). This causal opacity is at least one of the reasons Goody was "against rituals" (1975). I disagree with Goody's assumptions in two ways. First, the recognition of dichotomous terms does not necessarily indicate ethnocentrism. Instead, the differences can serve as analytic tools to further illuminate complex phenomena. Second, when inquiry resists explanation from other perspectives, one should question the resistance. Alternative lenses may reveal other layers of meaning. This study supports Tambiah's recognition that rituals are performative and meaning can get lost when subject only to causal verification (1973).

In "Beyond Causality," Gillespie (2025) argued for rethinking how we view the divide between natural sciences and the humanities. He suggested that mathematics, neither purely mental nor purely physical and not grounded in causality, could illustrate how symbolic systems connected mind and nature. From his perspective, sciences and humanities studied various aspects of the same phenomena, and the explanations complemented, not competed, against one another: Math, for example, could convey messages symbolically similar to those conveyed by rituals and art.

Consistent with Gillespie's position, this study maintains that analysis of ritual, masking, and meaning are enriched and more complete when analyzed in multiple ways even if proof of causality is not the outcome. Whitehouse suggested that rituals are not merely causally opaque but are "irremediably" so (2011, 2012, 2024). For instance, blowing out birthday candles on a

cake continues to feel symbolically important despite any empirical evidence. The lack of causal logic is not incidental but foundational to ritual's operation. Ritual works because the emotional/symbolic efficacy of the action exists apart from the outcome; it is governed by convention, not instrumental reasoning (Whitehouse, 2011, 2012, 2024). I agree with Whitehouse and see this as the third aspect of ritual's superpower. Rituals speak directly to social and emotional regulation, bypassing skepticism. Searching "beyond causality" is essential in understanding ritual, masking, and aesthetic research as valuable and key to this study.

Superpower Connection

I would like to summarize what I mean by ritual's superpower. The literature suggests that rituals are not readily explainable through cause-and-effect reasoning, yet they persist and are meaningful, as the previous birthday cake example reveals. The lack of causal logic is not incidental but foundational to ritual's operation. Ritual works because the emotional/symbolic efficacy of the action exists apart from the outcome; it is governed by convention, not instrumental reasoning (Whitehouse, 2011, 2012, 2024).

Second, rituals are not fixed but malleable and persist over time. Turner (1980) emphasized how social order is disrupted and restored through lived ritual action. Continuing with the illustration of candles on a cake, the ritual traces its roots to ancient Greek offerings of round cakes with candles to the goddess Artemis, and later to the 18th-century German practice of making a wish and blowing out candles to celebrate a child's birth. This demonstrates how rituals transform while retaining recognizable aspects. Rituals provide this safe space for society to transition from one state to another without breaking.

Third, rituals allow for and mediate between contradictory tensions, particularly during times of pandemics, such as life/death or biological protection/emotional safety and support.

These three aspects of ritual's superpower are incorporated in the instrument developed for image analysis of the masking ritual to determine if they are present.

Table 1 is a culmination of ways of understanding or knowing rituals that crystallize the theoretical framework and illuminate the methodology for this study.

For centuries, descriptions and definitions of ritual have been developed by many disciplines and argued by many others. To categorize major similarities, the literature suggests that most definitions of ritual identify it as action (Davis-Floyd, 1992, p. 19; DeCraemer et al., 1976, p. 469; Durkheim, 1912; Geertz, 1973, pp. 34, 112–113; Grimes, 2000, p. 29; Turner, 1967, p. 19). There is also some agreement on the patterned, formalized character of ritual action (Grimes, 2000; Rappaport, 1999; Segal, 1998; Turner, 1967). Whether or not rituals communicate, create, or compel meaning is disputed by Bocock (1974), La Fontaine (1985), Staal (1979), and Tambiah (1973, 1979) but is supported by Lévi-Strauss (1973/1977), Moore and Myerhoff (1977), Turner (1969), and Wolf (2014). There are obviously other elements in notable definitions, such as rigidity (Boyer & Liénard, 2006), ritual performance (Geertz, 1973; Grimes, 2004; Schechner, 1980; Tambiah, 1979; Turner, 1980), causal opacity (Kápitany & Neilsen, 2015; Whitehouse, 2012), and reverence (Bell, 1992, 1997; Wolf, 2014). This summary of ritual definitions is in no way complete. It does, however, lend support to the idea that the elements used in this study's definition of ritual meet common criteria from relevant disciplines, such as anthropology, religion, semiotics, and performance theories.

Rituals often rely upon mediating, as Turner (1964) would suggest, "betwixt and between." Among these mediators, the mask stands out as a powerful tool for negotiating the ritual dichotomies explored in this chapter. To understand how masking by nurses and patients functions as a communicative signal during times of crisis, a broader look at masking from

several perspectives will additionally inform this work. The next chapter will examine how the mask facilitates transformation of social inclusion and exclusion, the protection of the body, and the construction of a professional identity.

Chapter 2: Unmasking Masking

> All visible objects, man, are but as pasteboard masks. But in each event—in the living act, the undoubted deed—there, some unknown but still reasoning thing puts forth the mouldings of its features from behind the unreasoning mask. If man will strike, strike through the mask! How can the prisoner reach outside except by thrusting through the wall? To me, the white whale is that wall, shoved near to me. Sometimes I think there's naught beyond. But 'tis enough. He tasks me; he heaps me; I see in him outrageous strength, with an inscrutable malice sinewing it. That inscrutable thing is chiefly what I hate; and be the white whale agent, or be the white whale principal, I will wreak that hate upon him. Talk not to me of blasphemy, man; I'd strike the sun if it insulted me. For could the sun do that, then could I do the other; since there is ever a sort of fair play herein, jealousy presiding over all creations. But not my master, man, is even that fair play. Who's over me? Truth hath no confines.
>
> —Herman Melville, *Moby Dick*

Much like rituals, masking has thousands of years of history, with varied utility, types, and symbolism. This chapter will explore some of the symbolic themes related to masking, particularly in relation to medical masking and masking during the 1918 Influenza and 2020 COVID-19 pandemics.

The oldest known masks are 9,000 years old—from the Pre-Pottery, Neolithic B period—made of stone, and found in the Judean Desert (Israel Museum, 2014). *Mask* (see Figure 2) is part of a collection of 13 prehistoric masks. Archaeologists and anthropologists assume that the masks may have been used in ancestor worship, healing, and magic rituals in one of the world's oldest known farming villages (Israel Ministry of Foreign Affairs, 2014).

Figure 2

Mask

Note. Photo © Israel Museum, Jerusalem, by Avraham Hay. Reprinted with permission (see Appendix B).

Mask is stunning in its simplicity and complexity (see Figure 2). The human likeness and preservation are remarkable for its age. It almost eerily represents the discussion that follows.

The human face has been associated with two classes of functions: egocentric functions, that is, sensory and vital functions (eyes to see, nose and mouth to breathe); and allocentric functions, that is, broadcasting of social information to other living beings (Viola, 2024). Masks are objects, or artifacts. Artifacts are created to have an *intended* function but may also have *alternate* functions that become prominent (Viola, 2024). For example, the banister in the foyer of my home was intended as a handrail for the stairs but has become the place where I hang my purse. Artifacts may also have *unintended* effects, such as when I try to grab the banister to stop a fall but grab the purse instead and fall anyway (Viola, 2024). Even the earliest masks were unquestionably created to cover the human face (see Figure 2), and ornate and complicated masks typically have eyes to see and nose and mouth to breathe. Exploring the alternate or unintended functions of the masking ritual is what Xunzi seems to reference in the preface to this work. Similarly, in Herman Melville's quote in the epigraph to this chapter, Captain Ahab

grapples with a world full of masquerade while trying to “strike through” the illusion to something more real and meaningful. This lies at the heart of my question. What symbolic meanings did the masking ritual reveal, maintain, shape, and create that are communicated in visual representations?

Anthropological study of masks over time reveals they are used for many purposes but emerge in conjunction with times of transition and change, such as rites of passage, healing rituals, and times of crisis. Masks attest to the uncertainty of points of view (dichotomies) but also to what is contradictory about appearances and perception in the context of changing viewpoints (Napier, 1986). In this way, I would argue masks are the most powerful ritual object. Masks function as a medium for exploring formal boundaries and a way of questioning the issues that appearances pose when experiencing change (Napier, 1986). This aligns with Turner’s position on liminality, where ordinary ideas of meaning are “in between” revealing and concealing, allowing for multiple interpretations. When a surgeon wears a surgical mask, it has many connotations. Aside from its technical effect to prevent infection, it may convey authority, specific knowledge, power, safety, hope, uncertainty, and fear.

From a performative perspective, Schechner (1980) adds that masking invites alternative forms of engagement, interpretation, and behavior. An example of this occurred during the 2020 pandemic, when the “I can’t breathe” masks operated as a position of symbolic conflict. For the Black Lives Matter movement, the phrase originated from the last words of Eric Garner, who was killed in 2014 after being put in a chokehold by a New York City police officer. They were also the dying words of George Floyd, symbolizing systemic racism and the inequity of black life (Apata, 2020). At the same time, the mask symbolized impingement on personal freedom for those protesting against the mask mandates.

Napier (1986) suggests that masks are important tools for creating space to explore these deeper cultural and emotional ideas, and I agree. I contend that artifacts, ritual objects, and art function in much the same way, allowing unknown things to be seen. As such, it is not surprising that masks have historically been used in many rituals, and rituals are frequently depicted in art. This leads to the methodological structure of this study, which will be addressed in the next chapter.

What is also made clear by Napier is that empirical knowledge (what we can see and measure) is not without deception (1986). Empirical knowledge, while valuable, should not be accepted without critique. It is also subject to fault and inaccuracy. Qualitative knowledge gained through exploring meanings, experiences, and perceptions also has this flaw, but as Napier, Kleinman, and Foucault have all argued, combining the two allows for a complete, more nuanced understanding of reality (Foucault, 1973; Kleinman, 1973; Napier, 1986).

Masks are found and used around the globe by many cultures for ritual, performance, ornamentation, religion, war, masquerade, and protection purposes. When one puts on a mask, there are consequences that have to do with the individual or the associated group (Tseelon, 2001). Tseelon refers to the wearer and the group's potential to internalize the traits associated with the mask, such as a nurse embodying the "hero" perception during the 2020 pandemic or patients embodying the virus. Masking can symbolize transforming, destroying, feigning, or constructing an identity and protection; as such they are very powerful artifacts that have conjured feelings of comfort, fear, glee, reverence, and suspicion (Inglis & Almila, 2020).

In moving toward the theoretical and thematic assumptions around masks, the materiality of the mask itself is significant. The construction or art of the mask is variable depending on the use, geographic region, culture, and/or time period. It has been suggested in the literature on

rituals as well as masks that the significance is dependent on how they are valued and interpreted within a given culture (Pollock, 1995). Ritual theory suggests the significance emerges not from the mask alone, but from meanings produced through practice (Turner, 1969): the meanings in the drama, the performance, the ritual. Drawing on Turner's conception of ritual as transformation and liminality, masks may be understood as performative objects that mediate shifts in social identity and collective behavior. The following section turns toward four interrelated masking themes: transformation, identity, performance, and protection, all of which provide the conceptual framework for analyzing pandemic masking rituals across both historical periods.

Masking Themes

Masks and Transformation

Masks worn by actors in Ancient Greek tragedy performances had multiple functions. When an actor put on a mask during the performance, they assumed a new character in the tragedy, signifying a transformation. They assumed a mythical or divine persona, allowing them to shed their own identity. The second function was the exaggerated visuals and shape of the mask amplified both visually and acoustically throughout the large amphitheaters (Ike et al., 2020, p. 290). Masking at the festival of Dionysus (Greek god of ecstasy) was a religious ritual (Easterling, 1997). The actors transformed themselves into the character of the mask, paying homage to Dionysus and reminding the audience of their religious values (Rehm, 2017). Political events were often portrayed in Greek tragedy performance and allowed for citizens to gather, think, and share their ideas about political decisions (Ike et al., 2020, p. 291). Masks in Roman theater were worn for transformative religious tribute as well. In addition, wax death masks had the function of signifying reverence to one's ancestors as well as a family's wealth, prominence,

and value in the Roman hierarchy (Ike et al., 2020). These early mask donnings were considered a positive action for the Greeks and Romans in that during the performance, transformation was mediated through the mask, allowing for kinship and confirming values.

Humans transform the face in many ways by tattooing, scarification, using makeup, piercing, wearing clothing, and masking. Transforming the face for symbolic purposes is culturally universal (Young-Laughlin & Laughlin, 1988). Wearing a mask allows one to become something one is not: mortal into god, human into animal, man into woman; masks mediate oppositions of social and conceptual life (Crocker, 1982, p. 80). Transformation can be a change in appearance, identity, thoughts, beliefs, and even health status. Wearing a mask during the COVID-19 pandemic, for example, undoubtedly transformed appearances. Public masks were described as the new accessory. The global market for "fashion face masks" was estimated at $1.5 billion in 2023 and is projected to reach $4.3 billion by 2030, growing at a compound annual growth rate of 16.4% from 2023 to 2030 (Research and Markets, 2024). These figures are astounding. And what was this mask-fashion outburst communicating? The change in fabric from a surgical mask to a fashion fabric transformed the wearer from a "sick person" to an "accessory wearer," suggestive of collective acceptance that public health precautions are now a normal part of life (Research and Markets, 2024).

Transformation is a crucial element of ritual. Victor Turner addressed the mask in his 1969 work *The Ritual Process.* As a fundamental "unit" of ritual, it is central to the liminal space, as it hides the person's identity, ". . . allowing the new identity to be seen; something deeper . . . a collective truth" (Turner, 1969, p. 95). This dichotomy, of concealment and revelation, is for me ritual's second superpower. Lévi-Strauss (1982, p. 14) also addressed the mask in ritual work, claiming the transformation is a functional "reversal" of the wearer of the

mask. For example, a destitute person wearing a clown mask allows the community to see the whole spectrum and a new set of signals.

I would like to highlight two elements in relation to masks and transformation. First, masks frequently signify dangerous transitions such as birth, death, sickness, and global pandemics but allow the observer to interact with this ambiguity (Napier, 1986). Second, the essence of masking is not just about concealing; it is about transforming anew. Ike et al. (2020) emphasized that masking is an active "performance of identity," communicating profound social meaning and allowing us to see (p. 991).

Masks and Performance

Performance occurs in everyday actions such as greetings, ordering coffee, family scenes, and work dramas, as well as rituals. This mundane aspect of performance is reflected in Erving Goffman's landmark ideas in *The Presentation of Self in Everyday Life* (Goffman, 1959). Ritual is also performative, as my definition reflects, and masks have been focal to the oldest types of performance, including ritual performance. The significance of masks has evolved, transforming them from ritual artifacts into elements of modern entertainment, fashion, and digital media (Kranuan Industrial and Community Education College, 2025).

In performance theory, Schechner, an American and academic theater director, examines ritual masking as a transformative tool, mediating the boundary between the performer's authentic identity and their performed character (2004). He highlights how the use of masks bridges the gap between primitive rituals and modern performance. Historically, masks have shifted from strict religious ceremonies to public entertainment. Performers might wear the mask to embody archetypes but also expose how the mask is put on or taken off, which educates the

public about the constructed nature of identity and the theatrical deceptions in everyday life (Schechner, 2004).

Frank Proschan used the term "performing object" to refer to "material images of humans, animals, or spirits that are created, displayed, or manipulated in narrative or dramatic performance" (1983, p. 4). The term "performing object" is to performance what ritual symbol is to rituals. While both are performative, ritual also uses the mask to signal a break from the everyday and mundane, to mediate the liminal or in-between space. During the ritual performance the mask helps communicate the message.

A powerful clinical example follows to illustrate this point. A patient shared his experience of regaining consciousness from a lifesaving ICU experience and realizing a nurse was performing a bed bath on him. He described the nurse as "confident" and "determined." He could make out her masked face and registered nurse badge and claimed this made him feel "safe" and in "good hands." He recalled that she put his leg on her shoulder to better be able to clean under his leg and buttocks. He could feel her touch and the warm cleansing water, and he knew he was "still alive" (personal communication, 2014). For this patient, the nurse's ritual performance affirmed life. No doubt this patient received many technical biomedical treatments simultaneously, but it was this symbolic communication performed by the nurse that he interpreted as hopeful and life affirming.

I introduce this example because it highlights the performative nature of both masks and ritual, as well as the wider meaning involved in bathing a patient for infection control and wearing a mask for protection. In studying masks and masking rituals in visual representation, I am most interested in the ritual object's—mask's—ability to reveal rather than conceal. Emigh is similarly interested as he focuses on the mask's "revelatory power" (1996). The work of John

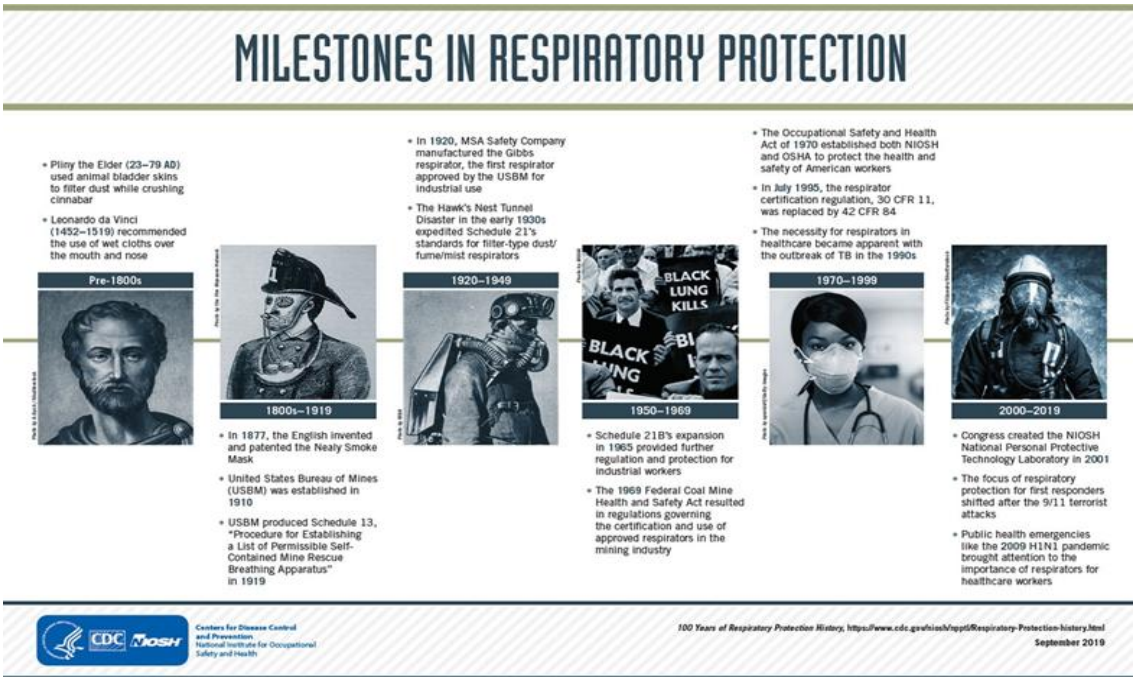
Emigh, despite having been conducted in Papua New Guinea, Indonesia, and India, seems most in line with my understanding and thinking related to the use of masks in performance. He sees the mask as opportunity for active engagement between the "self and other"; the mask removes the "noise" from the everyday mundane self, allowing room for the truth to emerge. His ideas further explore the mask's ability to command the body by affecting the space around it (Emigh, 1996). This is explored in the images of nurse masking in this study.

Masks and Protection

For centuries, face coverings have been worn for protective reasons, including protections from spirits, dust, pollution, smells, and chemicals; to preserve modesty or anonymity; and for sports and in medicine. The Centers for Disease Control and Prevention (CDC) has produced an infographic referencing the evolution of respiratory protective devices (see Figure 3). Highlighted are the use of animal bladder skins to filter dust from being inhaled as early as 23–79 C.E.; the use of a wet cloth over the face to filter irritating chemicals, such as Leonardo da Vinci used in the late 1400s; and the use of the "Nealy Smoke Mask," patented in 1877, a cumbersome-looking mask with a neck strap holding water to resaturate sponges to filter smoke for firefighters in England (CDC, 2019).

Figure 3

Milestones in Respiratory Protection



Note. Reprinted from *Centers for Disease Control and Prevention*, 2019 (https://archive.cdc.gov/www_gov/niosh/npptl/100YearsRespProtect.html). In the public domain.

During World War I, chemical warfare required face coverings and respirators for combat, but the resources were not available. At the same time, global movement of troops during the war increased the spread of influenza during the 1918 pandemic, and lack of face coverings contributed to high fatalities (Spelce et al., 2017). In the United States, the Occupational Health and Safety Administration (OSHA) was established in 1970 and was tasked with developing standards for Americans' health and safety in the workplace. This included respiratory protection in hazardous environments including healthcare (OSHA, 1998) (see Figure 3).

Face masks have also been used for protection in several organized sports. According to the National Athletic Trainers' Association, ice hockey, men's lacrosse, football, and softball

(depending on the state) are sports that require face masks for protection (National Athletic Trainers' Association, n.d.).

Even though the origin of the medical mask is still debated, "most credit 17th-century French physician Charles de Lorme with its invention" (Blakemore, 2020, as cited in Ike et al., 2020, p. 991). While 17th-century medical science recognized transmission via contact or "bad air," the plague doctor's costume also reflected persistent beliefs in supernatural or spiritual causes of disease (Ruisinger, 2020). To decrease disease risk, the management recommended during this time included inhaling air purified by holding a cloth infused with herbs, spices, and vinegar over the mouth (Ruisinger, 2020). The infamous mask used by doctors to treat people during the plague in Central Europe in 1656 was infused with spice mixtures in the mask's beak (see Figure 4). Considering that many plague doctors died during this time, the effectiveness of Dr. de Lorme's mask seems to have been unsatisfactory. Though it was designed to prevent death for physicians, it was viewed also a symbol of death and disease for all (Ike et al., 2020, pp. 991–992). As the image portrays, the masked figure in the foreground is full of foreboding; the children in the background are running away from death. These masks became marginal by the 18th century. They continue to be used in Venetian carnivals, Halloween costumes, films, and video games. They can still evoke a sense of anxiety and ambiguity (Ca' Macana, n.d.).

Figure 4

The Plague Doctor from Rome

Note. *The Plague Doctor from Rome*, by Paulus Fürst, 1656. In the public domain.

Medical face masks used in health care today can be traced back to the latter half of 18th century, when Louis Pasteur and Joseph Lister began to identify the role of microscopic living things in disease processes (Strasser & Schlich, 2020, p. 19). It was in 1897 that Johann Mikulicz, head of surgery at the University of Breslau, Poland, first wore a face mask to prevent airborne disease transmission to patients (Strasser & Schlich, 2020, p. 19). Others followed suit and began using face masks for surgery. The masks were described as a piece of gauze tied by two strings to the surgical cap so as to cover the mouth, nose, and beard (Strasser & Schlich, 2020, p. 20).

During the Manchurian plague of 1910 and influenza pandemic of 1918, doctors equipped with some understanding of the germ theory were the first to use face masks to protect health workers and patients outside the operating room and in the public domain (Conti, 2020).

During the 1918 Influenza pandemic, several cities in the United States had mask mandates (Hauser, 2020, as cited in Strasser & Schlich, 2020). Mask mandates were used in various geographic areas around the globe during the 2020 COVID-19 pandemic at various times based on incidence and prevalence rates (U.S. News & World Report, 2022). Over time, plagues and pandemics have caused millions of lives lost, changes in world view, and changes in social, political, and economic systems; the 1918 Influenza and 2020 COVID-19 pandemics were no exceptions. Masks and ritual masking have done much to mitigate death.

