

Dr Shona Hunter



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The Jewel in the National Crown? The English NHS as an affective association, problems and prospects

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Critiquing the jewel



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1. Critical Social Policy – social relations the relationship between symbolic and material power. Reproduction of social divisions.
2. White spaces – in societies where states, governance and policy making are no longer literally white (if ever they really were), they remain symbolically 'White Spaces'. With ongoing material impact.
3. How do white liberal multiculturalisms reproduce racisms?

The Jewel in the Crown

Paul Scott, 1984, BBC 1

Revisionist critique of overtly racist practices, but not of the colonising impulse itself.



Introduction



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1. Situate the meaning of the NHS for the UK
2. Situate institutions as dispersed, brought into being through complex relations between material practices, and symbolic ideas values and norms.
3. Consider the emotions as keeping this dispersed state together
 - enhances understanding of ‘interests’ as lacking clarity and coherence
 - fantasy/feeling doesn’t always recognise its object
4. Use these ideas to think about the NHS as an affective formation
 - as a means of defining a positive collective self image who ‘we’ are
 - What this hides and why this matters.

The currently proposed NHS Bill



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‘Our’ NHS as ‘precious and cherished’



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‘Protecting the NHS rather than undermining it is now my number one priority’



Nick Clegg Liberal Democrat Deputy Prime Minister in the UK Con-Lib coalition government calling for ‘evolutionary not revolutionary change’ in current health and social care reform bill

Working classed commitments



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In the developed (sic) countries such as Britain and the USA most opposition to the current 'crisis' in medical care has been organised around a **defence of working class interest through protecting the right to medical care.** That is to say, there has been resistance to reductions in medical services, coupled with demands for increased state expenditure on health care and a more equal social distribution of medical resources. **These defensive struggles are extremely important.** In so far as modern health care is effective, the fight to save existing services, to ensure their availability to all, and to obtain a higher economic priority for them, is obviously vital. **The British NHS, for all its limitations, has shown itself to be a genuinely progressive development as far as patients are concerned;** and the struggle to save jobs is of paramount importance for workers in the health sector.

(Doyal and Penner, 1984)

The state as an [lived] 'organising principle'



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1. A series of interconnected sites – elsewhere's 'in here's'
2. Complex, contradictory, fluid, changing, antagonistic;
3. Social as well as technical – the technical as socially produced; having a life of its own
4. Bringing populations and people **into being**:
'ethnic minorities', 'women-mothers', 'welfare mothers', 'workers', 'consumers';
5. **Brought into being** through cultural symbolic relations, practices and ideas - multiculturalism, equality, tolerance.

Rethinking micro/macro in terms of connections



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If the state only exists discursively, in so far as it organises a range of practices, identities and behaviours, analytic interests shift away from questions around :

too much or too little

too intrusive or lacking strength

too top-down or bottom-up

How do particular configurations of the state come into being?

How does it hang together, how do the identities, practices and relations through which it is constituted stick?

How are material social relations distributed through it?

Emotions: the 'connective tissue' of governance



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**The emotions actually make governance possible.
They enact the state as an organising principle.
Feeling and experience connects us to discourses
ideas and practices.**

- 1. Connecting public and private**
- 2. Structures of feeling**
- 3. Affective economies**

Emotions as a distinct category of experience



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Our cultural analysis of the emotions attempts to show **how power, as a web of unequal relations, works through specific articulations of emotion.** We view emotions as culturally constructed and permeating all levels of personal and social experience and, in this sense, as **undermining any clear and fixed division between the public and the private.**

(Harding and Pribram, 2002: 408)

Structures of feeling



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A way of understanding ‘the particular quality of social experience and relationship ...which **gives the sense** of a generation or a period’ (Williams 1997: 131).

- **enduring configurations of affect** which give expression to an epoch or era, where this is regarded as something which **stretches beyond the contingencies** of a particular regime, nation or class **but** which may nevertheless **find exemplification within a regime** or nation at a particular time.

