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Save our NHS: Literature and the National Health Service

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Abstract

Save our NHS: Literature and the National Health Service corrects an absence in scholarly
work on the cultural history of the NHS and argues for literary dissensus as offering a valuable
corrective to deficiencies in the health service. This study contends that popular adulation of
the National Health Service (NHS) obscures how the institution is entangled within the political
creation of social inequalities. Drawing particularly on Michel Foucault's theorisation of
healthcare and medicine as instances of a normative and regulatory biopolitics, this project
shows how, throughout its history, the NHS has been defined by power relations that limit the
potential field of actions open to patients. This thesis shows how the NHS has worked to
maintain dominant paradigms in terms of class, gender, psychology, and sexuality. It has been
a regular refrain in the medical humanities that literature offers an important means of
challenging the unequal and undemocratic nature of healthcare, and so can improve the practice
of medical professionals, as well as patient outcomes. I offer an elaboration of this perspective,
although without therapeutic intentions, and argue that the instrumentalist nature of much
medical humanities work has a limited understanding of literature's complexity and ambiguity.
This study operates with an understanding of literature as offering resistance to the
determinative biopolitics of healthcare through its democratic emphasis on social values and
practices as a process that ought to be decided collectively. Raymond William's work is
especially influential to this thesis's methodology due to his understanding of literature as
engaged with responding to and attempting to shape emergent social practices. Twentieth-
century British literary history is shown to attest to a regular dissensus against medical power,
offering critical accounts of the stultifying and oppressive ways in which healthcare has
functioned. At the same time, by closely reading a diverse array of literary texts, attention is
given to the ambivalent and at times contradictory nature of these critiques. Literature offers
evolving complications, not definitive answers. Consequently, this project argues that literary

critiques of the NHS are a key component of ensuring that the institution furthers its egalitarian ambitions as they emphasise an ongoing process to define what health and care should mean and be.

Across four chapters and seven decades, this thesis examines how literary texts have represented and responded to the NHS across the institution's history. Chapter One examines the origins of the NHS, beginning with an analysis of A. J. Cronin's popular novel *The Citadel* (1937) and interwar plans for reforming medical care. The second half of this chapter examines the alterations to medical care that occurred during World War II, namely the nationalisation of hospitals and the dominance of a wartime logic that deemed certain lives less important than others. The Blitz writings of Inez Holden and Henry Green's *Back* (1946) are read as literary challenges to the dehumanising effects of war's biopolitical imperatives. Virginia Woolf's 'Thoughts on Peace in an Air Raid' (1940) is then utilised to discuss the troublesome nature of wartime plans for peace from which the NHS was created.

Chapter Two focuses on the post-war period and shows how at this moment, literature was defined by dissensus against the apparent post-war consensus in support of the welfare state and the NHS. The first section shows how in the late 1940s speculations about the future were rife, often as a conservative attempt to dislodge public support for the Labour government. George Orwell's journalism and his novel *Nineteen-Eighty-Four* (1949) are read as offering a radical critique of the limitations of post-war reforms, which equally bolstered the ideological work of conservatives. James Hanley's *What Farrar Saw* (1946) is then analysed as a critique of the continuation of centralised power and an argument for localised arrangements of care. The second section of the chapter shows how the often-maligned work of the Angry Young Men expresses a democratic desire to escape from processes of determination, which the NHS is shown to be enmeshed within. I read John Braine's *The Vodi* (1959) and Alan Sillitoe's *The*

Loneliness of the Long Distance Runner (1959) as challenging the ways in which the NHS reproduces capitalist class relations.

Chapter Three focuses on the radical challenges that feminism and anti-psychiatry provided to the NHS in the 1960s and 1970s. Lynne Reid Bank's *The L-Shaped Room* (1960) is considered as an ambivalent critique of how abortion offered the potential for exploitation within the health service before its full legalisation. Subsequently, Margaret Drabble's *The Millstone* (1965) is shown to be engaged with challenging the NHS's attitude to unmarried mothers. The second section of this chapter examines how anti-psychiatry, particularly the work of R. D. Laing, criticised the normative functions of mental healthcare. Jennifer Dawson's 'Hospital Wedding' is accordingly examined as an important mediation of anti-psychiatry and its limitations.

Chapter Four focuses on 1980s and 1990s, viewing the AIDS crisis and Thatcherism as the most significant issues faced by the NHS in these decades. The initial section looks at AIDS and the work of Adam Mars-Jones, showing how care in the epidemic often was reliant on voluntary and charitable organisations, reflecting a return to a pre-NHS mode of welfare. Mars-Jones' fiction defamiliarises the experience of living with HIV/AIDS and caring for someone with AIDS, as it stresses the need to refute generic and stereotypical ideas. The following half of the chapter examines the 'neoliberal' era and responses to Thatcherism and attempts to privatise the NHS. I argue that discourses around the NHS and neoliberalism are not always effective and read Jonathan Coe's *What a Carve Up!* (1993) as indicating the limitations of literary critique.

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Introduction: Loving the NHS, Critiquing the NHS

The National Health Service (NHS) was founded on the 5 July 1948, which historian Peter Hennessy calls 'one of *the* great days in British history'.[1] This event marked a radical alteration in the provision of medical care as it was transformed into a collective responsibility funded by general taxation rather than insurance or individual payments. The NHS was founded on the three pillars of being universal, comprehensive, and free at the point of use. As the Minister of Health, Aneurin Bevan, writes, healthcare was 'made available to rich and poor alike in accordance with medical need and by no other criteria.'[2] This was a remarkable reform of a medical system that was characterised by an uneven and inconsistent distribution of care. Prior to the NHS, healthcare was starkly divided along class lines, with good quality healthcare primarily available to those with the financial means to pay for it. What distinguished the new health service, historian Nicholas Timmins argues, was that Bevan 'went further than his predecessors in promising a scheme involving an explicit egalitarian commitment and a first-class standard of treatment, thereby implying emancipation from the preoccupation with the "minimum" or subsistence standards that has characterised earlier welfare proposals.'[3] The NHS was a pact in which the state would assume responsibility for ensuring that everyone would receive the best quality of care and so had the means to achieve the ideal levels of health. It has, essentially, allowed generations to feel comfort and sanguinity in the awareness that if they are to fall sick, the health service is waiting, with no need to worry about paying for treatment.

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[1] Peter Hennessy, *Never Again: Britain 1954-1951* (London: Vintage, 1992), 143.

[2] Nicholas Timmins, *The Five Giants: A Biography of the Welfare State, Third Edition* (London: William Collins, 2017), 75.

[3] Aneurin Bevan, *In Place of Fear* (London: Heinemann, 1952), 24.

In 1952, Bevan described the new health service as having 'become a part of the texture of our national life.'[4] Since then, public feeling for the NHS has expanded and developed significantly, making Bevan's comments now seem outmodedly modest. As Agnes Arnold-Forster and Caitjan Gainty argue, 'It is difficult to think of any other country that has burdened its health care delivery system with as much emotional and historical import as has Britain.'[5] It is rare for institutions to be as strongly revered as the NHS as, in general, they would appear to be unlovable entities that are more likely to be viewed as stultifying and imposing apparatuses than the caring and ebullient image which the health service poses. To love an institution is not a typical state. The NHS, nonetheless, inspires national pride and is regularly spoken of in tones of dogmatic devotion.[6] In our contemporary moment, an extraordinarily pervasive and intensified expression of adoration for the NHS has developed. The seventieth anniversary of the NHS in 2018 made this forcefully clear as there was a veritable flood of public devotions to the health service,[7] prompting Natalie Jones to diagnose a case of

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[4] Ibid., 92.

[5] Agnes Arnold-Forster and Caitjan Gainty, 'To Save the NHS We Need to Stop Loving it,' *Renewal,* Vol. 29, No. 4 (2021), 54.

[6] 'NHS Tops the Pride of Britain List' *Opinium* (09 February 2016)

< https://www.opinium.com/nhs-tops-the-pride-of-britain-list/> [Accessed 23 June 2022].

[7] See, for example, Denis Campbell, 'The NHS at 70: How the Guardian Marked the Work of a Complex, Vital Institution' *The Guardian* (12 July 2018)

https://www.theguardian.com/society/2018/jul/12/nhs-70-anniversary-health-coverage-project [Accessed 23 June 2022].

'anniversary fever'.[8] During the Covid-19 pandemic, expressions of gratitude to the health service became a constant public spectacle. From March to May 2020, every Thursday at 8 pm. saw much of the public erupt into applause as a part of the 'Clap for Our Carers' campaign, which was intended to celebrate and show appreciation for NHS workers and other 'essential' workforces. Following his release from hospital after contracting Covid-19, Prime Minister Boris Johnson, in a now-familiar rhetorical style, praised the NHS as Britain's 'greatest national asset' and asserted 'It is the best of this country. It is unconquerable. It is powered by love.'[9] The NHS logo and expressions of thanks to NHS workers were ever-present across the country and could be found on storefronts, in the windows of homes, on the shirts of professional footballers, and frequently used in advertisements; the health service was 'the coolest brand in Britain'.[10] Accordingly, the public's love for what Stuart Hall calls 'that proud

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The BBC produced a whole suite of articles, radio programmes, and television programming to celebrate the NHS which can be found here: 'NHS at 70', *BBC* <https://www.bbc.co.uk/news/topics/c9vw29v1wznt/nhs-at-70> [Accessed 23 June 2022].

[8] Nathalie Jones, 'Anniversary Fever: Memory, Mourning and Loss for the NHS' unpublished paper delivered at the conference 'Conformity, Dialogue and Deviance in Health and Medicine Society for the Social History of Medicine Conference 2018' (University of Liverpool, 11-13 July 2018).

[9] Peter Stubley, 'Coronavirus: Boris Johnson praises NHS as country's greatest national asset after saying "he could have gone either way",' *Independent*, (12 April 2020) https://www.independent.co.uk/news/uk/politics [Accessed 23 June 2022].

[10] Georgia Murray, 'How the NHS Became the Coolest "Brand" In Britain' *Refinery 29* (24 April 2020) < https://www.refinery29.com/en-gb/nhs-tshirt-merchandise> [Accessed 23 June 2022].

British institution, the National Health Service'[11] can appear to be common sense, a natural part of a national heritage.

The seemingly unavoidable celebration of the NHS appears particularly odd when contrasted with the reality of the institution's actions. The reforms of healthcare were undoubtedly radical in aspiration, but, despite an undoubtedly significant movement towards a more inclusive form of healthcare, it is in no way self-evident that the NHS has ever fulfilled its ambitions of egalitarianism. On the contrary, since the Black Report in 1980, it has consistently been shown that health in Britain continues to follow lines of inequality.[12] As health and care policy researcher Christopher Thomas writes, 'we still have a public health system that disproportionately distributes good health to the wealthy and the powerful, and poor health to the poorest and most marginalised.'[13] As I will shortly argue in more depth through an examination of the work of Michel Foucault, the NHS is an instantiation of biopolitical power that aids in the reproduction of social inequalities. Nonetheless, rather than this reality, a widespread romanticisation of the NHS persists that is poorly optimised to challenge deficiencies in the health service.

In this thesis I argue that the apparent uniformity of voluble public reverence for the NHS obfuscates the fact that dissensus and opposition to the health service are fundamental to

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[11] Stuart Hall, *Familiar Stranger: A Life Between Two Islands* (Durham and London: Duke University Press, 2017), 179.

[12] For an overview and contextualisation of the Black Report see Mary Shaw, Daniel Dorling, David Gordon and George Davey Smith, *The Widening Gap: Health Inequalities and Policy in Britain* (Bristol: Policy Press, 1999), 10-32.

[13] Christopher Thomas*, The Five Health Frontiers: A New Radical Blueprint* (London: Pluto Press, 2022), 4.

the history of the public's relations with the institution. I contend that a revitalised critical approach to the NHS offers a means of imagining the institution in a more just manner. A spirit of critical engagement and informed analysis is crucial in aspiring toward a version of the NHS that embodies its egalitarian principles more fully. By surveying literary texts covering every decade from the 1930s to the 1990s, this project examines how literature has been a vehicle for challenging medical authority. As I will develop in more detail through the work of Raymond Williams, the presence and nourishment of agonism is a critical component of any pluralist, participatory democratic culture; it is the creative play of difference that sustains democracy against becoming oligarchic. This is to consider democracy in a non-totalising manner— democracy not as a singular will of the people but the very incommensurability of the people. Yet, when it comes to the NHS, this element of democratic dissensus is typically missing in the practices of the health service and cultural attitudes to the institution. This thesis suggests that the democratic quality of literature can subsequently aid in producing a more nuanced and complex understanding of what the NHS is and what it does beyond the tenor of adoration that currently tends to dominate.

Until recently, analysis of the cultural role of the NHS has been oddly and notably absent. Instead, the history of the NHS has predominantly been told through a focus on politics, with an emphasis on the enactment of policy by civil servants and politicians in the central historical accounts by Charles Webster, Rudolf Klein, and Geoffrey Rivett.[14] These texts avoid the cultural altogether, as is to be expected from healthcare policy historians. The closest they get to explaining public affection for the NHS is Webster's comment that the popularity of the

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[14] For a valuable summary of the historiography of the NHS see Martin Gorsky, 'The British National Health Service 1948–2008: A Review of the Historiography,' *Social History of Medicine,* Vol. 21, No. 3 (2008), 437-460.

NHS is 'primarily a testimony to the consistent record of achievement of a dedicated healthcare workforce.'[15] Broader histories and cultural histories of twentieth-century Britain have similarly tended to focus on narrating the political creation of the NHS and demonstrating the importance of the changes it instituted.[16] The seventieth anniversary of the NHS in 2018, however, saw an expansion in the interest paid to the NHS as a cultural force, notably from two research projects. The 'NHS at 70: The Story of Our Lives' project based at the University of Manchester produced a significant oral history archive, interviewing hundreds of people about their experiences of the NHS.[17] The 'Cultural History of the NHS' research project at the University of Warwick likewise was formed to redress the fact that 'the cultural history of this key institution of post-war British life remains largely undeveloped. There is no history that addresses the realm of meaning, feelings, and representation'.[18] These two projects thus acted to centre public experiences, thoughts, and feelings as a means of beginning to overcome and

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[15] Charles Webster, *The National Health Service: A Political History New Edition* (Oxford: Oxford University Press, 2002), 1.

[16] See, for example, David Kynaston, *Austerity Britain, 1945-1951* (London: Bloomsbury, 2008), 325-328.

[17] 'NHS at 70: The Story of Our Lives' https://www.nhs70.org.uk/ [Accessed 23 June 2022]

[18] 'The Cultural History of the NHS'

https://warwick.ac.uk/fac/arts/history/chm/research/current/nhshistory [Accessed 23 June 2022]

nuance what Matthew Thomson, the Senior Investigator on the 'Cultural History of the NHS' project, calls a 'set of simplified ideas about the relationship of the British people to the NHS'.[19]

Both cultural history projects have, so far, prioritised public engagement. As Jennifer Crane notes, this is to challenge the professional demarcation of what constitutes 'history' as such an approach rejects 'a false dichotomy between two types of scholarly method: the examination of archival sources, being constructed as "valid" and "objective", and public engagement, perceived as subjective, unreliable and too inflected by bias and chance for scholarly use.'[20] Public engagement offers the potential for diverse perspectives to be heard and creates a diverse archive that will 'enhance the future conditions under which knowledge will be produced'.[21] Yet, what is missing in Crane's account is any attention to how the varied array of shared experiences are made communicable, and how they are narrated. As Hayden White influentially argued, history is always mediated, and the perception that historical work is 'true,' he suggests, is due to generic expectations and not to the content of its writings. White argues: 'Viewed simply as verbal artifacts histories and novels are indistinguishable from one another. We cannot easily distinguish between them on formal grounds unless we approach

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[19] Matthew Thomson, 'The NHS and the Public: A Historical Perspective,' *The King's Fund* (18 October 2017) < https://www.kingsfund.org.uk/blog/2017/10/nhs-and-public-historical-perspective> [Accessed 23 June 2022].

[20] Jennifer Crane, "The NHS ... Should not be Condemned to the History Books": Public Engagement as a Method in Social Histories of Medicine,' *Social History of Medicine* Vol. 33, No. 4 (2021), 1019.

[21] Ibid., 1019.

them with specific preconceptions about the kinds of truths that each is supposed to deal in'.[22] Consequently, the history of the NHS is not something that can simply be discovered but is created by the specific ways various traces and experiences are shaped into narratives.

This project consequently surveys the interactions between British literature and the National Health Service, charting a history of critical relations to the institution. This thesis aims to correct two deficiencies in public understandings of the NHS: the relative lack of dissenting views about the meanings and qualities of the health service; and the absence of analyses that focus on the literary and cultural in conjunction with the health service. I examine the myriad ways in which literature has challenged the imperatives of medical practices from the 1930s to the 1990s. My thesis is organised around a key event or tendency from each of these decades—the 1940s being split between wartime and the post-war—demonstrating the many sites in which struggles over medical care have occurred. For each decade, one or several literary texts have been selected that exemplify these challenges to the NHS, demonstrating how literature represents and critiques the diverse practices of the health service across its history. Following Raymond Williams, I read these texts as part of a collective process to articulate and define new meanings and qualities of healthcare against what Michel Foucault defines as the normative and regulative functions of biopolitical medicine. A thread throughout the readings of these texts is attention to the political force of literature, which is shown to enact and express ambiguous, even conflicting, ideas of literature's potential to act in the world. I argue that it is through this agonistic uncertainty that literary texts introduce the possibility of a democratic impulse into an institution characterised by normativity and homogeneity.

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[22] Hayden White, 'The Fictions of Factual Representation,' in *Tropics of Discourse: Essays in Cultural Criticism* (Baltimore and London: John Hopkins University Press, 1978), 122.

I will now outline the theoretical apparatus upon which this thesis operates. I begin by delineating the normative biopolitical characteristics of the NHS through the work of Michel Foucault as I develop the theorisation of the regressive and domineering potentials that inhere within medical power. I then elaborate the dominant ways in which democracy has been theorised in the medical humanities and suggest that the work of Raymond Williams and his conceptualisation of participatory democracy as unleashing widespread creative potentials is an essential corrective to instrumental tendencies in the field.

Foucault, The NHS and Biopolitics

Aneurin Bevan imagined the NHS as a centralised institution in which ultimate responsibility would fall on the state. Bevan is often claimed to have said that 'when a bed-pan is dropped on a hospital floor, its noise should resound in the Palace of Westminster.'[23] (As Klein notes, 'there does not appear to be an authoritative source'[24] for this quotation meaning that there are several variations.) In a speech given to the House of Commons in February 1948, Bevan, when discussing his negotiations with the British Medical Association, stressed that there must be limitations as to how far parties outside of the state can influence the workings of the government. Bevan stated: 'It must be clear to everybody that if there is one thing we must assert, it is the sovereignty of Parliament over any section of the community. We have not yet

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[23] The earliest source I have found for the bedpan quotation is Sir Patrick Nairne, 'Parliamentary Control and Accountability' in *Public Participation in Health*, eds. Nigel Weaver and Robert Maxwell (London: King Edward's Hospital Fund for London, 1984), 34.

[24] Rudolf Klein, *The New Politics of the NHS: From Creation to Reinvention,* 7th edition (London and New York: Radcliffe Publishing, 2013), 276.

made B.M.A. House into another revising Chamber. We have never accepted the position that this House can be dictated to by any section of the community.'[25] He goes on to argue:

> We do concur in the right of any section of the community to try to persuade the House of Commons to change its mind. That is perfectly sound. The position we are taking up is that the B.M.A. have exceeded their just constitutional limitations, and that the best thing they can do now is to put on record their opinion that while they may disagree with the Act in this or that particular, or in general if they wish, nevertheless, they will loyally accept the decision of Parliament and continue to agitate for such revisions as they think proper. That is the right position for any section of the community to take up.[26]

These comments undoubtedly reflect Bevan's frustrations at the BMA and his wish to have the plans for the NHS finalised without their interruptions. Equally, these quotations indicate how the Labour government aimed at creating a more equal society through governmental action alone. The BMA were a largely conservative organisation whose responses to Bevan were often extreme, hostile and deliberately unproductive. A significant amount of hostility was prompted by the belatedness in which the medical profession were consulted about the NHS, as plans for the NHS were formulated with minimal input from outside the government.[27] It

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[25]Aneurin Bevan, 'National Health Service,' House of Commons Debate, (09 February 1948) Vol, 447, Cols. 35-50.

https://api.parliament.uk/historic-hansard/commons/1948/feb/09/national-health-service [Accessed 23 June 2022].

[26] Ibid.

[27] See Charles Webster, 'The BMA and the NHS,' *British Medical Journal*, Vol. 317, No. 7150 (1998), 45-46.

may be difficult to sympathise with a professional group who opposed and hindered the creation of a socially beneficial institution for reasons of personal interest, but this is representative of the post-war Labour government's undemocratic centralised control of power. In particular, there remained an explicitly demarcated class structure to society as, in Gareth Stedman Jones' words, 'the assumption of social reform and post-war reconstruction for the welfare of, rather than by the agency, power and intelligence of, the working class remained deeply ingrained.'[28] The radical potential of the welfare state and the NHS was minimised as the post-war Labour government maintained a liberal, representative conception of democracy in which popular participation was limited to voting in elections. As Raymond Williams notes, in the socialist tradition democracy means '*popular power:* a state in which the interests of the majority of the people were paramount and in which these interests were practically exercised and controlled by the majority.'[29] The post-war Labour government certainly prioritised the interests of the majority by universalising access to healthcare but did not allow the people any involvement in this process.

The NHS radicalised access to healthcare but produced slight alterations in the meanings and practices of healthcare itself, which remained defined by a 'democratic deficit.'[30] Direct involvement by patients and the public in determining the purposes and practices of

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[28] Gareth Stedman Jones, *Languages of Class: Studies in English Working Class History, 1832-1982* (Cambridge: Cambridge University Press, 1983), 245.

[29] Raymond Williams, *Keywords: A Vocabulary of Culture and Society* (Oxford: Oxford University Press, 2015), 57-58.

[30] David Benbow, "With Great Power Comes Great Responsibility': Democracy, the Secretary of State for Health and Blame Shifting Within the English National Health Service,' *International Journal of Health Services*, Vol. 48, No. 3 (2018), 461.

health and care were not considered necessary. From the 1970s onwards, there has been, as historian Alex Mold demonstrates, increased interest in public involvement within the health service as various organisations have attempted to champion patients' voices.[31] Nonetheless, such engagements show a 'reluctance to devolve too much [power] to individual consumers' as doctors and managers remain the locus in which decisions are made.[32] As this shows, healthcare is often construed to preclude the very possibility of democratic involvement, with any medical issues deferred to the province of experts. This is the account of medicine and healthcare that Foucault provides in *The Birth of the Clinic: An Archaeology of Medical Perception* (1963), which surveys the emergence of the clinical medical episteme in the late seventeenth century.[33] For Foucault, modern medicine was initiated 'by the minute but decisive change, whereby the question: "What is the matter with you?", with which the eighteenth century dialogue between doctor and patient began (a dialogue possessing its own grammar and style), was replaced by that other question: "Where does it hurt?", on which we recognise the operation of the clinic and the principle of its entire discourse.'[34] Foucault argues that medicine shifted from subjectivism, a concern with the feeling of the patient, to an objectivism

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[31] Alex Mold, 'Making the Patient Consumer in Margaret Thatcher's Britain,' *The Historical Journal*, Vol. 54, No. 2 (2011), 519.

[32] Ibid., 528.

[33] Incidentally, this same historical moment is narrated in George Eliot's *Middlemarch* (1872) through the character of Doctor Lydgate. See Jeremy Tambling 'Realism and the Birth of the Clinic,' *English Literary History* Vol. 47, No. 4 (1990), 939-960.

[34] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* trans. A. M. Sheridan (London; Routledge, 1997), xviii.

in which 'the doctor must abstract the patient'.[35] This was 'a new structure in which the individual in question was not so much a sick person as the endlessly reproducible pathological fact to be found in all patients suffering in a similar way'.[36] With the emergence of formalised empirical medicine, Foucault argues, the sick person 'assumes shape and value only within the questions posed by medical investigation.'[37] The patient, therefore, is constituted by medical power and so does not exist outside the specificity of its knowledge. The sick person is consequently viewed not as an autonomous individual but as an object upon which the doctor works and so little more than a technical problem to be solved.

The division of knowledge and labour that Foucault identified remains culturally significant; the voicing of differing perspectives to medical expertise is still regularly seen as obstructive, even dangerous. That anyone without a medical background would have the temerity to dispute official advice has become a consistent discursive construct, with anti-vaxxers and the vaccine-hesitant instantiated as folk devils who are compromising the body politics. A recent article by Rivka Galchen in the *London Review of Books* exemplifies such popular approaches. The piece offers a dichotomous construction of pre-modern vaccine deniers and the sensible who accept vaccines 'because we understand the principles behind them and because we trust the data on their safety and efficacy.'[38] Yet, as Foucault argues, 'medicine forms part of an historical system. It is not a pure science, but is part of an economic

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[35] Ibid., 8.

[36] Ibid., 97.

[37] Ibid., 162.

[38] Rivka Galchen, 'Whack-a-Mole,' *London Review of Books* Vol. 44 No. 2 (27 January 2022) < https://www.lrb.co.uk/the-paper/v44/n02/rivka-galchen/whack-a-mole > [Accessed 23 June 2022].

system and of a system of power.'[39] The broader political and social contexts within which the medical acts is therefore elided in this account, which, notably, cannot account for the fact that vaccine hesitancy and rejection are most prominent within groups that are constituted by state violence. For instance, that vaccine rates are lowest among migrant communities is understandable in light of the Windrush scandal, which demonstrated the interactions between the NHS and the Home Office's discriminatory policing of borders.[40] It is necessary to consider that vaccine programmes constitute a power relation, being an enactment of state power and not simply a neutral and objective act of public good. That knowledge is valid and scientific does not preclude the possibility that its instrumentalisation will have negative consequences. As Foucault writes, 'All power relations are not bad in and of themselves, but it is a fact that they always entail certain risks.'[41] This is not to invalidate the necessity or efficacy of vaccines but to acknowledge that the medical field is entangled within a network of power relations that have the potential to affect people negatively. Such an awareness of the ambiguous, polyvalent nature of medical power is why this thesis prioritises Foucault's theoretical engagements instead of the work of someone like Giorgio Agamben for whom the proliferation of

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[39] Michel Foucault, 'The Crisis of Medicine or the Crisis of Antimedicine?' Trans. Edgar C. Knowlton, Jr. and   Clare O'Farrell, *Foucault Studies*, No. 1(December 2004), 19.