Masks have also had protective uses during times of civil unrest, as well as providing religious protections. Niqabs and burqas in Islamic traditions use face coverings for women to ensure spiritual privacy and protection in the public sphere (Bullock, 2002). Currently, the U.S. Department of Homeland Security allows for face coverings of Immigration and Customs Enforcement agents for "protection from doxing" (researching and publishing private information about a person) as they perform their work (U.S. Department of Homeland Security, n.d.).

Masks and Identity

Masks and identity always make me think of Shakespeare's *Romeo and Juliet*. When the characters first meet at the masquerade, Romeo's identity is hidden by his "antic face" (mask), which postpones Juliet's realization that he is a Montague (". . . and known too late"); the rest is literary history (Shakespeare, 1597/2024, 1.5.152–153). The masking ritual is subtle but tremendously powerful, shielding not only Romeo's identity but also revealing his impulsivity and frailty. This is a characteristic of the mask's ability to hide and reveal simultaneously.

The main focus of masquerades historically was to hide oneself from others, typically using a mask. Medieval (14th–15th century) "carnivals" supported suspension of social

hierarchy, allowing people to cross gender or class lines through mask wearing (Bakhtin, 1968/1984). Masks allow people to hide what is behind the mask and portray something different. From a psychological perspective, Jung defined "persona" as the identity we present to the world: It looks like us but is influenced by the outer world and becomes a mediator (ritual object) between the individual and society (1928/1966). Erving Goffman's understanding of identity was that it is dynamic and shaped by our everyday social interactions. In his seminal work, *The Presentation of Self in Everyday Life*, he asserted that we are on stage and we deliver one performance when there is an audience and another when we are backstage (1959).

Applications and interpretations of Jung's and Goffman's conceptions of identity have been complicated by digital identities and virtual masking in the current day. Additional and multifaceted layers of masking are applied to conceal and reveal one's identity in digital and online formats. Identity is negotiated not only with humans but also with algorithms in the cyber format. In a revealing study, Tripathi (2024) affirmed that identity in the digital age is complex, socially constructed, and influenced both by agency and by cultural contexts but adds on technological affordances and larger power structures. The concluding remarks by Tripathi argued that the digital world "amplifies traditional sociological concepts of self-presentation and performativity and provides new chances for 'identity innovation'" (2024, p. 76). The balance between opportunity for exploration with online personas and ethical regulation continues to be explored.

In literature, masks are also a metaphor for the dichotomy between the public self and the private self. The following examples illustrate the significance of this theme of masking identity across time and space: in the duality of Dr. Jekyll and Mr. Hyde (Stevenson, 1886/2003); in Paul Laurence Dunbar's poem "We Wear the Mask," as a means of protecting oneself from racial

oppression (1896/1993); and in *We Are Green and Trembling,* in which the protagonist survives the Spanish conquest by disguising their gender (Cabezón Cámara, 2023/2025).

Transitioning from the literature review of rituals and the thematic understanding of masking to an analysis of nurse masking requires an integrative theoretical framework. The conceptual bridge between these components is grounded in Chinn et al.'s (2026) nursing patterns of knowing framework, which evolved from nursing practice and is therefore uniquely suited to describe this multifaceted ritual. When a nurse dons a mask, empiric, aesthetic, personal, ethical, and emancipatory elements are activated. The use of specific question prompts identified by Chinn et al. (2026), along with targeted prompts developed for this study, provide an interpretive path for systematic investigation of visual representations of the nurse-masking ritual during the 1918 and 2020 pandemics.

Masks, Rituals, and Nursing Care

Nurses often experience personal and intimate moments with patients. They are privileged to be with patients during times of transition, separation, ambivalence, fear, and change. Nurse–patient encounters vary depending on the setting, situation, and required level of nursing care, but when patients are in a health crisis, they likely encounter nurses. The crisis can be a developmental/maturational crisis (birth or menopause), a situational crisis (illness or death), or a natural disaster (pandemic or earthquake), and it is during these times that masks appear more often (Napier, 1986; Turner, 1964; van Gennep, 1909/1960). Given the nature of nursing care, it is not surprising that rituals are many, as I mentioned in my introduction. While nurses need to mask for reasons requiring PPE, the masking ritual continues to mediate as symbolic communication beyond the protective technical effect.

To illustrate the abundance of rituals in nursing, I turn briefly to Zane Robinson Wolf, whose work on rituals in nursing is significant (2014). She identified six areas where nursing rituals emerge: interpersonal caring and relationships, bathing, postmortem care, medication administration and error prevention, rituals of socialization (shift change, huddles, rounding), and ceremonies. Wolf compared clinical and traditional ritual masking. She viewed the clinical mask as a ritualized boundary, signaling both transition from a private person to a "sacred" healer role, as well as physical and emotional protection from the patient's "chaos" (Wolf, 1988a, p. 141). She has more recently been cited as comparing the clinical mask to a shaman healer's mask (Williams & Joyce, 2023).

Wolf's work is important because research on nursing rituals does not necessarily show a lack of data, but rather a disconnect from the concept itself (Philpin, 2002). Biomedicine's exaltation of evidence-based practice (EBP) above all else has contributed to this. The nursing profession's fierce advocacy for EBP is logical and commendable, but it is often disproportionately aligned with quantitative evidence. Evidence suggests that the research on nursing ritual is narrow as it stems largely from professional rather than academic studies (Philpin, 2002). The professional studies tend to dismiss and devalue rituals as outdated or "nonscientific" rather than investigating their purpose (Ford & Walsh, 1994). This devaluation of nonquantitative elements extends into nursing education. Cooke (2026) found that nursing education curricula in the United Kingdom have increasingly emphasized procedural skills (intravenous management) over foundational skills (communication and presence). According to Cooke, students start out valuing the foundational skills early in courses, but the curriculum later moves to delegating these tasks to "junior level" staff (2026). Cooke has discussed the need for

nursing education to value these foundational skills and has identified a need for policy change at the highest levels to reverse the institutional devaluation (2026).

There is some current evidence demonstrating a revaluation of nursing rituals, particularly during the COVID-19 pandemic. Routine socialization rituals, "huddles and reports," were stripped away because of the crisis care needed during the pandemic, so nurses created new ones. For example, nursing social media blogs show nurses sharing rituals to avoid burnout: 30-second mantras for reset and changing scrubs immediately to reclaim personal identity (Vollmer, n.d.).

There is evidence that during the 1918 influenza pandemic, masking for nurses was a ritual symbol for being a "legitimate" medical worker, and there was less focus on masks as serving as actual PPE (Brabble et al., 2020). In 1918 there were no disposable masks; nurses in the Red Cross would wash and fold masks for use, symbolizing the nurse as a "protector of hygiene" (Strasser & Schlich, 2020). Masking was symbolic of this patriotic duty in the 1918 pandemic, and those not masking were referred to as "slackers" (Navarro, 2020) (see Figure 5).

Figure 5

Locust Avenue, Masks On

Note. Rail commuters wearing protective masks during the 1918 influenza pandemic. From *Locust Avenue, masks on*, by R. Coyne, 1918, Lucretia Little History Room, Mill Valley Public Library (https://californiarevealed.org/do/0cb6b236-5d05-4d69-a078-be9c74c7577a). In the public domain.

Disposable masks in 2020 eliminated the scrubbing of cotton masks, but it also drew much attention to the lack of pandemic supplies and preparedness in the United States and other nations. Nurses and all health care workers lacked N95 masks, medical gloves, surgical gowns, and respirators. Much has been researched and documented about "brown bagging," reusing masks, 12-hour shifts in masks and face shields over the masks, layers of clothing, facial scarring, acne outbreaks, rashes, PPE headaches, dehydration, and the immense psychological trauma experienced by nurses (Jose et al., 2021). At the same time, much of the world saw nurses as superheroes during this period. Masking was controversial from a public-wearing perspective, but health care providers, including nurses, were typically idealized.

For 23 years, Gallup polling has ranked nursing as the most ethical and honest profession (2026). However, public perception and attitudes toward nursing has been less positive than this Gallup poll reveals (Mahliheh et al., 2020; Yavaş & Özerli, 2024). Before the COVID-19

pandemic, perceptions and attitudes about nursing were not favorable, which could have influenced selection of nursing as a profession, job satisfaction, patient satisfaction, quality of care, and health policy (Yavaş & Özerli, 2024). There is evidence demonstrating that in the aftermath of the pandemic, positive perceptions and attitudes toward nursing increased (Blau et al., 2023; Kim & Lee, 2023; Yavaş & Özerli, 2024). This is an opportunity for the nursing profession to continue research that leads to change in public perception as well as to investigate what may be contributing to the negative perception and attitudes toward nursing.

Nursing Knowledge and Caring

Nursing work is physically, technically, emotionally, interpersonally, and creatively complex. As the previous paragraph addressed, public understanding of nursing care is inconsistent. While this topic is beyond the scope of the current work, the patterns of knowing (Chinn et al., 2026) will be clearly outlined and described here to provide the grounding for a smooth transition to the next chapter on methodology.

As previously discussed, rituals and masks are ancient practices that have been part of human experience for hundreds of thousands of years. Interestingly, nursing as a concept also meets these criteria. Nursing is primarily a caring profession, and several early nurse theorists, including Watson (1979) and Benner and Wrubel (1989), emphasized the primacy of caring in nursing. These theorists identified themes that represent the essence of caring reflected in the "thinking, values, actions and priorities" of practicing nurses (Chinn et al., 2026, p. 45). These criteria are represented in the tool for image analysis.

The historical context of nursing and caring has been documented by Chinn et al. (2026), who explored the profession's origins, including racism, sexism, educational barriers, and hierarchical structures. Just as ritual studies require contextual grounding, nursing must also be

examined through the lens of its historical obstacles and evolution. A deeper exploration of this history is beyond the scope of this work, but a summary can be found in Chinn et al. (2026).

The nursing "patterns of knowing" are presented here to provide readers with a description of nursing knowledge and critical questions that lead to that knowledge. In the following chapter, these patterns will be represented as an analytic framework for visual representation analysis. Originally outlined by Carper (1978) as empiric, aesthetic, personal, and ethical, the framework will be used in its expanded form to include the emancipatory pattern (Chinn et al., 2026).

The work by Chinn et al. (2026) is not without valid critique, which has largely centered on the addition of the emancipatory knowing pattern introduced in an earlier edition by Chinn and Kramer (2010) rather than its being holistically addressed in all five patterns. Bickford (2014) argued that this addition did not engage with the other four patterns of knowing and therefore did not truly confront the foundations of injustice and the social and political power structures that reinforce inequity and Western egocentrism.

I agree with Bickford's critique; however, in the Chinn et al. (2026) publication used for this study, the authors acknowledged and addressed this issue by including a map integrating emancipatory knowledge into all the other patterns. While a rewrite with systemic attention to justice and inequity throughout the text would be preferable, the author's attempt to address these concerns is acknowledged.

The following is an outline of the patterns of nursing knowledge developed by Chinn et al. (2026). Operationalizing each of these patterns will introduce the framework for the instrument used for data gathering and analysis for this study.

Empiric Nursing Knowledge

Nursing calls for specific understanding and practice of sciences such as biology, physics, and statistics while balancing caring, communication, and personhood. Nightingale gave equal weight to each of these essential skills, identifying nursing as both an art and a science (1859/1969). Observation is a foundational nursing skill and critical to empirical knowledge. It is taught in introductory nursing courses related to health assessment skills, which consist of gathering information through the senses, measurement, and testing (Toney-Butler & Unison-Pace, 2023). According to Chinn et al. (2026), the primary questions to ask that lead to observational or empirical knowledge include "What is this?" and "How does it work?" (p. 154). I would add, "How does it change contextually?"

Empirical knowledge is highly valued by nurses and is interpreted as objective and verifiable through quantitative evidence. This often takes a superior position to other forms of knowledge. It manifests in standardized procedures for clinical practice, such as medication administration or donning and doffing a mask.

Aesthetic Nursing Knowledge

In the first version of this theoretical framework in 1978, aesthetic knowledge was described as involving empathy and the nurse's perception of the individual patient's subjective experience (Carper, 1978). Later, Chinn et al. (2026) refined this explanation to assert that aesthetic knowing is a manifestation of the art of nursing and gives rise to nursing action, including creativity, intuition, space, timing, rhythm, and other metaphysical components (p. 128). This, according to Chinn et al., guides the nurse to a transformative act, from an undesirable situation to a healing one (2026). The primary questions to ask that lead to aesthetic knowledge or the art of nursing are "What does this mean?" and "Why is this significant?" (Chinn et al., 2026, p. 130).

Care aesthetics, the quickly growing subfield of inquiry, provides language for skillful nursing care that demonstrates artful use of boundaries, rhythm, timing, touch, and voice when practicing, drawing attention to these sensory practices (International Longevity Centre Global Alliance, 2025). The field further develops a view of care, as opposed to cure, as a practice that provides meaning and comfort, adding to the healing experience and biomedical approaches. For example, being present while providing ample space for a person who has paranoid thoughts is a simple but highly purposeful and respectful interaction. Rather than reducing care to only empirical outcomes, an aesthetic view addresses what these deliberate, artful acts mean to the person receiving them, legitimizing them as quality patient care. Aesthetic knowledge opens space for art-based inquiry such as visual or performative methods to reveal aspects of care and suffering that quantitative methods alone cannot (M. Visse, personal communication, June 16, 2026).

Personal Nursing Knowledge

A discussion of the personal usually starts with defining what we mean by "self" and "others." Chinn et al., (2026) refer to the self as the "person you are," genuinely and authentically (p. 115). You are recognizable physically and by qualities and actions. The definition of the self for Chinn et al. relies heavily on the self in relation to others.

Knowing the self is difficult. It is a process that is ongoing both personally and professionally. Developing a growth mindset of continuous reflection for practice improvement allows nurses to engage in an ongoing search for evidence for quality and safe practice (Sherwood, 2024). The use of the term "personal knowing" refers to "a process of self-knowing that is conscious; developed deliberately to know fully who you are and to understand your nursing actions and relationships" (Chinn et al., 2026, p. 112). The primary questions to ask that

lead to personal knowledge include “Do I know what I do?” and “Do I do what I know?” (Chinn et al., 2026, p. 117). These questions are basic to ongoing reflection and help nurses align clinical behaviors with how they perceive their selves.

Interconnected concepts with personal knowledge include positionality and reflexivity, as they all constitute how one interacts with patients, conducts research, and understands clinical evidence. Personal knowledge and positionality shape clinical practice, methodology selection, and interpretation of evidence. Reflexivity is the consistent evaluation of oneself and one’s worldview (Ugiagbe et al., 2025).

Ethical Nursing Knowledge

In general, ethics is usually the study of what is right and wrong, or good and bad, which is dependent on culture and society (Chinn et al., 2026). Every aspect of nursing has ethical implications for practice, education, research, and leadership. The key questions to ask leading to ethical knowledge are: “Is this right?” and “Is this responsible?” (Chinn et al., 2026, p. 80).

Ethics in the practice of nursing is, among other areas of nursing practice, related to decision-making. Not patriarchal decisions for patients but decisions about the everyday actions nurses take from a virtue point of view, such as walking into a patient’s room with a smile; staying with a patient for a few minutes to listen; being respectful to a patient even though they make choices you might not understand. These decisions lead to actions that facilitate trust and develop relationships that ultimately influence the patient’s experience with illness and healing. According to Watson (2018), caring is the moral idea of nursing, meaning that all nursing actions, however small, carry ethical weight. If a nurse does not respond with kindness because a person is old and requires more of the nurse’s time, this is a moral statement.

Ethical knowing is what guides the moral dimensions of daily practice and is particularly relevant when constraints on time schedules and standard protocols influence decisions on what should be done (Gueye, 2026). Contemporary scholars contend that when healthcare agencies prioritize schedules and clinical metrics over interaction, moral distress is likely (Martínez-Rodríguez et al., 2020). This conflict for nurses is exacerbated during times of crisis such as pandemics, and it is well documented in the COVID-19 pandemic (Best, 2026; Lewis et al., 2025; Pathman et al., 2022; Rosa et al., 2022). Because of the prevalence of this phenomenon, tools such as the COVID-19 Moral Distress Scale (COVID-MDS) were developed by nursing scholars to measure moral injury associated with strict infection protocols and patient isolation due to lack of family presence (Cramer et al., 2022).

Emancipatory Nursing Knowledge

Emancipatory knowledge is the capacity to recognize, reflect on, critique, and ultimately change (praxis) political, social, and cultural injustices. Key to emancipatory knowledge are critically reviewing what you know, knowing what keeps you in one space, and knowing what will free you and offer other ideas and questions (Chinn et al., 2026). This issue is essential in this study. Is biomedicine's hegemony going to meaningfully allow for other ways of knowing, other ways of practicing, educating, and researching? I intentionally include the word "meaningful" because although there has been improvement, there is a long way to go. The improvement has primarily come from consumers who are liberating themselves from biomedicine by increasingly using complementary and alternative medicine approaches (Williams & Calnan, 1996, pp. 1609–1620).

Understanding the inequalities created by biomedicine, the medicalization of everyday life, and its political propagation is required for emancipatory knowledge (Weber, 2016). The

primary critical questions for emancipatory knowledge are “Who benefits?”; “What is wrong with this picture?”; “What are the barriers to freedom?”; and “What changes are needed?” (Chinn et al., 2026, p. 58).

Traditional methods of ritual analysis were obviously limited during both pandemics. Fieldwork, such as participant observation and interviews common to ritual study, would have increased the risk of contagion, making these methods less available and rendering them open to ethical questions. However, this was not the deciding factor for the chosen methodology. The masking ritual during the 2020 COVID-19 pandemic captured my attention because it was made visible all over the world. The ritual was seen in magazines, newspapers, social media, graffiti, fashion, videos, and more. It permeated every aspect of society for all to see. It was clear to me that analyzing rituals using these visual representations might provide unique insight into this complex human phenomenon. Additionally, using images from the 1918 Influenza pandemic for comparison would provide a dual perspective on the nurse-masking ritual as observed in two different centuries, establishing ritual’s malleable persistence. The differences in medical and technological advances are stark, yet the images of the nurse-masking ritual convey consistent human behaviors in response to fear, isolation, authority, and solidarity over a span of 100 years. The next chapter will outline the specific methodology used to analyze the nurse-masking ritual during these two pandemics.

Chapter 3: Methodology

This interdisciplinary research investigated the communicative power of the nurse-masking ritual during the 1918 Influenza and 2020 COVID-19 pandemics. Grounded in symbolic communication and performance theory of rituals, this study used a qualitative analysis of visual representations to provide nuanced interpretations of the nurse-masking ritual as a sociocultural phenomenon.

The primary research question was "What did the nurse-masking ritual communicate during the 1918 Influenza and 2020 COVID-19 pandemics?" This chapter outlines the design, data collection/search processes, exemplar selection, instrumentation, analysis methods, and ethical considerations used to ensure the integrity of this study.

Design Overview

1. **Multimodal qualitative analysis**: This study employed a multimodal qualitative analysis of purposely selected image/video exemplars from a review of visual representations inclusive of photographs, drawings, paintings, postcards, graffiti, social media, infographics, and videos that represented the nurse-masking ritual in the 1918 Influenza or 2020 COVID-19 pandemic.
2. **Selection Criteria**: Purposive sampling was used for intentional targeting of visually rich image/video exemplars carrying deep symbolic meaning that best reflected the sociocultural nuances of the nurse-masking ritual during the 1918 Influenza and 2020 COVID-19 pandemics.
3. **Search Strategy**: Separate searches for each pandemic were designed to isolate specific visual representations that expressed the essence of the nurse-masking ritual using databases, websites, organizations, contemporary visually rich sites, and other

sources. Individual keywords were also used for each pandemic. While overlap existed between the two searches in terms of sources and keywords, each search was executed independently to maintain the time-based integrity of the data.

4. **To Enhance Validity**: Reverse image searches were also conducted using both TinEye and Google Reverse Image Search on each selected image exemplar to ensure authenticity.
5. **Copyright and Digital Provenance**: All selected image/video exemplars were evaluated for copyright permissions, public domain/Creative Commons status, and digital birth (source verification).
6. **Permissions**: Any permissions for use of all images/videos throughout this study were obtained and are reflected in the appendices.
7. **Ethical Considerations**: The privacy of individuals was respected by using images/videos where consent for publication was documented or public availability implied a lack of private expectation. Copyrighted images were used with permission or met fair use criteria where applicable (see Appendix C for filed Drew University Fair Use Checklist).
8. **Instrumentation**: The exemplars were analyzed using a researcher-created tool adapted and adjusted from an established nursing theory of knowledge acquisition (Chinn et al., 2026) (see Appendix D).
9. **Positionality and Reflexivity**: An exploration of my reflexivity process in this qualitative research study, which revealed my positionality, is included.

Multimodal Qualitative Analysis

This multimodal qualitative analysis method for studying the nurse-masking ritual exploited what rituals, masks, and visual representations have in common: surfacing during times of crisis and ambivalence, evoking emotion, and uncovering things not seen in conventional ways. Since pandemics qualify as a crisis, I hypothesized that the images of the masking ritual would likely provide expression of complex emotions, relationships, and sociocultural revelations. Each image was analyzed individually for its symbolic communication; however, because image exemplars of nurse masking in both the 1918 Influenza and 2020 COVID-19 pandemics were studied, comparative analysis was also included.

Search Strategy: 1918 Influenza Pandemic Visual Representations

The search strategy was designed in alignment with qualitative multimodal analysis to ensure that each purposely selected exemplar held significant interpretive effect for analyzing the nurse-masking ritual as a sociocultural phenomenon. Distinct searches of visual representations were conducted for each pandemic to account for the century of technological evolution in image production and archiving. The strategy for the 1918 Influenza pandemic focused on historical archives, institutional repositories, and cross-referenced image databases. Primary sources included the National Archives Catalog, the CDC Archive, the Library of Congress, the National Library of Medicine, Nursing Clio, Getty Images Archive, and Google Images. Serendipitous searches were also conducted for possible retrieval of lesser-known images of the nurse-masking ritual. The search terms used included “1918 pandemic,” “1918 flu,” “Spanish flu,” “nurse mask,” “gauze mask,” “pandemic mask,” “Red Cross nurse,” “1918 nurse,” and “1918 volunteer.”

Methodological note: During a review of data on the CDC’s archival pages (including the museum and the Public Health Image Library) related to the 1918 Influenza pandemic, the

following message was posted on the site as of January 2025: “This page is archived for historical purposes and is no longer being updated. This is archived content from the CDC website. The information here may be outdated and links may no longer function. Go to CDC Home for all other recent information” (CDC, March 3, 2026). Many of the links on the website that I attempted to navigate were broken. Per the study design, a reverse image search was employed on all images used as exemplars, including those used by the CDC, to ensure authenticity.

Search Strategy: 2020 COVID-19 Pandemic Visual Representations

The search strategy for the 2020 COVID-19 Pandemic used contemporary digital sites focusing on high-volume media platforms and modern medical repositories. Given the growth of born-digital content during this era, the search expanded well beyond traditional archives and included PubMed Central, the World Health Organization Multimedia Library, Instagram, TikTok, Facebook, and various news photojournalism databases (Reuters, Associated Press, *Atlantic*, *New Yorker*, *New York Times*). The search terms used included “COVID-19,” “Corona virus,” “N95 masking,” “PPE ritual,” “face shield,” “mask selfie,” “frontline nurse,” and “healthcare hero.”

Selection Criteria

The following criteria were used to select the exemplars that were used in this study.

- **Date range**: January 1918–April 1920 and March 2020–March 2023
- **Geography**: Global
- **Focal point**: Nurse, Red Cross nurse, or volunteer (for the 1918 influenza pandemic)
- **Mask**: Nurse, Red Cross nurse, or volunteer wearing a mask or donning or doffing a mask

- **Care**: Engaged in nursing care, preparing for nursing care, at the bedside of the patient, among others; providing patient care, advocating for masking ritual
- **Symbolic communication**: Expressing masking as a sociocultural phenomenon (e.g., protection, identity, transformation)

Nine images meeting all the selection criteria were chosen, four from the 1918 Influenza pandemic and five from the 2020 COVID-19 pandemic. Additionally, one video exemplar was chosen from the 2020 COVID-19 pandemic. A total of ten exemplars were used for analysis.