- The particular social forms this gives rise to then have to be understood in terms of the **articulation of this deep structure through the particularities of national histories and traditions.**

(Hoggett and Clarke, 2006 p11)

Affective economies



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Emotions work as a form of capital: affect does not reside positively in the sign or commodity, but it is produced as an effect of its circulation ... the movement between signs or objects converts into affect. ... passion ... [is] that which is accumulated over time. **Affect does not reside in an object or sign, but is an effect of the circulation between objects and signs** ... Signs increase in affective value as an effect of the movement between signs: the more signs circulate, the more affective they become.

(Ahmed, 2004:45)

The NHS as an affective formation



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Thus, supportive attachment to the NHS for example, we might say love, is an **effect of its symbolic movement** across objects, professions such as nurses, doctors, physiotherapists, users (as mother, child, grandparent for example), politicians, civil servants, pharmaceutical companies etc.. Attachments intensify through this circulation, generating their own proximities whereby this range of subjects are brought into relationship through their attachment to NHS. **The various attachments to an object generate its topography.** In this way then the emotions are productive of social relations as well as produced through them. Therefore, the emotions do not inhabit anybody or any thing, 'the subject' is just one nodal point in the economy, rather than an origin or destination (Hunter, forthcoming)

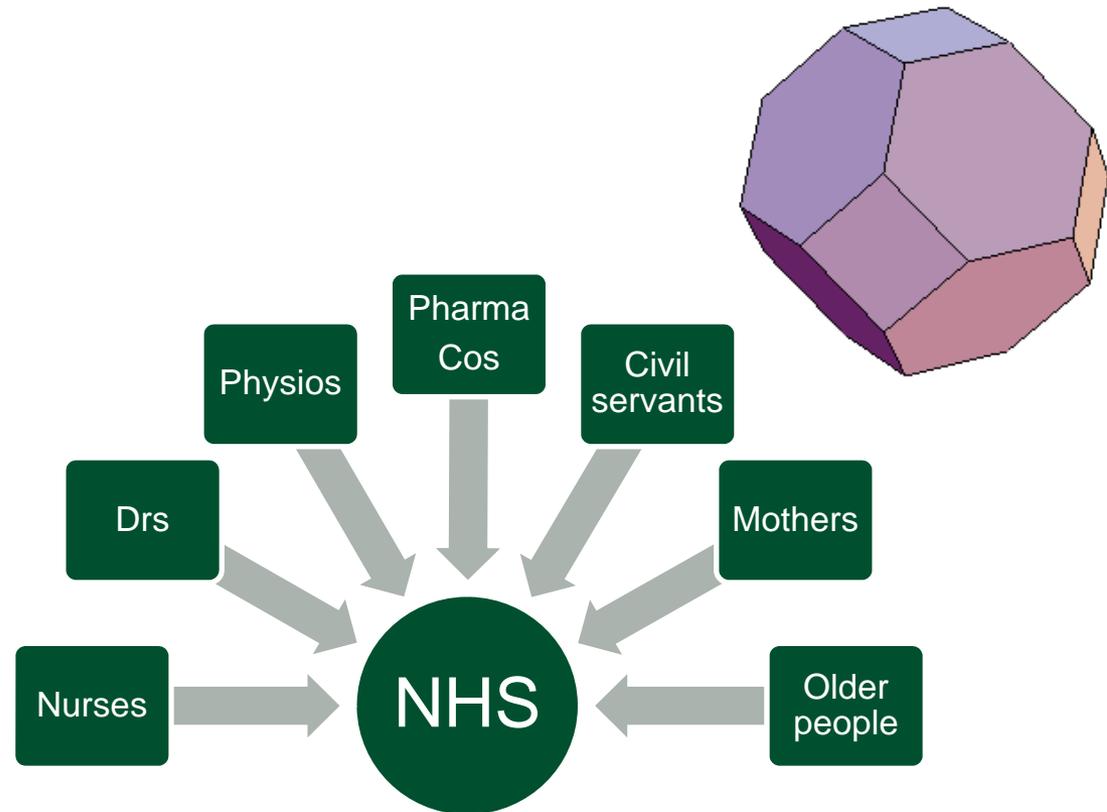
The NHS as an affective formation



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The NHS is **the pride of Britain**. It was our **pride** in 1948 and it is our **pride** now. We **love** this institution because it is the best gift that **the British people have ever given to themselves**. It runs on the values by which many British people would like to live their lives – **equality** and **care**.