[40] NHS England and NHS Improvement, 'Vaccination: Race and Religion/Belief' (8 February 2021) < https://www.england.nhs.uk/south-east/wp-content/uploads/sites/45/2021/05/Vaccination-and-race-religion-and-belief-A4.pdf > [Accessed 23 June 2022].

[41] Michel Foucault, 'The Risks of Security' in *Power: Essential Works of Foucault 1954-1984, Volume 3* (London: Penguin Books, 2020), 372.

medicalisation means that 'in modern democracies it is possible to state in public what the Nazi biopoliticians did not dare to say.'[42]

An emphasis on the risks of medicine and healthcare occupies a significant space in Foucault's work in the 1970s, a moment in which, as Stuart Elden notes, 'a much more explicitly political Foucault was clearly evident.'[43] Notably, his focus centred on 'history of the different modes by which, in our culture, human beings are made subjects.'[44] For Foucault, a definitive quality of modernity is a rupture in the nature of sovereignty in which 'the ancient

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[42] Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Stanford, California: Stanford University Press, 1998), 164.

Agamben's rejection of medical power has intensified since the beginning of the Covid-19 pandemic as he argues that the acceptance of lockdown measures is comparable to public collaborations with the Nazis. See Adam Kotkso, 'What Happened to Giorgio Agamben?' *Slate,* (February 2022) <https://slate.com/human-interest/2022/02/giorgio-agamben-covid-holocaust-comparison-right-wing-protest.html> [Accessed 23 June 2022]

[43] Stuart Elden, *Foucault: The Birth of Power* (Cambridge: Polity, 2017), 1.

[44] Michel Foucault, 'Afterword: The Subject and Power' in *Beyond Structuralism and Hermeneutics,* eds. Hubert Dreyfus and Paul Rabinow (New York: Routledge, 2013 [1982]), 208.

Of course, this problematic was not the exclusive interest of Foucault. Throughout this thesis various different formulations of subjectification will be raised including the work of Irving Goffman, Louis Althusser, Judith Butler, R. D. Laing, and Lauren Berlant. For a brief sketch of the contemporary theoretical field see Sandro Mezzadra, *In the Marxian Workshop: Producing Subjects*, trans. Yari Lanci (London and New York: Rowman and Littlefield, 2018), eBook, Chapter Two: Production of Subjectivity.

right to *take* life or *let live* was replaced by a power to *foster* life or *disallow* it to the point of death.'[45] Rather than 'the right of the sword'[46], in which the fear of death determined an individual's adherence to the rule of the sovereign, 'power gave itself the function of administering life'[47], and so became centrally concerned with the supervision, control and correction of conduct. The name given to this mode of control is 'biopolitics,' and throughout the 1970s, Foucault provided sustained attention to the entanglement of healthcare with this form of power. For instance, in a 1974 lecture, he argues that 'medicine is imposed on the individual, ill or not, as an act of authority'.[48] This relation, he argues, enacts 'the perpetual distinction between normal and abnormal, a perpetual enterprise of restoring the system of normality'.[49] Therefore, medicine and healthcare are conceived as a form of knowledge and a set of institutional practices that aim to compose a particular healthy subject as ideal. Elsewhere, he notes that the 'aim of all these institutions— factories, schools, psychiatric hospitals, hospitals, prisons— is not to exclude but, rather, to attach individuals […] it attaches them to an apparatus of correction, to an apparatus of normalisation of individuals.'[50] The processes of objectification identified in *The Birth of the Clinic* are here combined with what

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[45] Michel Foucault, *The History of Sexuality: Vol.1, The Will to Knowledge* (London: Penguin, 1989), 138.

[46] Ibid., 137.

[47] Ibid., 138.

[48] Michel Foucault, 'The Crisis of Medicine or the Crisis of Antimedicine?,' 12.

[49] Ibid., 13.

[50] Ibid., 78.

Foucault calls the 'power of regularisation'.[51] As Foucault's famous example of the panopticon makes clear, this form of power supplants direct control in favour of an internalised self-vigilance. As he notes, 'In panopticism, the supervision of individuals is carried out not at the level of what one does but of what one is, not at the level of what one does but of what one might do.'[52] Here Foucault makes explicit the biopolitical function of the forms of medical knowledge he identified in *The Birth of the Clinic*. The division of labour represented by medicine, the patient's powerlessness in front of medical power, is attached to the process of regularisation, a restriction of potential ways of acting and being. This view of medicine and healthcare, therefore, casts the NHS's universalist nature in a different light, increased access to healthcare little more than a widening of the potential for governmental power to determine individual actions and subjectivities.

From this account, it may well appear that the NHS is nothing more than a dominating and domineering force, individuals condemned to a position of subservience and curtailed autonomy. In a 1985 essay the medical historian Roy Porter offered an influential counter to Foucault's view of medical power, arguing for the necessity of a patient's 'history from below,' since 'banal but incontestable - "no sufferers, no doctors"; but also because, in the past, managing and treating sickness remained very largely in the hands of the sufferers themselves and their circles, the intervention of doctors being only one weapon in the therapeutic arsenal'.[53] As Alexandra Bacopoulos-Viau and Aude Fauvel note, this was to oppose

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[51] Michel Foucault, 'Truth and Juridical Forms' in *Power: Essential Works of Foucault 1954-1984, Volume 3* (London: Penguin Books, 2020), 247.

[52] Ibid., 70-71.

[53] Roy Porter, 'The Patient's View: Doing Medical History from Below,' *Theory and Society* Vol. 14, No. 2 (1985), 181-2.

Foucault's negative outlook as 'Porter adopted a more optimistic vision of patients' potential for empowerment.'[54] Yet, Foucault is clear throughout his work that domination is not absolute. 'It is not,' he writes, 'that life has been totally integrated into techniques that govern and administer it; it constantly escapes them.'[55] Indeed, he posits that 'freedom may well appear as the condition for the exercise of power'.[56] In this Foucauldian mode, power is only exercised over free subjects who have choices over how they can act. Power is not a question of total determination but of 'guiding the possibility of conduct and putting in order the possible outcome.'[57] Under such conditions, it can certainly be asked how freedom can occur in practice. Surely, if the 'possible field of action'[58] is structured to limit potential actions, it is not correct to speak of freedom under such restrictive conditions? To circumvent this issue, Foucault suggests that 'Rather than speaking of an essential freedom, it would be better to speak of an "agonism" —of a relationship which is at the same time reciprocal incitation and struggle; less of a face-to-face confrontation which paralyses both sides than a permanent provocation.'[59] Freedom is, therefore, the possibility of productive opposition. Under this view, biopolitics would therefore not be simply a hierarchal form of domination and control, but a constant confrontation between the governing and governed. This is, undoubtedly, an uneven contest as relations of force and the possibilities of action are not equally shared, but this is not absolute

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[54] Alexandra Bacopoulos-Viau and Aude Fauvel, 'The Patient's Turn Roy Porter and Psychiatry's Tales, Thirty Years On,' *Medical History*, Vol. 60, No. 1 (2016), 6.

[55] Michel Foucault, *History of Sexuality Vol. 1*, 143.

[56] Michel Foucault, 'Afterword: The Subject and Power,' 221.

[57] Ibid., 221.

[58] Ibid., 221.

[59] Ibid., 221-2.

or final. There remains the potential to 'refuse what we are' and 'promote new forms of subjectivity.'[60] It must be noted that such a notion of resistance has been regularly critiqued. Stuart Hall, for example, argues that Foucault's denial of Marxism and adoption of a 'proto-anarchist position' undermines his concept of resistance as it 'must be summoned up from nowhere. Nobody knows where it comes from.'[61] This is perhaps Foucault's intention as such indeterminacy negates a sanguine teleological expectation of the inevitability of resistance.

It is my contention in this thesis that the possibility of resisting biopolitical dominance must be democratic. Foucault does not identify his project with democracy, but there are moments in his that are quite directly democratic; for instance, as a corrective to the limitations of the post-war welfare state, he argues for the need to reduce the 'decisional distance' between the recipients of welfare and the institutions that administer their support.[62] Similarly, Roberto Esposito has gestured towards an 'affirmative biopolitics' which he speculatively and ambiguously conceives of as 'something – a horizon of meaning – in which life would no longer be the object but somehow the subject of politics.'[63] This is to stress life as structuring and shaping the precepts and actions of a life held in common. It is, however, necessary to turn to other theorists to understand the relationship between healthcare and democracy and culture. I will now examine how medical humanities approaches have conceptualised the importance of literature to a more democratic form of healthcare.

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[60] Ibid., 216.

[61] Lawrence Grossberg, 'On Postmodernism and Articulation: An Interview with Stuart Hall,' *Journal of Communication Inquiry,* Vol. 10 (1986), 49.

[62] Michel Foucault, 'The Risks of Security,' 380.

[63] Roberto Esposito, 'Community, Immunity, Biopolitics' *Angelaki*, Vol. 18, No. 3 (2013), 87.

The Medical Humanities, Literature and Democracy

Within the medical humanities, it has frequently been posited that a central reason for health inequalities is the fact that the NHS deprioritises the democratic involvement of patients. For instance, Martina Zimmermann argues, 'medical systems, especially in rich societies, have increasingly failed the patient […] patients are objectified in the process of diagnosis and functional assessment of many diseases, and healthcare programmes continue to develop around the notion of the patient as burden and as having no voice.'[64] Literature and culture are regularly considered as a corrective to such a democratic deficit in medical practice. For Alan Bleakley, following the philosopher Martha Nussbaum, 'a primary function of the humanities in culture is to educate for democracy through empathy for others, or tolerance of difference. We can then predict that medical humanities in medical education would also lead to tolerance of difference, or generally increase tolerance of, or for, ambiguity (or lowering of intolerance of ambiguity).'[65] Democracy is construed as the acceptance of varying modes of being and acting in the world. Literature, from this perspective, provides an exposure to different modes of action and perception, leading to a greater understanding of people's diverse situations. The ability of medical practitioners to accept the complicated and fraught nature of individual subjectivities is, it is claimed, potentially improved through the humanistic exposure to empathetic relations that literature can provide. Similarly, the field of narrative medicine has been viewed as improving the quality of healthcare by allowing and encouraging the patient to have increased involvement in narrating their illness. As Rita Charon argues, this approach

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[64] Martina Zimmermann, *Dementia in Science, Medicine and Literature of the Long Twentieth Century* (London: Bloomsbury Academic, 2020), 2.

[65] Alan Bleakley, *Medical Humanities and Medical Education: How the Medical Humanities Can Shape Better Doctors* (Abingdon: Routledge, 2015), 215.

'can widen the clinical gaze to include personal and social elements of patients' lives vital to the tasks of healing'[66] and so can enable 'a care that recognises, that attunes to the singular, and that flows from the interior resources of the participants in encounters of care.'[67] It is claimed that inducting patients, especially those with long term illness requiring complex care, into the intricacies of storytelling, alongside training clinicians in the art of interpreting such texts, enables a greater intersubjective understanding. In turn, this leads to a quality of care that can overcome the medical field's tendency to reify the patient.

Such accounts, however, have several limitations, namely an overly optimistic and instrumental conception of literature and a restricted idea of democratic potentiality. Literature, as will be evident in this thesis, is more unpredictable and politically ambivalent than claims for its positive benefits would allow. As Anne Whitehead argues, fiction does not mobilise empathy as a fundamentally positive trait; rather, it is a Foucauldian power relation that 'can tend towards the disciplinary as well as the compassionate.'[68] Fiction's intersubjectivity is therefore not exclusively concerned with a liberal ethos of inclusivity but equally demonstrates 'the difficulties and deficiencies in our intersubjective encounters, and with their disturbance by the effects of power'.[69] Bleakley acknowledges that culture cannot be perceived as providing directly measurable improvements to healthcare[70], yet he cannot help but

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[66] Rita Charon, 'Introduction,' in *The Principles and Practice of Narrative Medicine*, eds. Rita Charon et al (Oxford: Oxford University Press, 2017), 1.

[67] Ibid., 2.

[68] Anne Whitehead, *Medicine and Empathy in Contemporary British Fiction: An Intervention in Medical Humanities* (Edinburgh: Edinburgh University Press, 2017), 5.

[69] Ibid., 13.

[70] Alan Bleakley, *Medical Humanities and Medical Education,* 215-216.

conceptualise the medical humanities' importance in this way. He argues: 'Much of what is now researched under the banner "medical humanities" is not immediately applicable to medical education, clinical practice or improvement of patient care and safety. The sophisticated, but sometimes insular, literature that is produced in the Academy fails to appeal to jobbing clinicians who question its applicability and resist its intellectual demands'.[71] The revisionist field of the health humanities claims to redress this dominance of medicalisation. Paul Crawford, for example, argues for the necessity of moving 'beyond a predominating concern with training health professionals through the arts and humanities, and a privileging of a medical, biomedical, or scientific frame or lens above that of the expertise of the public, non-medical, or non-science contribution'.[72] Yet whilst such approaches espouse a commitment to democratising healthcare, there remains a medicalised concern with improved outcomes. The health humanities 'are not there to replace healthcare but to give everyone a better shot at a happier life. We now see a much more democratised recognition that the arts and humanities are as important as blood tests, injections or pills for our wellbeing.'[73] This instrumental conception of the humanities has a clear appeal in contradistinction to the diffuse,

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[71] Alan Bleakley, 'Introduction: the medical humanities—a mixed weather front on a global scale' in *The Routledge Handbook of the Medical Humanities*, ed. Alan Bleakly (Abingdon: Routledge, 2020), 13.

[72] Paul Crawford, 'Introduction: Global Health Humanities and the Rise of Creative Public Health,' in *The Routledge Companion to Health Humanities* (Abingdon: Routledge, 2020), 3.

[73] Paul Crawford and Brian Brown, 'Health Humanities: Democratising the Arts and Humanities Applied to Healthcare, Health and Wellbeing,' in *The Routledge Handbook of the Medical Humanities*, ed. Alan Bleakly (Abingdon: Routledge, 2020), 402.

even obtuse, dominance of an anti-instrumental politics that issues demands to, as Caroline

Levine summarises, 'refuse the status quo in favor of an unknowable world to come.'[74] The

critical and theoretical 'embrace of open-endedness and unpredictability'[75] does not, Levine

suggests, align with a leftist politics as it offers no clear route to action and turns attention from

solving problems to an indeterminate utopianism. Yet, to know in advance what needs to be

done, what, as is primarily the case in the medical humanities, other people should do, is not a

position from which a democratic relation is possible. As seen in the analysis of Foucault, this

is not to say that such a power relation must have adverse, punitive effects, but it is clear that

theorisations of the democratic character of the medical and health humanities are, at best,

uncertain. To understand what literature and culture can offer to our understanding of the NHS,

it is necessary to theorise the meanings of democracy in greater depth. To do so, I will now

turn to the work of Raymond Williams.

Raymond Williams and Participatory Culture

A fundamental aspect of Raymond Williams' theoretical work is the espousal of participatory

democracy as a challenge to strongly demarcated divisions of labour and knowledge. As Paul

Jones notes, even as Williams' critical approach altered and adjusted across his career, 'An

educated and participatory democracy – and its extension into other forms of social life such

as workplace self-management – never seems to have wavered as part of his vision.'[76] In

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[74] Caroline Levine, 'The Long Lure of Anti-Instrumentality: Politics, Aesthetics, and

Sustainability,' *Modern Fiction Studies*, Vol. 67, No. 2, (Summer 2021), 228.

[75] Ibid., 229.

[76] Paul Jones, *Raymond Williams' Sociology of Culture: A Critical Reconstruction* (London:

Routledge, 2006), 186.

Culture and Society (1958), Williams provides an influential critique of the dominant conceptualisation of democracy in post-war Britain that remains insightful to the contemporary situation. He argues that the conjunction of democracy with an idea of 'the masses' creates a prejudicial idea of democracy. As he notes, 'masses was a new word for mob, and the traditional characteristics of the mob were retained in its significance: gullibility, fickleness, herd-prejudice, lowness of taste and habit. The masses, on this evidence, formed the perpetual threat to culture.'[77] From this valuation comes a negative perception of democracy itself as Williams explains:

> Democracy, as in England we have interpreted it, is majority rule. The means to this, in representation and freedom of expression, are generally approved. But, with universal suffrage, majority rule will, if we believe in the existence of the masses, be mass-rule. Further, the masses are, essentially, the mob, democracy will be mob-rule. This will hardly be good government, or a good society; it will, rather, be the rule of lowness or mediocrity.[78]

This is, Williams argues, an attempt to defuse or negate the possibility of the working class radically altering society by shoring up a mode of democracy that 'will merely describe the processes by which a ruling class conducts its business of ruling'.[79] Accordingly, he argues that masses are a category that is produced for the purposes of cultural or political exploitation. It is, therefore, a necessity to deconstruct this idea of the masses. 'The masses,' Williams writes, 'are always the others, whom we don't know, and can't know. Yet now, in our kind of society,

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[77] Raymond Williams, *Culture and Society: Coleridge to Orwell* (London: Hogarth Press, 1993), 298.

[78] Ibid., 298-299.

[79] Ibid., 299.

we see these others regularly, in their myriad variations; stand, physically, beside them. They are here, and we are here with them. And that we are with them is of course the whole point.'[80] It is from this position of togetherness, asserting collective interdependence, that democracy begins.

In Williams' account, the importance of affirming this sense of collective identity does not lead to the construction of an undifferentiated idea of the people who encompass a general will. Instead, by demystifying the masses, Williams emphasises a more expansive notion of individuality. As he writes, 'it was one of the worst results of the old individualism that in asserting the importance of certain individuals, it moved, consciously or unconsciously, to denying the importance of others.'[81] To assert that everyone is valuable is to challenge the limitations of a social system in which only certain specialised people are capable of making decisions and judgements, and so some people are constructed as little more than the means for others to achieve their ends. For Williams, the 'recognition of individual uniqueness is the permanent basis of the case for democracy as a system of government'.[82] Furthermore, he stresses the heightened creative potential in allowing everyone to participate in social processes. As he writes:

> If man is essentially a learning, creating and communicating being, the only social organisation adequate to his nature is a participating democracy, in which all of us, as unique individuals, learn, communicate and control. Any lesser, restrictive system is

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[80] Ibid., 299-230.

[81] Raymond Williams, *The Long Revolution* (London: Pelican Books, 1984), 118.

[82] Ibid., 117.

simply wasteful of our true resources; in wasting individuals, by shutting them out from effective participation, it is damaging our true common process.[83]

Creativity emerges in a common process of discovery at the interstices of difference. Democracy, for Williams, is a commonality built out of individuality. It is 'the question of achieving diversity without creating separation,' making room for 'not only variation, but even dissidence, within the common loyalty.'[84] The proliferation of uniqueness and difference—Jean-Luc Nancy calls this the 'incommensurability' of the people[85]— substantiates the creative possibilities of democracy and allows new values and practices to emerge.

To produce a more democratic form of healthcare, diverse participation should not be considered simply for its ends—improving the performance of clinicians or patients' health outcomes—but as a process that exceeds medicalisation. This is not to deny the efficacy of clinical medicine but to stress a perspective that is not therapeutic. As Peter Fifield argues, 'Nobody would dispute that pulmonary tuberculosis is a real illness that can be accurately defined, diagnosed, and treated; but to suggest that these procedures represent the limits of our interest is to surrender a certain richness in our enquiries as well as in our selves.'[86] Rather than attempting to instrumentalise democracy as a mode of improving public health, the democratic impulse can instead be asserted as an uncertain disruption that expresses ambiguous social desires that can only emerge outside established regimes of knowledge. This widening of

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[83] Ibid., 118.

[84] Raymond Williams, *Culture and Society*, 334.

[85] Jean-Luc Nancy, *The Truth of Democracy*, trans. Pascale-Anne Brault and Michael Naas, (New York: Fordham University Press, 2010), 20.

[86] Peter Fifield, *Modernism and Physical Illness: Sick Books* (Oxford: Oxford university Press, 2020) eBook, Introduction.

perspectives and acceptance of resistance and nonconformity allows a troubling of the boundaries of medical power that can open new ways of understanding the NHS's history and practices that go beyond the merely utilitarian. To be open to democratic possibilities is to be receptive to the complex and creative ways in which individuals react to healthcare's attempts at control and regulation. This would not merely be the tolerance of difference, but an active allowance of resistance against established institutional processes.

Literature is a valuable resource in this regard, as it holds a unique social position for Williams in the process of democratic creation. Central to Williams' project is the necessity to think beyond what was perceived as the limitations of a Marxist base and superstructure approach to culture. Williams argues: 'What many of us have felt about Marxist cultural interpretation is that it seems committed, by Marx's formula, to a rigid methodology, so that if one wishes to study, say, a national literature, one must begin with the economic history with which the literature co-exists, and then put the literature to it, to be interpreted in its light.'[87] This, he argues, is to 'surrender reality to a formula'.[88] Literary texts are 'not simply derived from an otherwise constituted social order but are themselves major elements in its constitution.'[89] Literature for Williams is a specific, privileged instantiation of a general cultural process in which social values and practices are formed, negotiated and accepted.

Notably, this is tied to his influential concept of the structure of feeling, which is 'a particular quality of social experience and relationship, historically distinct from other

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[87] Raymond Williams, *Culture and Society*, 281.

[88] Ibid., 281.

[89] Raymond Williams, *Culture* (London: Fontana, 1984), 12-13.

particular qualities, which gives the sense of a generation or of a period.'[90] Importantly, the structure of feeling is 'a kind of feeling and thinking which is indeed social and material, but each in an embryonic phase before it can become fully articulate and defined exchange.'[91] In other words, this is the emergence of new cultural tendencies that shape perceptions of the world. Essential for Williams, which often goes unstated in uses of the concept, is that literature and art are perceived as privileged objects for accessing a structure of feeling. For Williams, literature and art are amongst the best forms of evidence as they 'are often among the very first indications that such a new structure is forming'.[92] This is not to say that certain writers or artists simply had a better understanding of society than the general public, but these texts are, he suggests, 'the articulate record of something which was a much more general possession'.[93] This may appear to give literature a merely reflective quality, but, as Williams stresses, literature and art should be seen 'as a particular process in a general human process of creative discovery and communication'[94] Art and literature do not simply refer to an already constituted external reality but are part of the collective process by which such a reality is created and maintained. The individual author and their work do not transcend the world, but are 'thoroughly enmeshed, correlated, and engaged consciously or not with what makes up the

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[90] Raymond Williams, *Marxism and Literature* (Oxford: Oxford University Press, 1978), 131.

[91] Ibid., 131.

[92] Ibid., 133.

[93] Raymond Williams, *Politics and Letters: Interviews with New Left Review* (London: Verso, 2015), 159.

[94] Raymond Williams, *The Long Revolution*, 53

social from one moment to the next.'[95] Literature is one part of a creative social process in which ideas and values are created, accepted, and contested.

Literary texts, considered a part of a social process, offer a distinctive approach to specific historical moments before they become solidified around particular assumptions and ideas. Williams argues that historical understanding is structured by the selective and restrictive process of hegemonic selection and recording which necessarily enacts 'a rejection of considerable areas of what was once a living culture.'[96] This is, in essence, also what Jacques Rancière designates as a political action that limits what is socially permissible through 'a way of framing, among sensory data, a specific sphere of experience. It is a partition of the sensible, of the visible and the sayable, which allows (or does not allow) some specific data to appear; which allows or does not allow some specific subjects to designate them and speak about them.'[97] By contrast, the literary texts of a specific period offer the potential to express the complexity, contingency and indeterminacy 'of our reactions, in thought and feeling, to the changed conditions of our common life.'[98] Literary history is a space in which the reified and simplified conception of the NHS and public relations to the health service can be critiqued and reconfigured by emphasising the complicated and surprising ways texts articulate ideas and attitudes towards the NHS in specific moments. Indeed, as Pierre Bourdieu argues, taking fiction seriously 'remind us that the "reality" against which we measure all fictions is only the

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[95] Peter Hitchcock, 'Marxism' in *The Bloomsbury Handbook of Literary and Cultural Theory*, ed. Jeffrey R. Di Leo (London: Bloomsbury, 2018), 62-63.

[96] Raymond Williams, *The Long Revolution*, 72.

[97] Jacques Rancière, *Dissensus: On Politics and Aesthetics*, trans. Steven Corcoran (Continuum: London, 2010), 152

[98] Raymond Williams, *Culture and Society,* 295.

universally guaranteed referent of a collective illusion.'[99] Literature can transgress what Foucault diagnoses as medical power's tendency to objectify and silence patients as it allows that which is not permitted within the institutionalised medical scene to be expressed.

It is important, nonetheless, not to overstate the political force of literature. As John Marx argues:

> Any particular literary work's potential to alter governmentality may appear small. Like the relatively local and microscopic analyses in which Foucault typically engages, however, the nonce taxonomies composed by singular literary examples accrue. Which is why it is vital to think of literature and literary criticism in aggregate rather than asking any particular essay or monograph, or novel or poem or play to do the work of critique on its own.[100]

Therefore, this thesis and the texts analysed should be considered singularities within a more comprehensive critical constellation. Indeed, various texts examined in this project directly question the political efficacy of literature to make any alteration in the world. This offers a correction to the at times overly neutral conception of the political field in which culture acts that can occur in Raymond Williams' work. As E. P. Thompson famously wrote, culture should instead be seen as a 'whole way of struggle'.[101] The literary texts analysed in this thesis do not offer instrumental conceptions of what should be done to improve healthcare but affirm the multivalent, even at times confused and contradictory, ways in which people agitate against

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[99] Pierre Bourdieu, *The Rules of Art: Genesis and Structure of the Literary Field*, trans. Susan Emanuel (Stanford, California: Stanford UP, 1995 [1992]), 13.