Copyright and Digital Provenance

To ensure authenticity of the images used as exemplars for the study, a reverse image search was used for all exemplars using TinEye and Google Reverse Image Search. TinEye is owned and was developed by Idee Inc., a computer vision company based in Canada (TinEye, 2026). TinEye was chosen due to its ability to verify and confirm the uniqueness of an image, identify stock photos, and check copyright compliance (TinEye, 2026).

Google Reverse Image Search (via Lens) was additionally used because of its extensive database and ability to locate original sources for cross-reference (Good, 2023). All selected photographs/video/painting exemplars were evaluated for copyright permissions, public domain/Creative Commons status, and digital birth (source verification). All selected image/video exemplars included publicly available secondary data unless specified otherwise.

Instrumentation

As briefly mentioned in the introduction to this work, *Knowledge Development in Nursing: Theory and Process* (Chinn et al., 2026) was chosen as a foundation for the analysis of exemplars. The reasons outlined—disciplinary cohesion, image depiction of the theory, and potentiality of novel visual pedagogy in nursing—were all relevant. However, methodologically,

it also aligned with my assumption that increasing knowledge about rituals required layers of analysis, not just from one lens but from various perspectives. This was also supported by the more recent literature on ritual studies addressed in the literature review (Grimes, 2014).

The patterns of knowing proposed in the theory—empiric, aesthetic, personal, ethical, and emancipatory (Chinn et al., 2026)—were used to develop the instrument for analyzing the images and video exemplars of nurse masking during the 1918 influenza and 2020 COVID-19 pandemics. Each pattern was operationalized for use in analysis (see Appendix D, Visual Analysis Guide). The instrument also synthesized ritual's superpower aspects as outlined in Chapter 1 (causal opacity, social malleability/persistence, and the capacity to mediate human dichotomies) with the masking themes of transformation, performance, protection, and identity.

Dissertation committee members and I piloted the instrument using two images not used in the study to establish its alignment with the research design. Following the pilot, the committee approved the guide for use.

Methodological note: The personal pattern of knowing was not included in the original instrument for analysis due to concerns about what it could meaningfully contribute to an image analysis, as well as fears of introducing unnecessary bias. However, after careful reflection and discussion with committee members, the personal pattern emerged not only as relevant but also essential, as it addressed nursing as both science and art, emphasizing authenticity, creativity in practice, and the therapeutic use of self. Its inclusion also allowed for my reflexivity process and positionality to further emerge, which is a common practice in qualitative research (Finlay, 2002, pp. 531–545) to enhance transparency.

Upon reflecting about my process, I have made my positionality clear throughout this work. In the acknowledgments and dedication sections, I shared that education and family have

played a significant role in who I am. In the preface, I revealed that I value the human aspect of the caring work I do as a nurse. I have also outlined the vital role medical humanities can play in educating the medical professions about maintaining our humanity during this time of technological revolution. I see rituals as representations of humanity, powerful enough to shape our social, cultural, and political landscape.

I have shared my respect for art with the research questions I chose to investigate and the method used to study them. I have shared my interest in literature by using quotations and literary examples to help illustrate views throughout this work. The visual images selected as exemplars for investigation not only met the selection criteria, but also reflected matters of consequence to me: justice, care, respect, and advocacy. Although I am a novice researcher and my experience with visual representations is primarily as an admirer (this will be further addressed in Chapter 4), I am convinced that my research process has been illustrative of my positionality and adds to the quality and transparency of my work. In short, I am confident that I have "positioned my positionality and reflected on my reflexivity" (Sibbald et al., 2025).

This design methodology was implemented, and the study findings can be found in the following chapter.

Chapter 4: Study Findings

This chapter presents the results of a multimodal analysis of purposively selected visual representations of the masking ritual by nurses in the 1918 Influenza and 2020 COVID-19 pandemics. From this analysis, five categorical themes emerged: professional solidarity, systematic inequity, care, norms and expectations that maintained the status quo, and moral distress.

The images included photographs, a painting, and a video representation. All were analyzed using a researcher-adapted and -refined tool from the nursing knowledge acquisition theory developed by Chinn et al. (2026). The question prompts in the tool were also structured to allow for the evaluation of ritual's triangular superpower: immergence through causal opacity, malleability and persistence through social disruption, and mediation of human dichotomy and ambiguity. The tool also included identification and evaluation of the transformation, identity, performance, and protection masking themes (see Appendix D, Visual Analysis Guide).

My analysis was informed by immersion in two essential works on visual methodologies and visual method inquiry. The first was a foundational text by Gillian Rose (2023), with whom I agree that understanding "images are part of social identities, processes and institutions" and the social context of an image is crucial to its interpretation (p. 4). The second was the work of Freedman and Siegesmund (2024), which helped me understand that using images in research can help people see things they may not see in narrative form.

Visual Representation Selection Findings

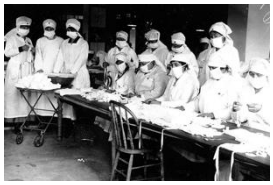
The purposively selected visual representations search yielded eight photographs, one painting, and one video. Table 2 displays the image exemplars that were selected according to the following established criteria for selection outlined in the methodology chapter.

- **Date range**: January 1918–April 1920 and March 2020–March 2023
- **Geography**: Global
- **Focal point**: Nurse, Red Cross nurse, or volunteer (for the 1918 influenza pandemic)
- **Mask**: Nurse, Red Cross nurse, or volunteer wearing a mask or donning or doffing a mask
- **Care**: Engaged in nursing care, preparing for nursing care, at the bedside of the patient, among others; providing patient care, advocating for masking ritual
- **Symbolic communication**: Expressing masking as a sociocultural phenomenon (e.g., protection, identity, transformation, performance, and ritual' triangular superpower)

Table 2

Image Exemplars That Met Selection Criteria

Exemplar image/ video title	Date range	Geography	Focal point	Mask	Care	Symbolic communication
Exemplar 1 Two Men Wearing and Advocating the Use of Flu Masks  *Note.* From *Two men wearing and advocating the use of flu masks in Paris during the Spanish flu epidemic which followed World War I* [Photograph], by Topical Press Agency, 1919, Getty Images. Copyright 1919 by Topical Press Agency/ Stringer/Hulton Archive via Getty Images.	March 1, 1919	Paris, France	Two masked men	Gauze	Advocating for the masking ritual	Protection Performance Dichotomy/ ambiguity Duty Collective
Exemplar 2	October 18, 1918	New Haven, Connecticut, United States	Masked Red Cross nurse	Gauze	Public health education	Identity Protection Gaze Collective

Exemplar image/ video title	Date range	Geography	Focal point	Mask	Care	Symbolic communication
To Prevent Influenza!  *Note.* From *To prevent influenza!* [Poster], by P. Thompson, 1918, *Illustrated Current News* (http://resource.nlm.nih.gov/101580385). In the public domain.						
Exemplar 3 Red Cross Volunteers  *Note*. From *Red Cross workers make anti-influenza masks for soldiers, Boston, Massachusetts* [Photograph], 1918, National Archives and Records Administration (https://www.archives.gov/news/topics/flu-pandemic-1918). In the public domain.	1918	Camp Devens, Boston, Massachusetts, United States	Red Cross Volunteer workers making masks	Gauze	Preparing for care	Protection Identity Duty Collective Identity
Exemplar 4 American Red Cross (ARC) Canteen Workers Delivering Aid During the Influenza Pandemic  *Note*. From *American Red Cross (ARC). Canteen workers, Charlotte, N.C. Taking food to the colored family all down with the "Flu." They found the mother had just died. Mrs.*	Received October 16, 1918	Charlotte, North Carolina, United States	Black family with three white Red Cross volunteers	Gauze	Red Cross canteen workers brought food to black family with the flu	Identity Inequity Gaze Dichotomy/ ambiguity

Exemplar image/ video title	Date range	Geography	Focal point	Mask	Care	Symbolic communication
Ralph Van Landingham, Mrs. Cameron Morrison, Miss Julia Baxter Scott [Photograph], 1918, Library of Congress Prints and Photographs Division (http://hdl.loc.gov/loc.pnp/anrc.02233). In the public domain.						
Exemplar 5 City Nurse, COVID-19, "Nurse Cady," Lenox Hill Hospital, NYC, 2020  *Note*. From *A city nurse: Healing in the I.C.U. during COVID-19* [Photograph], by K. Cunningham, 2020, *The New Yorker*. Reproduced with permission. Photo courtesy of Karen Cunningham.	May 4, 2020	Lenox Hill Hospital, New York City, United States	Nurse leaving patient bedside	Surgical, N95	Bedside nursing care	Duty Dichotomy/ ambiguity Fear Malleable/ persistence Gaze
Exemplar 6 Nurses Protesting Outside White House for Better Safety Standards and Mass Production of PPE During COVID Pandemic  *Note*. From *Nurses protest lack of PPE in front of White House*, by W. McNamee, 2020, The Week (https://theweek.com/articles/910015/nurses-protest-front-white-house-administration-congress-have-failed). Copyright 2020 by Getty Images. Reprinted with permission.	April 21, 2020	Washington, DC, United States	Protest in support of health care workers	Surgical, N95, KN95	Public health care	Duty Justice Performance Dichotomy/ ambiguity

Exemplar image/ video title	Date range	Geography	Focal point	Mask	Care	Symbolic communication
Exemplar 7 Game Changer, by Banksy  *Note*. From *Voided Banksy*™, by I. Rivera, 2020, Center for Art Law (https://itsartlaw.org/art-law/voided-banksy/). Originally created by Banksy in 2020 at Southampton General Hospital. Image used for educational, non-commercial purposes under fair use.	May 6, 2020	South-ampton, United Kingdom	Child playing with super-hero nurse doll	Surgical	Collective	Identity Protection Malleable/ persistent Performance Collective Transformation
Exemplar 8 Medical Team in a COVID-19 Hospital Ward, Bastia Hospital, During the Coronavirus Outbreak, COVID-19 Screening Test  *Note*. From *COVID-19 screening* [Photograph], by Mari, 2020, Alamy. Copyright 2020 by Mari/Andia.	April 23, 2020	Bastia Hospital, Corsica, France	Child being tested for COVID-19	Surgical, KN95	Preventive care	Protection Identity Duty
Exemplar 9 Nurses Taking a Stand Against Racism  *Note*. From *Nurses taking a stand against racism outside of*	June 9, 2020	Bellevue Hospital, New York, United States	Nurses take a stand against racism in the wake of George Floyd's death due to police brutality	Surgical, KN95	Care advocacy	Dichotomy/ ambiguity Protection Identity Solidarity Transformation

Exemplar image/ video title	Date range	Geography	Focal point	Mask	Care	Symbolic communication
Bellevue Hospital in the wake of George Floyd death due to police brutality [Photograph], by S. Sanchez, 2020, Alamy. Copyright 2020 by Steve Sanchez/Alamy. Reprinted with editorial use permission.						
Exemplar 10 Inside a COVID I.C.U., Through a Nurse's Eyes | NYT Opinion *Note*. From *Inside a COVID I.C.U., through a nurse's eyes | NYT Opinion* [Video], by A. Stockton, February 25, 2021, YouTube. Alexander Stockton/New York Times Opinion via YouTube. Copyrighted/ standard YouTube license (editorial/multimedia).	February 25, 2021	Valleywise Medical Center, Phoenix, Arizona, United States	Nurses providing care during COVID-19 in an ICU; segment: 3:45–4:37minutes	Surgical, N95, KN95, face-shield	Sacrifice Respect Collective	Dichotomy/ ambiguity Protection Identity Solidarity Performance Transformation

Provenance and Copyright Log

After meeting criteria for selection, each exemplar was investigated for copyright, provenance, and reverse image search reviews to ensure authenticity, ownership, and/or proper citation, reference, and use acknowledgments. The reverse image searches for photographs and video were conducted using TinEye and Google Reverse Image Search (via Lens) (see Table 3). All selected image/video exemplars included publicly available secondary data unless specified otherwise in Table 3.

Table 3

Provenance and Copyright Log

Exemplar ID	Description and date	Creator/source archive	Asset ID and URL	Rights status	Provenance and compliance summary

Exemplar 1	Two men wearing flu masks in Paris (March 1, 1919)	Topical Press Agency/Hulton Archive via Getty Images	Editorial #: 3333532/ Getty Link	Rights managed (academic/ editorial)	Non-original/publicly sourced. 268 TinEye matches. Getty Image online assistant chatbot verified falls under editorial or academic use.
Exemplar 2	"To Prevent Influenza!" Red Cross nurse poster (October 18, 1918)	Paul Thompson/ National Library of Medicine (NLM)	NLM Unique ID: 101580385 / NLM Link	Public domain	Non-original/publicly sourced. 347 TinEye matches. Verified in the public domain by NLM.
Exemplar 3	Red Cross workers making masks for soldiers in Boston (1918)	National Archives and Records Administration (NARA)	NARA ID: 45499341/ National Archives Link	Public domain	Non-original/publicly sourced. 321 TinEye matches. Verified in the public domain by NARA.
Exemplar 4	Red Cross canteen workers delivering food in Charlotte, NC (1918)	American Red Cross (ARC)/ Library of Congress (LOC)	Digital ID: anrc 02233/ Library of Congress Link	Public domain	Non-original/publicly sourced. 96 TinEye matches. Verified in the public domain by LOC.
Exemplar 5	City nurse, COVID-19, "Nurse Cady," Lenox Hill Hospital, NYC (May 4, 2020)	Karen Cunningham/ The New Yorker	Photo Portfolio: "A City Nurse"/ New Yorker Link	Copyrighted; permission provided	Non-original/publicly sourced. 24 TinEye matches. Licensing request submitted to Condé Nast on June 5, 2026; referred to Karen Cunningham, June 13, 2026. Use permission granted June 26, 2026 (see Appendix E).
Exemplar 6	Nurses protesting outside White House for better safety standards and mass production of PPE during COVID pandemic (April 21, 2020)	Win McNamee/ Getty Images via The Week	Editorial/The Week Link	Rights managed (academic/ editorial); permission provided	Non-original/publicly sourced. 54 TinEye matches. Use permission granted July 2, 2026 (see Appendix F).
Exemplar 7	*Game Changer*, NHS tribute painting	Banksy/ originally displayed at Southampton	Painting/ Center for Art Law Link	Open/permitted noncommercial use	Non-original/publicly sourced. 2,684 TinEye matches.

	(May 6, 2020)	General Hospital			Explicitly permitted for academic/ homework use via Pest Control Office guidelines.
Exemplar 8	COVID-19 screening test (April 23, 2020)	Mari/Andia Alamy	2BMGG83/ Alamy Stock Photos	Rights strictly managed/Alamy	Six TinEye matches. First indexed on May 2, 2020. Strictly managed. Editorial use permission granted July 4, 2026 (see Appendix G).
Exemplar 9	Nurses taking a stand against racism, (June 9, 2020)	Steve Sanchez/ Alamy	2BYD598/ Alamy Stock Photos	Rights strictly managed/Alamy	Two TinEye matches. First indexed on September 25, 2021. Strictly managed. Editorial use permission granted July 3, 2026 (see Appendix H).
Exemplar 10	"Inside a Covid I.C.U. Through a Nurse's Eyes" (February 25, 2021), segment: 3:45–4:37 minutes	Alexander Stockton/New York Times Opinion via YouTube	Video Media/ New York Times Opinion YouTube Link	Copyrighted/ standard YouTube license (editorial/ multimedia)	Original/publicly sourced documentary. Video publication verified on the *New York Times Opinion* official channel. TinEye does not search videos. Fair Use Checklist filed (see Appendix C).

Note. This table represents a summary of the process used to determine provenance and copyright for each exemplar. The Google Gemini Artificial Intelligence tool (Google, 2026) was provided with prompts that included table headings and all raw data to streamline the information using academic language (see the references for an acknowledgment statement and Appendix I for two examples of raw data collection during the provenance and copyright review process).

Image Demographic Information

Table 4 summarizes key identifying information about each exemplar, including pandemic era, the clinical setting depicted in the image, and the image format.

Table 4

Exemplar Demographics

Exemplar number	Pandemic era	Clinical setting	Format
Exemplar 1	1918 influenza pandemic	Noninstitutional, public advocacy, Paris, France	Photograph, black and white
Exemplar 2	1918 influenza pandemic	Public health message, local newspaper, New Haven, Connecticut, United States	Photograph, black and white
Exemplar 3	1918 influenza pandemic	Military staging center that became the epicenter of an influenza outbreak during WWI, Camp Devens, Boston, Massachusetts, United States	Photograph, black and white
Exemplar 4	1918 influenza pandemic	Home setting, public health, Charlotte, North Carolina, United States	Photograph, black and white
Exemplar 5	2020 COVID-19 pandemic	Intensive care unit (ICU), New York, United States	Photograph, black and white
Exemplar 6	2020 COVID-19 pandemic	Noninstitutional, public protest, outside White House, Washington, DC, United States	Photograph, color
Exemplar 7	2020 COVID-19 pandemic	Noninstitutional, child playing with nurse doll, painting left at Southampton General Hospital, Southampton, Hampshire, United Kingdom	Painting, black and white, with red cross on nurse doll's mask
Exemplar 8	2020 COVID-19 pandemic	Hospital exam room, COVID-19 screening test, Bastia Hospital, Corsica, France	Photograph, color
Exemplar 9	2020 COVID-19 pandemic	Noninstitutional, outside Bellevue Hospital, New York, United States, protest for the Black Lives Matter movement	Photograph, color
Exemplar 10	2020 COVID-19 pandemic	Intensive care unit (ICU), Phoenix, Arizona, United States	Video, color

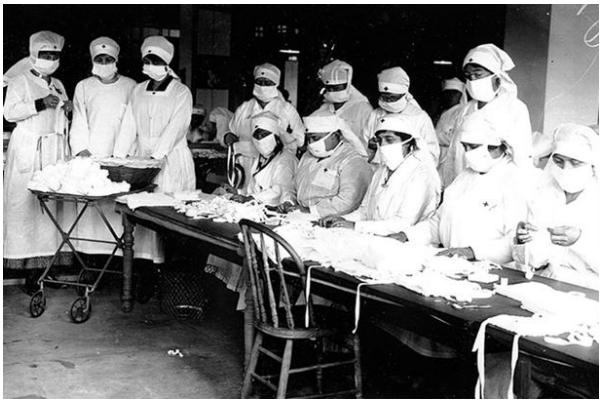
Image Exemplars

For the reader's convenience, larger versions of the image exemplars used in this study can be found in Table 5.

Table 5

Image Exemplars

Note	Exemplar 1
From *Two men wearing and advocating the use of flu masks in Paris during the Spanish flu epidemic which followed World War I* [Photograph], by Topical Press Agency, 1919, Getty Images. Copyright 1919 by Topical Press Agency/Stringer/Hulton Archive via Getty Images. Academic/editorial use.	
Note	Exemplar 2
From *To prevent influenza!* [Poster], by P. Thompson, 1918, *Illustrated Current News* (http://resource.nlm.nih.gov/101580385). In the public domain.	

Note	Exemplar 3
From *Red Cross workers make anti-influenza masks for soldiers, Boston, Massachusetts* [Photograph], 1918, National Archives and Records (https://www.archives.gov/news/topics/flu-pandemic-1918). In the public domain.	
Note	Exemplar 4
From *American Red Cross (ARC). Canteen workers, Charlotte, N.C. Taking food to the colored family all down with the "Flu." They found the mother had just died. Mrs. Ralph Van Landingham, Mrs. Cameron Morrison, Miss Julia Baxter Scott* [Photograph], 1918, Library of Congress Prints and Photographs Division (http://hdl.loc.gov/loc.pnp/anrc.02233). In the public domain.	

Note	Exemplar 5
From *A city nurse: Healing in the I.C.U. during COVID-19* [Photograph], by K. Cunningham, 2020, *The New Yorker*. Reproduced with permission. Photograph courtesy of Karen Cunningham.	
Note	Exemplar 6
From *Nurses protest lack of PPE in front of White House: "The administration and Congress have failed"* [Photograph], by W. McNamee, 2020, The Week (https://theweek.com/articles/910015/nurses-protest-front-white-house-administration-congress-have-failed). Copyright 2020 by Getty Images. Reprinted with permission.	
Note	Exemplar 7
From *Voided Banksy*™, by I. Rivera, 2020, Center for Art Law (https://itsartlaw.org/art-law/voided-banksy/). Originally created by Banksy in 2020 at Southampton General Hospital. Image used for educational, noncommercial purposes under fair use.	

Note	Exemplar 8
From *COVID-19 screening* [Photograph], by Mari, 2020, Alamy. Copyright 2020 by Mari/Andia. Reprinted with permission.	
Note	Exemplar 9
From *Nurses taking a stand against racism outside of Bellevue Hospital in the wake of George Floyd death due to police brutality* [Photograph], by S. Sanchez, 2020, Alamy. Copyright 2020 by Steve Sanchez/Alamy. Reprinted with editorial use permission.	
Note	Exemplar 10
From *Inside a COVID I.C.U., through a nurse's eyes | NYT Opinion* [Video], by A. Stockton, February 25, 2021, YouTube. Copyrighted/ standard YouTube license (editorial/ multimedia).	Inside a Covid I.C.U. Through a Nurse's Eyes | NYT Opinion, Segment: 3:45-4:37 minutes

Patterns of Knowing

Each of the five patterns of knowing (empiric, aesthetic, ethical, personal, and emancipatory) was used as a category to generate the question cues needed to make a separate analysis of each image (see Appendix D, Visual Analysis Guide). A table of the 27 question cues generated from the five patterns is included below for the reader's convenience (See Table 6).

Table 6

Question Cues Used for Image Analysis Reflective of Nursing's Five Patterns of Knowing

Empiric: knowledge known through the senses and can be shared across observers (Chinn et al., 2026)	Aesthetic: knowledge that is known through the meaning of the situation; shared in the moment without words; reflected in action taken; occurs in the background and may not be consciously considered (Chinn et al., 2026)	Ethical: knowledge about morality and everyday actions; choices that are responsible and just (Chinn et al., (2026)	Personal: knowledge that is dependent on relationship with others; not a solitary, egoistic focus on the self; it is the key for caring for self and others (Chinn et al., 2026)	Emancipatory: knowledge that recognizes a need for change for the better and to act to make that change (Chinn et al., 2026)
What is the image of?	Does the image generate meaning? If yes, what meaning/s?	Does the image evoke a moral response? Praise or blame?	Is the nurse present and attentive? Or aloof and distracted? If yes, how?	Does the image evoke a need for change? If yes, how or what?
What is happening in the image?	What is the focal point or what stands out?	Are norms and expectations conveyed in the image? If yes, what are they?	Is the nurse close or distant in proximity to the patient or other health care providers? Describe.	Does the image suggest any barriers for change? If yes, what are they?
How do the parts of the image come together?	How are people and/or objects arranged?	Does the image evoke a sense of inequity? Explain.	Is the nurse protected or unprotected? Describe.	Does the image suggest any directions for change? Explain.
What else is visible in the image?	How are the principles and elements of design significant?	Does the image evoke other ethical principles: beneficence, non-maleficence, veracity, fidelity, care, duty?	Is the nurse confident? Describe.	Does the image evoke any specific type of care? If yes, what?
Type of mask/s?	Are there patterns that stand out?			
Where and when is it happening?	Is the image balanced/harmonious or imbalanced/discordant?			
Clinical setting?	Are there relationships? How do the parts come together?			
	What is the title? Does it generate meaning? If yes, what?			