(Reid and Phillips, 2004)



The NHS as our 60 year old Jewel



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Coincidentally, it is also the 60th anniversary of the arrival of the SS Empire Windrush. So, what better moment to pay tribute to the many Caribbean and Asian people who travelled to the UK in the 1940s and subsequent decades and helped build the NHS into the world class service that, in so many ways it has become today. ... **One of the great triumphs of the NHS, largely tax funded, universal and free at the point of need, is that it is fair and equitable.** Indeed, equality was a founding principle of the health service – only by building equality into every aspect of our work will we create a truly person-centred and responsive service. (Lewis, 2008:)

Enacting the [unequally] diverse NHS



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What the NHS as a **living** and **giving** organisation tells us is that all this **apparent foreignness**, all these different others living and working in our midst, are not others. In fact they are **melded together** by this British institution **into “us”**. It is a British NHS run within British **values of equity and tolerance** and it **encompasses** all of this diversity **within its Britishness**. Just as in 1948 the NHS showed us the **best way to live with each other**, so the NHS in 2004 shows how a nation based on hundreds of different cultures can work together for the good of us all.

(Reid and Phillips, 2004:2)

The 'darker' side to NHS



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Scientific medicine needs to be acknowledged as political, and often oppressively so. Medicine played a frontline role in colonialism as an essential and integral tool of colonial foreign policy ... It kept the colonizers healthy and its benevolent face softened up the 'natives'. It undermined and often destroyed indigenous systems of health care with the knock-on effect of destroying morale and self worth, and created long-term dependency – a dependency all too apparent in the contemporary health care systems of many underdeveloped (*sic*) countries. (Ahmed, 1993:15)

The welfare state and the 'Pride of Race'



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Pride of race is a reality for the British as for other peoples...as in Britain today we look back with **pride and gratitude** to our ancestors, look back as a nation or as individuals two hundred years and more to the generations illuminated by Marlborough or Cromwell or Drake, are we not bound also to look forward, to plan society now so that there may be no lack of men or women of the quality of those early days, of the best of our breed, two hundred and three hundred years hence? (Bevridge Cited in Virdee and Cole 2000: 42)

The NHS as British vitality and world leadership in goodness



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What we are doing is now being watched by the whole world. This is the biggest single experiment in **social service** that the world has ever seen undertaken. **It is, I think, a great tribute to the vitality and genius of the British people** that we are able to undertake a task of this complexity and magnitude within three years of the end of a great war. It shows that the British people have still got the principles of innovation, and renovation, running through them yet, and that we can pioneer in many directions for the rest of the world to follow. But if we are able to start these things we are being watched as they develop, and the rest of the world will decide whether they are going to imitate us by the extent to which we make a success of what we are doing.

(Bevan Cited in Webster 1991: 140)

The perverse subsidy



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The net effect of some types of health professional migration such as that from Ghana is a perverse subsidy: a net flow of benefits from poor to rich country health services. That perverse subsidy is indefensible, contributing as it does to worsening the huge inequality in health services between the UK and developing countries, including Ghana. **UK health service users benefit from the services of people who would otherwise be caring for African health needs.** (Mensah et al, 2005:2)

Repressive tolerance/ Differential inclusion



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This repressive dynamic explains how contemporary Western democracies know the Other, but refuse the crucial knowledges as to how that Other became known. Thus, the history of British imperialism for example is split from the contemporary presence of minoritized citizens in the UK. The relationship between the white (deracialized) British majority and the racialized Other, is severed. Knowledge, is effectively split from the social relations of its production. (Hunter, forthcoming)

Feeling good to cover up the bad?



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Hope in the NHS
Feeling better, is not about the overcoming of bad feeling, which are the effects of histories of violence, but of finding a different relationship to them. It is in the face of all that endures of the past in the present, the pain the suffering and the rage, that we can open ourselves up, and keep alive the hope that things can be different.

Conclusions



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1. Emotions help producing solidarities fulfil the need to feel good about the [national] self
2. But the emotions also hide histories and inequalities
3. Denial – in order to feel good
4. NHS reproduces good and bad feeling – hopeful in terms of its affective value – but only in the context of a more realistic relationship between ideas, realities and emotions.