[100] John Marx, 'Literature and Governmentality,' *Literature Compass*, Vol. 8, No. 1 (2011), 76.

[101] E. P. Thompson, 'The Long Revolution Part I,' *New Left Review,* Issue 9 (1961), 30.

conditions and systems that are thought of as restrictive. They show how the desire for change does not occur smoothly, is not performed by idealised subjects, but is complicated, over-determined and processual. The attention to such ambiguity provides literary criticism with its specific power, not as something to be tolerated, but as a site in which the democratic impulse is enacted. As Christopher Breu argues, literature can expose the fact that the material upon which the biopolitical operates is not 'a passive site of inscription and unproblematic manipulation.'[102] In its detachment from healthcare's regimes of knowledge, literature provides a proliferation of agonistic counter-discourses that challenge biopolitical dominance and articulate new meanings of health and care, even if this often remains in the domain of negation rather than creation. Literary history, therefore, exposes a consistent public desire to reject the myriad forms of medicalised control that have occurred under the NHS. Yet, the nature of this negation remains ambiguous, a struggle still to be defined.

Outline

Much could be said about the cultural history of the NHS, which is not covered in this thesis. For necessities of concision, precision and personal familiarity, the focus is primarily on the cultural role of the NHS in England. Since devolution, the NHS has been run differently in Northern Ireland, Scotland and Wales, and the cultural relations to the institution are specific, if often overlapping, to these countries as well.[103] Unfortunately, the approach of this thesis,

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[102] Christopher Breu, *Insistence of the Material: Literature in the Age of Biopolitics* (Minneapolis, MN: University of Minnesota Press, 2014), 2.

[103] On devolution and the NHS see Harry Quilter-Pinner and Martin Gorsky eds., 'Devo-Then, Devo-Now: What Can the History of the NHS Tell Us About Localism and Devolution in Health and Care?' *Institute for Public Policy Research* (August 2017) <https://www.ippr.org/research/publications/devo-then-devo-now> [Accessed 23 June 2022].

therefore, has the effect of repeating an Anglo-centric prioritisation of England over the other counties in Britain. As Alex Niven concedes, 'there is ultimately no adequate way of disentangling "English" and "British" identities, because they have so often meant the same thing.'[104] Furthermore, this thesis does not discuss prominent contemporary issues such as the social care crisis and attacks on transgender healthcare.[105]

By exploring seven decades in the history of the NHS, I draw out major events and challenges to the institution and show how various writers use literature to provide valuable and complex mediations of these moments. I demonstrate how across the twentieth-century authors of varying political and aesthetic persuasions were engaged in cultural struggles against the practices of the medical service, from pre-war critiques of healthcare to recent efforts opposed to neoliberalism. As well as providing a distinctive insight into critical relations to the NHS, this thesis produces an expanded view of British literary history, providing scholarly attention to writers who have not yet received appropriate consideration. Such a lack is due, in part, to a tendency to view much British literature since the eclipse of modernism as

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[104] Alex Niven, *New Model Island: How to Build a Radical Culture Beyond the Idea of England* (London: Repeater Books, 2019), 145.

[105] See, for example, Simon Bottery and Danielle Jefferies, 'Social Care 360,' *The King's Fund* (March 2022) < https://www.kingsfund.org.uk/publications/social-care-360 >[Accessed 23 June 2022]; Grace Lavery, 'A High Court Decision in Britain Puts Trans People Everywhere at Risk,' *Foreign Policy* (15 December 2020) < https://foreignpolicy.com/2020/12/15/uk-transphobia-transgender-court-ruling-puberty-blockers/> [Accessed 23 June 2022].

'disastrously minor'[106], little more than a reflection of Britain's diminishing power on the world stage.[107] I hope to show that these writers are valuable and worth studying as they open up new avenues for understanding literature's entanglement within the significant social and political events that have affected the NHS and society more generally.

In Chapter One, I look at the origins of the NHS and analyse how the development of a structure of feeling, which emphasised the necessity of medical reform in the decade prior to 1948. Against the tendency for the formation of the NHS to be aligned solely with the actions of politicians, I argue, following Williams, for situating the roots of the health service within a collective process for determining the values and qualities that should determine care. In the first section, I examine the critiques of healthcare that circulated in the 1930s, focusing particularly on A. J. Cronin's popular novel *The Citadel* (1937), which, it has often been argued was of central importance to the formation of the new health service. Such a perspective is troubled as the novel is shown to have an ambiguous and contradictory view of how and why medical care should be reorganised. This is followed by an exploration of how *The Citadel* was rhetorically utilised and appropriated to both support and reject calls for medical reform by doctors and, notably, Nye Bevan. The second section of the chapter examines claims of the importance of World War II to the establishment of the NHS. However, the biopolitical logic of war is shown to rest on the creation of certain lives as more important than others, which is in clear opposition to the egalitarianism that underpins the NHS. This wartime hierarchy of the

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[106] Lyndsey Stonebridge and Marina MacKay, 'Introduction: British Fiction After Modernism,' in *British Fiction After Modernism: The Novel at Mid-Century*, eds. Lyndsey Stonebridge and Marina MacKay (Basingstoke: Palgrave Macmillan), 3.

[107] See Jed Esty, *A Shrinking Island: Modernism and a National Culture in England* (Princeton and Oxford: Princeton University Press, 2004).

importance of some lives over others is, through readings of Inez Holden's Blitz writings and Henry Green's *Back* (1946), to have compounded the traumatised and alienated experiences of war. Holden and Green, I argue, present literature and language as democratic acts of resistance to the determinations of wartime biopolitics as they affirm the potential of everyday, ordinary creativity as ballast against fractured ideas of the value of life. A reading of Virginia Woolf's essay 'Thoughts on Peace in an Air Raid' (1940) closes this section as I engage the traumatic paradox that plans for a more egalitarian society emerged from the experience of war.

In Chapter Two, I look at public relations with the health service and the state in the post-war 1940s and into the 1950s. Against a notion of the post-war consensus in favour of the NHS, I argue that literature demonstrates the persistence of ideological conflicts, and dissensus against the health service's imbrication with capitalist social reproduction. The first section analyses the intersection between the NHS and politically motivated speculations about the destinies of peace. I show how George Orwell's journalism and his novel *Nineteen-Eighty-Four* (1949) demonstrate that Orwell's attitude towards the Labour government and the welfare state, whilst often ambivalent, tended towards a critical position which was rhetorically useful for conservative opponents. James Hanley's *What Farrar Saw* (1946) is then explored in relation to Raymond William's notion of 'decentralism'. The novel is read as indicative of an emergent public feeling that was critical of the centralised emphasis of the post-war state. The text critiques the detached and depersonalised actions of the state in favour of concrete individual actions of which medical care is the representative case. The second section analyses the work of two Angry Young Men, which, I argue, offer greater complexity and nuance than critical accounts tend to allow. Specifically, following Williams, I claim that John Braine's *The Vodi* (1959) and Alan Sillitoe's *The Loneliness of the Long Distance Runner* (1959) express a 'democratic impulse' in their resistance to biopolitical forms of control. The novels are situated

within New Left criticisms of the welfare state as I show how they critiqued the NHS as a continuation and shoring up of a class-based hierarchy.

Chapter Three examines the radical opposition to biopolitics provided by feminism and anti-psychiatry in the 1960s and 1970s, respectively. In the first section, I show how feminist theorists critiqued Williams' elision of the specific issues faced by women. Even so, the idea of literature as a democratic process in the creation of social meanings and values is shown to still be of central importance to feminist approaches to literature. This perspective is applied to Lynne Reid Banks' *The L-Shaped Room* (1960) and Margaret Drabble's *The Millstone* (1967). The novels are shown to be emergent critiques of the NHS's approaches to abortion and childbirth ahead of the development of the Women's Liberation Movement in the 1970s. They challenge the controlling practices of reproduction in a politically uncertain manner, at times espousing conservative views on abortion and women's social roles. The second half of the chapter turns to the work of Jennifer Dawson and her engagements with an anti-psychiatric rejection of medical power's normative qualities. I show how 'Hospital Wedding' (1978) dramatises a critique of normative medicine's oppressive and controlling nature, which is reliant on an undemocratic exclusion of the patient from any involvement in their treatment. I show how Dawson's work utilises the influential theoretical work of R. D. Laing in its assessments of mental healthcare and argue that it both exposes and replicates certain limitations in this approach.

The final chapter looks at the AIDS crisis and Thatcherism in the 1980s and 1990s. First, I show how the short stories of Adam Mars-Jones respond to the initial lack of NHS-centred responses to AIDS amidst an atmosphere of homophobia stoked by the Thatcher government. Mars-Jones illustrates how charitable and voluntary organisations were at the centre of the response to AIDS and draws attention to the ambivalences of these forms of care, which are presented as both a necessary act of solidarity within a marginalised social group

and as a continuation of normative power relations in counter-public spaces. The second part of this chapter summarises the effects neoliberalism and privatisation have had on the NHS. It then focuses on Jonathan Coe's *What a Carve Up!* (1994), which critiques how the prioritisation of profit within the health service can endanger lives. Equally, however, the novel is shown to undermine hopes for the efficacy of literary critique as it demonstrates how the publishing industry acts to limit critique's potentiality for political action. Coe, I argue, is therefore stuck between the view offered by Williams of culture as a space in which social values can be contested and remade, and a melancholy notion of literature as fully determined by the economic sphere.

I conclude with a coda that provides an exploratory analysis of how the Covid-19 pandemic has been mediated. In a reading of the horror film *Host* (2020) I demonstrate how culture has offered ideological support to the NHS's biopolitical imperatives. I show the film to be an allegory concerned with maintaining the special prominence of medical expertise against the danger of the inept masses. Ali Smith's *Summer* (2020) is similarly shown to strengthen an exceptionalist view of the NHS as the health service is exempted from the novel's critiques of the British state's cruel border policies, despite the institutions complicity in the discriminatory Windrush scandal. Finally, I analyse Sam Byer's *Come Join our Disease* (2021), which formulates an absurdist critique of how regulatory imperatives toward wellbeing and health sustain contemporary modes of alienation. These contemporary texts demonstrate how culture and literature remained implicated within the social process of determining the values that are assigned to the NHS, and the meanings of health and care. It is in the common process of culture that we can continue to help or hinder the creation of a more democratic and egalitarian health service.

Chapter One

The Origins of the NHS

Identifying the origins of the NHS is a fundamentally fraught process. Any number of events could be selected as a starting point depending on the narrative to be told. If a long historical narrative is wanted, the codification of the Poor Law from around 1587 could be considered the origin or the revisions to the Poor Law in 1834 could be selected. If the neatness of limiting the narrative to the twentieth century is desired, then the 1911 National Insurance Act, the 1920 Dawson Report, the 1926 Royal Commission on National Health Insurance, and the 1942 Beveridge Report, to name only a few options, could all equally be selected as roots of the NHS.[108] As Charles Webster writes, 'It is arbitrary to identify a starting point for initiation of planning for the National Health Service'.[109] Origins are retrospective creations that tidy up and set limits on our understanding of history. Hayden White argues that 'historical narratives do not consist only of factual statements (singular existential propositions) and arguments; they also consist of poetic and rhetorical elements by which what would otherwise be a list of facts

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[108] For an overview of debates around the formation of the NHS see Martin Gorsky, 'The British National Health Service 1948 –2008: A Review of the Historiography,' 441-443; and Martin Powell, 'NHS Birthing Pains' in *Shaping Health Policy: Case Study Methods and Analysis*. eds. Mark Exworthy et al (Bristol: Policy Press, 2012), 43-58.

[109] Charles Webster, *The Health Services Since the War Volume 1: Problems of Health Care: The National Health Service Before 1957* (London: Her Majesty's Stationery Office, 1988), 16.

is transformed into a story.'[110] Even an apparently simple and unproblematic list of facts tells its own story through a delineation of what is and is not a fact, and through the selection of a beginning and an end. A starting point is needed to create a historical narrative and organise events into a particular shape and form. Origins, therefore, tend to tell us more about the pressures that narrative places on history than about the historical events themselves. Historical accounts require specific ideas and events to be prioritised over others; no history can speak of everything, and any narrative necessitates selection. As seen in the Introduction, and as my list of origins repeats, the historiography of the NHS has conventionally tied the institution to political and parliamentary procedures. The dominance of such a perspective presents history as little more than proposals, plans and decisions made by politicians and civil servants. This has the ideological effect of delineating through whom and how political change occurs, side-lining the informal and, admittedly, more amorphous means by which culture, in the broadest sense, exerts pressure on politicians. To emphasise culture is, therefore, to see politics, in Raymond Williams' words, as 'ordinary' and inseparable from everyday society.[111] This chapter thus emphasises the literary and cultural origins of the NHS in order to articulate a more democratic understanding of why it was widely felt necessary for the health service to be created.

This chapter examines how healthcare was conceived in the 1930s and 1940s in terms of what Williams calls the emergent. This is a moment in which 'new meanings and values,

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[110] Hayden White, 'Historical Emplotment and the Problem of Truth' in *Probing the Limits of Representation: Nazism and the "Final Solution,"* ed. Saul Friedlander (Cambridge, MA: Harvard University Press, 1992), 38.

[111] Raymond Williams, 'Culture is Ordinary (1958)' in *Resources of Hope: Culture, Democracy, Socialism*, ed. Robin Gable (London: Verso, 1989), 14.

new practices, new relationships and kinds of relationship' are being created, challenging the dominant and hegemonic.[112] Literature, Williams argues, offers particular insights into emergent ideas and values that challenge the dominant by explicating the 'deadlocks and unresolved problems of the society'.[113] In this chapter, I analyse how literature mediated the structure of feeling that developed in the decade prior to the formation of the health service. Firstly, I examine the publication of A. J. Cronin's *The Citadel* (1937), which has been imbued with the idea that it was central to the foundation of the NHS. By investigating the form and content of the novel, I demonstrate how Cronin's emergent critique of the interwar medical professions vacillates between expressing the necessity of fundamental, systemic change and the more conservative idea that the issues are primarily the fault of bad individual actors. This section then looks at the paraliterary discourses that emerged after the novel's publication to see how differing factions appropriated the work in debates around healthcare reform.

The second half of this chapter examines the importance of World War II to the creation of the NHS. Narrations of British twentieth-century history invariably tie the NHS and the Second World War together, as can clearly be seen in the regular recourse to 'post-war' as a periodising concept. I emphasise how the war saw life's very meaning and value enter a state of flux. This experience, I argue, is notably mediated in Inez Holden's Blitz writings and Henry Green's *Back* (1946), which reflect the alienating and dehumanising experiences of wartime whilst offering hope that literature can provide some resistance to these forces. At the same time, as individuals lived under the persistent augur of premature death, there was frequent public and governmental emphasis on a better future after the war. I use Virginia Woolf's 'Thoughts on Peace in an Air Raid' (1940) to think through this problematic paradox at the

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[112] Raymond Williams, *Culture and Society*, 123.

[113] Raymond Williams, *The Long Revolution*, 86.

origin of the NHS: that more egalitarian social and medical care emerged from politically sanctioned mass death.

Part One, 1930s

A. J. Cronin's *The Citadel* (1937) and Medical Discontentment

There were numerous interwar novels about healthcare in Britain, such as Helen Ashton's *Doctor Serocold: A Page from His Day-Book* (1930), Mary Renault's *Purposes of Love* (1934), James Barke's *Major Operation* (1936) and Francis Brett Young's *Dr. Bradley Remembers* (1938), but A. J. Cronin's *The Citadel* is particularly important as it has accrued a popular notion that its critique of the medical profession was vital to the formation of the NHS. It is currently claimed on *Wikipedia*, for instance, that Cronin's 'innovative ideas were not only essential to the conception of the NHS, but his best-selling novels are also said to have greatly contributed to the Labour Party's victory in 1945.'[114] Health policy analysts, doctors in medical journals, and cultural critics all repeat such views, as does the former doctor and writer Adam Kay in the preface to the 2019 reissue of the novel. [115] It is remarkable the extent to which these

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[114] 'History of the National Health Service,' *Wikipedia* <https://en.wikipedia.org/wiki/History_of_the_National_Health_Service#Cultural_history_of_the_NHS> [Accessed 23 June 2022].

[115] See Roy Lilley, 'Where did the NHS come from and where is it going?' *LabourList.org* 5 July 2018 < https://labourlist.org/2018/07/where-did-the-nhs-come-from-and-where-is-it-going/> [Accessed 23 June 2022]; Graham Watt, "BJGP Library: The Citadel" in *The British Journal of General Practice*, Vol. 65, No. 638 (2015), 480; Dorian Lynskey, 'Is the Political Novel Dead?' *The Guardian* (24 August 2019) <https://www.theguardian.com/books/2019/aug/24/is-the-political-novel-dead>

claims for the novel's political and historical importance avoid any direct discussion of the form and content of the text, speaking in generalised and misleading terms about how it 'introduced the notion of universal healthcare'[116] with no evidence to support this view. The grounding support for such arguments is frequently the claim by historian Raphael Samuel that Cronin's 'fictions probably did as much as the Beveridge Report – and certainly more than the Thirties poets – to secure Labour's landslide victory in the 1945 election'.[117] This is despite Samuel making no direct mention of the NHS and the fact that this remark is situated as an undeveloped provocation within an article about the cultural history of mining. Samuel's comment only offers a position from which to begin a proper investigation of the importance of Cronin's work, which is my aim in this section.

Consultant gastroenterologist Seamus O'Mahony offers a useful corrective to this Cronin-myth; however, he ultimately ends on the equivocal suggestion that '[w]e can cautiously conclude that [*The Citadel*] did significantly colour the views of the millions of people who read the book and saw the film'.[118] Undoubtedly, *The Citadel* was popular, selling over 150,000 copies in its first three months and then reprinted in weekly editions of around

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[23 June 2022]; Adam Kay, 'Introduction,' in A. J. Cronin, *The Citadel* (London: Pan Macmillan, 2019), 1.

[116] Adam Kay, 'Introduction,' 2.

[117] Raphael Samuel, 'North and South,' *London Review of Books,* Vol. 17, No. 12 (1995), 3.

[118]Seamus O'Mahony, 'AJ Cronin and *The Citadel*: Did a Work of Fiction Contribute to the Foundation of the NHS?' *Journal of the Royal College of Physicians, Edinburgh*, Vol. 42 (2012), 177-178.

10,000.[119] Furthermore, a February 1938 British Institute of Public Opinion poll posed the question 'What book of all you have read impressed you most?' to which 3 percent of the 2,000 respondents answered '*The Citadel*', more than any book other than The Bible which received 16 percent of responses.[120] (Interestingly, 57 per cent of those polled provided no answer.) The novel maintained its position as a bestseller for many years after its release. A 1939 film adaptation directed by King Vidor was also massively successful, earning around 2.5 million dollars and being nominated for four Oscars. The film was re-released in 1946 as an attempt to mobilise popular support for the soon-to-be-introduced NHS.[121] However, popularity alone does not reveal anything significant. Understanding the social effect of *The Citadel* requires an analysis of the novel's form alongside an attempt to reconstruct how it was read.

Despite (or perhaps because of) Cronin being one of the most popular novelists of the 1930s, he has received little serious critical engagement. When mentioned at all, Cronin and his work are spoken of in overly general terms, with no attention paid to the specificity of the texts themselves.[122] There have been a few studies of Cronin, mainly from outside literary

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[119] Alan Davies, *A.J. Cronin: The Man Who Created Dr Finlay* (Richmond, Surrey: Alma Books, 2011), 144.

[120] British Institute of Public Opinion, 'What book of all you have read impressed you most?' in *Public Opinion, 1935-1946*, eds. Albert Hadley Cantril and Mildred Strunk, (Princeton, New Jersey: Princeton University Press, 1951), 49.

[121] See Sally Dux, 'The Citadel (1938): Doctors, Censors and the Cinema,' *Historical Journal of Film, Radio and Television* Vol. 32, No. 1 (March 2012), 1-17.

[122] Cronin turns up briefly in historical accounts such as A. J. P. Taylor, *English History 1914-1945* (Oxford: Oxford University Press, 1992) and Juliet Gardiner, *The Thirties: An Intimate History* (London: Harper Press, 2010) but his work is not analysed or read closely.

studies, including one book-length study written in 1985 and a small handful of essays that tend to summarise the novels alongside reciting Cronin's biography.[123] Historian Ross McKibbin's essay 'Politics and the Medical Hero: A.J. Cronin's *The Citadel'* is the best current work on Cronin's novel. McKibbin unpacks the political ideas, with a special focus on class issues, present in Cronin's novel. However, he largely bypasses the importance of the novel to the formation of the NHS, arguing that the individualising solutions to the problems faced by interwar healthcare mean that 'the National Health Service as a medical conception is simply irrelevant to *The Citadel*, as must be any medical organisation which is grounded in active and partisan politics'.[124] McKibbin consequently reads the values and commitments of *The Citadel* as being left behind with the creation of the NHS. As will be seen in this chapter, the political values held in the novel and those represented by the NHS are often in opposition. Yet McKibbin's narrative offers a too neat sense of rupture as if every new moment were untainted by the past. The NHS may not be relevant to *The Citadel* as Cronin could not foresee the exact shape of the health service (how could he?), but this does not mean that *The Citadel* was not relevant to the creation of the institution. The movement between 1937 and 1948 certainly evinced a shift in the structure of feeling from an individualistic conception of healthcare to a more collective and egalitarian form. Yet, the older sensibility represented in the novel maintained what Williams calls a 'residual' influence as the object of the novel's critical focus

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[123] See Dale Salwak, *A.J. Cronin* (Boston: Twayne Publishers, 1985); Lisa M Schwerdt, 'A. J. Cronin' in *British Novelists between the Wars*, ed. George M. Johnson (Detroit and London: Gale Research, 1998).

[124] Ross McKibbin, 'Politics and the Medical Hero: A.J. Cronin's The Citadel,' *English Historical Review*, Vol. 132, No. 502 (2008), 676.

(the need for the British healthcare system to be reformed) remained unchanged until the NHS was created.

Close reading the ideas and values expressed within *The Citadel* does not simply return us to something outmoded but is valuable for re-engaging a sense of the creation of the NHS as a contingent process. This is to read *The Citadel* through its emergent engagements rather than simply in the light of a retrospective awareness of the fact that the NHS would be created eight years after the novel was published. As theorised by Williams, the emergent is a moment in which 'new meanings and values, new practices, new relationships and kinds of relationship' are being created, challenging the dominant and hegemonic.'[125] What was nascent in the interwar period, and had been for much of the twentieth century, was the sense that something had to be done about healthcare in Britain, but exactly what this should entail was not yet clear. As Charles Webster writes, 'during the interwar period it was impossible to disguise the overall sense of disquiet about the state of the UK health service.'[126] Cronin's novel is important for demonstrating how literature rhetorically engaged the developing social and political discourses about how healthcare should be organised. As will become apparent, the political work of the novel is complicated and ambivalent, as is to be expected when dealing with the emergence of new practices and values. Cronin maintains a stringent critique of the medical profession, bordering at times on outright anger, but how this is performed, and the alternatives offered varies throughout the novel. What becomes a particular issue is a tension between specificity and generality. Throughout *The Citadel*, there is a consistent ambivalence between critiquing the medical profession as a total system or viewing any problems as simply localised and exceptional incidences caused by amoral individual doctors. In other words, is poor

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[125] Raymond Williams, *Marxism and Literature*, 123.

[126] Charles Webster, *The National Health Service: A Political History* 3-4.

healthcare structural or individual in origin? This is a question of representativeness, of how a diverse and complex system like healthcare is to be mediated and critiqued. I will show how the novel articulates this problem in its indeterminate critical form.

The Citadel, *the Bildungsroman and Social Critique*

The Citadel is structured around the development of Andrew Manson's medical career, narrating his early medical idealism in strained material circumstances, the abandonment of his medical values in favour of material and monetary prosperity, and, finally, Manson's awareness of his fallen state, his repentance and return to medical idealism. Consequently, *The Citadel* can be usefully described in terms of that ever-present and yet elusive genre, the Bildungsroman. Definitions of the Bildungsroman are numerous. An example of conventional conceptions of the genre can be seen in Sarah Graham's statement that a Bildungsroman is 'a novel about a young person facing the challenges of growing up'[127]. Theorisations of the Bildungsroman offer a valuable framework for analysing how *The Citadel*'s narrative form and structure, particularly the development of the protagonist Andrew Manson, connect with the political and rhetorical aspects of the text. The Bildungsroman has been theorised as a fundamentally allegorical form. Mikhail Bakhtin argues that the events in the Bildungsroman 'substitute for the total life of the epoch.'[128] For Michael Ormsbee, this process is fundamental

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[127] Sarah Graham, 'Introduction' in *A History of the Bildungsroman*, ed. Sarah Graham (Cambridge: Cambridge University Press, 2019), 1.

[128] M.M. Bakhtin, 'The Bildungsroman and its Significance in the History of Realism: Toward a Historical Typology of the Novel,' in *Speech Genres & Other Late Essays*, trans. Vern. W. McGee, ed. Caryl Emerson and Michael Holquist (Austin: University of Texas Press, 1986), 43.

to the genre which he reads as telling 'the story of a single protagonist becoming not-single.'[129] This is not only literal, as in the traditional marriage ending of for instance *Pride and Prejudice* (1813), but equally involves an allegorical process whereby the protagonist 'stand[s] in symbolically for some larger, historically specific group of individuals'.[130] Ormsbee contends, 'The central paradox of the Bildungsroman, then, is the way in which the protagonist emerges as the lone victor of the struggle to be perceived as protagonist, only to become a symbolic vehicle for national values, a kind of donor figure bodying forth the "spirit of an age".'[131] In other words, what appears at first as the unfolding of a particular individual's maturation ultimately represents a period's structure of feeling. How this occurs is, nonetheless, hard to gras How does a text become symbolic in Ormsbee's conception? And how is a structure of feeling identified? Darko Suvin, for example, in a critique of György Lukács' concept of typicality[132], argues that such a direct movement from fiction to reality ignores the linguistic nature of fictional characters, or narrative agents in Suvin's terminology.[133] Similarly, Paul De Man argues that it is 'not a priori certain that literature is a reliable source of information about

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[129] Michael Ormsbee, 'Battle for the *Bildungsroman*: "Protagonicity" and National Allegory,' *Textual Practice* Vol. 34, No. 12 (2020), 1957.