Image Analysis Process, Structure, and Datasets

Each image was evaluated by using a hard copy of the Visual Analysis Guide to complete the analysis (see Appendix D for a template and Appendix J for a completed example of the metadata). This was essential in keeping my responses focused and authentic to each question cue. The following list describes the analysis structure and datasets:

- Individual exemplar analysis summaries extracted from the Visual Analysis Guide
- Major categories the nurse-masking ritual communicated across exemplars
- Ritual masking themes (identity, protection, performance, transformation)
- Ritual's triangular superpower (immergence through causal opacity, malleability and persistence through social disruption, and mediation of human dichotomy and ambiguity)
- Pandemic era comparison

Image Analysis Results

The exemplar analysis summaries extracted from the Visual Analysis Guide can be seen in Table 7.

Table 7

Individual Exemplar Analysis Summaries Extracted from the Visual Analysis Guide

Exemplar 1 "Two Men Wearing and Advocating the Use of Flu Masks" *Note*. This is the one image that does not specifically depict a nurse volunteer worker in the 1918 pandemic or a professional nurse in the 2020 pandemic. It was included because the masked men are advocating for mask wearing as a public health strategy. This image from March 1, 1919, is of two white men wearing large, white gauze masks while holding signs encouraging others to also wear masks to prevent infection from influenza. The photograph was taken in Paris after World War I ended on November 11, 1918. The two men are flanked by other white, unmasked men on either side and from behind. The image is in black and white and is dark and blurred from aging, creating a mood depicting the weight of the pandemic and postwar fatigue. The men are all dressed in business attire resembling uniforms. They seem distracted and indifferent to the men in masks. The overcrowding of the city street creates a tension because of the pandemic but also makes the two men advocating for masking stand out. This suggests

dichotomies between individualism and community and clean and unclean. This image also highlights the ethical dilemma created by the unmasked men's choice of individual liberty and the masked men's utilitarian choice. Also noted is that only white men are represented; there is no voice for women or other races. The image also evokes a sense of bravery, as the masked men are outnumbered and are putting themselves in a crowded situation, both of which increase the risk of contamination. It evokes a need for advocacy for all and public health education.
Exemplar 2 "To Prevent Influenza!" A Red Cross volunteer nurse is photographed to deliver a public health message on October 18, 1918, for a local news publication, *Illustrated Current News*, in New Haven, Connecticut. The image is in black and white, and alongside her photograph is a written narrative of typical public health strategies to prevent the infection (most of which are still relevant today). She is "front and center" in the photograph. Her Red Cross symbol and uniform remind one of World War I, and she appears soldierly. This image couples the fight against influenza and World War I. The nurse does not appear confident, and the Red Cross sanctions her as an authoritative person to be delivering the message. Her white gauze mask is large on her face, covering everything but her eyes. Her gaze is directly at the camera, but her eyes convey a plea, not confidence. Her voice is symbolically silenced by the mask. The image is somewhat imbalanced because she is a woman, and in 1918 her word would not have been valued as much as a man's. She is a white woman advocating to a white population in New Haven, Connecticut, leaving others without this public health message. Her plea and public health message insinuate that the population may not be masking, thereby increasing risk and contamination.
Exemplar 3 "Red Cross Volunteers" Masked and uniformed Red Cross workers, all white women, are making masks for World War I soldiers to prevent influenza during the 1918 influenza pandemic. They are at Camp Devens, Boston, Massachusetts, a military staging ground for American soldiers to obtain supplies and equipment before being deployed. It became the epicenter of a local outbreak of influenza during the war (Byerly, 2010). The image is black and white, which makes the white gauze masks and uniforms stand out. The workers are sitting or standing behind the worktable, making gauze masks. This evokes an assembly line of workers making mass quantities of masks for the outbreak, representing industrialization of public health and dehumanization. The room is dirty, with remnants of masks on the floor; the room is dark and overcrowded, creating a sense of contamination and death. It resembles a battlefield. The masks symbolize a liminal space linking survival and military sacrifice. The linear seating of the workers signifies conformity, duty, and women's work. The break in the two tables also signifies clean and contaminated and life and death. The dark tone signifies desperation and the white masks and uniforms signify hope. It evokes a sense of moral duty and women's work despite their having no individual autonomy. There is also a sense of futility in their frantically mass-producing masks only to send men to war to be killed. In the space between the two tables, there appears to be another table in the background, and workers seem more engaged, creating a liminal space for nonconformity.
Exemplar 4 "American Red Cross (ARC) Canteen Workers Delivering Aid During the Influenza Pandemic" Three white female American Red Cross workers take food to a black family (one adult male, one younger female, and another younger child of indistinguishable gender) on October 16, 1918. Information provided with the image reveals the mother had just died from the flu. The image is in black and white. The three canteen workers are white women. The image positions the canteen workers standing on the front entry stairs to the home with the black family positioned below them on the landing of the stairs, highlighting the race, class, and power imbalance. The canteen workers wear white gauze masks and Red Cross uniforms, highlighting women's work during this time period. The photo seems staged to have made clear the inequality. The canteen workers' expressions cannot be seen, but they appear detached from the family despite their caring role. The black family's expressions appear shocked from their loss. The image evokes neglect and abuse rather than care. The workers are staged to appear benevolent while the family's grief is exploited. It evokes structural segregation and unequal social hierarchies.
Exemplar 5 "City Nurse, COVID-19, 'Nurse Cady,' Lenox Hill Hospital, NYC, 2020" A female white nurse working in a COVID-19 intensive care unit (ICU) at Lenox Hill Hospital, New York, on May 4, 2020, is wearing a surgical mask and face shield and is in full personal protective equipment (PPE) attire. She is clearly positioned in the foreground of the picture with an out-of-focus patient behind her in the background. The image is in black and white. It is not clear what is happening, but the nurse's back is to the

patient as if she is leaving. The patient is in the bed behind her, but his gaze is anchored to her. The image contains all the mechanical equipment needed to sustain life: monitors, wires, tubing, oxygen, hospital beds, masks, and PPE. This equipment including the mask is mediating the nurse–patient relationship. The nurse's eyes are lowered with a sense of sadness, frustration, grief, and moral distress. The information provided with the image states that the nurse works in the ICU and has taken care of many COVID-19 patients. The photographer is also a nurse (Cunningham, 2020). The patient is propped up in the bed behind the nurse. He appears comfortable and taken care of. The coloring is darker and he appears to be fading away as she leaves—highlighting the life and death dichotomy, as well as the nurse-superhero trope that distracts from the systemic social and political failures. The nurse is being pushed beyond her duty, which highlights the need for self-care. The nurse photographer capturing the reality of the nurse's experience on the front line reclaims the nurse identity from the distraction of the superhero identity.
Exemplar 6 "Nurses Protesting Outside White House for Better Safety Standards and Mass Production of PPE During COVID Pandemic" Nurses of many races protest outside the White House in Washington, DC, April 21, 2020, demanding better safety and necessary PPE as they take care of patients. The image is in color, highlighting the multicolored nursing scrubs and protest signs in the foreground with the White House out of focus and blurred in the background. Nurses are protesting with masks on and holding protest signs in front of them or over their heads. The signs advocate for public health, and some show colleagues who had died of COVID-19. The nurses are also positioned six feet apart, expressing adherence to the social distance public health mandate. The image shows solidarity and protection with face masks and social distancing. It also highlights nursing's commitment to discipline, scientific competence, and care for public safety. It has a performative element. It demonstrates transformation from passively sacrificing and quietly doing their duty to advocating for change. It also puts them in a liminal space of self (individual) and other (community), making it a secular ritual.
Exemplar 7 "Game Changer" A male child is playing with a masked superhero nurse doll, and alongside him is a wastebasket of discarded Batman and Spiderman dolls. The image is a black and white painting, with the only color being a small Red Cross symbol on the nurse doll's face mask, signifying that is a nurse and tying it to institutional and historical iconography. The boy with the nurse doll and the wastebasket with discarded traditional superhero dolls are the only things in the image. They are forefront, and the background is all white. The lines are soft and fading as if during an earlier time than 2020, signifying change. The image highlights the superhero identity so much that it has permeated to children's play activities. The title alludes to changing the image of the nurse, women, and medical paternalism. Yet the old iconography pulls those identities of sacrifice and women's work with it. The painting was left at Southampton General Hospital in the United Kingdom, May 6, 2020.
Exemplar 8 "Medical Team in a COVID-19 Hospital Ward, Bastia Hospital, During the Coronavirus Outbreak, COVID-19 Screening Test" A nurse is preparing to nasal swab a white, female child for a COVID-19 screening in Bastia Hospital, Corsica, France, April 23, 2020. The nurse is masked with a KN95 mask and other PPE. The child has a surgical mask pulled below her nose in preparation for the screening. They are in an exam room of the hospital with white walls. It appears clean and spacious. The exam table is covered with a drape. The child is in a chair, and the nurse is in front of her, kneeling at her level with her hand resting gently on the child's knee. This generates a sense of protection by the masks, contrasted with vulnerability and uncertainty. The two people are gazing at one another through the nurse's goggles and the child's glasses. The difference in protection levels stands out, with the child's mask lowered and the nurse more heavily protected. The child is in a liminal state, waiting for results of the screening. The title is also dichotomous in that it refers to preventive care and the ambiguity of uncertain results. It also evokes a moral response, in that screening materials were insufficient and not everyone had equal access.
Exemplar 9 "Nurses Taking a Stand Against Racism" Nurses of various races and genders gather outside Bellevue Hospital, New York, June 9, 2020, in protest with the Black Lives Matter movement after the death of George Floyd due to police brutality. The nurses are masked and in uniforms. Some are bending down in the front line; many have their heads down and are holding protest signs reading "Nurses for Black Lives" and "Racism Kills—Nurses Heal." The masks include surgical, KN95, N95, and cloth fashion masks reading "Black Lives Matter," the masks symbolizing the respiratory crisis for some and for others that they cannot breathe because of systematic racism. The nurses are away from the

institutional setting in an action of political resistance, evoking a liminal space and transformation. The image is saturated with dark hues. Each person is huddled (a defiant huddle, not a clinical nursing huddle) together, skin-to-skin contact, risking contamination and death. Some in the front line are taking the knee (protesting the knee on George Floyd's neck). The cloth fashion mask reading "Black Lives Matter" stands separately from all the institutional clinical masks, transforming from acting as protection to a ritual symbol of political agency and voice. The image evokes sociopolitical blame for the continued, exhausting, devaluing, and dehumanizing of black lives. The nurses are fighting a biological fight and a political fight.
Exemplar 10 "Inside a COVID-19 I.C.U., Through a Nurse's Eyes" Nurses working in a COVID-19 ICU in Valleywise Medical Center, Phoenix, Arizona, on February 25, 2021, are filmed by a videographer to increase awareness about nurses on the front lines of the pandemic. The segment is just under one minute of nurses preparing to turn a patient who is critically ill from COVID-19 and then turning her from her abdomen to her side. The nurses report that when the patient was previously turned her heart stopped. The ICU is filled with monitors, intravenous (IV) poles, wires, oxygen, bandages, tubing, sharps containers, linen, syringes, and masks and other PPE. The masks the nurses wear vary—surgical, N95, KN95, face shield, full-face organic vapor (OV) respirator—because they have to use whatever is available due to shortages, representing institutional failure. The video segment is otherworldly, filled with things many people have never seen. It is frightening and looks apocalyptic. What stands out most are the nurses' masks mediating between life and death. As the nurses get ready, the movement is quick and looks chaotic, but it is actually routine, calculated, and coordinated by the nurses as they approach the bed from every angle to turn the patient. There are eight health care professionals surrounding the bed as they turn the patient. The camera catches this on an upward angle, and it feels like an ancient healing ritual surrounded by biomedical equipment. The nurses' gazes are all on the patient as they turn her; they all watch the monitors and her vital signs. The turn is successful. There is a brief interview with the nurse manager in an office setting that highlights the hierarchical difference in a setting that is organized and calm. The video segment evokes moral distress for the nurses working 12-hour days in an understaffed, undercompensated, and undersupplied environment. The expectations that nurses will always show up are perpetuated. The nursing care witnessed in the video reveals a merging of self and other (a liminal space) in this sophisticated interdependent care.

As shown in Table 7, the nurse-masking ritual in the exemplar sample clearly communicated profound professional, social, cultural, and political messages. Analysis of the images revealed several themes. The major categories that emerged were professional solidarity, inequity, care, norms and expectations maintaining the status quo, and moral distress.

The following three tables all appear in landscaped form to ensure that readers can visualize the patterns across exemplars. Each table is introduced here, and a summary of each will appear after the last of the three tables.

- Major categories communicated across exemplars (Table 8): Table 8 includes the five major categories communicated across exemplars (professional solidarity, inequity,

care, norms and expectations maintaining the status quo, and moral distress), how they connect to the nursing patterns of knowing, and one or two examples of each.

- Masking themes across exemplars (Table 9): Exemplars were also evaluated for the presence of the following masking themes: protection, performance, identity, and transformation.
- Ritual's triangular superpower elements (Table 10)—including emergence through causal opacity, persistence through social disruption, and mediating dichotomy—were evaluated for presence and significance.

Table 8

Major Categories Communicated Across Exemplars

Exemplar	Category				
	Inequity	Professional solidarity	Norms and expectations maintaining the status quo	Moral distress	Care
1	**Ethical nursing knowledge:** 1. The two masked men are outnumbered by those not masking. **Emancipatory nursing knowledge:** 2. The image depicts only white men; women and other races are not seen, requiring emancipation.	**Aesthetic nursing knowledge:** 1. The relationship between the two men is not known, but they are united in their public health masking advocacy.	**Ethical nursing knowledge:** 1. Norms of societal rebellion of the masked men provoking others to do their civic duty 2. The difference of ideas is persistent human behavior.	**Ethical nursing knowledge:** 1. The unmasked majority choosing individual liberty and autonomy and utilitarianism; the masked minority sacrificing for the greater good	**Emancipatory nursing knowledge:** 1.Community, public health care
2	**Aesthetic nursing knowledge:** 1. The Red Cross nurse is sanctioned to provide the public health message, but as a woman in 1918, her voice is not valued. **Ethical nursing knowledge:** 2. Using a woman to deliver this lifesaving message is exploitative and immoral.	**Empiric nursing knowledge:** 1. The woman is a member of the Red Cross nurse volunteers.	**Ethical nursing knowledge:** 1. The nurse's uniform and mask 2. Expectation of the public to abide by infection control methods	**Aesthetic nursing knowledge:** l. The nurse's gaze appears to be a plea to follow the public health measures.	**Emancipatory nursing knowledge:** 1. Public health care
3	**Aesthetic nursing knowledge:** 1. The linear setting suggests conformity, line work, women's work. **Ethical nursing knowledge:** 2. The drab, dreary,	**Aesthetic nursing knowledge:** 1. The workers come together in solidarity to make mass quantities of masks.	**Ethical nursing knowledge:** 1. Women's duty and women's work **Empiric nursing knowledge:** 2. Norms of authority with the Red Cross symbol	**Ethical nursing knowledge:** 1. Despite the praise for volunteering their time, the workers have no autonomy.	**Emancipatory nursing knowledge:** 1. Self-care 2. Futile care

	undervalued work of women				
4	**Empiric nursing knowledge:** 1. The black family is positioned on the ground under the white Red Cross workers on the stairs. 2. The black family is unmasked, and the Red Cross workers are masked.	**Empiric nursing knowledge:** 1. The white women collectively work as Red Cross volunteers.	**Ethical nursing knowledge:** 1. Racism, sexism, classism norms of 1918	**Ethical nursing knowledge:** 1. The black family is exploited in their time of grief so that volunteers can appear beneficent.	**Emancipatory nursing knowledge:** 1. Home care and community care are staged, but no care is occurring.
5	**Aesthetic nursing knowledge:** 1. The nurse–patient relationship is depicted as imbalanced. The nurse is upright and in the forefront while the patient is in bed and fading away.	**Emancipatory nursing knowledge:** 1. The photographer is a nurse (Cunningham, 2020), and she reclaims the narrative of nursing care by providing images of nursing's reality on the front line.	**Ethical nursing knowledge:** 1. The nursing standard of care is portrayed by having the head of bed elevated, the side rails up, and the call bell in reach.	**Aesthetic nursing knowledge:** 1. The nurse's gaze is fatigued, exhausted, frustrated, and sad. **Ethical nursing knowledge:** 2. Nurses are being pushed to work beyond their duty with no staff, PPE, or compensation.	**Emancipatory nursing knowledge:** 1. Self-care 2. Skillful, scientific, and artful care
6	**Ethical nursing knowledge:** 1. Having inadequate supplies, staff shortage, and a lack of compensation, putting self at risk	**Empiric nursing knowledge:** 1. The protest is an act of professional solidarity and recognition for dead colleagues.	**Aesthetic nursing knowledge:** 1. The nurse protesters are performing the norms of public health protocol by masking and social distancing in their protest.	**Aesthetic nursing knowledge:** 1. The protest is an expression of the nurses' moral distress.	**Emancipatory nursing knowledge:** 1. Advocacy 2. Public health care
7	**Aesthetic nursing knowledge:** 1. The perpetuation of nursing in an unrealistic way to distract from institutional failure	**Emancipatory nursing knowledge:** 1. The image suggests solidarity in that it is time to do away with some of the old tropes and iconography about women, nurses, and medical paternalism.	**Aesthetic nursing knowledge:** 1. The red cross on the masked superhero doll ties current nurses to the traditional nurse iconographic tradition of nursing sacrifice.	**Ethical nursing knowledge:** 1. Being labeled a superhero when it is a distraction from system failures is demoralizing.	**Emancipatory nursing knowledge:** 1. Care of one another 2. Public health
8	**Ethical nursing knowledge:**	**Emancipatory nursing knowledge:**	**Ethical nursing knowledge:**	**Ethical nursing knowledge:**	**Emancipatory nursing knowledge:**

	1. Unequal access to screening **Aesthetic nursing knowledge:** 2. Unequal access to PPE	1. Advocacy for equal screening and PPE.	1. Norms and expectations of a nurse–patient relation conveyed by nurses	1. Equal access to screening and protection is not available to all.	1. Preventive care 2. Public health care
9	**Ethical nursing knowledge:** 1. Racial, class, and gender inequality	**Empiric nursing knowledge:** 1. Nurses of various races and genders to protest in solidarity with the Black Lives Matter movement **Aesthetic nursing knowledge:** 2. Nurses form a defiant huddle, not a clinical huddle, in solidarity with selves and others.	**Ethical nursing knowledge:** 1. Norms are being challenged, as the mask is transformed from a clinical instrument to an instrument of personal and political agency.	**Aesthetic nursing knowledge:** 1. The nurses are somber, appear exhausted, and are hanging their heads.	**Emancipatory nursing knowledge:** 1. Communal care for one another
10	**Aesthetic nursing knowledge:** 1. The different types of masks worn by the nurses are due to lack of PPE; nurses had to wear what they had.	**Aesthetic nursing knowledge:** 1. Eight nurses surround the patient's bed to move the patient from their abdomen to their side. It is timed and executed with solidarity.	**Ethical nursing knowledge:** 1. ICU, norms of critical care 2. The expectation that nurses will always show up is perpetuated.	**Ethical nursing knowledge:** 1. Nurses working 12-hour shifts with critically ill patients and frequent deaths	**Emancipatory nursing knowledge:** 1. Preparative care 2. Critical care 3. Team nursing care 4. Futile care

Note. The numbers do not indicate priority; they are used for organization only. PPE = personal protective equipment; ICU = intensive care unit.

Table 9

Masking Themes Across Exemplars

Exemplar	Masking Theme			
	Protection	Identity	Performance	Transformation
1	The two masked men are protected with large, white gauze masks. They are also unprotected by being close together in an overcrowded city street in Paris with many who are unmasked.	The identity of the men is unknown, and their identity is further hidden by their masks. The only knowable fact is that they are united by their advocacy to decrease the spread of influenza, which is shown by the signs they carry advocating mask wearing. The personal pattern of nursing knowledge is evident as the masked men are engaged in caring for self and others.	The two masked men are protesting and advocating. They are looking straight into the camera, trying to attract attention.	The image evokes a need for bravery and for others to join the masked few. It also points to barriers for transformation because only white men in business attire are represented. It suggests that true transformation comes when the advocacy is more inclusive.
2	The Red Cross nurse is protected by the large, white gauze mask on her face. She also is wearing other PPE, a cap and gown.	The image clearly identifies the woman as a Red Cross nurse by the Red Cross symbol on her cap and gown. Her true voice and identity, however, are hidden by the mask. The personal pattern of nursing knowledge is engaged as her authentic self is not revealed.	The nurse is being photographed by a news publication in New Haven, Connecticut, for the purpose of providing a public health message on strategies to avoid getting influenza. The purpose of the image is performative.	The message is a request for a change in behavior to help decrease the spread of influenza. The image suggests the reach of the message is limited to white people in Connecticut, limiting transformation.
3	The Red Cross workers all crowded together are wearing masks, but the dark, unclean, poorly ventilated room does not suggest true protection. The workers are also making masks to prevent the soldiers in	The line work, masks, and uniforms identify the people as Red Cross workers, but their true identity is hidden by all the same things. The personal pattern of knowing is generated by working together	The assembly line appearance created by the connected tables and lines of workers reveals the performance of mass production of masks, industrialization, and mechanization of public health.	A need for change in women's standing in society is evoked. The space in the lines between the two tables is symbolic of a liminal space between conformity and nonconformity.

	Boston, Massachusetts, from getting influenza, but they will be going back out to the battlefield to risk their lives.	in solidarity despite exhaustion, fear, and futility.		
4	The white female canteen workers are protected by their masks and racial hierarchy. The black family is unprotected from biological and continued social threats because of systemic racism, as they are being exploited even in their grief for the loss of the mother in the family.	The canteen workers are identified as providing charity work, but their identities are hidden behind the masks.	The image appears staged, with the white female canteen workers positioned above the black family on the stairs, highlighting the racial hierarchy. The information provided with the image includes the surnames of the women canteen workers, specifically revealing the image as performative for elite white women doing their civic duty and distracting from the inequities it conveys of continued exploitation.	A need for emancipation from the continued abuses of structural segregation in public health is conveyed.
5	The nurse is visually protected by her mask, face shield, and other PPE. Her gaze conveys that she has not been protected from the long hours, lack of supplies, trauma of mass deaths, and loss of identity involved in being a “COVID” nurse.	The image conveys a nurse and a patient. The nurse is identifiable by her mask and PPE. The patient is identifiable by his position in the hospital bed. Also revealed is that the mask is constraining the nurse’s voice, which her eyes express as shock and grief by an existential witnessing of loss.	The nurse’s performance is demonstrated by the condition of the patient. He appears comfortable, with the head of the bed elevated. His lines are neatly placed over him, and the side rails of the bed are up. She has performed as a skillful nurse.	The information provided with the image indicate that the photographer is also a nurse. Her ability to capture the reality of the experience of nurses is a direction for change.
6	The nurses protesting in front of the White House are protected by masks and by demonstrating social distance in their positions in the protest. In contrast, the White House is blurred in the background and has not been protecting them by not providing adequate mask supplies and other PPE. Institutional long hours and poor staffing also leave them	The identities of the people as nurses or health care providers is evident by their masks, PPE, and uniforms. But the masks create a liminal space for the identities of protesters and nonconformists to be seen.	The protest is performative in that the nurses are all dressed in uniforms, masks, and PPE, even though they are outside. They have strategically arranged themselves six feet apart to convey public health regulations, which are being challenged. They carry signs advocating for public health policy, and they also carry signs for colleagues who have	The protest suggests transformation. The White House behind the nurses suggests the institutional barrier to change. The information provided with the image states that the nurses are supported by National Nurses United, suggesting that collective action is also a direction for change.

	unprotected.		died from COVID-19.	
7	The nurse doll with the Red Cross symbol on the mask conveys the nurse by proxy. That the doll is masked conveys protection. The doll is also being flown by a child at play, communicating a lack of control.	The overt message in the image is that female nurses are superheroes for taking care of patients during COVID-19. The nurse doll is masked, so is unable to voice her/his own identity. The true identity of the masked superhero remains hidden.	The image is performative because it represents a child playing with superhero dolls. He is favoring some and not others, which can be symbolic of the systemic racism and sexism permeating during the time of COVID-19.	The image suggests an overdue need for transformative change. The Red Cross symbol on the doll is suggestive of old historical iconography of the nurse as always sacrificing. The black and white painting with soft brush strokes is reminiscent of the paintings of Norman Rockwell. The discarded Batman and Spiderman superhero dolls symbolize paternalistic medicine. What also emerges is that if the child is a proxy for the patient, he is leading. This "patient-centered care" would be true transformation.
8	The white nurse is protected by a KN95 mask. The white child is protected by a surgical mask that is pulled below her nose so she can be screened for COVID-19.	The nurse's identity is made clear by her mask and PPE. But her mouth is covered by the mask, and the photographic image captures only the side of her face, making her eyes unreadable. The personal pattern of knowing is generated by the nurse's attention that the patient is a child. She is bent over to be at her level and her hand is placed gently on the child's leg for comfort.	Skill performance is evident in the nurse's attention to positioning and gentleness.	The need for equal opportunity for screening and PPE is present.
9	The nurses protesting for Black Lives Matter are protected by various types of masks, including one cloth fashion mask reading "Black Lives Matter." The masking also conveys the lack of protection for black lives.	The nurses are masked and in uniforms, but their identity is also hidden by the masks. The nurses protesting are primarily people of color. By protesting, they are in a liminal space between independent practitioner and being in social solidarity with	The image of masking communicates performance in the protest by the formation. Some nurses are "taking the knee" to pay tribute to George Floyd, who could not breathe during an incident of police brutality. Other nurses have their heads bowed in	A need for structural change to address systemic racism is conveyed. The protest and professional solidarity are directions for change.

		black lives. The nurses are wearing all types of masks—N95, surgical, KN95, and cloth fashion masks. It is also June 9, 2020, at the height of the pandemic, when masks were being reused and rationed.	solidarity.	
10	The nurses working in the ICU have a variety of masks—N95, KN95, surgical, face shields—suggesting that they did not have adequate supplies of N95 masks for all. This demonstrates the lack of protection by professional and social institutions.	The nurses' identity is clear by their masks and uniforms. They are also identified in the video by the routine, collaborative, coordinated, scientific, and artful repositioning of the patient.	When the patient is being repositioned, eight bodies (most of them nurses) surround the patient, all laying hands on the patient in what looks like an ancient healing ritual being performed.	A need for adequate staffing and required PPE is communicated. The solidarity and coordination of the interdependent work the staff perform on the patient is suggestive of a direction for change.

Note. PPE = personal protective equipment; ICU = intensive care unit.

Table 10

Ritual's Triangular Superpower Elements

Exemplar	Theme		
	Emergence through causal opacity	Persistence through social disruption	Mediating dichotomy
1	1. The weight of dual battles: the pandemic and WWI 2. Agency available to white men only	1. Masks 2. Rebellion 3. Indifference 4. Civic duty 5. Racism	1. Masking/antimasking (utilitarianism/ individualism) 2. Life/death
2	1. Giving a public health message as an authority, but having no social authority as a woman	1. Masks 2. Women's work 3. Duty 4. Red Cross symbol	1. Authority/no voice 2. Life/death
3	1. Desperately making masks to prevent influenza, only to send men back out to war	1. Masks 2. Sacrifice 3. Women's work 4. Duty 5. Red Cross symbol	1. Clean/contaminated 2. Life/death
4	1. Racial hierarchy 2. Societal exploitation 3. Classism	1. Masks 2. Racism	1. Black/white 2. Life/death
5	1. Gazes of desperation: the nurse's desperation and trauma, and the patient's trying to hold onto her	1. Masks 2. Nursing standards	1. Life/death
6	1. Bearing witness to system failures	1. Masks 2. Rebellion 3. Social distance	1. Life/death 2. Institutional/nonconformist
7	1. Labeling nurses as superheroes, distracting from system failures	1. Mask 2. Red Cross symbol	1. Life/death 2. Superhero/no voice 3. Reality/distraction
8	1. Child is being screened yet is vulnerable, with inferior mask protection	1. Masks 2. Nursing standards	1. Life/death 2. Protection/vulnerability
9	1. Prioritizing (triage) the human trauma of systematic racism with the global pandemic	1. Masks 2. Rebellion 3. Racism	1. Life/death 2. Biological protection/police brutality

10	1. Praise and superhero trope/iconography while distracting from professional and social failures 2. Ancient healing ritual with biomedical equipment	1. Masks 2. Nursing standards	1. Life/death 2. Front line/manager's office 3. Anxiety/smiley face on face shield

Note. The numbers do not indicate priority; they are used for organization only.

Summary of Findings from Tables 8, 9, and 10

Table 8 reveals commonalities in each category across exemplars. The **inequity** category, for example, exposes both gender and race inequities in several exemplars. Exemplar 4 most expressively demonstrates racial inequity in the image composition, with the white canteen workers positioned on the stairs above the black family. Professional **solidarity** is demonstrated by the masks alone in each exemplar, but the protests in exemplars 6 and 9 reveal solidarity for colleagues who died from COVID-19 and for the greater good of the Black Lives Matter movement. **Norms and expectations maintaining the status quo** were revealed, include the racism and sexism seen in exemplar 3 and the norms being challenged in exemplar 9. **Moral distress** is being mediated by the masks evidenced in each exemplar. The nurse's gaze in exemplar 5 clearly expresses her exhaustion, frustration, and sadness, even behind the mask. **Care** also emerges from each exemplar, including community care, advocacy for self and others, futile care, and public healthcare, among others.

As Table 9 assertively outlines, the masking themes are clearly evident in each exemplar. The identity masking theme, for example, is evident in the masks mediating between the nurses' masked identity and the identity the mask is concealing. In exemplar 5, the nurse is identifiable by her mask and other PPE, yet the mask also constrains her voice, while her eyes express shock and grief.

The most striking finding of ritual's triangular superpower are the similarities of the masking ritual's mediation of dichotomy in each exemplar (see Table 10). All exemplars reveal masking's mediation of life and death. Other dichotomies expressed are having authority/no voice, clean/contaminated, black/white, utilitarianism/individualism, and superhero/no voice, among others.

Analysis also included a compare and contrast of the exemplars from the 1918 Influenza and 2020 COVID-19 pandemic eras (see Table 11).

Table 11

Pandemic Era Comparison

Themes	1918 Influenza pandemic	2020 COVID-19 pandemic
Mediums	Black and white photography	Black and white photography Color photography Painting (oil on canvas) Video
Masks	White gauze masks	Surgical masks KN95 N95 Face shields Full-face organic vapor respirators Cloth fashion masks
Nursing	Trained, but not a profession Trained Red Cross nurses Red Cross Canteen volunteers Societal tropes/iconography: self-sacrificing	Professional ICU nurses, COVID-19 screening nurse, nurse protesters Societal tropes/iconography: superhero
Care	Volunteer work making masks Advocating for masking and public health measures for local newspaper Citizens advocating for masking Volunteer workers delivering food to black families	Critical care Preventive/screening Social care (protesting for black lives) Professional/self-care (protesting for personal protective equipment and safety)
Social Issues	Sexism Racism Classism Institutional failure	Sexism Racism Classism Institutional failure

Exemplar differences between the two pandemics evidenced in Table 11 are the technological advances between 1918 and 2020 in the mediums of the exemplars. The 1918 images are all black and white photographs. In 2020, while some photographs are in black and white, there is also use of the colorful images of masks and PPE that stand out in both protest exemplars. The video exemplar confirms technological advancement and is a poignant demonstration of masking's mediation between life and death. Technological differences are also clear in the masks in each era, moving from only white gauze masks in 1918 to specific types of

masks for purpose and efficiency in 2020. Nursing advanced from trained volunteers to a profession with various specialty services, a transformation from individual to collective identity through protesting and a change in the social tropes and iconography. Interestingly, the social issues, though malleable, continued to persist.

The next chapter concludes this study with a brief summary of findings and discussion. Also included are discussions of the study limitations, implications, and recommendations for future research, education, and practice associated with rituals and meaning.

Chapter 5: Conclusions and Recommendations

Rituals communicate meaning that extends beyond their visible actions. This study examined the professional, sociocultural, and political dimensions of the symbolic messages conveyed by the nurse-masking ritual during the 1918 Influenza and 2020 COVID-19 pandemics. Using a qualitative framework and grounded in symbolic communication and performance theory, ten exemplars, including historical photographs, a painting, and a video, were analyzed. From this analysis, five categorical themes emerged: professional solidarity, systematic inequity, care, norms and expectations that maintained the status quo, and moral distress.

Additionally, each exemplar was evaluated through the lens of four masking scopes: protection, performance, identity, and transformation. Each exemplar conveyed both an overt narrative and a covert, symbolic message mirroring broader professional and societal tensions.

Moreover, ritual's triangular superpower, categorized by emergence through causal opacity, malleability and persistence through social disruption, and mediation of human dichotomy and ambiguity, was consistently evidenced throughout the dataset, with these elements recurring across the exemplars. A clear example is persistence through social disruption**,** which reveals that duty/nursing standard/women's work persists over time, perhaps with slight changes, but is evident in six of the ten exemplars across both pandemics. This further supports the use of the term superpower in scholarly evidence.

Finally, the historical parallels across the pandemic eras highlight the professional advancements in nursing and the mirroring of the sociopolitical crises in each pandemic era.

Study Limitations

This study had a few limitations related to its research design and the researcher's positionality. The analysis of the image exemplars was conducted by a single reviewer, which constrained the pursuit of greater objectivity and introduced potential for bias despite the predefined guardrails. The guardrails included a uniform method of image analysis and ongoing self-reflexivity throughout the process. The sample included ten image exemplars. While this sample size produced data adequate for the study's purposes, a larger set of exemplars would likely have supported a broader and more robust analysis. Additionally, the Visual Analysis Guide was redundant in several sections, which slowed data collection and the reporting process. Finally, to a novice researcher, the image analysis may have been susceptible to bias, particularly when visual representations were treated as data.

Recommendations

Findings from this study on the nurse-masking ritual have several implications not only for nursing but also for medicine and health humanities. As was demonstrated, "wearing the ritual" communicated critical professional, sociocultural, and political messages with implications for practice, education, and research for both disciplines.

Guide for Further Ritual Research

Visual Methodology and Ritual Research. The study design to use images for analysis of rituals produced relevant and rich results in determining what messages the masking ritual communicated during the established pandemics. Future research on the use of visual data to explore ritual questions is recommended.

The video exemplar produced especially poignant data on the masking ritual mediating the dichotomy between life and death in the ICU. Further scholarship in this area using visual representations to capture ritual action is likely to be meaningful.

Interdisciplinary Ritual Research. The interdisciplinary nature of the research used by incorporating a nursing and an anthropological lens in this study allowed for a more inclusive voice on rituals. Consideration of this type of collaborative study across disciplines may make ritual studies, particularly in nursing, more robust and purposely cognizant of the technical, symbolic, and human nature of rituals.

Guide for Further Ritual Education

Nursing Education and Ritual. As stated in the introduction to this work, nursing is rich in rituals. Making use of rituals in nursing education seems easy enough: Point them out; discuss what is happening; and have students reflect on the utility and the meaning of the ritual. Nurses take care of human beings, but because biomedicine continues to threaten the human element of caring, coursework such as essential reading, assignments, and visual representation use across the curriculum may guard against this threat.

Medical and Health Humanities and Ritual. Because rituals are representations of humanity, additional focus on rituals in medical and health humanities curricula would benefit all health professions. The course providing the impetus for this study was a course in medical anthropology. Adding ritual content to other courses like this one in medical and health humanities programs would be beneficial. Consideration of a stand-alone course in ritual studies would be even more beneficial.

Ritual Practice Awareness

We practice rituals all the time. Circling back to the wisdom of Xunzi, Melville, and Newton, respectively, perhaps being open, inclusive, and humble allows us to strike through the mask and see the simple explanations.

References

Ackerman, R. (1975). Frazer on myth and ritual. *Journal of the History of Ideas*, *36*(1), 115–130. https://doi.org/10.2307/2709014

Adams, B. N., & Sydie, R. A. (2001). *Sociological theory*. Pine Forge Press.

Allen, J. P. (2005). *The ancient Egyptian pyramid texts* (P. Der Manuelian, Ed.). Society of Biblical Literature.

Alvarez, C. (2022). Monumentalizing ritual texts in ancient Egyptian pyramids. *Manuscript and Text Cultures (MTC)*, *1*, 112–142. https://doi.org/10.56004/v1a112

American Red Cross. (1918). *Canteen workers, Charlotte, N.C. Taking food to the colored family all down with the "Flu." They found the mother had just died. Mrs. Ralph Van Landingham, Mrs. Cameron Morrison, Miss Julia Baxter Scott* [Photograph]. Library of Congress Prints and Photographs Division. http://hdl.loc.gov/loc.pnp/anrc.02233

Angier, N. (2017, March 6). On Galápagos, revealing the blue-footed booby's true colors. *The New York Times*. https://www.nytimes.com/2017/03/06/science/galapagos-blue-footed-boobies.html

Apata, G. O. (2020). "I can't breathe": The suffocating nature of racism. *Theory, Culture & Society*, *37*(7–8), 241–254. https://doi.org/10.1177/0263276420957718

Asad, T. (Ed.). (1973). *Anthropology & the colonial encounter*. Ithaca Press.

Bakhtin, M. (1984). *Rabelais and his world* (H. Iswolsky, Trans.). Indiana University Press. (Original work published 1968)

Banksy. (2020). *Game changer* [Painting]. https://itsartlaw.org/art-law/voided-banksy/

Barthes, R. (1972). *Mythologies* (A. Lavers, Trans.). Hill and Wang. (Original work published 1957)

Bateson, G. (1987). A theory of play and fantasy. In G. Bateson, *Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution, and epistemology* (pp. 138–148). Jason Aronson.

Bell, C. (1987). Discourse and dichotomies: The structure of ritual theory. *Religion*, *17*(2), 95–118.

Bell, C. (1992). *Ritual theory, ritual practice*. Oxford University Press.

Bell, C. (1997). *Ritual: Perspectives and dimensions*. Oxford University Press.

Benner, P., & Wrubel, J. (1989). *The primacy of caring: Stress and coping in health and illness*. Addison-Wesley Publishing Company.

Best, N. C., Thomas, C. S., Pierre-Louis, B., Wu, A., Chang, A., Bevens, W., & Powell, S. B. (2026). Burnout and moral distress among school nurses during the COVID-19 pandemic: A brief report. *Frontiers in Public Health*, *13*, Article 1750354. https://doi.org/10.3389/fpubh.2025.1750354

Beumer, M. (2020). The foundation of anthropology to ritual studies. *Journal of Ritual Studies*, *34*(2), 20–30. https://doi.org/10.17613/t381j-brq28

Bharati, A. (1971). Anthropological approaches to the study of religion: Ritual and belief. *Biennial Review of Anthropology*, *7*, 230–282.

Bickford, D. (2014). Postcolonial theory, nursing knowledge, and the development of emancipatory knowing. *Advances in Nursing Science*, *37*(3), 213–223. https://doi.org/10.1097/ANS.0000000000000038

Blau, A., Sela, Y., & Grinberg, K. (2023). Public perceptions and attitudes on the image of nursing in the wake of COVID-19. *International Journal of Environmental Research and Public Health, 20*(6), 4717. https://doi.org/10.3390/ijerph20064717

Bocock, R. (1974). *Ritual in industrial society*. Allen and Unwin.

Bouyssonie, A., Bouyssonie, J., & Bardon, L. (1908). Découverte d'un squelette humain moustérien à la Bouffia de la Chapelle-aux-Saints (Corrèze). *L'Anthropologie*, *19*, 513–518.

Boyer, P., & Liénard, P. (2006). Why ritualized behavior? Precaution systems and action parsing in developmental, pathological, and cultural rituals. *Behavioral and Brain Sciences*, *29*(6), 595–613. https://doi.org/10.1017/S0140525X0600933X

Brabble, J., Ludwig, A., & Ewing, E. T. (2020 September 8). *"*All the world's a harem": Perceptions of masked women during the 1918–1919 flu pandemic. *Nursing Clio*. https://nursingclio.org/2020/09/08/all-the-worlds-a-harem-perceptions-of-masked-women-during-the-1918-1919-flu-pandemic/

Brooks, A. S., Yellen, J. E., Potts, R., Behrensmeyer, A. K., Deino, A. L., Leslie, D. E., Ambrose, S. H., Ferguson, J. R., d'Errico, F., Zipkin, A. M., Whittaker, S., Post, J., Veatch, E. G., Foecke, K., & Clark, J. B. (2018). Long-distance stone transport and pigment use in the earliest Middle Stone Age. *Science*, *360*(6384), 90–94. https://doi.org/10.1126/science.aao2646

Bullock, K. (2002). *Rethinking Muslim women and the veil: Challenging historical & modern stereotypes.* International Institute of Islamic Thought.

Byerly, C. R. (2010). The U.S. military and the influenza pandemic of 1918–1919. *Public Health Reports*, *125*(Suppl 3), 81–91. https://doi.org/10.1177/00333549101250s311

Cabezón Cámara, G. (2025). *We are green and trembling* (A. S. Merchant, Trans.). Charco Press. (Original work published 2023)

Ca' Macana. (n.d.). *The plague doctor mask: The most unsettling of all Venetian masks*. https://www.camacana.com/en-UK/plague-doctor-mask-history.php

Carey, J. W. (2009). *Communication as culture: Essays on media and society* (Revised ed.). Routledge.

Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, *1*(1), 13–23. https://doi.org/10.1097/00001227-197810000-00004

Carroll, D. R., & Walker, C. J. (2025). Compression in the wage distribution during the post-COVID-19 labor market. *Economic Commentary (Federal Reserve Bank of Cleveland)*, *2025*(06), 1–9. https://doi.org/10.26509/frbc-ec-202506

Cauvin, J. (2000). *The birth of the gods and the origins of agriculture* (T. Watkins, Trans.). Cambridge University Press. (Original work published 1994)

Centers for Disease Control and Prevention. (2019, September). *100 years of respiratory protection history*. https://archive.cdc.gov/www_cdc_gov/niosh/npptl/100YearsRespProtect.html

Centers for Disease Control and Prevention. (2026, March 3). *CDC home*. U.S. Department of Health and Human Services. https://www.cdc.gov

Chinn, P. L., & Kramer, M. K. (2010). *Integrated theory and knowledge development in nursing* (8th ed.). Mosby.

Chinn, P. L., Canty, L., & Mkandawire-Valhmu, L. (2026). *Knowledge development in nursing: Theory and process* (12th ed.). Elsevier.

Conti, A. A. (2020). Protective face masks through centuries, from XVII century plague doctors to current health care professionals managing the COVID-19 pandemic. *Acta Bio-*

medica: Atenei Parmensis, *91*(4), Article e2020149. https://doi.org/10.23750/abm.v91i4.10182

Cooke, J. (2026). A crisis in care: The devaluation of fundamental nursing skills places pressure on the global delivery of health and social care. *Journal of Research in Nursing*. Advance online publication. https://doi.org/10.1177/17449871251392133

Cramer, E., Smith, J., Rogowski, J., & Lake, E. (2022). Measuring moral distress in nurses during a pandemic: Development and validation of the COVID-MDS. *Research in Nursing & Health*, *45*(5), 549–558. https://doi.org/10.1002/nur.22254

Crocker, J. C. (1982). Ceremonial masks. In V. Turner (Ed.), *Celebration: Studies in festivity and ritual* (pp. 77–88). Smithsonian Institution Press.

Cunningham, K. (2020, May 4). *A city nurse: Healing in the I.C.U. during COVID-19* [Photograph]. The New Yorker. https://www.newyorker.com/magazine/2020/05/04/a-city-nurse

Davis-Floyd, R. (1992). *Birth as an American rite of passage*. University of California Press.

DeCraemer, W., Vansina, J., & Fox, R. C. (1976). Religious movements in Central Africa. *Comparative Studies in Society and History*, *18*(4), 458–475. https://doi.org/10.1017/S001041750000841X

Deflem, M. (1991). Ritual, anti-structure, and religion: A discussion of Victor Turner's processual symbolic analysis. *Journal for the Scientific Study of Religion*, *30*(1), 1–25. https://doi.org/10.2307/1387146

d'Errico, F., Henshilwood, C., Lawson, G., Vanhaeren, M., Tillier, A.-M., Soressi, M., Bresson, F., Maureille, B. Nowell, A., Lakarra, J., Backwell, L., & Julien, M. (2003). Archaeological evidence for the emergence of language, symbolism, and music—an

alternative multidisciplinary perspective. *Journal of World Prehistory*, *17*, 1–70. https://doi.org/10.1023/A:1023980201043

de Saussure, F. (1976). *Course in general linguistics* (C. Bally & A. Sechehaye, Eds.; W. Baskin, Trans.). Fontana/Collins. (Original work published 1916)

de Saussure, F. (1993). *Saussure's third course of lectures on general linguistics (1910 - 1911)* (E. Komatsu & R. Harris, Eds. & Trans.). Pergamon Press.

Des Chene, M. (1996). Symbolic anthropology. In D. Levinson & M. Ember (Eds.), *Encyclopedia of cultural anthropology* (pp. 1274–1278). Henry Holt.

Douglas, M. (1966). *Purity and danger: An analysis of concepts of pollution and taboo*. Routledge.

Dunbar, P. L. (1997). We wear the mask. In H. L. Gates Jr. & N. Y. McKay (Eds.), *The Norton anthology of African American literature* (pp. 900–901). W. W. Norton & Company. (Original work published 1896)

Durkheim, E. (1995). *The elementary forms of religious life* (K.E. Fields, Trans.). Free Press. (Original work published 1912).

Easterling, P. E. (Ed.). (1997). *The Cambridge companion to Greek tragedy*. Cambridge University Press.

Emigh, J. (1996). *Masked performance: The play of self and other in ritual and theatre*. University of Pennsylvania Press.

Encyclopedia Editorial Office. (2024, February 2). Social structure. *Encyclopedia*. https://encyclopedia.pub/entry/54671

Eggeling, J. (Trans.). (1963). *The Satapatha-Brahmana: According to the text of the Madhyandina school* (Sacred Books of the East, Vols. 12, 26, 41, 43, 44). Motilal Banarsidass. (Original work published 1882-1900)

Evans-Pritchard, E. E. (1937). *Witchcraft, oracles and magic among the Azande*. Clarendon Press. https://doi.org/10.2307/536030

Evans-Pritchard, E. E. (1950). *Social anthropology*. Cohen & West.

Ewing, E. T. (2021). Public health responses to pandemics in 1918 and 2020. *American Journal of Public Health*, *111*(10), 1715–1717. https://doi.org/10.2105/AJPH.2021.306453

Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, *12*(4), 531-545. https://doi.org/10.1177/104973202129120052

Firth, R. (1973). *Symbols: Public and private*. Cornell University Press.

Fischer, R. (2021). Mapping the scientific study of rituals: A bibliometric analysis of research published 2000–2020. *Religion, Brain & Behavior*, *11*(4), 382-402. https://doi.org/10.1080/2153599X.2021.1980425

Ford, P., & Walsh, T. (1994). *New rituals for old: Nursing through the looking glass.* Butterworth-Heinemann. https://philpapers.org/rec/FORNRF

Foucault, M. (1969). *The archaeology of knowledge*. Pantheon Books.

Foucault, M. (1973). *The birth of the clinic: An archaeology of medical perception* (A. M. Sheridan Smith, Trans.). Vintage Books. (Original work published 1963)

Frazer, J. G. (2024). *The golden bough* (Unabridged 3rd ed.). Global Grey. https://www.globalgreyebooks.com/golden-bough-ebook.html (Original work published 1906-1915)

Freedman, K., & Siegesmund, R. (2024). *Visual methods of inquiry: Images as research*. Routledge.