[130]Ibid., 1958.

[131] Ibid., 1966.

[132] Raymond Williams offers a concise summary of typicality as 'the specific figure which concentrates and intensifies a much more general reality.' Raymond Williams, *Marxism and Literature*, 101.

[133] Darko Suvin, 'Lukacs: Horizons and Implications of the "Typical Character",' *Social Text*, No. 16, (1986-1987), 104.

anything but its own language.'[134] However, when over-applied, such approaches risk presenting literature as autonomous and separated from the political and historical sphere. A shift in emphasis is key to overcoming this difficulty. Literary texts, as Jonathan Flatley argues, 'constitute an archive of efforts not only to represent moods but also to address and change them.'[135] The importance of *The Citadel*'s Bildungsroman is less in its embodiment of some totalising social force or spirit, but in its rhetorical attempt to shape and constitute the image of the interwar medical profession. This, as the approach of Raymond Williams stresses, is to see the novel as one aspect of an emergent, democratic process of social understanding.

To see how *The Citadel* creates its image of the medical profession, it is necessary to examine how Cronin presents Andrew Manson's development as a doctor and a person. Manson is at his most highly developed and moral best at the novel's beginning when he is at the nascent stage of his medical career in rural obscurity, working in Welsh mining towns immediately after graduating from university. Despite quickly feeling out of his depth, taking on the role of a general practitioner when he expected to be an assistant, he demonstrates excellent medical skills. Manson is presented as being of impeccable decency, believing in 'the scientific ideal' and demonstrating a commitment to 'scrupulous examinations' and 'searching accuracy'.[136] He vows never to 'become slovenly or mercenary, never jump to conclusions'.[137] He appears as the ideal product of the medical school, fully enacting the values he has been taught. Due to regional inequalities, Manson faces significant material restraints on his ability

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[134] Paul de Man, *The Resistance to Theory* (Minneapolis: University of Minnesota Press, 1986), 11.

[135] Jonathan Flatley, 'Reading for Mood,' *Representation*s, Vol. 140, No. 1 (2017), 15.

[136] A. J. Cronin, *The Citadel* (London: Pan Macmillan, 2019), 122.

[137] Ibid., 122.

to provide medical care. As Denny, the incumbent, drunk and cynical doctor, tells Manson, 'There's no hospitals, no ambulance, no X-rays, no anything. If you want to operate you use the kitchen table. You wash up afterwards at the scullery bosh. The sanitation won't bear looking at. In a dry summer the kids die like flies with cholera'.[138] Historians have painted a similar image. Outside of the major cities, healthcare before the NHS was carried out largely by general practitioners, with specialists tending to focus on more affluent and populous areas. As Martin Powell notes, 'It has been estimated that between a quarter and a third of specialists in England worked in London'.[139] By extension, procedures in small towns were often undertaken by GPs, who did not necessarily have the required level of training: 'It was estimated that in 1938-9 some 2.5 million surgical operations were performed by general practitioners, an average of three per doctor per week. Concerns were voiced that some general practitioners attempted operations beyond their competence'.[140] There was also an uneven distribution of beds in hospitals. For example, 'London had over 30 per cent of such beds with approximately 10 per cent of the population'.[141] Consequently, the quality of healthcare received was something of what now would be called a 'postcode lottery' as it was determined by the luck of where one happened to be born and live.

Despite this, Manson faces few difficulties due to his hard-working spirit and dedication. The quality of care is therefore suggested to rest on the intelligence and expertise

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[138] Ibid., 12.

[139] Martin Powell, 'Hospital Provision Before the National Health Service: A Geographical Study of the 1945 Hospital Surveys' *Social History of Medicine*, Vol 5, No. 3 (December 1992), 485.

[140] Ibid., 495.

[141] Ibid., 496.

of the individual as Manson experiences few troubles with his limited resources, but the patients of other doctors are not so lucky. A Doctor Bramwell comes with Manson to see one of his cases, noting it to be 'the best case of inflammation of the pancreas I have ever seen!'[142] Manson is left baffled: 'To think that a qualified practitioner, in whose hands lay the lives of hundreds of human beings, did not know the difference between the pancreas and the thymus, when one lay in the belly and the other in the chest—why, it was nothing short of staggering!'[143] The quality of care is consequently indicated as resting on the intelligence and expertise of the individual GP rather than the resources or the environment, let alone the over-arching system. *The Citadel* suggests that, at a certain level, the uneven distribution of resources was a moot point, with the quality of the individual who would be using the resources granted prominence. The issue that is emphasised is, thus, the distribution of good doctors. In this regard, the text demonstrates the systemic reasons why doctors would tend to practice in wealthy and well-populated areas. It suggests that there was a stigma attached to doctors in rural areas that would hamper their career prospects: 'It dawned upon Andrew that, with a pang of dismay, that the fact of his having been in practice in this remote Welsh mining town condemned him. No one wanted assistants from "the valleys," they had a reputation'.[144] There is a double bind in which it is commonly believed that less competent doctors work in rural areas, which causes them to be avoided, so the belief comes true and is compounded. The novel comes to an awareness of this issue, but in the concluding speculations of a new medical practice no method of correcting this is proposed. Once the action transitions into London, the point is dropped as Manson can overcome the burden of this reputation due to his technical prowess.

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[142] *The Citadel*, 22.

[143] Ibid., 22.

[144] Ibid., 68.

Manson moves to London due to increasing difficulties and annoyances with his work as a panel doctor. He is frustrated with the political and hierarchal challenges that the miners' medical-aid club poses to his medical expertise, notably refusing to sign off for sick leave the son of a high-powered trade unionist. Eventually, after upsetting various groups who are angry at his obstinacy, it is claimed that Manson is engaging in illegal vivisection practices. He is exonerated but chooses to resign and move to London, where he initially works as the Chief Medical Officer for the Mining Fatigue Board, researching a lung disease found only in miners. Manson finds this work tedious and overly bureaucratic as the mine owners who fund the research block any serious progress. He decides to set up a small independent practice that primarily serves impoverished people who often cannot pay for their treatment. Cronin is at his most melodramatic in these moments, for example: 'In the middle of the night he pulled back to life—and afterwards hated himself for it—a wretched creature, penniless and desperate, who had preferred the gas oven to the workhouse.'[145] The novel severely indicts the interwar welfare system, particularly the Poor Law workhouse, as cruel and uncaring, suggesting that death was preferable to the workhouse for some people. Manson meets with regular difficulties in getting these people admitted into a voluntary hospital, noting, 'It was the hardest thing in the world to secure admission, even for the worst, most dangerous case'.[146] As he stresses, 'And this is London! This is the heart of the bloody British empire! This is our voluntary hospital system. And some banqueting bastard of a philanthropist got up the other day and said it was the most marvellous in the world'.[147] Cronin's novel expresses despair at the state of healthcare in these

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[145]A. J. Cronin, *The Citadel*, 183.

[146] Ibid., 183.

[147] Ibid., 183.

direct addresses from Manson.[148] In these experiences, Manson therefore encounters and suffers from the structural limitations on his work and develops a consciousness of the inequalities that sustain and enable British society, even gesturing towards the colonialist delusions of the British upper classes.

Manson does not become a campaigning, politically engaged doctor but instead arrives in a position to ignore these deprivations when a fortuitous occurrence provides the opportunity to enter the 'superior class of practice'.[149] Whilst the country had presented numerous challenges to Manson's medical practice, it is only in the city that he lets go of his morals, repeating a classic idea of the city as the scene of what Williams calls 'narrow self-seeking'.[150] Manson cures a woman's dermatitis, and, as a result, word-of-mouth gains him a new set of wealthy patients. He is introduced to a woman who asks him to give her a course of hay fever injections; a remedy Manson knows to be 'worthless', the treatment having 'achieved its popularity through skilful advertising'.[151] Whether to administer this pointless treatment is presented as a conflict between Manson's medical idealism and his material needs; it 'was a struggle between all that he believed and all he wished to have.'[152] Ultimately, 'He thought defiantly, if I let this chance slip, after all these months, I'm a fool. He said, "I think I can give

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[148] For accounts of interwar healthcare see Nick Hayes, 'Did We Really Want a National Health Service? Hospitals, Patients and Public Opinions before 1948' *The English Historical Review*, Vol. 127, No. 526 (June 2012); and Chris Renwick, *Bread for All: The Origins of the Welfare State* (London: Allen Lane, 2017), 32-41.

[149] A. J. Cronin, *The Citadel*, 188.

[150] Raymond Williams, *The Country and the City* (London: Vintage, 2016), 310.

[151] A. J. Cronin, *The Citadel*, 188.

[152] Ibid., 188.

you the injection as well as anyone."'[153] This marks Manson's descent and the abandonment of his ideals in favour of monetary gain. He falls in with a group of mercenary doctors who systemically exploit their wealthy patients by recommending expensive and unnecessary treatments. The starkness of the contrast between Manson's previous engagement with the destitute and his newfound commitment to the moneyed signifies the immoral decadence of such an unequal social system.

Manson's medical idealism, his zeal for care and science, is replaced with a desire for material pleasures; expensive suits, lavish meals, high society dinner parties, and the pursuit of younger women become his raison d'être. He explains that the commitment to this path is because 'I only want to get on. And if I want money it's only a means to an end. People judge you by what you are, by what you have. If you're one of the have nots you get ordered about. Well, I've had enough of that in my time. In future I'm going to do the ordering'[154]. Manson wishes to climb the economic ladder for reasons of material comfort and the pursuit of freedom. However, it becomes clear that he merely replaces one form of alienation with another. *The Citadel* suggests that when even the most fastidious of doctors faces years of hardship, disrespect, and borderline poverty, the possibility of material gain, however immoral, will be grasped with desperation and longing. This is, in essence, a socially constructivist model of subject formation in which the struggles that Manson faces, in particular the lack of material stability from relying on capitation fees, grinds him down to the extent that he is willing to abandon his medical idealism. As Foucault argues, medicine is not autonomous from the economic system and so doctors and their practices remain deeply influenced by wider

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[153] Ibid., 189.

[154] A. J. Cronin, *The Citadel*, 221.

processes of subjectivation.[155] Manson's character can therefore be read as allegorical or socially representative as, in Bakhtin's words, he 'emerges along with the world'.[156] He is a social product and, strictly speaking, is not simply an individual but a specific instantiation of general forces or a 'fusion of the particular and the general' to take on Lukács's terminology.[157] Unlike in Wales, where medical success is suggested to rely on individual qualities, Manson's descent into uncaring medical practice is a result of the medical profession's systemic failures. Much as how his early medical idealism is the consequence of medical school subjectivation, Manson's materialism and consumerism are the result of his being formed by the real-world practices of the medical system.

However, through the figure of Christine, Manson's wife, the novel directly criticises this transformation, presenting it as little more than the result of individual weakness, a failure to pass a test that the world creates. Christine functions essentially as a contrast to Manson, caring little for material goods: 'She was happiest in a tweed skirt and a woollen jumper she had knitted herself.'[158]. She only wishes Andrew to stick to his ideals, warning him, 'Don't, don't sell yourself!'[159] Christine regularly longs for their old life and asks, 'Dear, do we really

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[155] Michel Foucault, 'The Crisis of Medicine or the Crisis of Antimedicine?,' 19.

[156] M.M. Bakhtin, 'The Bildungsroman and its Significance in the History of Realism: Toward a Historical Typology of the Novel,' in *Speech Genres & Other Late Essays*, trans. Vern. W. McGee, ed. Caryl Emerson and Michael Holquist (Austin: University of Texas Press, 1986), 23

[157] György Lukács, 'The Ideology of Modernism' in *The Meaning of Contemporary Realism* trans. John Mander and Necke Mander (London: Merlin Press, 1962), 45.

[158] A. J. Cronin, *The Citadel*, 202.

[159] Ibid., 220.

want to be rich? I know I don't. Why all this talk about money? When we scarcely had any we were—oh! We were deliriously happy. We never talked of it then. But now we never talk of anything else.'[160] Christine perceives her husband's 'fall' as a condition of alienation that is articulated in monetary terms. Manson, like essentially everyone, has always sold himself in his work, the difference now being a complete abandonment of any use-value. In providing ineffective treatments, Manson makes the gestures of a doctor and offers symbolic injections, but these are simply placebos that serve only to allow the movement of money. Under conditions of private, individualised practice that strive only to respond to the demands of the market, medical care becomes little more than, as Foucault argues, a 'consumer object' in which 'health is a need for some and a luxury for others'.[161] Thirty years after Cronin's novel was published, Guy Debord would argue that such a condition was now endemic and constituted the very fabric of a spectacular society.[162] The commodity of Manson's labour becomes the image that he produces, a spectacle to entertain the rich and bored.

However, what is missed in Debord's account of alienation is that in the traditional Marxist account, alienation is a necessary stage of historical progress, a fundamental moment in the Marxist narrative of the world's Bildung. As Sean Sayers summarises, for Marx, '*alienation is not a purely negative or critical concept*. Alienation does not involve the pure negation of human possibilities in the way that the moral interpretation implies. On the contrary, a stage of division and alienation is an essential part of the process of human

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[160] Ibid., 220.

[161] Michel Foucault, 'The Crisis of Medicine or the Crisis of Antimedicine?,' 15.

[162] Guy Debord, *The Society of the Spectacle* (Detroit: Black & Red, 1970).

development.'[163]Alienation presages an unalienated existence 'in which the conditions of alienation are not only transcended and negated, but also preserved and built upon for the result'.[164] This is apposite to Manson's own development, in which this period of alienation leads to him more firmly affixing his medical commitments and making plans for an unalienated, or at least morally improved, form of medical care.

A tragic act of ineptitude prompts the return to medical idealism. Manson has signed off on an operation he knows to be unnecessary as he has been offered a percentage of the profits the surgeon is set to make. Manson attends the operation and witnesses Doctor Ivory cause the death of the patient due to incompetence. Manson attacks the surgeon saying, 'You know you killed him. You're not a surgeon—you never will be a surgeon. You're the worst botcher I've seen in all my life,' before coming to the realisation, 'Oh God! I should have known—I'm just as bad as you'.[165] Manson consequently has an epiphany and asks, 'why should a man try to make money out of suffering humanity?'[166] Manson becomes conscious of what is actually at stake in his commitment to money. He is not simply an actor giving private medical shows but is dealing with people's lives. Manson returns from the world of consumption and spectacle to the world of vulnerability.

This epiphany is accompanied by yet another vacillation in the novel's critical focus as the exploitations and inequalities of healthcare are again presented as little more than the result of numerous individual weaknesses. Manson reflects,

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[163] Sean Sayers, 'Alienation as a Critical Concept,' *International Critical Thought*, Vol. 1, No. 3 (2011), 293. [Emphasis in original.]

[164] Ibid., 299.

[165] *The Citadel*, 250.

[166] Ibid., 257.

> There are too many jackals in this square mile of country. There's a lot of good men, trying to do good work, practising honestly, fairly, but the rest of them are just jackals. It's the jackals who give all these unnecessary injections, whip out appendices and tonsils that aren't doing any harm, play ball amongst one another with their patients, split fees, perform abortions, back up pseudo-scientific remedies, chase the guinea all the time.[167]

Similarly, he blames the wealthy women he treats for wanting the 'care' he provides.[168] As in the country, bad individuals are the root of the problems within healthcare, and the best response would be to replace them with morally correct 'new men.'[169] Manson's ability to come to this realisation is implied to be a result of his foundational idealism. He is presented as being good at heart, merely having been led astray, whilst Doctor Ivory and the others are presented as fundamentally amoral, lost causes. At this moment it appears that some doctors are simply good and others bad, with no reasoning sought for this badness beyond individual ineptitude and greed. Whilst, as argued, the novel had previously demonstrated the material reasons for monetary pursuits—the poor position of general practitioners early in their medical careers—the novel is less convincing on how a person would come to commit to the moral values of medical care, beyond some abstract notion of vocation or some fundamental quality. Manson, and a few comrades he collects along the way, are simply capable of rising above a general depravity. Consequently, in this individualising gesture the novel retreats from a

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[167] Ibid., 262.

[168] Ibid., 254-5.

[169] 'The technically progressive, often uprooted individual, conscious of himself (occasionally herself) as against both the old middle class and the old working class.' Ross McKibbin 'Politics and the Medical Hero,' 656.

strenuous critique of the medical profession and its systems and structures. Manson no longer is the typical individual who is created by the interwar medical system, but instead is merely led astray by a group of bad exceptions. The representativeness of the novel is undone as Cronin shifts from social construction to an inherent essence within characters, and by extension people.

The conclusion of the novel and its notion of what is to be done to improve the medical profession similarly hews to the individualistic, actively eschewing state action. Manson, along with a small group of friends, departs the corruptions of London for an Arcadian medical centre in a rural town, an action imbued with more than a little sense of a retreat to a utopian nowhere. The reformist project that is ultimately put forward in *The Citadel* is the small, expert led clinic. The idea of the health centre was prominent in proposals of how to re-organise the healthcare system in the 1930s and was in particular supported by the more radical quarters in the debates, such as the Socialist Medical Association (SMA). The health centre, as Webster writes, 'came to symbolise the distinction between socialist and non-socialist conceptions of the health service.'[170] There is significant overlap between the reasons given in support of health centres by the SMA and those present in *The Citadel*. The SMA's report *The People's Health* (1932) argues that 'no one doctor, however clever he may be, can know all there is to be known about prevention, diagnosis, and treatment of *all* diseases'.[171] *The Citadel* takes a similar position noting 'the folly of asking the general practitioner to pull everything out of the one black

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[170] Charles Webster, 'Conflict and Consensus: Explaining the British Health Service' *Twentieth Century British History*, Vol. 1, No. 2 (1990), 139.

[171] John Stewart, *The Battle for Health: A Political History of the Socialist Medical Association, 1930-51* (Aldershot: Ashgate 1999), 52.

bag'.[172] However, the form of the proposed health centres differs significantly in its structure and motivations. What was specifically suggested in SMA's *The People's Health* and *A Socialised Medical Service* (1933) was health centres which would serve groups of around 60,000 people, with a team of GPs, each responsible for 2,000-2,500 patients. It was also suggested that at least one GP should be a woman.[173] David Stark Murray, an important socialist campaigner who would eventually lead the SMA, outlined the requirements of the health centre: 'its functions in general terms should be identical with those of a fully socialised service—health preservation, health protection, detection and diagnosis of disease, treatment and cure, health restoration and health education; the scheme must be one which can be adapted to rural areas as well as cities, and it must be sufficiently elastic to meet the ever growing science of medicine.'[174] It 'was to provide a comprehensive, integrated service – both curative and preventive – to the citizens of its designated area, and so act as the focal point of health care'.[175]

In *The Citadel* the primary concern of Mason's health centre is not patients at all. It is essentially a means of overcoming the overburdening of the GP by allowing experts to work unhindered with 'each specialising in our own province and pooling our knowledge.'[176] The health centre is consequently conceived as a means of allowing a form of healthcare which

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[172] *The Citadel,* 215.

[173] See John Stewart, *The Battle for Health*, 54-64.

[174] David Stark Murray, 'Health Centres' (1 July 1942)

<https://www.sochealth.co.uk/1942/07/01/health-centres/>

[Accessed 23 June 2022].

[175] John Stewart, *The Battle for Health*, 53.

[176] *The Citadel,* 265.

'comes between State medicine and isolated, individual effort. The only reason we haven't had it here is because the big men like keeping everything in their own hands'.[177] *The Citadel*'s conception of the health centre operates at a distance from the state, with small sites in which experts could do the work they themselves think should be undertaken. Any role for the state is denied due to Manson's feeling that 'bureaucracy, chokes individual effort'[178]. How this would actually work is not detailed in the novel, but the central concern is intellectual and medical freedom, not the care of patients. Manson's health centre is not socialistic but technocratic. It prioritises the freedom of the expert and suggests that from this good care will naturally follow. The material reasons for inequalities and injustice within the medical system which the novel had diagnosed—from regional inequalities to doctor's earnings—are forgotten in an essentially idealist ending. After numerous equivocations, Manson's Bildung therefore ends on the abandonment of a materialist critique of the medical profession for an idealist and technocratic desire of utopian separation. *The Citadel* is therefore not the critical polemic against the state of prewar healthcare that some have described it as, but is evidence of an ambivalent and emergent process in which medical institutions and practices were beginning to be critiqued in the hope that new, not yet determined forms would arise.

Paraliterary Debates: The Citadel*, the Doctors and Bevan*

Despite this ambivalence in the novel's critical focus, the paraliterary discourses that emerged around the novel, especially within medical journals, focused particularly on the veracity of the novel and whether it was representative of the medical profession as a whole. This was in part due to the fact that the publisher, Gollancz who spent more on promotion than any other publishing house in the interwar period, constructed an oppositional position for the novel

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[177] Ibid., 258.

[178] Ibid., 173.

through a significant campaign with full page weekly advertisements published in newspapers listing the increasing sales numbers of *The Citadel*[179]. These adverts placed a particular stress on the medical content of the novel with large text at the bottom stating, 'The novel about doctors' or 'The Citadel: Dr. Cronin's novel about graft and quackery among doctors'.[180] Gollancz even had two hundred copies of the book sent to a medical conference to stir up controversy. As Sheila Hodges writes, the book was 'fiercely denounced by the medical profession, and, as usual, this vociferous hostility greatly increased the sales of the book the doctors were trying so hard to supress'.[181] As this makes clear, these 'epitexts'[182] presented a constricted idea of the novel's content, emphasising the oppositional nature, which significantly shaped the response to the book. The American poet and doctor William Carlos Williams, for example, read the novel in terms of how it understood the issues facing contemporary doctors arguing that 'it is money and its misappropriation and artificial scarcity that are at the back of our troubles […] unless you see the thing through to its source you can

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[179] See Joseph McAleer, *Popular Reading and Publishing in Britain 1914-50* (Oxford: Clarendon Press, 1992), 109.

[180] "The Citadel Advert", *The Sunday Times* (22 August 1937), Issue 5967, 7; "The Citadel Advert", *The Sunday Times* (25 July 25 1937), Issue 5963, 7.

[181] Sheila Hodges, *Gollancz: The Story of a Publishing House 1928-1978* (London: Gollancz, 1978), 72.

[182] Gerard Genette, *Paratexts: Thresholds of Interpretation*, trans. Jane E Lewin (Cambridge: Cambridge University Press, 1997), 344.

see nothing. Cronin of course has an inkling of that.'[183] Leonora Eyles in *The Times Literary Supplement* wrote, 'As a novel Dr Cronin's book may be reckoned his best piece of work. As propaganda it is lopsided [...] All over the country today are county and municipal officers who care less for fees than for healing; in general practice are insignificant men and women living devoted, anxious lives with only fourteen days a year away from the clamorous telephone by day and night'.[184] Eyles suggests that the novel is not indicative of the real world of doctors, but her image is equally constraining. Why would suggesting doctors to be inhabiting a pure vocational and ascetic existence be any truer than what is represented in Cronin's novel? Similarly, in the *British Medical Journal* it was written that 'The main fault we had to find with this very readable book was the way in which the exceptional was overemphasised so as to make it appear the usual'.[185] The president of the British Medical Association Dr. Lindsay Dey, in more severe terms, is said to have stated that 'If the charge made in the book is not a fantasy, it is mudslinging'.[186] The wish to disavow *The Citadel*'s representativeness, a position I have suggested is taken up in the novel itself, expresses an ideological sense of healthcare as not as

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[183] William Carlos Williams, 'Books and the Arts: A Good Doctor's Story' *Nation* Vol. 145 (11 September 1937), 268.

[184] Leonora Eyles, 'Doctor's Dilemma,' *Times Literary Supplement*, (14 August 1937), Issue 1854, 591.

[185] 'The Citadel: Book and Film,' *The British Medical Journal*, Vol. 1, No. 4072 (Jan. 21, 1939), 118.

[186] 'Book Notes', *New York Times*, (06 September 1937)

<https://www.nytimes.com/1937/09/25/archives/book-notes.html, 15. > [Accessed 23 June 2022].

bad as Cronin apparently suggests and the requirements of change as less severe than was proposed by more radical groups, like the SMA. (Such a resistance to external pressures for change would be central to negotiations over the NHS.[187]) This was an attempt to ward off the arguments of those like the doctor Hugh Chabot, for instance, who viewed *The Citadel* as 'a great book which may easily have a profound influence on the future of society'. He went on to support the veracity of the novel: 'I can say at once that there is in no important situation which he draws, the counterpart of which cannot be found in this country.'[188]

Despite both textual and paraliterary resistance, the novel would be used as evidence of the nature of healthcare in Britain in the early 1940s by none other than Aneurin Bevan, the Minister of Health from 1945 who oversaw the formation of the NHS.[189] During the second reading of the Pharmacy and Medicines Bill on 8 July 1941, which looked to restrict the advertisement of 'quack remedies', Bevan, in attempting to 'to show that the claim that the medical profession is free of quackery is unwarranted', said, 'I have another qualification, in that I was for very many years a member of the committee of a medical aid society about which Dr. Cronin wrote in his famous book, "The Citadel." I think that some hon. Members who have spoken, and who belong to the medical profession, might have remembered the latter portion

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[187] See, for example, Rudolf Klein, *The New Politics of the NHS: From Creation to Reinvention* (London: CRC Press, 2013),16-19.

[188] Alan Davies, *A.J. Cronin: The Man Who Created Dr Finlay*, 64.