Freud, S. (1959). Obsessive actions and religious practices. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 9, pp. 115–127). Hogarth Press. (Original work published 1907)

Gallup. (2026, January 12). *Nurses continue to lead in honesty and ethics ratings.* https://news.gallup.com/poll/700736/nurses-continue-lead-honesty-ethics-ratings.aspx

Geertz, C. (1973). *The interpretation of cultures*. Basic Books.

Geggel, L. (2018, November 20). *Ocher: The world's first red paint*. Live Science. https://www.livescience.com/64138-ochre.html

Gillespie, G. (2025, February 14). *Beyond causality*. Aeon. https://aeon.co/essays/to-better-understand-the-world-follow-the-paths-of-mathematics

Gluckman, M., & Gluckman, M. (1977). On drama, and games and athletic contests. In S. F. Moore & B. G. Myerhoff (Eds.), *Secular ritual* (pp. 227–243). Van Gorcum.

Goffman, E. (1959). *The presentation of self in everyday life*. Doubleday Anchor.

Goffman, E. (1967). *Interaction ritual: Essays on face-to-face behavior*. Doubleday Anchor.

Goldschmidt, W. (1966). *Comparative functionalism: An essay in anthropological theory*. University of Chicago Press.

Good, L. (2023, October 25). Google Image Search will now show a photo's history. Can it spot fakes? *Wired.* https://www.wired.com/story/google-about-this-image-misinformation/

Goodall, J. (1986). *The chimpanzees of Gombe: Patterns of behavior*. Harvard University Press.

Goody, J. (2010). *Myth, ritual and the oral*. Cambridge University Press.

Google. (2026). *Gemini 3 Flash* [Large language model]. https://gemini.google.com/

Gouldner, A. W. (1970). *The coming crisis of Western sociology*. Basic Books.

Gray, S., Montgomery, R., Millspaugh, J., & Haward, M. (2017). Spatiotemporal variation in African lion roaring in relation to a dominance shift. *Journal of Mammalogy*, *98*(4), 1088–1095. https://doi.org/10.1093/jmammal/gyx020

Grimes, R. L. (1985). *Research in ritual studies: A programmatic essay and bibliography*. Scarecrow Press.

Grimes, R. L. (2000). *Deeply into the bone: Re-inventing rites of passage*. University of California Press.

Grimes, R. L. (2004). Performance theory and the study of ritual. In P. Antes, A. W. Geertz, & R. R. Warne (Eds.), *New approaches to the study of religion: Vol. 2. Textual, comparative, sociological, and cognitive approaches* (pp. 109–138). De Gruyter. https://doi.org/10.1515/9783110211719.2.109

Grimes, R. L. (2014). *The craft of ritual studies*. Oxford University Press.

Gueye, A. (2026, March 10). Research and publication as the living language of nursing: A reflection on Carper's patterns of knowing and Barrett's knowing participation in change. *Nursology.net*. https://nursology.net/2026/03/10/research-and-publication-as-the-living-language-of-nursing-a-reflection-on-carpers-patterns-of-knowing-and-barretts-knowing-participation-in-change/

Harrison, J. E. (1962). *Themis: A study of the social origins of Greek religion* (2nd ed.). Meridian. (Original work published 1912)

Hasan, A. (2023). The anthropology of rituals and symbolic practices: Insights from social science scholarship. *Physical Education, Health and Social Sciences*, *2*(3). https://journal-of-social-education.org/index.php/Jorunal/article/view/44/43

Hauser, C. (2020, August 3). The mask slackers of 1918. *The New York Times*. https://www.nytimes.com/2020/08/03/us/mask-protests-1918.html

Hay, A. (2015). *Mask* [Photograph]. Israel Museum, Jerusalem, Israel. https://www.imj.org.il/en/collections/334459-0

Henshilwood, C. S., & Marean, C. W. (2003). The origin of modern human behavior: Critique of the models and their test implications. *Current Anthropology*, *44*(5), 627–651. https://doi.org/10.1086/377665

Hooke, S. H. (Ed.). (1935). *The labyrinth: Further studies in the relation between myth and ritual in the ancient world*. Society for Promoting Christian Knowledge.

Hyman, S. E. (1949). Myth, ritual, and nonsense. *The Kenyon Review*, *11*(3), 455–475.

Hyman, S. E. (1955). The ritual view of myth and the mythic. *The Journal of American Folklore*, *68*(270), 462–472. https://doi.org/10.2307/536773

Ike, J. D., Bayerle, H., Logan, R., & Parker, R. (2020). Face masks: Their history and the values they communicate. *Journal of Health Communication*, *25*(12), 990–995. https://doi.org/10.1080/10810730.2020.1867257

Inglis, D., & Almila, A. M. (2020). Un-masking the mask: Developing the sociology of facial politics in pandemic times and after. *SocietàMutamentoPolitica*, *11*(21), 251–255.

International Longevity Centre Global Alliance. (2025, December 18). *An interview with care aesthetics expert James Thompson*. https://www.ilc-alliance.org/news/an-interview-with-care-aesthetics-expert-james-thompson/

Islam, M. N. (2005). Medical pluralism, ambiguity and power. *The Journal of the Indian Anthropological Society*, *40*(1), 43–57.

Israel Ministry of Foreign Affairs. (2014, March 10). *The oldest masks in the world go on display*. Israeli Missions Around the World. https://embassies.gov.il/

Italian Studies Department. (2010). *Social and economic effects of the plague* (D. Suttles, Ed.). Brown University, Decameron Web. https://www.brown.edu/Departments/Italian_Studies/dweb/plague/effects/social.php

Jose, S., Cyriac, M. C., & Dhandapani, M. (2021). Health problems and skin damages caused by personal protective equipment: Experience of frontline nurses caring for critical COVID-19 patients in intensive care units. *Indian Journal of Critical Care Medicine*, *25*(2), 134–139. https://doi.org/10.5005/jp-journals-10071-23713

Josephsen, J. (2023). Affective domain development in virtual education: Visual thinking strategies and art pedagogy. *Interdisciplinary Journal of Virtual Learning in Medical Sciences, 14*(3), 238–243. https://doi.org/10.30476/IJVLMS.2023.97793.1206

Journal of Ritual Studies. (n.d.). *About the journal*. University of Pittsburgh. https://sites.pitt.edu/~strather/journal.htm

Jung, C. G. (1966). *Two essays on analytical psychology* (R. F. C. Hull, Trans.; 2nd ed., Vol. 7). Princeton University Press. (Original work published 1928)

Kápitany, R., & Nielsen, M. (2015). Adopting the ritual stance: The role of opacity and context in ritual and everyday actions. *Cognition*, *145*, 13–29. https://doi.org/10.1016/j.cognition.2015.08.002

Kim, D. R., & Lee, G. R. (2023). Keyword network analysis of changes in the image of nurses pre- and post-COVID-19 in the media environment. *Journal of Clinical Nursing*, *32*, 7883–7890. https://doi.org/10.1111/jocn.16860

Kirmayer, L. J. (2013). Embracing uncertainty as a path to competence: Cultural diversity and the discourse of efficacy in healing. *Culture, Medicine, and Psychiatry*, *37*(2), 384–394. https://doi.org/10.1007/s11013-013-9314-2

Kleinman, A. M. (1973). Medicine's symbolic reality: On a central problem in the philosophy of medicine. *Inquiry*, *16*(1–4), 206–213. https://doi.org/10.1080/00201747308601685

Kleinman, A. (1980). *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry*. University of California Press.

Kleinman, A. (1995). *Writing at the margin: Discourse between anthropology and medicine*. University of California Press.

Krummel, J. (2018). Kūkai. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy* (Winter 2018 ed.). Stanford University. https://plato.stanford.edu/entries/kukai/

La Fontaine, J. S. (1985). *Initiation: Ritual drama and secret knowledge across the world*. Penguin Books.

Leach, E. (1976). *Culture and communication: The language by which symbols are connected*. Cambridge University Press.

Lett, J. (1987). *The human enterprise: A critical introduction to anthropological theory*. Westview Press.

Lévi-Strauss, C. (1977). *Structural anthropology* (M. Layton, Trans.; Vol. 2). Allen Lane. (Original work published 1973)

Lévi-Strauss, C. (1982). *The way of the masks* (S. Modelski, Trans.). University of Washington Press. (Original work published 1975)

Lewis, S., Willis, K., & Smallwood, N. (2025). The collective experience of moral distress: A qualitative analysis of perspectives of frontline health workers during COVID-19. *Philosophy, Ethics, and Humanities in Medicine*, *20*. Article 1. https://doi.org/10.1186/s13010-024-00162-y

Lye, J. (1996). *Elements of structuralism*. Brock University, Department of English.

Mahliheh, N. M. L., Ashraf, A., Hamid, H. M., Taghi, S. M., & Fatemeh, H. N. (2020). The public nursing image as perceived by nurses and citizens: A questionnaire survey. *International Journal of Caring Sciences*, *13*(3), 1611–1620.

Malinowski, B. (1922). *Argonauts of the Western Pacific*. Routledge.

Malinowski, B. (1948). *Magic, science and religion and other essays*. Free Press.

Mambrol, N. (2018, March 12). *Key theories of Ferdinand de Saussure*. Literariness: Literary Theory and Criticism. https://literariness.org/2018/03/12/key-theories-of-ferdinand-de-saussure/

Maragakis, L. (2024). *Face masks: What you need to know*. Johns Hopkins Medicine. https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-face-masks-what-you-need-to-know

Mari/Andia. (2020, April 23). *COVID-19 screening* [Photograph]. Alamy. https://www.alamy.com

Martínez-Rodríguez, A., Martínez-Faneca, L., Casafont-Bullich, C., & Olivé-Ferrer, M. C. (2020). Construction of nursing knowledge in commodified contexts: A discussion paper. *Nursing Inquiry*, *27*(4), Article e12336. https://doi.org/10.1111/nin.12336

Matuschek, C., Moll, F., Fangerau, H., Fischer, J. C., Zänker, K., van Griensven, M., Schneider, M., Kindgen-Milles, D., Knoefel, W. T., Lichtenberg, A., Tamaskovics, B., Djiepmo-

Njanang, F. J., Budach, W., Corradini, S., Häussinger, D., Feldt, S., Jensen, B., Pelka, R., Orth, K., . . . Haussmann, J. (2020). The history and value of face masks. *European Journal of Medical Research*, *25*(1), Article 23. https://doi.org/10.1186/s40001-020-00423-4

McNamee, W. (2020, April 21). *Nurses protest lack of PPE in front of White House: "The administration and Congress have failed"* [Photograph]. The Week. https://theweek.com/speedreads/910237/nurses-protest-lack-ppe-front-white-house-administration-congress-have-failed

Merriam-Webster. (n.d.). Dichotomy. In *Merriam-Webster.com dictionary*. https://www.merriam-webster.com/dictionary/dichotomy

Merriam-Webster. (n.d.). Liminal. In *Merriam-Webster.com dictionary*. https://www.merriam-webster.com/dictionary/liminal

Mithen, S. (1996). *The prehistory of the mind: The cognitive origins of art, religion and science*. Thames & Hudson.

Moore, S. F., & Myerhoff, B. G. (1977). Secular ritual: Forms and meanings. In S. F. Moore & B. G. Myerhoff (Eds.), *Secular ritual* (pp. 3–27). Van Gorcum.

Morens, D. M., Taubenberger, J. K., & Fauci, A. S. (2021). A centenary tale of two pandemics: The 1918 influenza pandemic and COVID-19, part II. *American Journal of Public Health*, *111*(7), 1267–1272. https://doi.org/10.2105/AJPH.2021.306326

Morris, B. (1987). *Anthropological studies of religion: An introductory text*. Cambridge University Press.

Napier, A. D. (1986). *Masks, transformation, and paradox*. University of California Press.

National Archives and Records Administration. (1918). *Red Cross workers make anti-influenza masks for soldiers, Boston, Massachusetts* [Photograph]. National Archives Identifier 45499341, American National Red Cross Collection (165-WW-269B-13). https://www.archives.gov/news/topics/flu-pandemic-1918

National Athletic Trainers' Association. (n.d.). *Equipment safety and proper fitting*. https://www.nata.org/practice-patient-care/health-issues/equipment-safety-proper-fitting

Navarro, J. A. (2020, October 29). *Mask resistance during a pandemic isn't new—in 1918 many Americans were "slackers."* Michigan Medicine Health Lab. https://www.michiganmedicine.org/health-lab/mask-resistance-during-pandemic-isnt-new-1918-many-americans-were-slackers

Neelon, B., Mutiso, F., Mueller, N. T., Pearce, J. L., & Benjamin-Neelon, S. E. (2021). Associations between governor political affiliation and COVID-19 cases, deaths, and testing in the U.S. *American Journal of Preventive Medicine, 61*(1), 115–119. https://doi.org/10.1016/j.amepre.2021.01.034

New York Times. (2021, May 15). *Mask? No mask? New rules leave Americans recalibrating, hour by hour.* https://www.nytimes.com/2021/05/15/us/cdc-mask-guidance-americans.html

Nielsen, M., Langley, M. C., Shipton, C., & Kapitány, R. (2020). Homo neanderthalensis and the evolutionary origins of ritual in Homo sapiens. *Philosophical Transactions of the Royal Society B: Biological Sciences*, *375*(1805), Article 20190424. https://doi.org/10.1098/rstb.2019.0424

Nightingale, F. (1969). Notes on nursing: What it is, and what it is not. *Dover Publications.* (Original work published 1859)

O'Callaghan, A. K. (2022). "The medical gaze": Foucault, anthropology and contemporary psychiatry in Ireland. *Irish Journal of Medical Science*, *191*(4), 1795–1797. https://doi.org/10.1007/s11845-021-02725-w

Occupational Safety and Health Administration. (1998). Respiratory protection; final rule (29 CFR Parts 1910 and 1926). *Federal Register*, *63*(5), 1152–1300.

Ortner, S. B. (1984). Theory in anthropology since the Sixties. *Comparative Studies in Society and History*, *26*(1), 126–166. https://doi.org/10.1017/S001041750001081X

Pathman, D. E., Sonis, J., Rauner, T. E., Alton, K., Headlee, A. S., & Harrison, J. N. (2022). Moral distress among clinicians working in US safety net practices during the COVID-19 pandemic: A mixed methods study. *BMJ Open*, *12*(8), Article e061369. https://doi.org/10.1136/bmjopen-2022-061369

Philpin, S. M. (2002). Rituals and nursing: A critical commentary. *Journal of Advanced Nursing, 38*(2), 144–151. https://doi.org/10.1046/j.1365-2648.2002.02158.x

Pollock, D. (1995). Masks and the semiotics of identity. *Journal of the Royal Anthropological Institute*, *1*(3), 581–597. https://doi.org/10.2307/3034576

Popelka-Filcoff, R. S., & Zipkin, A. M. (2022). The archaeometry of ochre sensu lato: A review. *Journal of Archaeological Science*, *137*, Article 105530. https://doi.org/10.1016/j.jas.2021.105530

Post, P. (2015). Ritual studies. *Oxford Research Encyclopedia of Religion*. https://doi.org/10.1093/acrefore/9780199340378.013.21

Prabhu, M., & Gergen, J. (2021, November 15). *History's seven deadliest plagues*. Gavi, the Vaccine Alliance. https://www.gavi.org/vaccineswork/historys-seven-deadliest-plagues

Proschan, F. (1983). The semiotic study of puppets, masks, and performing objects. *Semiotica*, *47*(1–4), 3–46. https://doi.org/10.1515/semi.1983.47.1-4.3

Radcliffe-Brown, A. R. (1922). *The Andaman Islanders*. Cambridge University Press.

Radcliffe-Brown, A. R. (1931). *The social organization of Australian tribes* (Oceania Monographs No. 1). Macmillan.

Radcliffe-Brown, A. R. (1952). *Structure and function in primitive society*. Cohen & West.

Rappaport, R. A. (1979). *Ecology, meaning, and religion*. North Atlantic Books.

Rappaport, R. A. (1999). *Ritual and religion in the making of humanity*. Cambridge University Press.

Rehm, R. (2017). Greek tragedy as ritual. In N. Bers, D. Elmer, L. Muellner, & G. Nagy (Eds.), *Donum natalicium digitaliter confectum Gregorio Nagy septuagenario a discipulis collegis amicis oblatum*. Center for Hellenic Studies. Harvard University. https://chs.harvard.edu/

Reinhard, E. (2024, October 30). *English professor notes ancient roots of All Hallows' Eve began as way to mark end of summer*. Rutgers University, Camden. https://camden.rutgers.edu/news/halloweens-ghouls-ghosts-and-tricky-treats-hark-back-celtic-festival-samhain

Rendu, W., Beauval, C., Crevecoeur, I., Bayle, P., Balzeau, A., Bismuth, T., Bourguignon, L., Delfour, G., Faivre, J.-P., Lacrampe-Cuyaubère, F., Tavormina, C., Todisco, D., Turq, A., & Maureille, B. (2014). Evidence supporting an intentional Neandertal burial at La Chapelle-aux-Saints. *Proceedings of the National Academy of Sciences*, *111*(1), 81–86. https://doi.org/10.1073/pnas.1316780110

Renfrew, C. (1985). *The archaeology of cult: The sanctuary at Phylakopi*. British School of Archaeology at Athens; Thames & Hudson.

Renfrew, C. (1993). Cognitive archaeology: Some thoughts on the archaeology of thought. *Cambridge Archaeological Journal*, *3*(2), 247–270. https://doi.org/10.1017/S095977430001422X

Renfrew, C. (2004). Towards a cognitive archaeology of human praxis: Symbol before concept. In E. DeMarrais, C. Gosden, & C. Renfrew (Eds.), *Substance, memory, display: Archaeology and archaeology of the mind* (pp. 23–30). McDonald Institute for Archaeological Research.

Research and Markets. (2024, November 15). *Fashion face masks: Global strategic business report 2024-2030*. GlobeNewswire. https://www.globenewswire.com/news-release/2024/11/15/2981973/28124/en/Fashion-Face-Masks-Global-Strategic-Business-Report-2024-2030-A-4-3-Billion-Market-Featuring-Airpop-Bangni-Cambridge-Masks-FREKA-idMASK-Onmask-Lifesciences-Respro-RZ-Mask-Tecmask-V.html

Rosa, D., Bonetti, L., Villa, G., Allieri, S., Baldrighi, R., Elisei, R. F., Ripa, P., Giannetta, N., Amigoni, C., & Manara, D. F. (2022). Moral distress of intensive care nurses: A phenomenological qualitative study two years after the first wave of the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, *19*(22), Article 15057. https://doi.org/10.3390/ijerph192215057

Rose, G. (2023). *Visual methodologies: An introduction to researching with visual materials* (5th ed.). SAGE Publications.

Rossano, M. J. (2015). The evolutionary emergence of costly rituals. *PaleoAnthropology, 2015,* 78–100. https://paleoanthropology.org/ojs/index.php/paleo/article/view/738/699

Rubel, P. G., & Rosman, A. (1996). Structuralism. In D. Levinson & M. Ember (Eds.), *Encyclopedia of cultural anthropology* (Vol. 4, pp. 1263–1270). Henry Holt.

Ruisinger, M. M. (2020). The plague doctor's costume: Between medical function and cultural symbol. In M. M. Ruisinger & S. Schnalke (Eds.), *Plague: History, medical expertise, and cultural memory* (pp. 45–62). German Museum for the History of Medicine.

Sanchez, S. (2020, June 9). *Nurses taking a stand against racism outside of Bellevue Hospital in the wake of George Floyd death due to police brutality* [Photograph]. Alamy. https://www.alamy.com/nurses-taking-a-stand-against-racism-outside-of-bellevue-hospital-in-the-wake-of-george-floyd-death-due-to-police-brutality-image361092628.html

Schechner, R. (1980). Restoration of behavior. *Studies in Visual Communication*, *7*(1), 2–45.

Schechner, R. (2004). *Performance Theory* (2nd ed.). Routledge.

Schlich, T., & Strasser, B. J. (2022). Making the medical mask: Surgery, bacteriology, and the control of infection (1870s–1920s). *Medical History*, *66*(2), 116–134. https://doi.org/10.1017/mdh.2021.44

Schneider, D. M. (1980). *American kinship: A cultural account* (2nd ed.). University of Chicago Press.

Searle, J. (1969). *Speech acts: An essay in the philosophy of language*. Cambridge University Press.

Segal, R. A. (1980). The myth-ritualist theory of religion. *Journal for the Scientific Study of Religion*, *19*(2), 173–185. https://doi.org/10.2307/1386251

Segal, R. A. (1998). *The myth and ritual theory: An anthology*. Blackwell.

Shakespeare, W. (2024). *Romeo and Juliet* (B. A. Mowat & P. Werstine, Eds.). Folger Shakespeare Library. https://www.folger.edu/explore/shakespeares-works/romeo-and-juliet/ (Original work published 1597)

Sherwood, G. (2024). Driving forces for quality and safety: Changing mindsets to improve health care. In G. Sherwood & J. Barnsteiner (Eds.), *Quality and safety in nursing: A competency approach to improving outcomes* (3rd ed., pp. 3–32). Wiley-Blackwell.

Sibbald, K. R., Phelan, S. K., Beagan, B. L., & Pride, T. M. (2025). Positioning positionality and reflecting on reflexivity: Moving from performance to practice. *Qualitative Health Research*. Advance online publication. https://doi.org/10.1177/10497323241309230

Smith, W. R. (1969). *Lectures on the religion of the Semites: The fundamental institutions*. KTAV Publishing House. (Original work published 1889)

Spelce, J., Althaus, C. L., & Low, N. (2017). The 1918 influenza pandemic: Troop movement, mitigation strategies, and the impact of face coverings on mortality. *Journal of Influenza and Other Respiratory Viruses*, *11*(4), 312–321.

Spencer, J. (1996). Symbolic anthropology. In A. Barnard & J. Spencer (Eds.), *Encyclopedia of social and cultural anthropology* (p. 535). Routledge.

Staal, F. (1979). The meaninglessness of ritual. *Numen*, *26*(1), 2–22.

Staal, F. (1989). *Rules without meaning: Ritual, mantras, and the human sciences*. Peter Lang.

Stevenson, R. L. (2003). *Strange case of Dr. Jekyll and Mr. Hyde* (R. Mighall, Ed.). Penguin Books. (Original work published 1886)

Stockton, A. (2021, February 25). *Inside a COVID I.C.U., through a nurse's eyes | NYT Opinion* [Video]. YouTube. http://www.youtube.com/watch?v=KR4ifeGxdQw

Strasser, B. J., & Schlich, T. (2020). A history of the medical mask and the rise of throwaway culture. *The Lancet*, *396*(10243), 19–20. https://doi.org/10.1016/S0140-6736(20)31207-1

Tambiah, S. J. (1973). Form and meaning of magical acts: A point of view. In R. Horton & R. Finnegan (Eds.), *Modes of thought* (pp. 199–229). Faber & Faber.

Tambiah, S. J. (1979). *A performative approach to ritual*. Oxford University Press.

Thomas, N. (1989). *Out of time: History and evolution in anthropological discourse*. Cambridge University Press.

Thompson, P. (1918, October 18). *To prevent influenza!* [Poster]. Illustrated Current News; National Library of Medicine Digital Collections. https://resource.nlm.nih.gov/101580385

TinEye. (2026). *TinEye API: Build high-performance reverse image search solutions*. https://services.tineye.com/TinEyeAPI

Toney-Butler, T. J., & Unison-Pace, W. J. (2023, August 28). Nursing admission assessment and examination. StatPearls Publishing; StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK493211/

Topical Press Agency. (1919, March 1). *Two men wearing and advocating the use of flu masks in Paris during the Spanish flu epidemic which followed World War I* [Photograph]. Getty Images, Hulton Archive. https://www.gettyimages.com

Tripathi, R. N. (2024). The social construction of identity in the digital age: Virtual communities and self-presentation. *International Journal of Social Science Research*, *1*(4), 71–76. https://www.ijssr.com/wp-content/uploads/journal/published_paper/volume-1/issue-4/IJSSR30531.pdf

Tseelon, E. (Ed.). (2001). *Masquerade and identities: Essays on gender, sexuality and marginality*. Routledge.

Turner, V. (1957). *Schism and continuity in an African society: A study of Ndembu village life*. Manchester University Press.

Turner, V. (1964). Betwixt and between: The liminal period in rites de passage. In L. C. Mahdi, S. Foster, & M. Little (Eds.), *Betwixt and between: Patterns of masculine and feminine initiation* (pp. 3–22). Open Court. (Original work published 1964)

Turner, V. (1966). Color classification in Ndembu ritual: A problem in primitive classification. In M. Banton (Ed.), *Anthropological approaches to the study of religion* (pp. 47–84). Tavistock Publications.

Turner, V. (1967). *The forest of symbols: Aspects of Ndembu ritual*. Cornell University Press.

Turner, V. (1969). *The ritual process: Structure and anti-structure*. Aldine Publishing.

Turner, V. (1974). *Dramas, fields, and metaphors: Symbolic action in human society*. Cornell University Press.

Turner, V. (1977). Variations on a theme of liminality. In S. F. Moore & B. G. Myerhoff (Eds.), *Secular ritual* (pp. 36–52). Van Gorcum.

Turner, V. (1980). Social dramas and stories about them. *Critical Inquiry*, *7*(1), 141–168. https://doi.org/10.1086/448092

Tylor, E. B. (1958). *Primitive culture*. Harper. (Original work published 1871)

Ugiagbe, I. M., Allan, H. T., Traynor, M., & Collins, L. (2025). Thinking theoretically in nursing research-positionality and reflexivity in an interpretative phenomenological analysis (IPA) study. *Nursing Inquiry*, *32*(1), Article e12684. https://doi.org/10.1111/nin.12684

U.S. Department of Homeland Security. (n.d.). *U.S. Immigration and Customs Enforcement frequently asked questions*. https://www.ice.gov/immigration-enforcement-frequently-asked-questions

U.S. News & World Report. (2022, March 28). *These states have COVID-19 mask mandates*. https://www.usnews.com/news/best-states/articles/these-states-have-covid-19-mask-mandates

van Gennep, A. (1960). *The rites of passage*. University of Chicago Press. (Original work published 1909)

Viola, M. (2024). Masked faces: A tale of functional redeployment between biology and material culture. In M. Leone (Ed.), *The Hybrid Face* (pp. 1–21). Routledge. https://doi.org/10.4324/9781003380047-1

Vollmer, P. (n.d.). *The burnout recovery toolkit: Practical strategies for nurses.* CE Ready. https://ceready.com/the-burnout-recovery-toolkit-practical-strategies-for-nurses/

Waldram, J. B. (2000). The efficacy of traditional medicine: Current theoretical and methodological issues. *Medical Anthropology Quarterly*, *14*(4), 603–625. https://doi.org/10.1525/maq.2000.14.4.603

Wallace, J., Goldsmith-Pinkham, P., & Schwartz, J. L. (2022). *Excess death rates for Republicans and Democrats during the COVID-19 pandemic*. (Working Paper No. 30512). National Bureau of Economic Research. https://www.nber.org/system/files/working_papers/w30512/w30512.pdf

Watson, J. (1979). *Nursing: The philosophy and science of caring*. Little, Brown and Company.

Watson, J. (2018). *Unitary caring science: The philosophy and praxis of nursing*. University Press of Colorado.

Weber, D. (2016). Medical hegemony. *International Journal of Complementary & Alternative Medicine*, *3*(2), 37–38. https://doi.org/10.15406/ijcam.2016.03.00065

Westman, C. N. (2011). Contemporary studies of ritual in anthropology and related disciplines. *Reviews in Anthropology*, *40*(3), 210–231. https://doi.org/10.1080/00938157.2011.597626

Whitehouse, H. (2011). The coexistence problem in psychology, anthropology, and evolutionary theory. *Human Development*, *54*(3), 191–199.

Whitehouse, H. (2012). Ritual, cognition, and evolution. In R. Sun (Ed.), *Grounding the social sciences in the cognitive sciences* (pp. 265–284). MIT Press.

Whitehouse, H. (2024). Rethinking ritual: How rituals made our world and how they could save it. *Journal of the Royal Anthropological Institute*, *30*(1), 115–132. https://doi.org/10.1111/1467-9655.14048

Williams, H., & Joyce, S. (2023). Mediating worlds: The role of nurses as ritual specialists in caring for the dead and dying. *Mortality*, *28*(3), 444-461.

Williams, S. J., & Calnan, M. (1996). The "limits" of medicalization? Modern medicine and the lay populace in "late" modernity. *Social Science & Medicine*, *42*(12), 1609–1620. https://doi.org/10.1016/0277-9536(95)00315-0

Winthrop, R. H. (1991). *Dictionary of concepts in cultural anthropology*. Greenwood Press.

Wittgenstein, L. (1993). Remarks on Frazer's Golden Bough. In J. C. Klagge & A. Nordmann (Eds.), *Philosophical occasions, 1912–1951* (pp. 118–155). Hackett.

Wolf, Z. R. (1988a). *Nurses' work, the sacred and the profane*. University of Pennsylvania Press.

Wolf, Z. R. (1988b). Nursing rituals. *Canadian Journal of Nursing Research*, *20*(3), 59–69.

Wolf, Z. R. (2014). *Exploring rituals in nursing: Joining art and science*. Springer.

Wreschner, E. E., Bolton, R., Butzer, K. W., Delporte, H., Häusler, A., Heinrich, A., Jacobson-Widding, A., Malinowski, T., Masset, C., Miller, S. F., Ronen, A., Solecki, R., Stephenson, P. H., Thomas, L. L., & Zollinger, H. (1980). Red ochre and human evolution: A case for discussion [and comments and reply]. *Current Anthropology*, *21*(5), 631–644. https://doi.org/10.1086/202541

Yavaş, G., & Özerli, A. N. (2024). The public image of nursing during the COVID-19 pandemic: A cross-sectional study. *International Nursing Review*, *72*(1), Article e12922. https://doi.org/10.1111/inr.12922

Young-Laughlin, J., & Laughlin, C. D. (1988). How masks work, or masks work how? *Journal of Ritual Studies*, *2*(1), 59–86.

Acknowledgment of Artificial Intelligence Use

Table 1: Ritual Dichotomies: Themes, Authors, Performance, and Communication Theoretical Interpretations

Google Gemini Artificial Intelligence (AI) was provided with prompts and categorical suggestions, such as the application of signaling theory and semiotics to the nursing mask and use of language only. This was only applied to the "communication theoretical interpretations column." All output was referenced with primary academic literature, and the terminology was refined to align with the dissertation's specific focus on 1918 and 2020 visual narratives; I am responsible for the final analysis and synthesis. All primary and secondary sources cited within the table were independently verified by the researcher.

Table 3: Provenance and Copyright Log

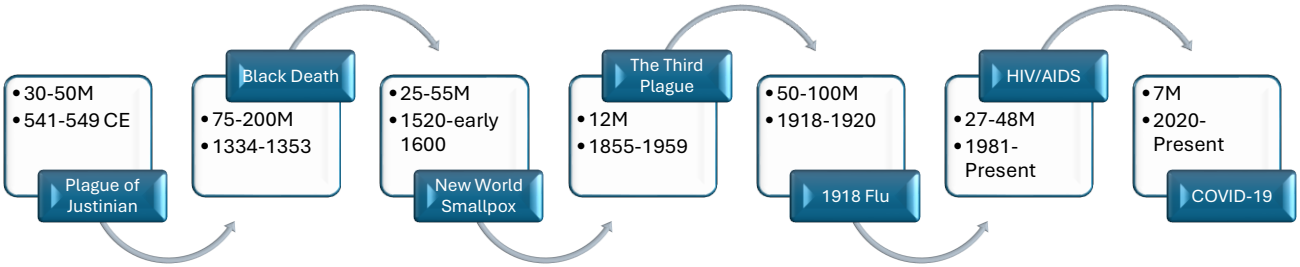
The Google Gemini AI tool was provided with prompts that included table headings and all raw data to streamline the information using academic language. All output was referenced with primary academic literature, and I am responsible for the final analysis and synthesis. All information in the table was independently verified by the researcher (Google, 2026). (See references for acknowledgment statement).

Appendix A

Figures Appearing in the Body of the Text (Not Including Exemplar Images)

Figure 1

Key
Line one: number of deaths in millions (M)
Line two: timeline



Note. This figure demonstrates some of history's most deadly pandemics. Adapted from "History's Seven Deadliest Plagues," by M. Prabhu & J. Gergen, 15 November 2021 (https://www.gavi.org/vaccineswork/historys-seven-deadliest-plagues).

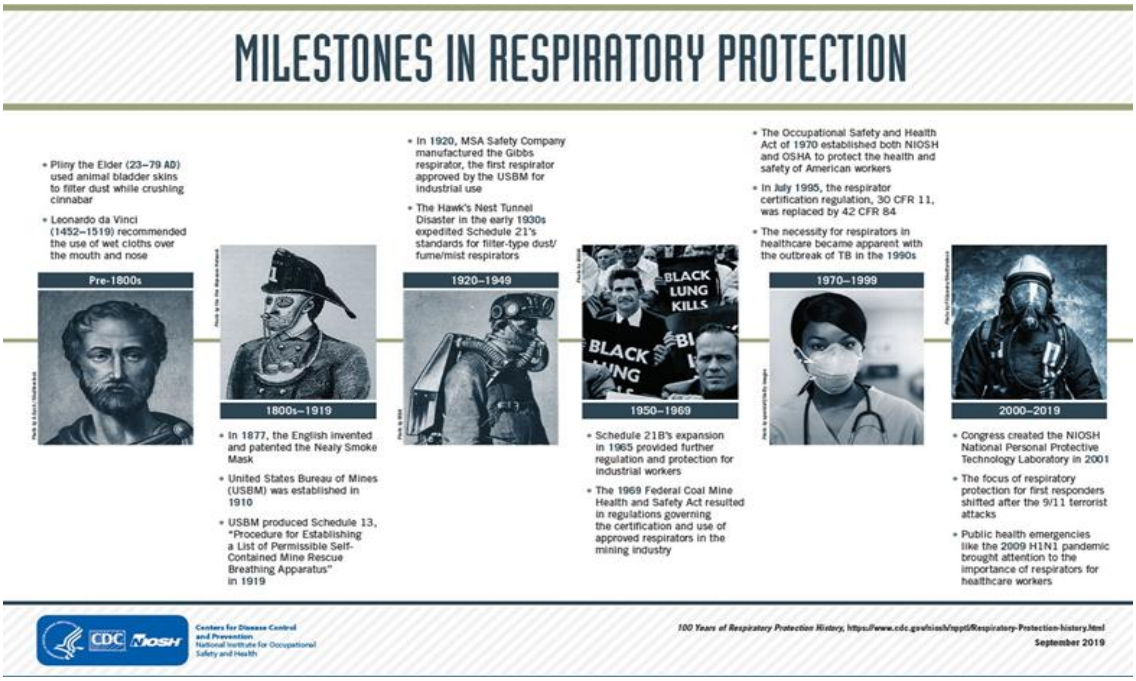
Figure 2

Mask

Note. Photo © Israel Museum, Jerusalem, by Avraham Hay Reprinted with permission (see Appendix B).

Figure 3

Milestones in Respiratory Protection



Note. Reprinted from *Centers for Disease Control and Prevention*, 2019 (https://archive.cdc.gov/www_gov/niosh/npptl/100YearsRespProtect.html). In the public domain.

Figure 4

The Plague Doctor from Rome

Note. *The Plague Doctor from Rome*, by Paulus Fürst, 1656. In the public domain.

Figure 5

Locust Avenue, Masks On

Note. Rail commuters wearing protective masks during the 1918 influenza pandemic. From *Locust Avenue, masks on*, by R. Coyne, 1918, Lucretia Little History Room, Mill Valley Public Library (https://californiarevealed.org/do/0cb6b236-5d05-4d69-a078-be9c74c7577a). In the public domain.

Appendix B

Copyright and Image Use Permission: Figure 2

Mask
Hirbat Duma
Pre-Pottery Neolithic B
Stone
L: 22.5; W: 15.6; Th: 6.6 cm
[redacted]
Accession number: 82.2.71
Archaeology/Prehistoric Periods
Photo © Israel Museum, Jerusalem, by Avraham Hay

Dear Jean Conlon-Yoo,
Thank you for your request,
You have permission to use the image from our website for your Doctoral Dissertation, as long as you write the caption and credit lines that appear as they appear on the site.
If you wish to acquire a high re image or use in a printed publication/ pdf, please send us an additional request,
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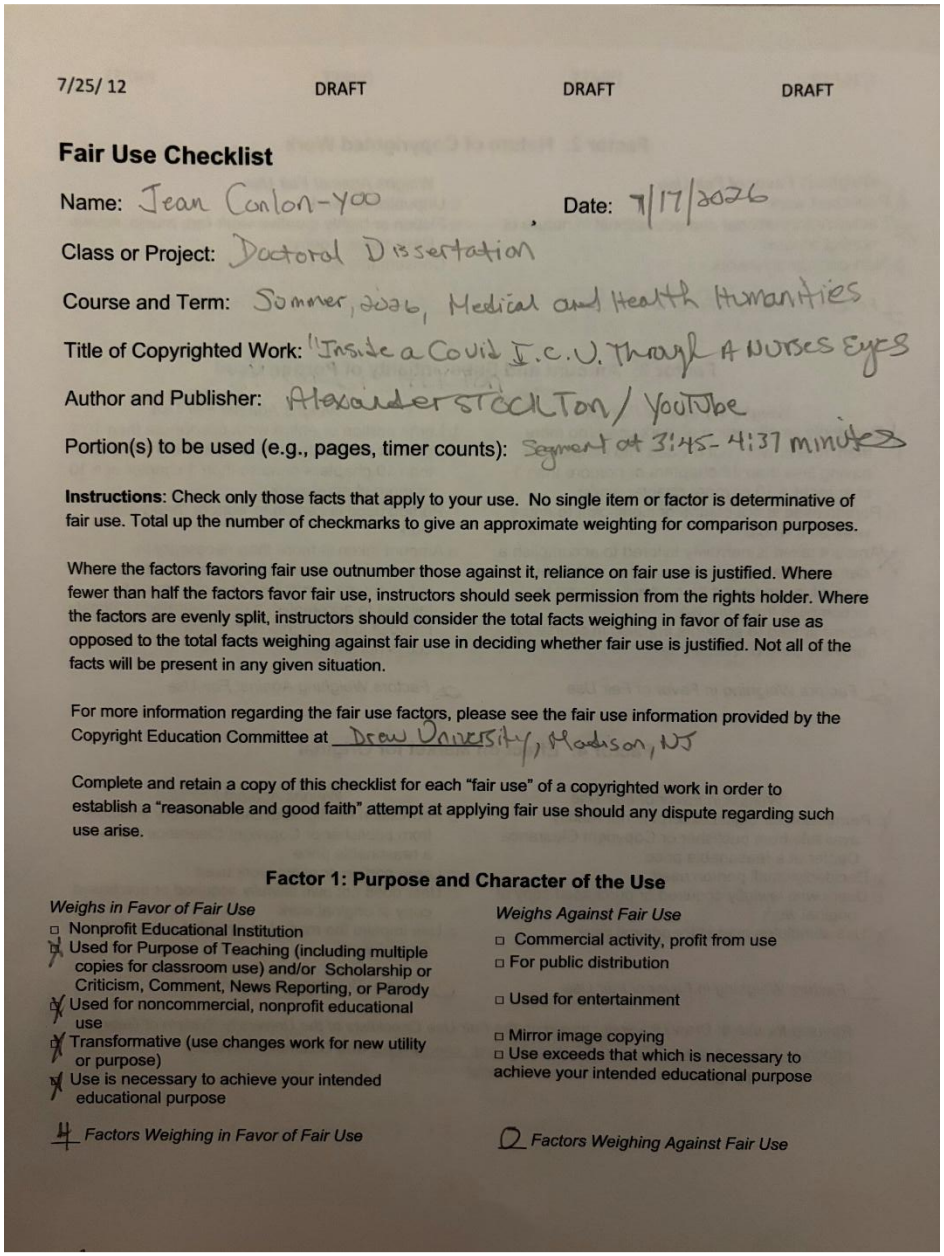
Nili Luria
Digital Media Archivist
The Israel Museum, Jerusalem
[redacted]
The Israel Museum, Jerusalem
www.imj.org.il

-----Original Message-----
From: The Israel Museum, Jerusalem via The Israel Museum, Jerusalem <info@theisraelmuseum.org.il>
Sent: Saturday, 14 December 2024 20:00
To: Nili Luria [redacted]
Subject: Form submission from: Request Permission to Use an Image

Appendix C

Fair Use Checklist: Exemplar 10



7/25/ 12 DRAFT DRAFT DRAFT

Fair Use Checklist

Name: Jean Conlon-Yoo Date: 7/17/2026

Class or Project: Doctoral Dissertation

Course and Term: Summer, 2026, Medical and Health Humanities

Title of Copyrighted Work: "Inside a Covid I.C.U. Through A Nurses Eyes"

Author and Publisher: Alexander STOCKTON / YouTube

Portion(s) to be used (e.g., pages, timer counts): Segment at 3:45- 4:37 minutes

Instructions: Check only those facts that apply to your use. No single item or factor is determinative of fair use. Total up the number of checkmarks to give an approximate weighting for comparison purposes.

Where the factors favoring fair use outnumber those against it, reliance on fair use is justified. Where fewer than half the factors favor fair use, instructors should seek permission from the rights holder. Where the factors are evenly split, instructors should consider the total facts weighing in favor of fair use as opposed to the total facts weighing against fair use in deciding whether fair use is justified. Not all of the facts will be present in any given situation.

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Complete and retain a copy of this checklist for each "fair use" of a copyrighted work in order to establish a "reasonable and good faith" attempt at applying fair use should any dispute regarding such use arise.

Factor 1: Purpose and Character of the Use

Weighs in Favor of Fair Use

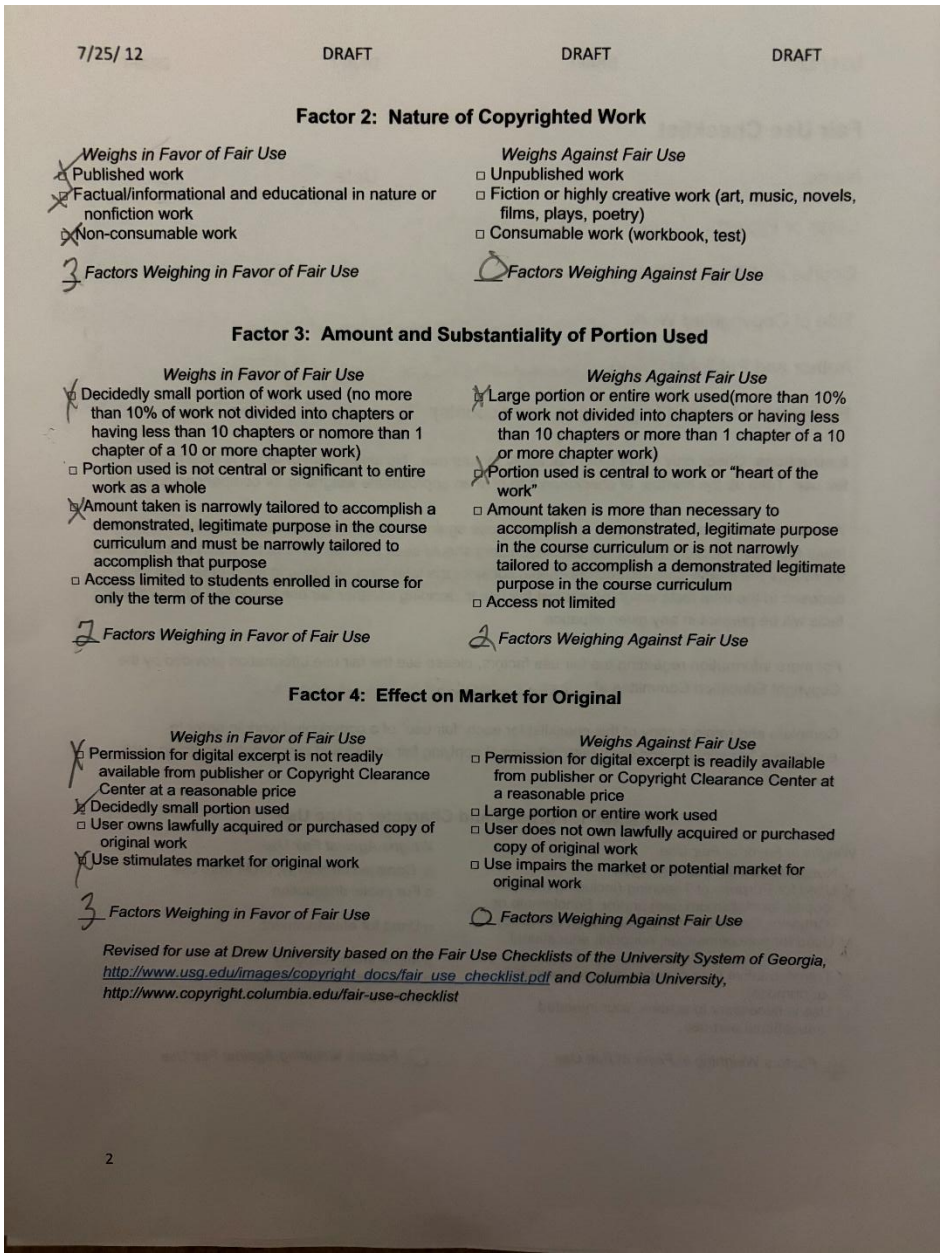
- ☐ Nonprofit Educational Institution
- ☒ Used for Purpose of Teaching (including multiple copies for classroom use) and/or Scholarship or Criticism, Comment, News Reporting, or Parody
- ☒ Used for noncommercial, nonprofit educational use
- ☒ Transformative (use changes work for new utility or purpose)
- ☒ Use is necessary to achieve your intended educational purpose

Weighs Against Fair Use

- ☐ Commercial activity, profit from use
- ☐ For public distribution
- ☐ Used for entertainment
- ☐ Mirror image copying
- ☐ Use exceeds that which is necessary to achieve your intended educational purpose

4 *Factors Weighing in Favor of Fair Use*

0 *Factors Weighing Against Fair Use*



7/25/ 12 DRAFT DRAFT DRAFT

Factor 2: Nature of Copyrighted Work

Weighs in Favor of Fair Use
- ☒ Published work
- ☒ Factual/informational and educational in nature or nonfiction work
- ☒ Non-consumable work

3 *Factors Weighing in Favor of Fair Use*

Weighs Against Fair Use
- □ Unpublished work
- □ Fiction or highly creative work (art, music, novels, films, plays, poetry)
- □ Consumable work (workbook, test)

0 *Factors Weighing Against Fair Use*

Factor 3: Amount and Substantiality of Portion Used

Weighs in Favor of Fair Use
- ☒ Decidedly small portion of work used (no more than 10% of work not divided into chapters or having less than 10 chapters or nomore than 1 chapter of a 10 or more chapter work)
- □ Portion used is not central or significant to entire work as a whole
- ☒ Amount taken is narrowly tailored to accomplish a demonstrated, legitimate purpose in the course curriculum and must be narrowly tailored to accomplish that purpose
- □ Access limited to students enrolled in course for only the term of the course

2 *Factors Weighing in Favor of Fair Use*

Weighs Against Fair Use
- ☒ Large portion or entire work used(more than 10% of work not divided into chapters or having less than 10 chapters or more than 1 chapter of a 10 or more chapter work)
- ☒ Portion used is central to work or "heart of the work"
- □ Amount taken is more than necessary to accomplish a demonstrated, legitimate purpose in the course curriculum or is not narrowly tailored to accomplish a demonstrated legitimate purpose in the course curriculum
- □ Access not limited

2 *Factors Weighing Against Fair Use*

Factor 4: Effect on Market for Original

Weighs in Favor of Fair Use
- ☒ Permission for digital excerpt is not readily available from publisher or Copyright Clearance Center at a reasonable price
- ☒ Decidedly small portion used
- □ User owns lawfully acquired or purchased copy of original work
- ☒ Use stimulates market for original work

3 *Factors Weighing in Favor of Fair Use*

Weighs Against Fair Use
- □ Permission for digital excerpt is readily available from publisher or Copyright Clearance Center at a reasonable price
- □ Large portion or entire work used
- □ User does not own lawfully acquired or purchased copy of original work
- □ Use impairs the market or potential market for original work

0 *Factors Weighing Against Fair Use*

Revised for use at Drew University based on the Fair Use Checklists of the University System of Georgia, http://www.usg.edu/images/copyright_docs/fair_use_checklist.pdf and Columbia University, http://www.copyright.columbia.edu/fair-use-checklist

2

Appendix D

Visual Analysis Guide Data Collection Instrument Template

Visual Analysis Guide adapted and adjusted from *Knowledge Development in Nursing: Theory and Process* (12th ed.), by P. L. Chinn, L. Canty, and L. Mkandawire-Valhmu, 2026. Elsevier.