[189] Although historians have disputed Bevan's actual influence, with some suggesting Bevan simply finalised a process that was already set in motion. For an overview of various arguments regarding Bevan's importance see Martin Powell, 'NHS Birthing Pains,' 48-49.

of that book before indulging in their praise of the medical profession.'[190] Prior to becoming a novelist A. J. Cronin practised medicine for over a decade. He worked at the Miners' Medical Aid Society in Tredegar, the town in which Aneurin Bevan was born and where the latter worked as both a miner and a trade unionist. Despite this coincidence leading to speculation of a link between the two, there is no evidence that they met. Furthermore, despite the importance of the Miners' Medical Aid Society to Bevan's conception of the NHS, Cronin was more critical. In *Adventures in Two Worlds* (1952), a book marketed as an autobiography that combined fact and fiction, Cronin was critical of the scheme, noting that 'with complete carte blanche in the way of medical attention, the people were not sparing by day or night, in ''fetching the doctor''. A malingerer's and hypochondriac's paradise.'[191] Nonetheless, four years before Bevan would become Minister of Health, he was already questioning the authority of the medical profession and was using Cronin's novel as both support and justification for doing so. Bevan aligns the immoral and exploitative actions of the Harley Street doctors in *The Citadel* with the whole medical profession in order to trouble (and potentially challenge) their authority. He suggests, strategically, that *The Citadel* is an accurate representation of the medical profession and that its portrayal of exploitative doctors should be taken into consideration in policy making. This turn to a fictional text, rather than actual events, suggests the ubiquity of *The Citadel's* critique as its content is presumed to be common knowledge and to have a particular rhetorical force. As a novel written by a former doctor, *The Citadel* is seen

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[190] 'Pharmacy and Medicines Bill', House of Commons Debate (08 July 1941), Vol. 373 cc63-12763. <http://hansard.millbanksystems.com/commons/1941/jul/08/pharmacy-and-medicines-bill#S5CV0373P0_19410708_HOC_340> [Accessed 23 June 2022].

[191] A. J. Cronin, *Adventures in Two Worlds* (London: New English Library, 1977), 140.

to have a revelatory function: it exposes, from apparent experience, what is hidden, what the public do not know of the medical profession. By referring to his own experience and to the writing of a writer-doctor, Bevan presents these references as being authentic and neutral. There is no need for verification of the truth of these claims as, in this essentially populist anti-elitism, it is clear that those who would do the verifying, the doctors, would have a vested interest in ensuring the truth does not emerge. *The Citadel*, regardless of Cronin's intentions, was then put to political use. It was used to demonstrate the apparent common sense and popular view of the medical profession and questioned their authority, suggesting a need for intervention into the running of the healthcare systems from outside the profession.

Even though, as I have argued, *The Citadel* offers an often-inconsistent critical position, ending on an individualistic note, it continues to be presented today as an influential critique of interwar healthcare. Rather than being directly pivotal, *The Citadel* should be seen as a part of a wider cultural process in which there was a general discontentment with how medical care was being organised, provoking emergent responses. This is to shift the focus from individual, exceptional writers and texts to a consideration of culture as a common and democratic process through which the meaning and qualities of healthcare was challenged. As argued, this corrects a dominant attention to the creation of the NHS as pre-eminently the result of the actions of politicians and so considers the establishment of the health service in light of what Williams calls a 'common *process* of participation in the creation of meanings and values'.[192] *The Citadel* is, therefore, valuable in allowing us to examine the means through which popular discourses were attempting to imagine new forms of healthcare in the decade preceding the formation of

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[192] Raymond Williams, 'The Idea of a Common Culture (1968)' in *Resources of Hope: Culture, Democracy, Socialism*, ed. Robin Gable (London: Verso, 1989), 38.

the NHS, even as the sense of what was to be done remained burgeoning and uncertain, with doubt regularly casted on whether reform was needed at all.

Part Two, 1940s

The Emergency Medical Service and the Value of Life in Wartime

If *The Citadel* is emblematic of a vacillation about whether systematic reform of the British healthcare system was necessary, World War II, and its cultural products, made the answer clear. Charles Webster argues that the war 'shatter[ed] the inertia of the settled regime […] The *Luftwaffe* achieved in months what had defeated politicians and planners for at least two decades.'[193] However, state control of the medical services for the purposes of war did not have the same positive functions as would be expected from peacetime reforms, even if it prefigured beneficial purposes. The organisational principles of wartime medical care were informed, as war necessitated, by a set of values fundamentally opposed to those upon which the NHS would be founded. The expectation of thousands of air-raid casualties and the necessity of treating injured soldiers led to the creation of the Emergency Medical Service (EMS) in which medical personnel and hospitals were brought under state control.[194] As Angus Calder writes, 'While conditions bore hard on the remainder of the nation's sick, especially old people, a growing section of the population enjoyed the benefits of the first truly "national" hospital service.'[195]

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[193] Charles Webster, *The National Health Service: A Political History* (Oxford: Oxford University Press, 2002), 6.

[194] The best account of the development of the Emergency Medical Service is still Richard Titmuss, *Problems of Social Policy* (London: His Majesty's Stationery Office, and Longmans, Green and Co., 1950), 54-86. See also Martin Powell, 'NHS Birthing Pains' p 53-55.

[195] Angus Calder, *The People's War: Britain 1939-1945* (London: Pimlico, 1992), 539.

This perhaps underplays the extent to which the EMS was organised according to a hierarchal and unequal understanding of the value of lives. The state, Kimberley Mair argues, operated under a biopolitical logic in which 'to protect the life of the nation, distinctions of relative value must be made between groups within its population between those who function to enhance the population and those who may threaten it.'[196] During wartime, the state's duty of care prioritised those directly involved in the conflict, and so hospitals were emptied to make room for military and home front casualties. In the name of protection and security, the government and the medical profession could therefore instantiate what Agamben calls a 'state of exception'[197] and so renege on its commitments to care for the most vulnerable through the hierarchal creation of some lives as being less important than others. As Foucault argues, 'this is a way of fragmenting the field of the biological that power controls.'[198] Those lives deemed of secondary importance to the war, or even as a hindrance, were made abject, transformed into what Agamben calls 'bare life,'[199] as the value of a life was tied to its ability to productively aid the war effort, and so power did not need to concern itself with their care.

The elderly and the long-term patients were the groups most affected by this system of prioritisation as they were consigned to a position in which their health and their care was considered essentially secondary. They 'had to pay the price of war by going without, waiting

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[196] Kimberly Mair, *The Biopolitics of Care in Second World War Britain* (London: Bloomsbury, 2022), 32.

[197] Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Stanford, California: Stanford University Press, 1998),18-33.

[198] Michel Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975-76*, trans. David Macey (New York: Picador, 2003), 255.

[199] Giorgio Agamben, *Homo Sacer*, 6.

longer, getting less or being pushed about to make room for others.'[200] It is estimated that between June and September 1939 around one hundred and forty thousand long term and 'chronic sick' patients were 'discharged to the care of relations who might, for all the authorities knew, have evacuated.'[201] As records were often not kept, or were mislaid or destroyed, it could be weeks or even months before they were traced.[202] The issues faced by these groups was known by the authorities but 'No one really wanted to touch this difficult problem and no one really knew how to tackle it. It was much simpler to leave well alone and to say "first place to the young and war casualties"'[203] Although the basis for his supposition is not clear, Webster claims that 'the successes of the Emergency Medical Service were dependant on its appropriation of the better hospital facilities of all types, with the result that the plight of large numbers of vulnerable and long-stay patients became even worse; these most deprived members of the community were exposed to humiliating conditions arguably little better than the concentration camp.'[204] Webster's lack of sources makes such a claim hard to fully accept. As Titmuss makes clear, the experiences of displaced older people and long-term sick is difficult to fully reconstruct and so all that can be recovered, he argues, is a 'mosaic, consisting of scraps of information from individual hospitals and regional offices, stories of hardship extracted from ministerial files, reports from local authorities, scattered inquiries into waiting lists, and facts drawn from the Hospitals Year Book and other published material. The

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[200] Richard Titmuss, *Problems of Social Policy*, 486.

[201] Angus Calder, *The People's War*, 36.

[202] Richard Titmuss, *Problems of Social Policy,* 501.

[203] Ibid., 451.

[204] Charles Webster, *The National Health Service: A Political History*, 6.

results are impressive though they cannot satisfy the demands of statistician.'[205] Titmuss relies on an impressionistic mode of reconstructing experiences of the wartime medical services, whilst suggesting that such images do not represent a totalising knowledge. For example, he writes of how many convalescent schools for children were taken over to be used for recovering war casualties. Consequently, there was a severe shortage of convalescent facilities for children which meant that 'Some children, who were not at first seriously ill, later developed chronic complaints because hospital treatment was not followed by a period of convalescent care. They then drifted back into hospital and occupied beds which were needed for other patients. At the same time, convalescent beds were standing empty.'[206] Yet Titmuss's writing in conjunction with other accounts gives a strong sense of the situation. Doctor E. L. Sturdee, in an account published in 1947, notes, of chronic patients removed from city hospitals, 'that while the patients were being fed and cared for to the extent of being kept clean and free from bed sores, little or nothing was being done in the way of active treatment or rehabilitation. The common view seemed to be that the patients were "chronic sick," and no treatment would be of any avail. They must therefore be kept in bed until they died, in five, ten or possibly twenty years' time!'[207] Wartime therefore intensified what Foucault calls 'caesuras within the biological continuum addressed by biopower'[208] as maintenance and repair of certain lives was considered unnecessary for the health of the population.

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[205] Richard Titmuss, *Problems of Social Policy,* 490.

[206] Ibid., 498.

[207] E. L. Sturdee, 'Care of the Aged and of the Chronic Sick in Great Britain,' *Geriatrics*, Vol. 2, No. 6 (Nov/Dec 1947), 361.

[208] Michel Foucault, *Society Must Be Defended,* 255.

What these accounts makes clear is the unfortunate, often devastating, impact that the prioritisation and rationing of wartime health services could have on civilian lives. The cultural productions of wartime are marked by this fractured idea of life. Evelyn Waugh's novel *Put Out More Flags* (1942) gives some indication of the negative perceptions of the EMS as it is stated that 'a woman in the village got appendicitis and she had to be taken forty miles to be operated on because she wasn't an air-raid victim and she died on the way.'[209] The wartime logic of care deprioritised quotidian forms of illness, which had the consequence, Waugh's novel anecdotally implies, of minor ailments becoming more dangerous, even leading to death. Whether such an event occurred is difficult to ascertain, but this makes clear a wartime structure of feeling that resisted official discourses and biopolitical practices that were indifferent to everyday sufferings.

In the remainder of this chapter, I examine how incongruous ideas of the value and meaning of life were mediated in the wartime writings of Inez Holden, Henry Green, and Virginia Woolf. I show how Holden and Green challenge the totalising nature of wartime biopolitics as they emphasise the everyday experiences of war and how people survive circumstances that appear impossible. Drawing on the work of Victor Shklovsky I argue that each presents the distancing and defamiliarising effects of literature as a potential solution to the alienation produced by wartime's devaluation of individual, quotidian forms of living. I then engage with Virginia Woolf's writing on 'thinking the peace' and the difficulty of reconciling the horror of war with utopian imaginings, exploring what Richard Titmuss identifies as the strange paradox that 'when human lives are cheapest, the desire to preserve health and life is at its highest'.[210]

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[209] Evelyn Waugh, *Put Out More Flags* (London: Penguin, 2009), 40.

[210] Richard Titmuss, *Problems of Social Policy*, 474.

Inez Holden's Blitz Writing and Medical Detachment

If, as Marina MacKay argues, 'the most important claim literature can make on our historical imaginations is to show how things felt at the time'[211] then an essential aspect of wartime writing is the ways in which it shows how the contradictory values of life were lived. Literature offers an important archive for reconstructing how the wartime structure of feeling was deeply affected by the devaluation of human life. A key text in this regard is Inez Holden's 'It was Different at the Time' (1943), which details Holden's work as a nurse 'at a large LCC [London County Council] hospital'[212] from December 1939 to August 1941. The hospital in which Holden worked was central to the war effort. She describes her experience caring for predominantly male workers with injuries from bombings and, briefly, her work on a maternity ward. Initially, she planned this to be a part of a joint war diary that was to be written in collaboration with George Orwell, but this did not occur.[213] The book was published by John Lane, The Bodley Head in 1943, two years after Holden first wrote the diary entries and deep into the period Henry Green called 'the lull' as from 10 May 1941, there would not be another major attack on London until 1944.[214] The text, Kristin Bluemel suggests, is important as a piece of reportage and an archive of one experience, allowing the partial reconstruction of how

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[211] Marina MacKay, 'Introduction' in *The Cambridge Companion to the Literature of World War II*, ed. Marina MacKay (Cambridge: Cambridge University Press, 2009), 3.

[212] Inez Holden, 'It was Different at the Time,' in *Blitz Writing* ed. Kristin Bluemel (Bath: Handheld Press, 2019), 117.

[213] Kristin Bluemel, 'Introduction' in *Blitz* Writing, ed. Kristin Bluemel (Bath: Handheld Press, 2019), xxvv.

[214] Henry Green, The Lull (1943)' in *Surviving: Stories, Essays, Interviews* (New York: New York Review of Books, 2020).

the war was lived.[215] This can be compared with the Mass-Observation project, which Nick Hubble argues offers 'comprehensive documentation of everyday social life' during the Second World War.[216] James Hinton attests that the Mass-Observation 'diaries take us as close as a historian can hope to get to observing selfhood under construction, making it possible to explore the strategies employed to sustain the singularity of a self, the meaning of a life.'[217] However, Holden's work has a practical difference to this archive. The wartime Mass-Observation was under the Ministry of Information's remit. Subsequently, as Hubble shows, certain publications like *War Begins at Home* (1940) were 'nakedly authoritarian'[218] in espousing a desire for a pliant and passive citizenry under the control of the wartime state. Holden's 'eccentric positioning'[219], outside of any official or unofficial grouping, therefore, benefits from a certain freedom compared to Mass-Observation's public texts, which were curated with their effect on the war effort in mind. Holden's work, therefore, embodies, to a greater extent, Raymond Williams' notion of culture as a common and democratic process against wartime centrally mandated culture.

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[215] Kristin Bluemel, 'Introduction,' xxvii.

[216] See Nick Hubble, *Mass-Observation and Everyday Life: Culture, History, Theory* (Basingstoke: Palgrave Macmillan, 2006), 10.

[217] James Hinton, *Nine Wartime Lives: Mass-Observation and the Making of the Modern Self* (Oxford: Oxford University Press, 2010), 7

[218] Nick Hubble, *Mass-Observation and Everyday Life*, 14.

[219] Kristin Bluemel, *George Orwell and the Radical Eccentrics: Intermodernism in Literary London* (Basingstoke: Palgrave Macmillan, 2004), 126.

Throughout the text, Holden provides various details and insights into the medical experience of war. For example, Holden shows how in this time of great vulnerability this hospital was felt by some as a refuge, a place where genuine care and attention continued. In this hospital 'there was dignity; the patient felt this. too. They often said: "I was glad when I know I was coming here"; and "I asked the ambulance man where he was taking me and when he said the name of this hospital, I didn't trouble any more. I just went to sleep as contented as a child."[220] These expressions of relief and gratification have as their negative image the unseen experiences of those less fortunate who ended up in the worse hospital. This indicates an informal public sense of a healthcare hierarchy in which the quality of care varied from hospital to hospital. It is suggested that there was a collective knowledge of the good and bad hospitals and anxiety over the possibility of finding oneself, due to arbitrary processes, in a 'bad' hospital. Wartime experience was therefore determined not only by the relative randomness of bombings, destruction, and death but the uncertainty of what care a person would receive if they found themselves an unfortunate victim. Holden's text offers a contrast and challenge to the, now rather belaboured, myth of the 'People's War' as rather than egalitarianism and togetherness, an image of an uneven and hierarchal medical system is subtly unveiled.

'It was Different at the Time' is not simply a set of historically interesting anecdotes but shows how wartime experience was mediated through language. As Bluemel demonstrates, the differences between Holden's private diaries and this text 'shows us how the pressures of public audience transformed what might be seen as the more complete, spontaneous writing of the private diary'.[221] Most notable is how conceptions of mediation and detachment become

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[220] Inez Holden, 'It was Different at the Time,' in *Blitz Writing* ed. Kristin Bluemel (Bath: Handheld Press, 2019), 141.

[221] Ibid., xxiv.

linked to a warped and distorted sense of life and humanity. Tom Harrisson, the director of Mass-Observation during the war, argues that in the M-O archives, despite 'the potentially fearful conditions of being blitzed, the extent or frequency of references to death seem remarkably small. The record shows no special discussion of the theme, no new metaphor or concern for the novelty of sudden demise from the skies.'[222] For Harrisson, this reflects that 'the normal human capacity to sweep death under the carpet was if anything accentuated by blitzing'.[223] As I will show, Holden's text demonstrates and challenges this notion.

The narrator of 'It was Different' maintains a careful distance for much of the text. She views the other staff members in terms of generic types, for example, expecting 'that every matron was half Fuehrer, half Florence Nightingale'.[224] She quickly picks up the convention of referring to all patients by numbers instead of names to maintain a clinical detachment.[225] As Graham Matthews shows, the notion of 'detached concern' was prominent throughout the early and middle twentieth century. He writes, 'Medical practitioners have long held equanimity as a professional ideal, arguing that emotional engagement with patients impedes efficacious care.'[226] Such an approach was intensified during wartime. Holden's narrator writes, 'At first sight the men in the surgical ward all looked so seriously ill; their faces were a kind of grey; yet one got used to this […] after the first shock was over it seemed a part of the

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[222] Tom Harrisson, *Living Through the Blitz* (London: Collins, 1976), 98.

[223] Ibid., 98

[224] Inez Holden, 'It was Different,' 117.

[225] Ibid., 121.

[226] Graham Matthews, 'Clinical Empathy and the Ethics of "Detached Concern" in Mid-Twentieth-Century British Literature,' *Literature and Medicine*, Vol. 38, No. 1, (2020) 136.

environment, as if we were all living under the sea.'[227] Here the narrator explains their sense of detachment as a total transformation into an essentially inhuman, aquatic environment. She adapts to this change, but the abyssal image, with connotations of a frictionless lack of control, maintains an acute awareness of this alienated condition.

Later in the text, the narrator reflects: 'All nurses are continually confronted by happenings of great horror, but this ghastliness is yet made endurable by a routine so exact that it can dull down suffering, pain, and death. So, in spite of everything around, the hospital seems like a large enclosed space of safety, and a nurse's life, in a sense, a very sheltered one.'[228] The alienated nature of the nurse's labour is here conceived as a protection from the destructions of war. A mundane routine with clearly delineated roles and tasks ensured a protective distance for the nurses. Yet, such detachment's curative or palliative effects have adverse side effects. As Holden writes in another Blitz text, the constant intensity of work alongside the stress and anxiety of aerial bombardment 'could make an individual into another person, a half-conscious creature removed a little way from the things which were happening.'[229] The horror of war produces a repetitive strain that can only be borne, Holden suggests, by detachment, a dulling of the senses, and the living of a less than human life. Disconnection makes war bearable at the cost of demonstrating the limitations of the human and how the human is fundamentally reliant on modes of living antithetical to its self-image. The care-work of the nurse, in this instance, reliant on their becoming little more than a 'creature.' The care of the other is presented as reliant on self-abnegation, the seemingly safe nurse damaged by the required alienation. There

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[227] Inez Holden, 'It was Different,' 121.

[228] Ibid., 136

[229] Inez Holden, 'Night Shift,' in *Blitz Writing* ed. Kristin Bluemel (Bath: Handheld Press, 2019), 81.

is no propagandist valorisation of state control of healthcare, only attention to the damage done to medical staff, as well as the war wounded and dead.

Nonetheless, in writing this diary, Holden challenges such detachment by making the experience of alienated absence felt and expressive. The awareness of this inhuman mode of existence shows that the narrator is not simply detached or distant but immanently focused on what the hospital environment is doing to herself and other people, how the 'ward itself […] had developed an illusive personality which influenced, to a degree, the talk and behaviour of the various people who existed and suffered there.'[230] It is the very action of literary distance which enables a critical awareness of the damage caused by detachment. The act of clarifying and interpreting this structure of feeling, of making the strangeness of this normality felt again, is to inhabit the spirit of Victor Shklovsky, one of the most influential opponents of ossification and the theorist of *ostranenie* or 'enstrangement'.[231] He argues that in response to alienating social conditions which produce an unconscious stupor, 'art exists in order to restore the

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[230] Ibid., 124.

[231] 'Enstrange,' Alexandra Berlina, Shklovsky's most recent translator, suggests is a good solution to translating Shklovsky's original term, 'ostranenie'. This is, Berlina notes, 'an unintentional neologism, an orthographic mistake on Shklovsky's part: derived from strannyi (strange), it should feature a double n. Sixty-seven years later Shklovsky commented, "It went off with one 'n,' and is roaming the world like a dog with an ear cut off." The missing ear draws attention: the word's incorrectness refreshes language and stimulates associations connected to strangeness.' See Alexandra Berlina, 'Translating "Art, as Device"' *Poetics Today*, Vol. 36, No. 3 (September 2015), 152.

See Cannon Schmitt, 'Refamiliarizing Victor Shklovsky,' *Victorian Literature and Culture*, Vol. 47, No. 1, (2018), 187–201.

sensation of life, in order to make us feel things, in order to make a stone stony. The goal of art is to create the sensation of seeing, and not merely recognising, things'.[232] Therefore, literature and conscious attention become the means of surviving with a greater degree of humanity. Holden suggests that literary distance and the attentiveness of writing are the potential antidotes to wartime's alienated detachment. Such a belief in this function of literature, of course, has a long history and can appear overly romantic.[233] There can be no guarantees as to what effect reading literature will have. The emphasis on impact is to see literature as communication, a process which can only be uncertain and open. Holden's descriptions of the world of the wartime hospital can be seen as what Raymond Williams would call an 'offering'.[234] This is a transmission of experiences which is 'not an attempt to dominate, but to communicate, to achieve reception and response.'[235] In demonstrating the alienation felt in wartime hospitals, Holden offers a statement of how the war was lived to be taken up by an unpredictable readership in the hope of sparking somewhere an active recognition and reaction to the specific effects that the conflict had on carers and nurses.

Henry Green's Back*: Talking About War and Life*

In Henry Green's autobiography, *Pack My Bag* (1940), which he began to write in 1938 as war loomed as a seemingly inevitable outcome, Green explained that he was writing as he must 'put down what comes to mind before one is killed, and surely it would be asking much to

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[232] Viktor Shklovsky, 'Art, as Device,' trans. Alexandra Berlina, *Poetics Today*, Vol. 36, No. 3 (September 2015), 162.

[233] See Alexandra Berlin, 'Translator's Introduction' in *Viktor Shklovsky: A Reader* (London: Bloomsbury Academic, 2016), 27.

[234] Raymond Williams, *Culture and Society*, 316.

[235] Ibid., 316.

pretend one had a chance to live.'[236] Before Britain had entered the conflict, Green was certain that he would die, a clear example of what Paul Saint-Amour calls 'pre-traumatic stress syndrome.'[237] Nevertheless, he would go on to write three novels directly about the war. I will focus on *Back* (1946), written and set during the latter stages of the struggle but published the year after its end. *Back* is an important document for understanding how drastic alterations in the meaning of life and death during wartime affected the quotidian. In particular, I will show how Green uses dialogue to exhibit how prosaic everyday conversations were a prime means through which the disruptions of war were mediated. It is in everyday conversations that values, modes of perception, and means of survival are worked out, repeated, and commonly accepted.

Green, it has regularly been argued, is a writer concerned with 'the idiom of the time'[238], deploying language in a colloquial manner to express the ordinary attempts to grasp emergent social processes through what Williams calls 'a general human process of creative discovery and communication'.[239] Green's novels are intimately concerned with the form and content of everyday speech and how this can be mediated in prose for, as Green writes, 'written dialogue is not like the real thing, and never can be.'[240] Naomi Milthorpe suggests that Green's style is 'marked by its interest in commonplace utterance: in the repetitiveness, vagueness, triteness,

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[236] Henry Green, *Pack My Bag* (London: Vintage, 2000), 1.

[237] Paul K. Saint-Amour, *Tense Future: Modernism, Total War, Encyclopaedic Form* (Oxford: Oxford University Press, 2015), 8.

[238] Rod Mengham, *The Idiom of the Time: The Writings of Henry Green* (Cambridge: Cambridge University Press, 1983).

[239] Raymond Williams, *The Long Revolution*, 53.

[240] Henry Green, 'The Spoken Word as Written' in Henry Green, *Surviving: Stories, Essays, Interviews* (New York: New York Review of Books, 2020), 171

and incompleteness of ordinary speech, especially speech misheard or misconstrued'.[241] He is, she writes, 'an exemplary practitioner of the prosaic imaginary'.[242] The everyday that Green wrote about in *Back* was not that in which he primarily lived. The problem of someone of Green's upper-class status 'going over' and claiming to accurately represent the working-class and middle-class speech and thought has been well established. For Peter Hitchcock and Carol Wipf-Miller, rather than working-class specificity, Green shows a more general social alienation in his writing.[243] However, there must be something accurate in Green's writing for, as Hitchcock shows, at the Second International Conference of Revolutionary and Proletarian Writers in 1930 Green was placed in the same grouping as properly proletarian writers like James Hanley, whose work I analyse in the next chapter.[244] For my purposes here, I am not looking to validate the authenticity of Green's dialogue, which, as already noted, Green himself was aware would never be an accurate recreation of speech. Instead, I focus on the ways that Green shows everyday conversations as a means of mediating the traumatic confrontation caused by wartime alterations in the meanings of life and death. Quotidian speech, in all its banality, becomes for Green, an essential method by which people attempt to cope with the upheavals of war.

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[241] Naomi Milthorpe, 'Things and Nothings: Henry Green and the Late Modernist Banal,' *Novel: A Forum on Fiction*, Vol. 50, No. 1 (2017), 98.

[242] Ibid., 98.

[243] Peter Hitchcock, 'Passing: Henry Green and Working-Class Identity,' *Modern Fiction Studies*, Volume 40, Number 1, (Spring 1994), 16; Carol A. Wipf-Miller, 'Fictions of "Going over": Henry Green and the New Realism', *Twentieth Century Literature*, Vol. 44, No. 2 (Summer, 1998), 152.

[244] Peter Hitchcock, 'Passing: Henry Green and Working-Class Identity,' 6.