Exemplar _____

Table Key	
Font color	**Prompt suggestive of**
Blue **Purple** **Green**	**"Ritual's triangular superpower":** ✓ **beyond causal opacity** ✓ **malleable and persistent** ✓ **mediates dichotomy/ambiguity**
Red	**Mask themes (identity, protection, performance, transformation)**

Empiric: "Knowledge that is known through sensory perception and can be shared across observers." (Chinn et al., 2026, p. 154).

What is the image of?	
What is happening **(suggests performance)** in the image?	
How do the parts of the image relate to the whole?	
What else is visible in the image?	
Type of mask **(suggests protection, time, persistence)**?	
Where and when is it happening **(suggests time, persistence)**?	
Clinical setting?	

Aesthetic: **"**Knowledge that is known through the meaning of the situation **(suggests beyond causal opacity)**, often shared in the moment without words; the nurse's sense of meaning is reflected in the action taken; it may be occurring in the background and not be consciously considered" (Chinn et al., 2026, pp.142–143).

Does the image generate meaning **(suggests something beyond causal opacity)**? If yes, what meaning/s?	
What is the focal point or what stands out the most?	
How are people and/or objects arranged?	
How are the principles and elements of design—e.g., color, space, line, texture, balance, movement, posture, gaze, etc.—significant in the image?	
Are there patterns that stand out?	
Is the image balanced/harmonious or imbalanced/discordant **(suggested dichotomy, ambiguity)**?	
Does the image **(suggest dichotomy/ambiguity)**? If yes, what are they?	
Are there relationships **(suggests identity)**? How do the parts come together?	
What is the title? Does the title generate meaning **(suggests beyond causal opacity)**? If yes, what meaning/s?	

Ethical: **"**Knowledge about morality and everyday comportment **(suggestive of persistence)**; choices that are responsible and just" (Chinn et al., 2026, p. 96).

Does the image evoke a moral response? Praise or blame?	
Are norms and expectations **(suggestive of persistence)** conveyed in the image? If yes, what are they?	
Does the image evoke a sense of inequity **(suggests imbalance/ambiguity)**? Explain.	
Does the image evoke other ethical principles: beneficence, non-maleficence, veracity, and fidelity, care, duty **(suggestive of persistence)**?	

Personal: ". . . depends on our relationship with others **(suggests identity)**; it is not a solitary, egoistic focus on the self" (Chinn et al., 2026, p. 111). It is the key to caring for the self, and for others.

Is the nurse **(suggests identity)** present and attentive? Or aloof and distracted? If yes, how?	
Is the nurse close or distant in proximity to patient or other health care providers? Describe.	
Is the nurse protected or unprotected **(suggestive of identity, protection)**?	
Is the nurse confident? Describe.	

Emancipatory: ". . . recognize something that could be changed **(suggests transformation)** for the better and to take action to make that change" (Chinn et al., 2026, p. 69).

Does the image evoke a need for change **(suggests potential transformation)**? If yes, how or what?	
Does the image suggest any barriers for change? If yes, what are they?	
Does the image suggest any directions for change **(suggests transformation)**? Explain.	
Does the image promote any specific type of care **(suggests transformation)**? If yes, what?	

Image Identifiers/Provenance/APA 7th Edition Format

Exemplar _____

Title:	**Date created:**
Medium: **Format:**	**Call number:**
Photographer/artist/producer:	**Title of archive:**
Library, research institution, or collection owner:	**Collection ID:**
Archive/collection city:	**Document identification:**
Name of website:	**Webpage title:**
URL:	**APA 7th Edition citation**

Copy of Image

Image	Notes

Note: Adapted and adjusted from *Knowledge Development in Nursing: Theory and Process* (12th ed.), by P. L. Chinn, L. Canty, and L. Mkandawire-Valhmu, 2026. Elsevier.

Appendix E

Image Use Permission: Exemplar 5

NON-EXCLUSIVE PHOTO LICENSING AGREEMENT

This Agreement is made effective as of **June 17, 2026** by and between:

- **Licensor (Photographer):** Karen Cunningham Photography ("Licensor")
- **Licensee (Author):** Jean Conlon-Yoo ("Licensee")

---

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- **File Names / Content:** City Nurse, Covid 19, "Nurse Cady", Lenox Hill Hopsital, NYC 2020

2. Grant of License

Subject to the terms below, the Licensor grants the Licensee a **Non-Exclusive, Royalty-Free, Worldwide, and Perpetual** license to use the Images solely within the context of the Licensee's doctoral dissertation.

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- *Photo courtesy of Karen Cunningham*

8. Signatures

Licensor Signature: Karen Cunningham-Blake **Date:** 06/17/2026

Licensee Signature: [signature] **Date:** 6/26/2026

Appendix F

Image Use Permission: Exemplar 6

Invoice No.	21756509
Customer No.	38664424
Invoice Date	02-JUL-26
Sales Order No.	2500334415
Sales Order Date	02-JUL-26
Purchase Order No.	
Job or Project Title	
Ordered By	
Client	
Promotion	

Bill To

Jean conlon-yoo

34 natalie drive
west caldwell NJ 07006
United States

Invoice To

Jean conlon-yoo

34 natalie drive
west caldwell NJ 07006
United States

Payment Terms	IMMEDIATE
Tracking Number	0
Shipping Method	
Date Shipped	
Ship To Contact	Jean conlon-yoo
Due Date	02-JUL-26

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Phone: 1-866-478-6251
Or visit: www.istockphoto.com/customer-support

Invoice reflects order placed on GettyImages.com

Line No.	Description	Ordered & Delivered	Unit Price	Extended Price
1	NEW:1220170039 Nurse's Protest Outside White House For Better Safety Standards And Mass Production Of PPE During COVID Pandemic	1	394.00	394.00

Photographer/Artist: Win McNamee
Start Date: 2026-08-01
Duration: Up to 7 years
End Date: 2033-08-01
Usage: Textbook interior - Print and electronic
Print Run/Circulation: First edition
Distribution: Electronic Distribution – no social media
Location: Inside
Industry Description: Education
Territory Description: USA
Rights Exclusivity: No Exclusivity
Restrictions: Contact your |local office| for all commercial or promotional uses. Full editorial rights UK, US, Ireland, Canada (not Quebec). Restricted editorial rights for daily newspapers elsewhere, please call.
Release Information: NotReleased

Sub Total	Tax	Total	Paid/Credited		Total Due
394.00	0.00	394.00	394.00	USD	0.00

Appendix G

Image Use Permission: Exemplar 8

alamy

Alamy Inc
49 Flatbush Ave, 130,
Brooklyn, NY 11217,
USA

Your Alamy invoice

Federal Tax ID 46-052-1136

Invoice number:
IY06554637

Invoice date: 04 July 2026

Paid
Total: **$ 24.52**

Invoice to:
34 Natalie Drive
West Caldwell
NJ
07006
United States

Ordered by: yoojean63@gmail.com / Jean Conlon-Yoo
Order reference: OY0117967376
Remittance advice to be sent to: customerfinance@alamy.com

Your order (1 item)

Your order (1 item)

Image ID: 2BMGG83 $ 23.00

Image details

Image title	Corsica, Bastia, on April 23, 2020: medical team in a Covid-19 hospital ward, Bastia Hospital, during the coronavirus outbreak. Covid-19 screening tes
Model release	NO
Property release	NO
Credit line	Andia / Alamy

License details

Country	Worldwide
Usage	Individual
Start date	04 July 2026
Duration	In perpetuity
Additional details	Individual License for 1 user only. Allowed usage: A single usage across websites and social media, short-form-video on video sharing sites, digital publishing, digital marketing, print runs of up to 5,000 for print marketing and self-published book. Restrictions stated before or at time of purchase may limit the scope of permissible usage.

Appendix H

Image Use Permission: Exemplar 9

alamy

Alamy Inc
49 Flatbush Ave, 130,
Brooklyn, NY 11217,
USA

Your Alamy invoice

Federal Tax ID 46-052-1136

Invoice number:
IY06553853

Invoice date: 03 July 2026

Paid
Total: $ 73.56

Invoice to:
34 Natalie Drive
West Caldwell
NJ
07006
United States

Ordered by: yoojean63@gmail.com / Jean Conlon-Yoo
Order reference: OY0117955166
Remittance advice to be sent to: customerfinance@alamy.com

Your order (3 items)

Image ID: 2BYD598 $ 23.00

Image details

Image title	Nurses taking a stand against racism outside of Bellevue Hospital in the wake of George Floyd death due to police brutality.
Model release	NO
Property release	NO
Credit line	Steve Sanchez / Alamy

License details

Country	Worldwide
Usage	Individual
Start date	03 July 2026
Duration	In perpetuity
Additional details	Individual License for 1 user only. Allowed usage: A single usage across websites and social media, short-form-video on video sharing sites, digital publishing, digital marketing, print runs of up to 5,000 for print marketing and self-published book. Restrictions stated before or at time of purchase may limit the scope of permissible usage.

Appendix I

Two Examples of Metadata Collection for Exemplar Provenance and Copyright Review Process

Exemplar number/title	Copyright/provenance	TinEye: used to determine image is non-original/ publicly sourced	Google Reverse Image Search: used for confirmation and additional data
Exemplar 1 "Two Men Wearing and Advocating the Use of Flu Masks"	**Photograph:** Two men wearing face masks advocate the use of masks in Paris during the flu epidemic after World War I. **Credit:** Topical Press Agency/Getty Images **URL:** https://www.gettyimages.com/detail/news-photo/two-men-wearing-and-advocating-the-use-of-flu-masks-in-news-photo/3333532 **Photographer:** [Stinger]/[Hulton Archive] via Getty Images **Archive:** Hulton Archive **Date:** March 1, 1919 **Getty Image Assistant "chat response" to question regarding use permission:** *"You do not need specific permission to use the image in a doctoral dissertation, as this would typically fall under editorial or academic use. However, you must ensure proper attribution by including the credit: 'Photographer Name]/[Collection Name] via Getty Images.' For further details, refer to the Getty Images content license agreement."* **Drew University Fair Use Checklist Results:** (See Appendix C for completed checklist) **Reference** Topical Press Agency. (1919, March 1). *Two men wearing and advocating the use of flu masks in Paris during the Spanish flu epidemic which followed World War I* [Photograph]. Getty Images: Hulton Archive (Editorial #: 3333532). https://www.gettyimages.com **Citation:** (Topical Press Agency, 1919) **Image note:** *Note*. From *Two men wearing and advocating the use of flu masks in Paris during the Spanish flu epidemic which followed World War I* [Photograph], by Topical Press Agency, 1919, Getty Images. Copyright 1919 by Topical Press Agency/Stringer/Hulton Archive via Getty Images.	268 results TinEye searched 84.1 billion images for: Exemplar 1.png First indexed by TinEye on January 29, 2011. This reverse image search result shows a high frequency of recurrence. This demonstrates that the image is not isolated or original. It is a digital image recycled across various online domains.	1st March 1919: Two men wearing and advocating the use of flu masks in Paris during the Spanish flu epidemic which followed World War I. (Photo by Topical Press Agency/Getty Images) **Website:** Getty Images **Restrictions:** Contact your local office for all commercial or promotional uses. **Credit:** Topical Press Agency / Stringer **Editorial #**: 3333532 **Collection:** Hulton Archive **Date Created:** March 01, 1919 **Upload date:** April 10, 2004 **License type:** Rights managed **Release info:** Not released. **Source:** Hulton Archive **Barcode:** HM5008 **Object name:** martyn20/first/fww/post/01425
Exemplar 7 "Game Changer"	https://www.google.com/search?q=https://www.bbc.com/news/uk-england-hampshire-52560820 A Tribute To the Health Workers from the National Health Service (NHS) On 6 May 2020, during the first wave of the COVID-19 pandemic, a painting appeared at University Hospital Southampton, United Kingdom. In crisp, linear detail, it showed a young boy playing with a selection of superhero dolls. In the painting, Batman and Spiderman lie discarded in a bin; instead, the child clutches a new idol. A masked,	2,684 results TinEye searched 84.1 billion images for: Exemplar 7.jpg First indexed by TinEye on May 6, 2020. Because the image appears thousands of times across the web, it officially	This artwork is titled *Game Changer* by the street artist Banksy. The painting, created during the COVID-19 pandemic, serves as a tribute to National Health Service (NHS) workers. It depicts a young boy playing with a superhero doll dressed as a nurse, with traditional superheroes

	uniformed nurse soars to the rescue, her cape fluttering and arm outstretched towards the sky. The picture was accompanied by a note: *"Thanks for all you're doing. I hope this brightens the place up a bit, even if it's only black and white."* The artist's explicit permission: Pest Control Guidelines. https://pestcontroloffice.com/use.asp "You are welcome to use Banksy's images for non-commercial, personal amusement. Print them out in a colour that matches your curtains, make a card for your gran, submit them as your own homework, whatever. . . The artist would like to make it clear that he continues to encourage the copying, borrowing and uncredited use of his imagery for amusement, activism and education purposes." Reference: Banksy. (2020). *Game changer* [Painting]. Originally displayed at Southampton General Hospital, Southampton, UK. Reproduced in Center for Art Law. https://itsartlaw.org/art-law/voided-banksy/ Citation: (Banksy, 2020) Image note: *"Game Changer" by Banksy* *Note.* From *Voided Banksy*™, by I. Rivera, 2020, Center for Art Law (https://itsartlaw.org/art-law/voided-banksy/). Originally created by Banksy in 2020 at Southampton General Hospital. Image used for educational, non-commercial purposes under fair use.	functions as a public, collective cultural text rather than an isolated, personal, or private photograph.	like Batman discarded in a wastepaper basket. The original artwork was auctioned for over £16 million to raise funds for NHS charities.

Appendix J

Example of Exemplar Metadata Collection Process

Appendix D: Visual Analysis Guide Instrument
Visual Analysis Guide adapted and adjusted from *Knowledge Development in Nursing: Theory and Process* (12th ed.), by P. L. Chinn, L. Canty, and L. Mkandawire-Valhmu, 2026. Elsevier.

Exemplar 1: "Two men wearing and advocating the use of flu masks"

Table Key	
Font color	**Prompt suggestive of**
Blue **Purple** **Green**	**"Ritual's triangular superpower":** ✓ **beyond causal opacity** ✓ **malleable and persistent** ✓ **mediates dichotomy/ambiguity**
Red	**Mask themes (identity, protection, performance, transformation)**

Empiric: "Knowledge that is known through sensory perception and can be shared across observers." (Chinn et al., 2026, p. 154).

What is the image of?	Two white, masked men. Each with large, white gauze masks on, carrying signs advocating for masking due to the 1918 flu pandemic. They are flanked on either side by a crowd of unmasked men. It takes place on a busy city street in Paris, France.
What is happening **(suggests performance)** in the image?	The masked men are carrying signs that encourage others to wear a mask to decrease the spread of influenza during the 1918 pandemic. All the men are dressed in business attire, suggesting a work day, perhaps on the way to work. Two men to the right are looking at the photographer. Others are stoic, lack affect, and are indifferent.
How do the parts of the image relate to the whole?	The parts are related in that they collectively reflect the community and a period when public health strategies for flu prevention were all that was available. The parts also represent a split in the whole between maskers and nonmaskers.
What else is visible in the image?	The image is dark due to aging, and it's not easy to make out all the nuances in the image. On the right there appears to be a series of city storefronts. On the left is the city street with the sides of cars in view. In the background of the two focal men there is a standing billboard, but the signage is blurred from age.
Type of mask **(suggests protection, time, persistence)**?	The masks are white, gauze and oversized. They cover the men's whole faces, except the eyes.
Where and when is it happening **(suggests time, persistence)**?	Paris, France March 1, 1919
Clinical setting?	Not applicable.

Aesthetic: **"**Knowledge that is known through the meaning of the situation **(suggests beyond causal opacity)**, often shared in the moment without words; the nurse's sense of meaning is reflected in the action taken; it may be occurring in the background and not be consciously considered" (Chinn et al., 2026, pp. 142–143).

Does the image generate meaning **(suggests something beyond causal opacity)**? If yes, what meaning/s?	Yes. The image is dark and moody, depicting the weight of the pandemic. The visible faces of the men surrounding the two masked men are stark and serious. The men on the right all appear indifferent to the camera and are going about their business. Two men on the left look directly into the camera but show no affect. The men in the middle with masks and signs stand out, with their message advocating for help to decrease the flu contagion.
What is the focal point or what stands out the most?	The two men with masks and signs are the focal point in the picture.
How are people and/or objects arranged?	The two masked men are central, and the nonmaskers flank them on either side. The bustle of the city is seen on the periphery.
How are the principles and elements of design—e.g., color, space, line, texture, balance, movement, posture, gaze, etc.—significant in the image?	The centrality of the men points to their difference and importance. The masked men's eyes stand out because of the oversized masks. A balance of the nonmaskers is created by their surrounding the focal men on either side. Overcrowding creates tension and stress, reflective of the pandemic, but also highlights the clash in public health ideology. The dark tones in the photo, whether due to aging or not, create a solemn mood and suggest unclean contagion.
Are there patterns that stand out?	Patterns include the difference of the two masked men and the overcrowding of the others, almost closing in on them.
Is the image balanced/harmonious or imbalanced/discordant **(suggested dichotomy, ambiguity)**?	The image is imbalanced, with two different men with masks and signs and a multitude of nonmaskers.
Does the image **(suggest dichotomy/ambiguity)**? If yes, what are they.	Yes. The difference between masking and nonmasking suggests a dichotomy. Advocating for self or others is also a dichotomous theme. Clean and unclean are also depicted as a dichotomous theme.
Are there relationships **(suggests identity)**? How do the parts come together?	The relationship between the two masked men is unknown. The image suggests they relate to one another because of common public health advocacy. I would suggest they also relate to the nonmaskers in an attempt to inform and encourage them.
What is the title? Does the title generate meaning **(suggests beyond causal opacity)** be? If yes, what meaning/s?	While the photograph has no official title, the caption note reads, "Two men wearing and advocating the use of flu masks." Yes, this generates meaning by their public health advocacy for themselves and others.

Ethical: **"**Knowledge about morality and everyday comportment **(suggestive of persistence)**; choices that are responsible and just" (Chinn et al., 2026, p. 96).

Does the image evoke a moral response? Praise or blame?	Yes. The men wearing masks are urging others to do the same to end the contagion. This evokes praise because they are advocating for all.
Are norms and expectations **(suggestive of persistence)** conveyed in the image? If yes, what are they?	Yes. Helping one another is a universal collective norm across human civilizations.

Does the image evoke a sense of inequity **(suggests imbalance/ambiguity)**? Explain.	Yes. It does evoke inequity in that the two masked men are outnumbered. This is why they are advocating for others to mask.
Does the image evoke other ethical principles: beneficence, non-maleficence, veracity, and fidelity, care, duty **(suggestive of persistence)**?	The image evokes beneficence for collective good, non-maleficence to decrease further infection and illness, and care and duty to one another.

Personal: ". . . depends on our relationship with others **(suggests identity)**; it is not a solitary, egoistic focus on the self" (Chinn et al., 2026, p. 111). It is the key to caring for the self, and for others.

Is the nurse **(suggests identity)** present and attentive? Or aloof and distracted? If yes, how?	Yes. The men advocating for masks are attentive, looking at the camera and holding the signs for all to see.
Is the nurse close or distant in proximity to patient or other health care providers? Describe.	While this exemplar does not necessarily depict a nurse (the vocation of the men is not made evident), the advocacy for protecting one another demonstrates collective care. The extreme proximity of all the men in the image calls out for the need for masking.
Is the nurse protected or unprotected **(suggestive of identity, protection)**?	The men with masks are protecting themselves and informing others to do the same.
Is the nurse confident? Describe.	That the two men are in a crowded city street with masks and signs advocating for something that clearly others are not interested in doing suggests confidence.

Emancipatory: ". . . recognize something that could be changed **(suggests transformation)** for the better and to take action to make that change" (Chinn et al., 2026, p. 69).

Does the image evoke a need for change **(suggests potential transformation)**? If yes, how or what?	Yes. The image does evoke a need for public health education and collective responsibility.
Does the image suggest any barriers for change? If yes, what are they?	Yes. The indifference in this image is the barrier.
Does the image suggest any directions for change **(suggests transformation)**? Explain.	It suggests advocacy for greater good and public health education.
Does the image promote any specific type of care **(suggests transformation)**? If yes, what?	Yes. Care of collective and public health.

Image Identifiers/Provenance/APA 7th Edition Format

Exemplar 1

Title: No Title	**Date created:** March 1, 1919
Medium: **Format:** Photograph	**Call number:**
Photographer/artist/producer: Stinger, Hulton Archive, via Getty Images	**Title of archive:** Hulton Archive Upload date: April 10, 2004
Library, research institution, or collection owner: Hulton Archive	**Collection ID:** Editorial number: 3333532 Hulton Archive barcode: HM5008 Object name: martyn20/first/fww/post/01425

Archive/collection city: Canning Town, East London, England.	**Document identification:** Above
Name of website: Getty Images	**Webpage title:** Getty Images
URL: https://www.gettyimages.com/detail/news-photo/two-men-wearing-and-advocating-the-use-of-flu-masks-in-news-photo/3333532	**APA 7th Edition Citation** **In text citation**: (Topical Press Agency, 1919). **Reference:** Topical Press Agency. (1919, March 1). Two men wearing and advocating the use of flu masks in Paris during the Spanish flu epidemic which followed World War I [Photograph]. Getty Images. https://www.gettyimages.com/detail/news-photo/two-men-wearing-and-advocating-the-use-of-flu-masks-in-news-photo/3333532 **Copyright note**: *Note*. From *Two men wearing and advocating the use of flu masks in Paris during the Spanish flu epidemic which followed World War I* [Photograph], by Topical Press Agency, 1919, Getty Images. Copyright 1919 by Topical Press Agency/Stringer/Hulton Archive via Getty Images.

Note: Adapted and adjusted from *Knowledge Development in Nursing: Theory and Process* (12th ed.), by P. L. Chinn, L. Canty, and L. Mkandawire-Valhmu, 2026. Elsevier.

Copy of Image

Image	Notes
 *Note*. From *Two men wearing and advocating the use of flu masks in Paris during the Spanish flu epidemic which followed World War I* [Photograph], by Topical Press Agency, 1919, Getty Images. Copyright 1919 by Topical Press Agency/Stringer/Hulton Archive via Getty Images.	See above.