Back is about Charley, a soldier who has recently returned to London from a German prisoner of war camp. His war is characterised by the dual losses of his leg and his lover, the married Rose, who died whilst he was away. The novel charts Charley's return to civilian life during the late days of the conflict and his inability to deal with his various traumatic experiences, which leads to a psychosexual drama in which he believes—in a pre-emption of Alfred Hitchcock's *Vertigo* (1958)—another woman to be Rose. A significant portion of the novel constitutes people imparting everyday wisdom to the passive Charley. As a wounded soldier, he is regularly caught in conversations about the meaning of war. Early in the novel, he visits Rose's grave and awkwardly meets her widower, James. As they are talking Charley briefly mentions the injury to this leg to which James opines: 'Medical science comes on a lot in a war, you know. I often say it's the one use there is in such things. Terrible price to pay, of course. But there it is.'[245] "You're right there"[246], Charley replies. It is not clear what aspect of James' speech is 'right.' Is Charley affirming the (dubious) idea of wartime medical progress or agreeing that it is a terrible price? Or is this merely an empty conversational statement that gives the pretence of presence without having to actually engage in any manner? Charley's passive, unspecific affirmative is a hallmark of his discursive engagements within the novel as he keeps a close guard on his deeper feelings and beliefs. Affirmative remarks such as 'Yes, that's it' and 'There you are' make up a significant proportion of Charley's contributions to any conversation in which he finds himself. As Rod Mengham writes, 'Charley's monotonous reiteration of the phrase "there it is" [is] a pathetically ineffectual gesture of placement in a world exhausted by displacement.'[247] Whilst Charley says as little as possible, he is constantly

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[245] Henry Green, *Caught, Back, Concluding* (London: Vintage, 2016) 204.

[246] Ibid., 204.

[247] Rod Mengham, *The Idiom of the Time: The Writings of Henry Green*, 180.

met by those who insist on imparting platitudinal wisdom as a means of coping with and sharing the traumatic experience of the war. At times there is a morbid awkwardness in such conversations, such as when Charley discusses a man's illness with his boss: 'Mr Mead was always able to talk medical details for hours. He drew out every little thing he knew about Mr Grant's illness. When he could get no more, and he had said, "It's got to come to all of us, some day," a silence fell.'[248] The trite truism hits the limits of what they can say to each other and so is followed by a wordless void. The platitude shows a felt necessity to communicate around the subject of death, given prominence by war, and makes evident the limitations that attend such attempts as everyday speech finds itself falling into nothingness.

Silence is not the only conversational response shown as the novel demonstrates a wide range of everyday thinking and expressions which characters utilise to explain the dislocations and traumas of wartime. The most sustained and recurring dialogue on the meaning of life and death during war occurs between Charley and Nancy, the woman Charley believes to be Rose (she is in fact her half-sister). For Nancy, the war and her husband's death have altered her values as she now believes 'it's the end of life that matters, how it finishes'.[249] The act of living becomes occluded by the importance of endings, by death. Charley and Nancy, in their conversations, share a common concern with the idea of what a good death means. For Charley, 'After his war experiences he had a sort of holy regard for death in bed, whereas dying out of doors meant damn all to him.'[250] Nancy reaches a similar conclusion: '"That's what I'll never forgive this war […] never so long as I live, that at the end I couldn't be with . . . with Phil […] After all, that's the least you can ask of life," she went on, "to have your loved ones round you

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[248] Henry Green, *Caught, Back, Concluding*, 375.

[249] Ibid., 400.

[250] Ibid., 369.

when you go."'[251] In attempting to fix an idea of a good death and repeating well-worn platitudes, death loses something of its exceptional quality. It becomes part and parcel of everyday life, an event to be discussed endlessly. Such is clear as Nancy repeats common phrases to give her husband's death meaning, such as "He died fighting for you"[252] and "no matter what others suffered, it was his life he gave".[253] There is an inviolability to such commonly made phrases as they make forcefully apparent that 'you' are standing in the position of survivor, the indebted left behind. Yet, as Adam Piette argues, such people grasp such pieties to 'give tongue to the unspeakable, and at the same time soothe and flatter themselves, just so as to get through it.'[254] The rote nature of such declarations, their seeming repetition from official state announcements, and the fact that such ideas would likely already have been met many times before, saps some of their power.

Such an idea fits precisely with what Victor Shklovsky saw as the alienation attending the worn-out perceptions of everyday language under modernity. Shklovsky argues that under certain conditions people's 'routine actions become automatic. All our skills retreat into the unconscious-automatic domain […] It is the automatisation process which explains the laws of our prosaic speech, its understructured phrases and its half-pronounced words.'[255] This produces a situation whereby 'life becomes nothing and disappears. Automatisation eats things,

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[251] Ibid., 381.

[252] Ibid., 290.

[253] Ibid., 375.

[254] Adam Piette, *Imagination at War: British Fiction and Poetry, 1939-1945* (London: Papermac, 1995), 71.

[255] Viktor Shklovsky, 'Art, as Device,' 161.

clothes, furniture, your wife, and the fear of war.'[256] Trite, platitudinal speech, Shklovsky suggests, aids in the formation of a subjectivity in which life becomes nullified. Rather than a means of coping with ever-encroaching death, this suggests that such perceptions indicate the characters' failure to manage the traumatic alterations of wartime. Dialogue in Green's novel, of course, is a double-mediation, for it is a representation of speech, a representation of what is already a mediatory process. By taking everyday speech out of its natural environment such automatic speech becomes 'enstranged' as it is transformed into phrases to be read, instead of listened to, with a different mode of attention. The attention to the specific rhythms, word choices, and absurdities of everyday speech force attention back to that which can easily be glossed over. Green, in a Shklovskian style, argues that the key concern of literature should be to 'quicken [readers'] unconscious imagination into life'.[257] In returning attention to everyday speech, increased meaning and importance are placed onto statements that in the course of daily life would be passed over and quickly forgotten; however, written text allows for slower and repeated reception, intensifying the focus on language's social functions. In Green's work speech is not simply automatic, as in Shklovsky's sense, but through the mediated distance of the novel returns attention to the conditions which create such speech, asking why it is that such forms are reached for. Quotidian speech is then re-engaged through a critical aesthetic in which the banal and platitudinal can be read as an expression of an alienated subjectivity jutting against that which threatens to overwhelm. In its own way, the banal attests to the sublimity of wartime—the unbelievable scale and brutality. However, against a Kantian idea of the sublime as ultimately recentring human powers of reason, quotidian platitudes assert a limit point to

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[256] Ibid., 162.

[257] Henry Green, 'A Novelist to his Readers: I' in Henry Green, *Surviving: Stories, Essays, Interviews* (New York: New York Review of Books, 2020), 140.

popular understandings; they function as a site to seek refuge and consolation, a means of carrying on within the shadow of the unbearably sublime. The importance of the platitude is less what is communicated than the act of feeling oneself able to occupy, if only temporarily, the position of reason, of understanding unbearable events and social forces. The platitude allows a person to not feel overwhelmed; it is a means of coping with the helplessness of war through banal, barely satisfactory, modes of explanation, which almost paradoxically offer a cliched mediation of the awfulness of combat. The wartime disruption of the values of life and death, the novel implies, was so overwhelming, practically unimaginable, that it could not be understood, only talked around. As in Holden's writing, the act of writing about such an aporia offers a hopefulness that even if the experiences of wartime cannot be made sensible and rational, even if its essence is unbearable, the experience of this aporia can be made knowable and shareable as an offering to some undefined future.

The Future Among Ruins: Virginia Woolf and the Discourses of Peace

Simultaneous to such struggles to understand and comprehend the war was a vastly proliferating body of discourses that espoused what the future would behold. As Holden and Green wrote of the alienation and exhaustion of wartime, official state discourses argued that all this misery was little more than a prelude to better things. As Kelly M. Rich argues, 'If history remembers Britain's Second World War as its finest hour, it is due not just to its victories on the battlefield, nor to the fortitude of its Home Front, but also, importantly, to the vividly imagined plenitude of its postwar future.'[258] A fundamental aspect of these discourses was the establishment of the importance of all lives and a commitment to ensuring that after the war the state would act to provide a good quality of life for everyone.

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[258] Kelly M. Rich, "Nowhere's Safe": Ruinous Reconstruction in Muriel Spark's The Girls of Slender Means, *English Literary History*, Vol. 83, No. 4, (Winter 2016), 1185

In the wartime 1940s, social medicine came to a heightened prominence in Britain with the establishment of the Institute of Social Medicine at the University of Oxford in 1943, which emphasised the necessity of wide-reaching social change in order to limit inequalities and improve public health.[259] There were similarly various biopolitical interventions by the state to monitor and analyse the population's health, such as the Survey of Sickness, which also began in 1943.[260] Despite its inegalitarianism, the Emergency Medical Service equally played a central role in making clear a need for organisational changes. The success of the EMS, Webster shows, led to the Minister of Health promising a National Hospital Service after the war. Most significant, was the Beveridge Report's attack on 'the five giants' of want, ignorance, disease, squalor and idleness, which has been well established as the central discursive narrative around which wartime ideas of peace revolved.[261] As Foucault notes, there was a the remarkable contradiction that 'In 1942 —at the height of the World War in which 40,000,000 people lost their lives — it was not the right to life that was adopted as a principle, but a different and more substantial and complex right: the right to health. At a time when the War was causing large-scale destruction, society assumed the explicit task of ensuring its

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[259] For an overview of the changing perspectives of social medicine see Dorothy Porter, 'From Social Structure to Social Behaviour in Britain after the Second World War,' *Contemporary British History*, Vol. 16, No. 3 (2002), 58-80.

[260] See Daisy Payling, '''The People Who Write to Us Are the People Who Don't Like Us": Class, Gender, and Citizenship in the Survey of Sickness, 1943–1952', *Journal of British Studies*, Vol. 59, No. 2 (April 2020), 315–342.

[261] See, for example, Peter Hennessy, *Never Again: Britain 1945–1951* (New York: Pantheon, 1993), 74.

members not only life, but also a healthy life.'[262] Nonetheless, it must be noted that the consequence of the actual content of the report is regularly questioned. 'Popular enthusiasm for Beveridge's Plan is beyond doubt,' Geoffrey Field writes, 'although why people welcomed it as a revolutionary document is less clear. It was partly a measure of the strain of a long war and the nation's impatience for peace and some return for its sacrifices'.[263] The Beveridge Report was much less radical in certain aspects like healthcare than the changes the next Labour government would ultimately implement. For example, Beveridge favoured flat-rate contributions whilst Labour would institute a progressive tax-based model to fund the NHS.[264] Regardless of the content, the plan achieved immense public support—a 1943 Gallup poll suggests that 95 percent of the public had heard of it[265]—and such popularity forced a response from the wartime coalition. In 1943 the Reconstruction Priorities Committee promised that steps would be taken to create a 'comprehensive health service'[266] after the war, and the 1944

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[262] Michel Foucault, 'The Crisis of Medicine or the Crisis of Antimedicine?,' 5.

[263] Geoffrey Field, *Blood, Sweat, and Toil: Remaking the British Working Class, 1939-1945* (Oxford: Oxford University Press, 2013), 339.

[264] For an explanation of these differences see Philip Musgrove, 'Health Insurance: The Influence of the Beveridge Report,' *Bulletin of the World Health Organization*¸ Vol. 78, No. 6 (2000), 845-6.

[265] Roberta Bivins, 'Commentary: Serving the nation, serving the people: echoes of war in the early NHS,' *British Medical Journal*, Vol. 46, (2020), 154.

[266] Charles Webster, *The Health Services Since the War Volume 1: Problems of Health Care: The National Health Service Before 1957* (London: Her Majesty's Stationery Office, 1988), 39.

white paper, 'A National Health Service', crystallised such commitments, albeit in a form which many saw as overly concessionary to established structures and interests.[267]

Such a disjunction between the actuality of wartime healthcare—with vulnerable groups displaced and deprioritised, nurses feeling barely human, individuals wrecked and inexpressive—and the aspirations of post-war plans expresses one of the fundamental aspects of wartime's biopolitical rhetoric: the devaluation of particular lives was, paradoxically, constructed as a necessity in order to, in the future, care for the lives of all citizens. This was clear from the very first day of the conflict when King George VI concluded that 'we can only do the right as we see the right, and reverently commit our cause to God. If one and all we keep resolutely faithful to it, ready for whatever service or sacrifice it may demand, then, with God's help, we shall prevail.'[268] The death and destruction of wartime were projected as little more than a sacrifice to bring forth a better future. 'War,' Mark Rawlinson argues, 'is a collective political activity directed at shaping the future, and is dependent on far-reaching patterns of signification […] war is a discursive, as well as a material, activity.'[269] For Rawlinson, political discourses which focused on post-war reconstruction were 'rhetorical displacements by which injury substantiates a civil project'[270]. The projection of the post-war 'diminishes the reality of drowned merchant seamen and burned bomber crews' as 'an impersonal, and contingent, political structure' is prioritised over the reality of the war's victims. [271] Adam Piette similarly argues that such an emphasis on noble sacrifices marks 'the desperate optimism of the time' as

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[267] Ibid., 57-59.

[268] Angus Calder, *People's War*, 57.

[269] Mark Rawlinson, *British Writing of the Second World War* (Oxford: Clarendon, 2000), 19.

[270] Ibid., 29.

[271] Ibid., 29.

'Propaganda was minimising present suffering by converting it into moral stoicism, and turning minds forward to future earthly benefits.'[272] The senselessness of death and destruction was imbued with a moral purpose in order to diminish the unbearable nature of what was happening. Rawlinson and Piette's distaste for wartime speculations, their insistence that looking beyond the wreckages of the war was an ideological enterprise and an ethical failure, evinces a melancholic attachment to the scene of death and trauma.

Yet, as Virginia Woolf wrote, such acts of 'thinking the peace'[273] were part of a social process of working through wartime trauma. Piette's hope of 'convinc[ing] people once and for all that the Second World War was a very great evil for everybody concerned'[274] consequently ignores the unbearable conjunction of untold meaningless death and destruction and the appropriation of the war for progressive means. This is to think about the war as not simply a historical aberration, a moment out of time, but enmeshed with the peace that followed. For Woolf, wartime necessitated thinking the end of all wars: 'Unless we can think peace into existence we—not this one body in this one bed but millions of bodies yet to be born—will lie in the same darkness and hear the same death rattle overhead. Let us think what we can do to create the only efficient air-raid shelter while the guns on the hill go pop pop pop and the searchlights finger the clouds and now and then, sometimes close at hand, sometimes far away a bomb drops.'[275] It is necessary to theorise peace to protect future generations from a ceaseless continuation of fighting.

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[272] Adam Piette, *Imagination at War*, 67.

[273] Virginia Woolf, 'Thoughts on Peace in an Air Raid', *The New Republic* (21 October 1940) https://newrepublic.com/article/113653/thoughts-peace-air-raid [Accessed 23 June 2022].

[274] Adam Piette, *Imagination at War*, 7.

[275] Virginia Woolf, 'Thoughts on Peace in an Air Raid.'

In the remainder of the essay, reproduction is given a dangerous potentiality to simply be a repetition of the conditions which led to war in the first place. Woolf writes of the need to 'drag up into consciousness the subconscious Hitlerism that holds us down. It is the desire for aggression; the desire to dominate and enslave'[276] and sees such fascist desire within women: 'We can see shop windows blazing; and women gazing; painted women; dressed-up women; women with crimson lips and crimson fingernails. They are slaves who are trying to enslave. If we could free ourselves from slavery we should free men from tyranny. Hitlers are bred by slaves.'[277] An alienated, 'enslaved' form of women are the reproductive origin of Hitlers in Woolf's view. As a corollary to this she imagines an anti-reproductive future:

> Suppose that imperative among the peace terms was: "Childbearing is to be restricted to a very small class of specially selected women," would we submit? Should we not say, "The maternal instinct is a woman's glory, It was for this that my whole life has been dedicated, my education, training, everything."...But if it were necessary for the sake of humanity, for the peace of the world, that childbearing should be restricted, the maternal instinct subdued, women would attempt it. Men would help them. They would honor them for their refusal to bear children. They would give them other openings for their creative power. That too must make part of our fight for freedom. We must help the young Englishmen to root out from themselves the love of medals and decorations. We must create more honorable activities for those who try to conquer in themselves their fighting instinct, their subconscious Hitlerism. We must compensate the man for the loss of his gun.[278]

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[276] Ibid.

[277] Ibid.

[278] Ibid.

Against a state mandated drive for reproduction, which would come into effect after the war, Woolf argues speculatively and allegorically for a general limiting of the birth rate. Restrictions to 'instinctual' reproduction are cast as opening the possibility for a more reflective and creative form of living which men would also be privy to. Slowing down the future, placing essentially totalitarian restrictions on people's actions, is suggested as a necessity to protect the future from the repetitions and escalations of war which appear socially ingrained in Woolf's account. Even as her choice of speculative images contains an uncomfortable anti-democratic and eugenic quality, Woolf argues that the future must be radically different, that a return to normality will only produce more wars, more trauma. Woolf, Saint-Amour argues, 'is interested in delivering the unborn from compulsory or unreflective reproductive acts'.[279] It is a desire to think from the very beginning of life a new way of living and acting in order to make the conditions under which Woolf wrote no longer possible. This is not, as Rawlinson and Piette suggest, simply an aestheticising reduction of the losses of war, but a reckoning with the ethical failures which begot war in the first place. It is clear that wartime plans for reconstruction would, eventually, have socially advantageous outcome, as in the NHS. Yet, it remains correct that plans for post-war reconstruction and their eventual realisation cannot be dissociated from the war. As Walter Benjamin famously wrote, 'There is no document of civilisation which is not at the same time a document of barbarism.'[280]

Conclusion

In this chapter, I have traced several literary interventions into the emergent ideas of healthcare reform that developed in the 1930s and during World War II, correcting a lack of attention to

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[279] Paul K. Saint-Amour, *Tense Future*, 129.

[280] Walter Benjamin, 'Theses on the Philosophy of History' in *Illuminations* ed. Hannah Arendt, trans. Harry Zohn (New York: Schocken Books, 2006), 256.

culture in accounts of the NHS's creation. Consequently, the contextual ground from which the NHS was formed appears in a richer and more democratic manner than the historical views which see the institution as resulting from the desires and actions of politicians. In the first I section I demonstrated how A. J. Cronin's *The Citadel*, despite the regularly repeated notion that it was central to the formation of the NHS, expresses an ideologically inconsistent critique of interwar healthcare. This is read as demonstrative of the complicated and even contradictory manner in which a new structure of feeling is created. The second section explored how Inez Holden's Blitz writings and Henry Green's *Back* engaged with a process of withstanding the damage done by wartime dehumanisation. Holden describes the alienation experienced by carers and nurses in the EMS and Green similarly uses a proliferation of quotidian dialogue to defamiliarise the experience of wartime, especially the transformed meanings of the value of life and death. Both Holden and Green use literary writing as a means of reinvigorating wartime experience from blunted, unfeeling acceptance of wartime alienation as a means of showing how the future should not be. The chapter then turned Woolf's essay 'Thoughts on Peace in an Air Raid' which offers a speculative exploration of the potential for the experiences of war to be utilised as a means of conceptualising a better future. Woolf did not live to see the end of the war and the form that the peace would take. The speculative form that she employed in this essay would, however, take on a significant life within the world of post-war reconstruction which is now where I turn my attention. In the next chapter I explore how imaginations of the future intensified in the post-war period as a means of challenging the apparent consensus in support of the new world that was being created by the Labour government.

Chapter Two

The NHS and Consensus Politics: Post War Speculations and Reality

Contemporary public attachment to the NHS imbues the post-war period with special importance. This is a time to be memorialised and celebrated as it is perceived to mark a distinctive transition from the dark pre-NHS days to a more egalitarian mode of society. Such improvements have engendered a deep sense of nostalgic attachment to this period which presents itself in various guises. Historian Peter Hennessey, for example, sees the nationalisation of the health service as 'the nearest Britain has ever come to institutionalising altruism.'[281] Literary critic Marina MacKay has recently expressed a wistful desire to return to the spirit of the (apparent) post-war consensus, deeming this 'a moment when binary political differences could coexist with an appreciation, however self-protectively ironized, for other kinds of commonality and affinity.'[282] In a 1987 essay E. P. Thompson similarly bemoaned the retreat from a structure of feeling that prevailed after World War II that meant 'this island was fanned by strange airs of égalité, when the pursuit of private privilege seemed contemptible.'[283] The NHS, for Thompson, 'expressed the spirit of that time and extended it forward into the future in institutional form […] it expresses in transparent form the first of socialist egalitarian principles: to each according to his or her needs.'[284] The Thatcherite 1980s, however, altered this cultural and ideological framework, so much so Thompson declares: 'Today they snigger

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[281] Peter Hennessy, *Never Again: Britain 1954-1951*, 132.

[282] Marina Mackay, "Temporary Kings": The Metropolitan Novel Series and the Postwar Consensus,' *Modern Fiction Studies*, Vol. 67, No. 2, (Summer 2021), 339.

[283] E. P. Thompson, 'On the NHS,' *London Review of Books*, Vol. 9 No. 9 (7 May 1987), 5.

[284] Ibid., 7.

at égalité and the whole business of state is to conspire against the common good.'[285] This

nostalgic attachment to post-war socialism might appear to be imbued with the melancholic

belief that such a condition of egalitarianism is irrecoverably lost, that these actions are, in

Owen Hatherley's words, 'someone else's possibility.'[286] To look back longingly at the

programme of the Attlee government and believe that it was informed by and sustained a mood

of public égalité is perhaps naive and represents an over-simplification. The NHS was not

created because the times were better and people more moral; nor was it as perfect in practice

as these reflections imply. As much as being the moment in which the NHS was formed, the

post-war period, as I will show, was a time of engaged political and cultural conflict, and not

simply the golden era of 'consensus'. In fact, as Chantal Mouffe has argued, a preoccupation

with consensus can be politically stultifying as it functions to exclude divergent and

challenging positions in the name of an apparently neutralised and depoliticised form of

reason.[287] Ideological harmony is not simply the result of a technocratic discovery of the most

effective policy solutions but is an enactment of power which limits the horizon of political

potential: consensus is hegemony by another name.

Accordingly, this chapter operates against the grain of nostalgia for post-war harmony

and focuses on what the historian Andrew Seaton has identified as an understudied 'ideological

criticism that reverberated throughout the NHS's founding years'.[288] Seaton's work is

concerned with the ways medical professionals practiced a liberal opposition to the NHS,

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[285] Ibid., 7.

[286] Owen Hatherley, *The Ministry of Nostalgia* (London: Verso, 2017), 53.

[287] Chantal Mouffe, *The Democratic Paradox* (London: Verso, 2005), 31.

[288] Andrew Seaton, 'Against the "Sacred Cow": NHS Opposition and the Fellowship for

Freedom in Medicine,' *Twentieth Century British History*, Vol. 26, No. 3, (2015), 427.

wishing to limit and even over-turn state involvement in healthcare. Conversely, this chapter emphasises the politically ambiguous nature of literary responses to the newly formed health service which did not simply embody a pre-set political perspective. Although, as we will see, the texts I analyse were regularly claimed or appropriated as emblematic of particular dogma. I read the literature of the post-war 1940s and 1950s as rhetorically challenging the medical institutions due to a frustration at the limited social alterations enacted by the welfare state. This, I argue, was a dialogic and democratic act which intended to challenge the continued concentration of power within the political centre of society.

In the first section of this chapter, I recontextualise the creation of the NHS within post-war speculative discourses in order to show how the new health service was not conceived as simply an end in itself but one element of a wider social and political process. In the immediate post-war period, the NHS and the actions of the Labour government were regularly perceived as incomplete and still emergent, leading to frequent speculation about the direction society might well take. There was a notable proliferation of an oppositional, conservative discourse which viewed the new health service as one step on the road to totalitarianism, a perspective that was equally present, if in a more ambiguous fashion, in the speculative literature of the period. I analyse the ways in which Orwell's *Nineteen-Eighty-Four* (1949) and his journalism alternates between a radical critique of the Labour government's deficiencies and a form of defamiliarising speculation about the dangers of a centralised state that repeated conservative talking points and so was appropriated by this ideological group. I then turn to James Hanley's *What Farrar Saw* (1946) and its own minor speculations about the dangers of political centralism. This is shown to occur most strongly through the novel's ruminations on the form and practice of care as a means of recuperating from the traumas of war. The novel stresses a concrete, localist notion of care against governmental politics, which I read as indicative of a social alienation that the reformist Labour government did not overcome. Raymond Williams'

notion of 'decentralism' is utilised to develop the novel's political concerns, without simplistically portraying it as little more than indicative of a conservative individualism.

From speculative fiction, the second half of this chapter examines the realist literature and culture of the 1950s. The central literary movement of this period was the much-maligned Angry Young Men, and I focus on the work of two working-class members, John Braine and Alan Sillitoe, emphasising the specific nature of a class-based rejection of the NHS. Against the dominant idea that a conservative individualism structured the post-war working-class novel, I argue that Braine and Sillitoe offer nuanced critiques of institutionalised medical power and present a desire for a more radical mode of living than what was offered under the welfare state. Despite Raymond Williams' misgivings about the Angries, I show how his notion of an emergent 'democratic impulse' offers a productive means of understanding the politics of these novels in which a determining mode of society is rebuffed. Furthermore, I demonstrate a resemblance between their approaches and that of Michel Foucault's influential work on the development of clinical medicine. In *The Vodi* (1959) and *The Loneliness of the Long Distance Runner* (1959) these authors, like Foucault, emphasise the objectifying nature of medical power. Braine emphasises the constricting nature of the medical institution and its externality to normative social life, showing that whilst the NHS made healthcare more accessible, social and cultural values remained as such that the sick were still socially alienated and stigmatised. Sillitoe equally presents the controlling nature of medical power but offers the potential for revolt against medical power which Foucault's account occludes. In these books, the NHS is not socialist; it is only another means of dominating the working class and the socially marginalised. Against a tenacious nostalgia for the post-war consensus this chapter argues for the necessity of viewing post-war politics in the light of a democratic conflict and contention over the meanings and practices of healthcare and medical power.

Part One, 1940s

Post-war Futures: Reconstructive Struggles

Despite, as seen in the previous chapter, a proliferation of discourses imagining a utopic post-war, the end of the war did not simply signal the arrival of peace. As Mark Rawlinson writes, 'whatever came after the end of the hostilities was achieved, it had to be made and in some cases enforced'.[289] Even if the form the post-war was to take had been well elaborated and planned during wartime, the work still had to be done to make this an actuality. The election of the Labour government in 1945 significantly determined the shape that the post-war would take. Regarding healthcare, there was a cross-party consensus on the necessity of a national health service, but the form this would have taken under a Conservative government would undoubtedly have been different. Hospitals, for instance, would not have been nationalised, and the general tenor and values of the service would have been markedly distinct.[290] Labour moreover had a specific view of what future their actions would produce. The 1945 manifesto, 'Let Us Face the Future', stated clearly, 'The Labour Party is a Socialist Party, and proud of it. Its ultimate purpose at home is the establishment of the Socialist Commonwealth of Great Britain —free, democratic, efficient, progressive, public-spirited, its material resources

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[289] Mark Rawlinson, 'Narrating Transitions to Peace: Fiction and Film After War' in *British Literature in Transition, 1940-1960; Postwar*, ed. Gill Plain (Cambridge: Cambridge University Press, 2019), 145.

[290] Charles Webster, *The National Health Service: A Political History* (Oxford: Oxford University Press, 2002), 14-15.

organised in the service of the British people.'[291] The Communist Party of Great Britain similarly endorsed this role for Labour.[292] The NHS was rhetorically presented as actively involved within this process. For Aneurin Bevan, the Minister of Health in charge of organising the new health service, the NHS was 'pure Socialism and as such it is opposed to the hedonism of capitalist society.'[293] There is more than a little rhetorical provocation in Bevan's remark, but he and others did, nevertheless, believe that the principles of the NHS were those which society as a whole should be based. This would be a culture in which healthcare and other public services are an 'act of collective goodwill and public enterprise and not a commodity privately bought and sold. It takes away a whole segment of private enterprise and transfers it to the field of public administration'.[294] However, the centralised idea of socialism that Bevan projected, with the emphasis on state power, was opposed to the democratic and devolved medical service, organised around medical centres, like those wished for in A. J. Cronin's *The Citadel* and for which the Socialist Medical Association (SMA) advocated. The SMA consequently lost faith in Bevan as their ideal did not come to pass.[295] The concessions Bevan was forced to make to the British Medical Association, in which GPs maintained independent

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[291]Labour Party, 'Let Us Face the Future: A Declaration of Labour Policy for the Consideration of the Nation' (1945) http://www.labour-party.org.uk/manifestos/1945/1945-labour-manifesto.shtml [Accessed 23 June 2022].

[292] Neil Redfern, 'Winning the Peace: British Communists, the Soviet Union and the General Election of 1945,' *Contemporary British History*, Vol. 16, No. 1, (2002), 31.

[293] Aneurin Bevan, *In Place of Fear*, 81.

[294] Ibid., 82.

[295] See John Stewart, *'The Battle for Health': A Political History of the Socialist Medical Association*, 1930-51 (Aldershot: Ashgate, 1999), 180-209.

contractor status and pay beds were permitted (concessions absent in the Conservative-led 1944 white paper) further dampened the euphoric belief in the NHS as 'pure Socialism'.[296]

A socialist idea of the future, whilst being rhetorically fostered by the Labour government, was the subject of strenuous rebukes. Winston Churchill identified Labour's project as utopian but conceived this as a negative, stating: 'Leave these Socialist dreamers to their Utopias or their nightmares. Let us be content to do the heavy job that is right on top of us.'[297] In this same speech, Churchill infamously said that any socialist government would require some form of gestapo to enforce its system.[298] Dr Alfred Cox, a much-respected and long-standing medical secretary of the British Medical Association, similarly wrote, regarding the 1946 NHS bill, that 'it looks to me uncommonly like the first step, and a big one, towards National Socialism as practised in Germany. The medical service there was early put under the dictatorship of a "Medical Fuehrer". This bill will establish the Minister of Health in that capacity.'[299] Such arguments were routinely criticised as being in bad taste, even by the typically conservative *The Times* newspaper, but, as Richard Toye shows, this kind of rhetoric

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[296] See Charles Webster, 'The BMA and the NHS,' *British Medical Journal*, Vol. 317, No. 7150 (4 July 1998).

[297] Winston Churchill, *Winston S Churchill: His Complete Speeches 1897-1963 Vol. 8*, ed Robert James (London: Chelsea House, 1983), 34.

[298] Ibid., 34.

[299] Alfred Cox, 'Correspondence: The Health Service Bill,' *The British Medical Journal*, Vol. 1, No. 4448 (Apr. 6, 1946), 541.

was not especially unusual at the time, with supporters and politicians from both political parties regularly characterising the other as fascist.[300]

Churchill and Dr Alfred Cox drew upon ideas most clearly and popularly theorised in Friedrich Hayek's *The Road to Serfdom* (1944). That Hayek influenced Churchill was publicly suggested by Clement Attlee who, in the build-up to the 1945 general election, called Churchill's ideas a 'second-hand' version of Hayek's.[301] The central claim of Hayek's book is that without freedom in economic affairs (laissez-faire capitalism) personal and political freedom are impossible.[302] The Labour Party's advocacy of a centralised planned economy, and opposition to free markets, is consequently seen to represent a 'cry for an economic dictator'[303], which 'must lead to the destruction of democracy'[304] and 'the doom of the freedom of the individual'.[305] However, it must be noted that when discussing the Labour Party, the examples Hayek uses of Labour's economic position are all taken from Harold Laski who had no role within the Attlee government, which was formed after Hayek's book was published. As in the examples from Churchill and Dr Cox above, Hayek directly compares the policies and philosophy of the Labour Party to Nazi Germany. Labour's, or Laski's, ideas are said to

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[300] Richard Toye, 'Winston Churchill's "Crazy Broadcast": Party, Nation, and the 1945 Gestapo Speech,' *Journal of British Studies*, Vol. 49, No. 3 (July 2010), 665.

[301] Kenneth O. Morgan, *Labour in Power, 1945-51* (Oxford: Oxford University Press, 1986), 39.

[302] F. A. Hayek, *The Road to Serfdom* (London and New York: Routledge, 2009)*,* 13.

[303] Ibid., 71.

[304] Ibid., 205.

[305] Ibid., 205.

be 'bodily taken over from the German ideology'.[306] Hayek suggests that Labour's apparent repetition of the same mistakes as Germany, 'at a time when we are fighting the results of those very doctrines, is tragic beyond words.'[307] Such an argument is founded upon a strict teleology in which centralisation and increased state power *must* lead to totalitarianism. Despite the posture of certainty that Hayek strikes, this is nevertheless fundamentally speculative, an analysis which grounds its critiques not in actual ongoing events but in potential circumstances. This mode of critique is hard to refute satisfactorily as it hinges upon the unverifiable, thus introducing a sense of suspicion, paranoia and doubt that can only be proved or disproved with time. The purpose of such speculation is less the accurate prediction of an ultimate empirical result, whether democracy was destroyed or the individual doomed, but the political effect such rhetoric could have at the moment of speculation. The deployment of the speculative within political discourses was an attempt to breed anxiety and uncertainty as the future was used to critique and destabilise the present. Numerous literary texts of the period utilised this same speculative mode to more complex and nuanced ends, as I will now demonstrate.

Literary Speculations: Orwell and the Labour Government

The direct involvement of post-war British literature within contemporary political struggle is often occluded in accounts of the period. This can partly be explained by the fact that the post-war is often little more than an addendum to studies of World War II, and so although 'reconstruction offers a dense, even overdetermined archive for investigating social change, surprisingly little attention has been paid to its influence on British literary culture.'[308] More

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[306] Ibid., 206.

[307] Ibid., 206.

[308] Kelly M. Rich, "Nowhere's Safe': Ruinous Reconstruction in Muriel Spark's *The Girls of Slender Means,' English Literary History*, Vol. 83, No. 4, (2016), 1185.

importantly, there is too often a passive sense of literature's social function. The centralisation of the war and an understanding of the post-war as structured by trauma has strongly influenced the conceptualisation of the political nature of post-war literature, especially the ways in which such writing was engaged in imagining the future. This can be seen in the dominant position of psychoanalytic models of anxiety as an explanatory concept. As Lyndsey Stonebridge summarises, for Freud anxiety is a signal 'which both prepares us for a real danger to come (such as an anticipated air bombardment) and repeats a shocking traumatic event from the past.'[309] In this model, anxiety is an essentially natural reaction to traumatic events, preparing the individual for the 'real dangers' ahead. Consequently, Stonebridge argues that novelistic representations of post-war anxiety 'remind us how psyches get shaped by history'.[310] However, when it takes public form, representation of anxiety is not the same as an individual psychical response; rather, it is an affect deliberately created with specific ends in mind. The anxious futures projected in post-war literature are not simply reactions to history but actions within history that created what was seen as a 'real danger.'

Despite Allan Hepburn's claim that 'mid-century novels tend to put off the future, because it may signify personal extinction or national defeat'[311], I argue that it is precisely a desire to forestall an imagined catastrophe which informed a proliferation of speculative fiction, particularly of a conservative persuasion, in the post-war period. Post-war imaginings

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[309] Lyndsey Stonebridge, 'Anxiety at a Time of Crisis,' *History Workshop Journal*, No. 45 (Spring, 1998), 174.

[310] Ibid., 171.

[311] Allan Hepburn, 'The Future and the End: Imagining Catastrophe in Mid-Century British Fiction' in *British Literature in Transition, 1940-1960; Postwar*, ed. Gill Plain (Cambridge: Cambridge University Press, 2019), 372.

of the future were active interventions in contemporaneous cultural and political issues; to speculate is inherently to call the present to task. The contemporary is critiqued through the future that it might bring to fruition. These narratives are concerned with the gap between the present, the moment in which the authors write, and an imagined future, and show, or hint at, the means by which conditions in the present produce this future, a form which Adam Stock calls 'future history'.[312] As Fredric Jameson writes, this future-orientated temporality transforms the 'present into the determinate past of something yet to come'.[313] In the days of the Attlee government the 'anti-utopian'[314] construction of the future as an impending catastrophe was a frequently recurring trope in political and literary discourses, which was not simply a representation of some structure of feeling, but an intervention intended to shape that structure of feeling. For conservatives, anti-socialists and anti-utopians the construction of an anxious, uncertain futurity was a fundamental means of undermining the ambitions of the Labour government.

It is remarkable the number of novelists who turned to the speculative in the years following the war. James Hanley's *What Farrar Saw* (1946), Angela Thirkell's *Peace Breaks Out* (1946), Somerset de Chair's *The Teetotalitarian State* (1947), Marghanita Laski's *Tory Heaven; or Thunder on The Right* (1948), Henry Green's *Concluding* (1948), George Orwell's

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[312] Adam Stock, 'The Future-as-Past in Dystopian Fiction,' *Poetics Today,* Vol. 37, No. 3 (September 2016), 417.

[313] Frederic Jameson, 'Progress versus Utopia; Or, Can We Imagine the Future?', *Science Fiction Studies*, Vol. 9, No. 2, (July 1982), 152.

[314] For an overview of the history of scholarly definitions of utopia as genre see Peter Fitting, 'A Short History of Utopian Studies,' *Science Fiction Studies*, Vol. 36, No. 1 (March 2009), 121-131.

Nineteen Eighty-Four (1949), Nigel Balchin's *A Sort of Traitors* (1949), and Evelyn Waugh's *Love Among the Ruins* (1953) all ruminate, in vastly different styles and tonalities, on potential futures, in particular contemplating the shape and structure that the state itself might adopt in the near future. Key to such projections was the regular recourse to oppositions between the state and freedom, and the individual and society. This way of thinking, Raymond Williams writes, is 'inadequate, confusing, and at times sterile', as it necessitates a fantastical solipsism in which the private and the public spheres are imagined as separable.[315] Yet such an idea remains prevalent in contemporary literary criticism. For example, Ashley Maher argues that 'right-leaning and left-leaning authors reformulated novelistic individualism against architectural collectivity'[316]. Post-war literature, in Maher's reading of George Orwell, 'symbolizes a lost liberalism'.[317] Yet literature does not have a definite, singular political position and novels, like Orwell's, were regularly observed to be, whether intentionally or not, conservative in nature. The publisher of *Nineteen-Eighty-Four*, Frederic Warburg, for example, described the book as 'a deliberate and sadistic attack on socialism and socialist parties generally' and suggested 'it is worth a cool million votes to the conservative party; it is imaginable that it might have a preface by Winston Churchill after whom its hero is named'.[318] Marxist writers like Isaac Deutscher and James Walsh similarly critiqued the conservative

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[315] Raymond Williams, *The Long Revolution*, 90.

[316] Ashley Maher, *Reconstructing Modernism: British Literature, Modern Architecture, and the State* (Oxford: Oxford University Press, 2020), 34-35.

[317] Ibid., 208.

[318] Frederic Warburg, 'Publisher's Report, 1948' in *George Orwell: The Critical Heritage*, ed. Jeffrey Meyers (London and Boston: Routledge & Kegan Paul, 1975), 248.

nature of the novel.[319] Orwell was eager to distance himself from these claims, stating that 'My recent novel "1984" is NOT intended as an attack on socialism, or on the British Labour Party (of which I am a supporter) but as a show-up of the perversions to which a centralized economy is liable and which have partly been already realized in Communism and Fascism'.[320]

Despite such protestations it is easy to see why Warburg would make such a claim. Orwell ties his critique of centralisation to a recognisably austere post-war England that contemporary readers aligned with the world overseen by the Attlee Labour government. Diana Trilling, for example, writes, in a review from 1949, 'The fact that the scene of *Nineteen Eighty-Four* is London and that the political theory on which Mr Orwell's dictatorship is called Ingsoc, which is Newspeak for English socialism, indicates that Mr Orwell is fantasying [sic] the fate not only of an already established dictatorship but also that of Labor England'.[321] Even if the novel was not intended as an attack on the Labour government, it features, in a heightened satirical form, many of the features of austere, post-war Britain which readers associated with the world created and overseen by the Labour government. For example, the novel famously

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[319] Isaac Deutscher, '*1984*—The Mysticism of Cruelty' in *Nineteen Eighty-Four*: *Text, Sources, Criticism*, ed. Irving Howe (New York: Harcourt, Brace and World, 1963), 200-202; James Walsh, 'George Orwell', in *Nineteen Eighty-Four: Text, Sources, Criticism*, ed. Irving Howe (New York: Harcourt, Brace and World, 1963), 215.

[320] George Orwell, *Our Job is to Make Life Worth Living: 1949-1950, Volume 20 of The Complete Works of George Orwell*, ed. Peter Davison (London: Secker & Warburg, 1998), 136.

[321] Diana Trilling, '*Nineteen Eighty-Four*' in *George Orwell: The Critical Heritage*, ed. Jeffrey Meyers (London and Boston: Routledge & Kegan Paul, 1975), 260.

ties war and peace together with a 'Ministry of Peace, which concerned itself with war.'[322] War in the novel is not a matter of states attempting to further the field of their power, to conquer new lands and people, it is 'a purely internal affair'[323]. The metatextual *The Theory and Practice of Oligarchical Collectivism* by the potentially fictive state-enemy Emmanuel Goldstein explains, 'The war is waged by each ruling group against its own subjects, and the object of the war is not to make or prevent conquests of territory, but to keep the structure of society intact. The very word "war", therefore, has become misleading. It would probably be accurate to say that by becoming continuous war has ceased to exist.'[324] Such ongoing conflicts become a pretext to enact repressive measures and subjugate the population.

This is not simply speculative but a defamiliarisation of post-war British history. Historian David Edgerton has argued that post-war Britain should be seen as a warfare state rather than a welfare state as by 1953 'defence took over 30 per cent of public expenditure (net of debt interest), while health and social security took 26 per cent.'[325] This served to fund repressive actions in the British empire, such as the Battle of Surabaya in late 1945 and the Batang Kali massacre in 1948, as well as British support for the Korean War from 1950.[326] There were similar, if milder, continuations of wartime forms at home as well within which the NHS was implicated. For example, Labour maintained a department focused on developing

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[322] George Orwell, *Nineteen Eighty-Four* (London: Penguin, 2003), 6.

[323] Ibid., 228.

[324] Ibid., 228-229.

[325] David Edgerton, *Warfare State Britain, 1920-1970* (Cambridge: Cambridge University Press, 2006), 66.

[326] John Newsinger, 'War, Empire and the Attlee government 1945–1951', *Race and Class*, Vol. 60, No. 1 (2018), 61-76.

propaganda into peacetime[327], rationing continued until 1954, even expanding to items like bread which were not rationed during the war. In addition, as argued in the previous chapter, the NHS itself was an expansion of a wartime form of state control. Roberta Bivins, moreover, shows that discourses around the introduction of the NHS worked through 'explicit analogies with the military'[328], as it was tied to notions of service, duty, and nationalist solidarity. *Nineteen-Eighty-Four*, therefore, defamiliarises and critiques the continuation of militarisation within Britain which structured the new welfare state, emphasising the illiberal, perhaps even totalitarian, residues within social-democratic post-war society. Consequently, in this instance Orwell's novel was not advancing a conservative ideology, and clearly not endorsing *the* Conservatives, but radically challenging the deficiencies of post-war reconstruction and its failing to truly move beyond both literal conflict and the ideological attachment to the wartime values.

If Orwell was a supporter of the Labour Party as he claimed, then he was certainly a critical ally with a complex relationship to the Attlee-led Labour government. As John Newsinger argues, Orwell's political thought remained in flux as 'he continued debating with himself and others right up until his death, pulled in different directions by different concerns.'[329] In 1946, Orwell was scathing of the Labour government's inability to seriously and radically alter the British political landscape. He wrote, 'it is astonishing how little change

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[327]See, Brendan Maartens, 'From Propaganda to "Information": Reforming Government Communications in Britain,' *Contemporary British History*, Vol 30, No. 4 (2016),542-562.

[328] Roberta Bivins, 'Serving the Nation, Serving the People: Echoes of War in the Early NHS,' *British Medical Journal*, Vol. 46, (2020), 155.

[329] John Newsinger, *Hope Lies in the Proles: George Orwell and the Left* (London: Pluto Press, 2018), 110.

seems to have happened as yet in the structure of society […] in the social set-up there is no symptom by which one could infer that we are not living under a Conservative government.'[330] He goes on to say that 'no thoughtful person whom I know has any hopeful picture of the future.'[331] In his memoir of Orwell, T. R Fyvel writes that in 1946 he talked him out of writing an article in which he would say that 'Bevan had let himself be diverted into enlarging the National Health Service and the public housing sector and into measures of nationalization – all well and good but these were administrative reforms and so largely bureaucratic and not tackling the basic inequalities of British society.'[332] In these examples Orwell expresses an evident frustration with the Labour government's lack of radical ambition, and its failure to tackle what he saw as the substantive issues within Britain, notably the inequality produced by private schools[333], a view that members of the New Left like Raymond Williams would share.[334] As in the defamiliaristion of continuous war in *Nineteen-Eighty-Four,* here Orwell's frustrations were radical, expressing not a simplified anti-statism but exasperation that a reformist government was not doing enough to rectify social inequalities and depravations.

In an essay for the American magazine *Commentary* from October 1948, ten months before *Nineteen Eighty-Four* was published, Orwell appeared to change position and emphasised his ambivalent belief in the Labour Party: 'If the Conservatives returned to power it would be a disaster, because they would have to follow much the same policy as a Labor

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[330] George Orwell, *Smothered Under Journalism: 1946, Volume 18 of The Complete Works of George Orwell*, ed. Peter Davison (London: Secker & Warburg, 1998), 286.

[331] Ibid., 288.

[332] T. R. Fyvel, *George Orwell: A Personal Memoir* (London: Hutchinson, 1983), 146-7.

[333] George Orwell, *Smothered Under Journalism*, 288.

[334] Raymond Williams, *The Long Revolution*, 170-176.

government, but without possessing the confidence of the people who matter most. With Labor securely in power, perhaps for several successive terms, we have at least the chance of effecting the necessary changes peacefully.'[335] He was keen, however, to distance Labour from socialism, writing: 'in the popular regard the Labor party is the party that stands for shorter working hours, a free health service, day nurseries, free milk for school children, and the like, rather than the party that stands for Socialism.'[336] Despite these positive qualifications, Orwell expressed an anxiety regarding the Labour government's potential for totalitarianism. He writes: 'For a long time to come, unless there is breakdown and mass unemployment, the main problem will be to induce people to work harder; can we do it without forced labor, terrorism, and a secret police force?'[337] He acknowledges that Labour 'has barely used its powers, and has not indulged in anything that could reasonably be called political persecution' but notes that 'the decisive moment has not yet come'[338] in which Labour may be forced to take these actions. Even if these totalitarian actions have not taken place, the fact that they might still do is clearly of profound concern for Orwell and are suggestive of his doubts about the left when in power.

Here Orwell combines speculation and defamiliarisation as he intends to reinvigorate public perceptions of post-war society. For Michael Clune, Orwell's technique of defamiliarisation is analogous to the systems of social control represented in *Nineteen-Eighty-Four* as Orwell equally attempts to re-programme how people think about the world. Of course,

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[335] George Orwell, *It Is What I Think: 1947-1948, Volume 19 of The Complete Works of George Orwell*, ed. Peter Davison (London: Secker & Warburg, 1998), 441.

[336] Ibid., 437.

[337] Ibid., 442.

[338] Ibid., 442.

Orwell's writing cannot 'produce anything like the same effect on its reader that the fictional regime achieves in peeling back Winston's nerves for each new sensation. As defamiliarizing technique, art is much weaker than the kind of politics the novel represents.'[339] 'Is the artistic,' Clune ponders, 'the category where we expect to believe in effects we know will never work?'[340] Regardless of any amount of rhetorical sophistication, literature, for Clune, produces undecidable effects. In terms of political instrumentality literature is imprecise and ineffective; it cannot simply remake the world as it wishes. It must, however, be remembered that literature acts in a particular context, and so, as in the debates over A. J. Cronin's *The Citadel* analysed in the previous chapter, socially critical literature can become a rhetorical tool for political positions which are not wholly consistent with the form and content of the text. A novel does not tend to be politically influential on its own; rather, it is the ways in which the text interacts with contextual forces which produces the particular nature of a work's worldly effect. In Orwell's case, that he was plainly speculating about the totalitarian potentials of the Labour government while he was writing *Nineteen-Eighty-Four* suggests the novel to be not merely a critique of the reformist character of the government, but of the very nature of the Labour government. This, therefore, allies Orwell with the discourses we have seen were used to oppose the Labour Party by Hayek and Churchill. As the Labour Party remained the only viable large-scale leftist political organisation in the post-war period, Orwell's anti-statism or anti-totalitarianism veered toward conservatism and, as in Warburg's letter, would be appropriated

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[339] Michael Clune, 'Orwell and the Obvious,' *Representations*, Vol. 107, No. 1 (Summer 2009), 51.

[340] Ibid., 51.

for such purposes.[341] Orwell's critical engagement with the post-war settlement, within which the NHS was situated, demonstrates how his dissatisfaction with the new welfare state and the desire for a more radical society struggled for effectiveness in a moment when the dominant political faction that could utilise such dissent was conservatism.

'who cares if a Government falls or stands up?': What Farrar Saw, *Care and Decentralism*

James Hanley's *What Farrar Saw* (1946) is a fascinatingly strange allegory of post-war Britain which is rarely, if ever, read today. Even in John Fordham's *James Hanley: Modernism and the Working Class* (2002), the sole book-length study of Hanley, it receives only a page of summary and analysis. The novel is mentioned by Lyman Tower Sargent in *Utopianism: A Very Short Introduction* (2010) which gives it as an example of post-war satires of the Labour government, but no examination of its form and content is given.[342] *What Farrar Saw* is set in 1948, two years after its publication date, and describes the chaotic events which occur after the government relaxes wartime restrictions on travel. The roads are swamped with people travelling north, many, it is implied, on their way to John O'Groats, in most northernly Scotland, to see a rumoured 'Victory baby' born with three legs and to salvage rationed items allegedly dumped by black marketeers. The flow of traffic is so swift and constant that cars are unable to escape and turn off the main A-roads. Cars are swept into the tumult of traffic and are left no choice but to follow the procession onwards until a car crash, in which five people

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[341] *Nineteen-Eighty-Four* was further used for anti-communist purposes with the United States Information Agency weaponizing the novel during the Cold War by funding its translation and distribution in thirty languages. See David Caute, *Politics and the Novel During the Cold War* (New York and London: Routledge, 2017), 77.

[342] Lyman Tower Sargent, *Utopianism: A Very Short Introduction* (Oxford: Oxford University Press, 2010), 30.

die, blocks off a bridge. Everything grinds to a halt. The return of post-war freedom becomes literally blocked. Hundreds of thousands of people are stuck in a traffic jam that snakes from Scotland to the Midlands and they are left stranded along roads and in small villages. As in Orwell's writing, if in a more minor key, the brave new post-war world is speculated to be a disaster waiting to happen.

The traffic jam opens the potential for a number of allegorical readings of the novel. Fordham reads this as Hanley critiquing ideas of technological progress as individuals are swept up in the march of advancement whilst having little idea of where they are going—one of the central couples literally set off without a map.[343] Here I want to tie the novel more closely to the idea of post-war futures and hopes for life after the war. As the narrative is set only three years after the end of the war and projects the events a mere two years into the future, the sense of any speculative expansion is minor, marking the beginning of a process rather than an utterly altered world. More than any significant social changes, the novel focuses on people's different stances and attitudes towards the future and the ways that individual desire comes into conflict with wider social forces. *What Farrar Saw* is, I will argue, a novel that fundamentally articulates a disillusionment with governments and politics. The text does not tie its critique specifically to the post-war Labour government, it only speaks ambiguously of 'the government,' but it is hard to disentangle the novel from the specific political power under which it was written and initially read. Consequently, the critical impetus of Hanley's work is similar to Orwell's, but, rather than articulating the dangers of totalitarianism, *What Farrar Saw* is more interested in explicating the gap between politics and the everyday. Instead of ruminating on questions of political theory, Hanley represents the experience of being outside

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[343] John Fordham, *James Hanley: Modernism and the Working Class* (Cardiff: University of Wales Press, 2002), 175.

of politics altogether. As I will argue, *What Farrar Saw* is a novel that expresses a disillusionment with parliamentary politics and so prioritises practical and material means of repairing lives broken by the war, acts which the text suggests cannot be performed by oblivious politicians. I will show that such a disjunction between the individual and the social structures the novel's pessimistic speculations and related engagements with the ethics and practices of care.

What Farrar Saw is organised around the different experiences of three couples which allows it to reflect different sensibilities and ideas of the future. The novel, written from a third-person omniscient perspective, details these viewpoints primarily through speech, creating a dialogic form in which debate and differing perceptions are presented within and across each couple. As Fordham notes, 'Hanley ambivalently remains on the borderline between a bleakly tragic prognostication for post-war British society and the hope for a social transformation.'[344] Judy and Arthur are a young, often disgruntled, working-class couple, excited at their first chance of freedom after the war, although they disagree on what their future together should look like. The second couple, Mr and Mrs Simpson, are a quite thin caricature of upper-class snobbery and self-interest. They view the masses they are thrown together with contemptuously, with Mr Simpsons thinking they 'hardly looked like people at all'.[345] They undergo no personal changes across the novel and wish only to return to their normal life. The final, and most central, couple, Mr and Mrs Farrar, live and work on a farm, having retreated to the countryside in the hope of aiding Mrs Farrar, Flo, in convalescing after her wartime trauma in the Coventry Blitz. The crash, which occurred near their home, startles Flo whose wartime experiences re-emerge: 'I hope it's not, oh I hope it's not started all over again, it

[344] Ibid., 175.

[345] James Hanley, *What Farrar Saw and Other Stories* (London: Andre Deutsch, 1984), 90.

might have begun, might never have really ended, you can't tell, you can't believe anything these days, really,' thinking of where she came from, the Midlands, thinking of Coventry, she pressed the clothes over her head.'[346] The Farrars' future is predicated on their ability to overcome the past which the crash and the disruption throws into disarray for it reinvokes 'in one of the quieter corners of England the ambience of wartime: the emergency storage of bodies, airdrops, queues, rationing, and finally evacuation to the railways stations through the use of outmoded farmcarts.'[347] As these three couples attempt to deal with the chaos of the traffic jam, the novel also, briefly, shows the attempts by government officials in London to find a resolution to the problem. The choice the civil servants decide on is to evacuate the area and bomb the cars off the road. In this return of the wartime repressed, the government turns its bombs on its own land. State mandated destruction is not easily overcome, the novel implies.

An anxious idea of the future as little more than a constant progression of war after war is seen explicitly in Flo's post-traumatic stress as she misperceives the car crash as the re-emergence of wartime destruction. However, after this early outburst, Flo is largely decentred in the narrative as the novel emphasises the thoughts and actions of John, her husband, who wishes to help Flo to overcome her trauma. It is the difficult act of caring for the traumatised, rather than the experience of trauma itself, where the novel's primary interests lie. The narrative demonstrates John's various attempts to grasp the nature of Flo's trauma as he tries out a variety of images in thought and in conversation with a doctor. He thinks, 'Who'd ever have thought that you could remember one thing in your life so hard that it shone red in your mind and hot as flame was, who would?'[348] At another time John says, 'her brain must have photographed

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[346] Ibid., 47.

[347] John Fordham, *James Hanley: Modernism and the Working Class*, 176.

[348] Ibid., 175.

something in Coventry. Could a brain be like a camera?'[349] He also reaches for a different, more externalised images as he argues, 'I used to think it was like my Flo had grown a new skin all over her, the skin of all Coventry, I mean. The skin of horror, because that's what it is, nerves or no nerves, that's what it is.'[350] The doctor replies, 'There is something in what you say, Farrar, and I would go further and say that it applies to almost the whole of civilised society. We're all of us wearing skins grown on us out of fiery and demented days.'[351] The explanatory images that John now uses suggests trauma not as something inside but a kind of coating; it is something that the individual is trapped within, not something internal to the individual. These different images demonstrate the difficulty in conceptualising the impact of the war, of what trauma means. They are concepts John grasps in order to see a way forward, to understand what needs to be done to help Flo, but the variations show dissatisfaction as he turns from image to image in search of some better explanation. Indeed, Joshua Pederson suggests that 'literary critics [should be] open to the possibility that authors may record trauma with excessive detail and vibrant intensity. Indeed, we may need more words—not fewer—to accurately represent its effects in text'[352]. The pursuit of some more correct image is an empathetic process, yet John also never appears to ask Flo to describe her own experience. There is the potential that John is not in fact looking to understand her trauma but his own, as he also experienced the Coventry Blitz and so could be read as using Flo as an intermediary.

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[349] Ibid., 195.

[350] Ibid., 197.

[351] Ibid., 197.

[352] Joshua Pederson, 'Speak, Trauma: Toward a Revised Understanding of Literary Trauma Theory,' *Narrative,* Vol. 22, No. 3 (October 2014), 339.

Nonetheless, this patriarchal sense of Flo as passive and uninvolved in her own treatment is emphasised as John speculates an imminent perspective in which 'If you could see nerves inside a person […] like telegraph wires, the doctor said, if you saw them beginning to twitch, you could have a chance, before they got coiling mad, but you can't.'[353] Following the doctor's metaphorical image of nerves as like telegraph wires he wishes for permeable boundaries and omniscient knowledge in this materialist conception of the processes of trauma. He hopes to treat trauma as a technical problem, something that can be fixed by a simple material process in which nerves are observed and kept from 'coiling mad,' expressing a desire that Flo was simply a machine that could easily be understood and fixed. Here what María Puig de la Bellacasa calls the 'ambivalent terrains of care'[354] is evident as John's empathetic and imagistic approach enacts an uncaring depersonalisation which he knows that he must ultimately reject. Care, the text is aware, can too easily become control.

John may not be clear at this point as to how he can care for Flo, but he is confident in what he can disavow. In a similar fashion to his disavowal of a mechanical, depersonalised model of trauma, he rejects the importance of politics due to its detachment from the lives of the governed. As John and the doctor discuss the events of the day, the doctor says 'I shouldn't be surprised if the government was thrown out over this business'.[355] John, however, thinks, 'What's all this chatter about governments? What am I doing here? I must get back.'[356] He is not interested in ruminating on grand political concerns but wishes to attend to the matters at

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[353] *What Farrar Saw*, 173.

[354] María Puig de la Bellacasa, *Matters of Care: Speculative Ethics in More Than Human Worlds* (Minneapolis, MN: University of Minnesota Press, 2017), 5.

[355] *What Farrar Saw*, 196.

[356] Ibid., 196.

hand, what concerns him. This is made more explicit as he later thinks, 'who cares if a Government falls, or stands up? What's it to do with my Flo, my poor little Flo, with her tangled nerves'.[357] Yet it is clear that John's pronouncement is incorrect; governments have everything to do with Flo's 'tangled nerves'. Her trauma is the result of the actions of governments during the war and so her condition is fundamentally linked to larger political dynamics. What John seems to suggest is that a government cannot, or will not, help Flo to overcome her war trauma.

The novel's fictional government is seen as a centralised bureaucracy which makes decisions on the fate of the public from a privileged and disinterested perspective. The details that the governmental departments receive about the nature of the traffic issues comes from a bird's eye perspective as a helicopter takes photographs of the action below. Such distance distorts the events below with one official believing that people 'seemed happy as happy, as though they didn't give a damn about their cars, anything, didn't care about anything anymore.'[358] Another states, 'there's nothing so funny looking as people on the ground below you.'[359] The dilettante civil servants, have no direct contact with the experiences of the people on the ground, they see everything from a disconnected perspective in which a general picture can be grasped but individual experience is twisted and lost. Therefore, the text perceives a sizeable disjuncture between the fates of governments and the lives of individuals and expresses a loss of faith in the ability of politics and politicians to improve or fix damaged lives. Such a perspective is informed by a clear sense of alienation due, in part, to the fact that, as Ross McKibbin notes, the Labour government followed a path in which 'it was thought possible to create a democratic state by redistributing wealth but not social or political

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[357] Ibid., 198.

[358] Ibid., 107.

[359] Ibid., 108.

authority'.[360] As Raymond Williams argues, the Labour Party remained ensconced in a mode of 'metropolitan centralism' in which the pursuit of general national policies was prioritised at the expense of understanding what specific places and people required.[361] The continued concentration of political power within the metropole and amongst the bourgeoisie ensured that, for many like John, the political and the quotidian remained irrevocably divorced.

What Farrar Saw, therefore, deems the specificity required for care to be incompatible with the detached and centralised form of a parliamentary democracy. This is indicative of what Raymond Williams calls 'decentralism' in which the specificity of place is prioritised as a means of overcoming what he perceived to be the shortcomings of the nation state being the primary scene of politics.[362] For Williams, the nation state is both too small and too large to be effective: too small as it cannot be independent from the pressures of international economics and so has little autonomy; too large as the areas under its control are diverse with varied and often conflicting needs.[363] In the novel John's dismissal of political centralism means that he places his hope for the future in the work of the local individual, namely the doctor. The labour of the doctor represents effective action, work with immediate and obvious consequences, rather than the disconnected promises made by government officials far away in London. John reflects, 'Soon be over, thank God. It is queer, an accident like this bringing it all back to her, but he [the doctor] said hope and keep hoping; broken lives are mended, no matter how broken

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[360] Ross McKibbin, *Parties and People: England 1914-1951* (Oxford: Oxford University Press, 2010), 199.

[361] Raymond Williams, 'Decentralism and the Politics of Place (1984)' in *Resources of Hope* (London: Verso, 1989), 243.

[362] Ibid., 238.

[363] Ibid., 238.

up they are they can be mended, healed. She'll be all right, Dr Morgan said that.'[364] The
expertise of the doctor is clung to in John's optimistic account of the future. Unlike the aloof
government, the doctor's work provides him with hope for the potential for post-war
reconstruction.

However, again, this division between the medical and the political does not hold—the
year that *What Farrar Saw* was published also saw, in November 1946, the National Health
Service Act receive royal assent. Medical treatment represents a concrete action between
specific individuals, but it is made possible by a wider social and political field. John's
emphasis on what Joan Tronto calls 'care giving,' in which an actor 'directly meets the needs
of care', therefore occurs at the expense of other collective acts of caring.[365] Care here becomes
viewed as a contextless relation between asocial individuals. However, Tronto provides a more
complex model of care as she identifies 'caring about' and 'taking care of' as two of the more
abstracted forms that care can take as they emphasise, respectively, an ethics of attentiveness
and accountability.[366] Care, for Tronto, is the numerous acts which maintain and repair 'our
world' and so emphasises a collective generality to care beyond the specific and individual.[367]
Such a mode of care underpinned the formative intentions of the NHS. The emergent welfare
state that Labour proposed was intended to rectify the notion that the government did not care
for the people through an egalitarian, if paternalistic, desire to look after everyone. John,
however, simply does not recognise Tronto's mutually shared world, instead viewing politics

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[364] James Hanley, *What Farrar Saw* 202.

[365] Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (London:
Routledge, 1994) 106.

[366] Ibid., 107-108.

[367] Ibid., 103.

and governments as alien, something he need not care about. After the disaster of war, he may simply have no faith in the collective, the totality to actually enact these practices. It was, after all, a centralised government which oversaw the entanglement of Flo's nerves so why should the same organisational structure be entrusted to fix them? Much like *Nineteen-Eighty-Four,* Hanley's novel expresses disquiet at the suggestion that the warfare state could be unproblematically transformed into the welfare state. *What Farrar Saw* is acutely aware of the post-war need for care as a social virtue and practice but cannot tally this with its belief in a callously indifferent government. Hanley's novel emphasises the primary need for care and recuperation as a social virtue and practice at the moment the NHS was emerging but denies the possibility of centralised statist care upon which the health service was structured. The state, in Hanley's novel, is a distant apparatus run by uncaring bureaucrats, whilst care requires the expertise of those already within a local community.

As the novel approaches its conclusion, bombs poised to fall to dislodge the cars, John and Flo retreat further into their rural community, travelling to a neighbouring cottage as far away from the sight and sound of the explosions as they can manage. Here John imagines the future: 'Flo mended, life straightened out, tangled nerves untangled, calmness again — if we had a little boy, perhaps—'[368] John projects a life in which trauma is overcome. The dash after the 'perhaps' signalling a line of hope but also uncertainty. There is a future to be made here detached as far as possible from grand political projects and based on a situated care against centralised disinterest. That John is unable to recognise the political and can only react in repugnance to any mention of governments is a clear indication that politics is not felt to be representative of his needs. Caring for his wife and the possibility of a child are his horizon of possibility in a traditional and conservative image of homely bliss. The rejection of the state is

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[368] Ibid., 202.

not a refusal of the impingement of the state on individual liberty but is informed by a clear sense of social and political alienation within a post-war future that is set to be determined in a world beyond the involvement of the likes of John.

Part Two, 1950s

The NHS, Class and the Angry Novel

In the previous section we saw how speculation was utilised during the immediate post-war period to interrogate the limits of Labour's project of reconstruction. Orwell and Hanley speculated about future dangers that Labour and the NHS could pose as centralised systems of state power. Conservative critics quickly articulated their distaste with the Labour government on the grounds of their potential for totalitarianism. Such a perspective was paralleled in the fiction of the time, notably in Orwell's *Nineteen-Eighty-Four*, which bolstered oppositional politics. Nonetheless, the work of Orwell and Hanley contained a political radicalism as it challenged the conservative, centralised and undemocratic nature of the government. This was not merely individualistic in nature but expressed the deficiencies in post-war society and an ambiguous desire for a different form of social organisation. Despite retrospective nostalgia for the Attlee government and idealisation of this period, the proliferation of fictional speculation offered severe critiques of the centralised form that the NHS and Labour's programme of reconstruction embodied, and so demonstrated the contested nature of the apparent post-war consensus.

By the 1950s, such speculations largely ceased as the reality of the NHS became apparent. It has regularly been argued that by the early 1950s debates over the health service had mostly dissipated as the NHS 'was already so popular that politicians hardly dare lay hands

on it.'[369] Indeed, even as Labour's defeat in the 1951 general election placed the Conservative Party in control of the health service, producing predictions of the imminent dismantling of the institution, alterations would ultimately be minimal. Fees for prescriptions, optometry and dentistry were introduced—but these had been planned by the Labour government, with discord over such proposals leading to Bevan's temporary resignation from the Party.[370] Early intentions to cut NHS expenditure were overcome and the Minister of Health Ian Macleod is said to have 'effectively purged residual rancour towards Bevan's health service in the Conservative Party'.[371] The 1956 Guillebaud Report was key in establishing the position of the NHS as it refuted charges of profligacy and showed the NHS to be financially efficient.[372] The medical profession equally eased its animosity towards the health service. In 1958, the *British Medical Journal* (BMJ) released a special edition evaluating the first ten years of the NHS which offered various criticisms of the health service, although this was from a position of wishing to improve the institution rather than replace it. This demonstrates an acceptance of the good effects of the NHS: 'from the point of view of the public the Health Service has been a success. Many barriers that existed before have been removed, especially for those of moderate means. There has been a more even distribution of consultants throughout the country and a general increase of hospital facilities.'[373] The rancour of the medical profession had,

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[369] Paul Addison, *No Turning Back: The Peacetime Revolutions of Post-War Britain* (Oxford: Oxford University Press, 2010), 46.

[370] See David Kynaston, *Austerity Britain, 1945-1951* (London: Bloomsbury, 2007), 629.

[371] Paul Addison, *No Turning* Back, 36.

[372] Charles Webster, *The National Health Service; A Political History* (Oxford: Oxford University Press, 2002), 32-33.

[373] 'Ten Years,' *The British Medical Journal*, Vol. 2, Issue 5087 (5th July 1958), 34.

therefore, subsided into an, often reluctant, acceptance of the NHS as doctors believed their patients to be largely enamoured with the service. Similarly, the American political scientist Harry Eckstein, in one of the first histories of the NHS published in 1958, argued that 'ten years after its inception, [the NHS] seems to be accepted as an altogether natural feature of the British landscape, almost a part of the constitution'.[374] Bevan himself wrote in 1951 that 'no government that attempts to destroy the Health Service can hope to command the support of the British people'.[375] It was therefore regularly argued that public consensus was firmly in favour of the NHS, and even that support for the NHS was a condition of continued political legitimacy. Such statements should be seen as a rhetorical strategy which constituted and bolstered the legitimacy of the NHS rather than a reflection of some natural public feeling.

The literary and cultural products of the 1950s complicate the official view that support for the NHS and the welfare state were dominant. Against the idea of the NHS as simply a success with the public in the 1950s, I will show the challenges articulated to the NHS from a working-class perspective by two 'Angry' novels: John Braine's *The Vodi* (1959) and Alan Sillitoe's *The Loneliness of the Long Distance Runner* (1959). These texts advance the speculative critiques of centralism seen in the last section. In particular, I show how these books provided examinations of the imbrication between medical power and capitalist modes of class domination. The work of the Angries, as Peter Kalliney writes, pick 'at the class and cultural seams of the welfare state consensus, exposing the limits of both social reform and the attempt

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[374] Harry Eckstein, *The English Health Service: Its Origins, Structure and Achievements* (Cambridge, Massachusetts: Harvard University Press, 1958), 2.

[375] Aneurin Bevan, *In Place of Fear* (London: William Heinemann, 1952), 92.

to maintain the integrity of Britain during a moment of imperial disintegration.'[376] I will show how these novelists refused to accept the NHS and the post-war welfare state as Eckstein's 'natural feature of the British landscape' and used literature to articulate a different vision of society, notably challenging the undemocratic concentration of power within the political centre.

The NHS, Individualism and the Democratic Impulse

Throughout the 1950s a common sense of the welfare state and its institutions as imposing their will on a populace who were expected to simply be passive was frequently expressed. This critique was often rejected by members of the left, who viewed it as little more than conservative in nature. Political theorist Harold Laski summarised such perspectives in 1952: 'We have, we are told, replaced a society based on a requirement that the individual citizen should exercise his own responsible initiative by one in which the "welfare state" imposes upon him at the will of an ever-increasing horde of officials, habits which suppress in him the habit of adventure which makes a civilisation great.'[377] Resistance to such social system was critiqued by historian Raphael Samuel who argued that this reflected a growing 'radical individualism' which

> made personal identity and self-assertion the highest good. In Britain, as in other
> countries, it puts into question authority relations of all kinds, whether based on
> seniority or office, law or custom, class or gender. All institutional ties are seen as
> potentially repressive. Even welfare is suspect, at best paternalist, and therefore

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[376] Peter J. Kalliney, *Cities of Affluence and Anger: A Literary Geography of Modern Englishness* (Charlottesville and London: University of Virginia Press, 2006), 124.

[377] Harold Laski, *The Dilemma of Our Times* (London: Frank Cass and Company, 1968 [1952]) 77.

incompatible with autonomy, at worst quite sinister—an agency of social control for

critics on the Left, a disguised form of jobbery according to the Right.[378]

For Samuel, the suspicious attitude to all collective forms represents a significant challenge to

the development of any radical political culture.[379] To refuse the imperatives of the institutional

is deemed as a lack of discipline, a rejection of the necessity of self-negation in favour of

collectivity.

When it comes to the NHS, these accounts overlook how, as Foucault shows, the

normative function of biopolitical healthcare allows for the smooth functioning of capitalist

society. He argues that 'there appeared in the nineteenth-century—above all, in England—a

medicine that consisted mainly in a control of the health and the bodies of the needy classes,

to make them more fit for labor and less dangerous to the wealthy classes.'[380] Foucault argues

that hospitals are one of the numerable institutions that consider the body 'something to be

molded, reformed, corrected, must acquire aptitudes, receive a certain number of qualities, and

become qualified as a body capable of working.[381] Medical power consequently can be seen to

be enmeshed with the maintenance of capitalist relations, and so here there is a link to Marxist

perspectives on the reproduction of labour-power. For example, Ralph Miliband argues that

the NHS and the post-war welfare state

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[378] Raphael Samuel, *The Lost World of British Communism* (London: Verso Books, 2017), 7-8.

[379] Ibid., 8.

[380] Michel Foucault, 'The Birth of Social Medicine' in *Power: Essential Works of Foucault 1954-1984, Volume 3* (London: Penguin Books, 2020), 155.

[381] Michel Foucault, 'Truth and Juridical Forms' 82.

represented of course a major, it could even be said a dramatic, extension of welfare which was part of the 'ransom' the working classes had been able to extract from their rulers in the course of a hundred years. But it did not, for all its importance, constitute any threat to the existing system of power or privilege. What it did constitute was a humanisation of the *existing* social order. As such, it was obviously significant to the working classes. But it was nothing which conservative forces, for all their opposition to it, need have viewed with any degree of genuine alarm or fear – as indeed even its strongest opponent did not.[382]

The NHS for Miliband was not radical enough, being only an 'extension' of what had come before and so was easily assimilated into the capitalist structure. The NHS is deemed to act as a means of preserving rather than challenging capitalism. This is a generally accepted way of conceiving the welfare state. As David Garland writes, 'To avoid self-destruction capitalism needs a set of countervailing forces. And welfare states are the embodiment of these forces established in a functional, institutional form.'[383] Concerning the NHS, Miliband views the issue mainly as the ideological effect of humanising capitalism as the apparent egalitarianism of the institution functions as an ameliorative for capitalism by providing a state investment in a healthy workforce.

Consequently, the affirmation of individual autonomy against state paternalism need not be the kind of regressive liberal individualism that Laski and Samuel imply. Raymond Williams, writing in 1958, provides an invaluable account of the multivalent nature of reactions

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[382] Ralph Miliband, *The State in Capitalist Society* (London: Quartet Books, 1973), 99.

[383] David Garland, *The Welfare State: A Very Short Introduction* (Oxford: Oxford University Press, 2016) 137.

to what he calls the 'dominative mode' in which people are simply expected to docilely accept decisions about how they are to live and are offered no possibility of input.[384] Williams argues:

> A large part of contemporary resistance to certain kinds of change, which are obviously useful in themselves, amounts to an inarticulate distrust of this effort of domination. There is the hostility of change of those who wish to cling to privilege. There is also the hostility to one's life being determined, in a dominative mood masked by whatever idealism or benevolence. This latter hostility is valuable and needs to be distinguished from the former with which it is often crudely compounded. It is the chafing of any felt life against the hands which seek to determine its course, and this, which was always the democratic impulse, remains essential within the new definitions of society.[385]

For Williams, opposition to social changes like the NHS and welfare state are fundamentally multivalent as they may be indicative of a conservative attitude but equally can have other sources of inspiration, notably rejection of these changes being enforced in a paternalistic and domineering manner. Williams suggests that such acts of opposition, rather than being merely signs of unfortunate individualism express 'the democratic impulse' to not simply accept the determinations of power, conveying a desire to be actively engaged in decision-making and the organisation of social life. For Williams, democracy and its emphasis on diverse collectivity enables creativity to flourish to its ultimate extent. The greater the number of individual perspectives that are acknowledged and granted power the more likely a social order can realise the common interest of its people, Williams argues.[386] Williams desired a social form in which

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[384] Raymond Williams, *Culture and Society: Coleridge to Orwell* (London: The Hogarth Press, 1993, 336.

[385] Ibid., 337.

[386]Williams, *The Long Revolution,* 117.

each individual was a 'member' of society, not a 'subject' or 'servant'.[387] Whilst it was being argued that post-war affluence had created a classless post-capitalist society[388], Williams contended that a lack of democratic involvement for the majority of people would continue to produce alienation and discontent as individuals 'feel radically insecure when their lives are changed by forces which they cannot easily see or name'.[389] He aimed to instantiate a view in which people would 'not only think of society or the group acting on the unique individual, but also of many unique individuals, through a process of communication, creating and where necessary extending the organization by which they will continue to be shaped.'[390] In other words, a democratic process in which the governing and governed are identical.

Williams' conception of democracy is certainly abstract and recent critics have disputed the limits of such imaginings. The political theorist Jodi Dean, for example, argues that 'democracy thus takes the form of a fantasy of politics without politics (like fascism is a form of capitalism without capitalism): everyone and everything is included, respected, valued, and entitled'.[391] Williams did not prescribe what a common democracy would look like in practice

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[387] Ibid., 115.

[388] Anthony Crosland's *The Future of Socialism* (1956) provided a particularly influential argument for society having become post-capitalist and classless. For an elaboration and critique of post-war ideas of classlessness see Stuart Hall, 'A Sense of Classlessness (1958)' in *Selected Political Writings: The Great Moving Right Show and Other Essays*, eds. Sally Davison, David Featherstone, Michael Rustin, Bill Schwarz (Durham and London: Duke University Press, 2017), 28-46.

[389] Williams, *The Long Revolution,* 112.

[390] Ibid., 115.

[391] Jodi Dean, 'Politics without Politics,' *Parallax*, Vol. 15, No. 3 (2009), 21.

but was engaged in advocating for democracy in a moment when collectivity, as we have seen, was considered dangerous and even totalitarian, an ideology that was intensified with the mass loss of support for communism after 1956. He aimed to theorise a view of culture and politics in which it is not natural or necessary for a particular class to dictate how everyone lives. His theoretical writing was part of a common process of imagining society differently. In the remainder of this chapter, I contend that the critiques of the NHS offered in John Braine's *The Vodi,* and Alan Sillitoe's *The Loneliness of the Long Distance Runner* equally embody the democratic impulse.

Literature in the 1950s: an 'anguished, parched decade'[392]?

The literature of the 1950s occupies an awkward position within English literary history. In general, studies of the Fifties tend to present this as a time in which little of note happened. As Matthew Whittle writes, the 1950s 'is a decade largely seen as a sort of interregnum between the innovations of modernism and postmodernism'.[393] It is regularly viewed as an era marked by feelings of exhaustion and material lack, which it has been suggested hampered the production of interesting art. As noted in the most recent survey of the 1950s, it is a 'literary decade, which is often taken to be the epitome of unexciting, realist prose constrained with the emotional straitjacket of a socially conservative epoch.'[394] The Fifties is most closely aligned

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[392] Perry Anderson, 'The Left in the Fifties,' *New Left Review*, Vol. 29 (January/February 1965), 4.

[393] Matthew Whittle, *Post-War British Literature and the "End of Empire"* (London: Palgrave MacMillan, 2016), 10.

[394] Nick Bentley, Alice Ferrebe and Nick Hubble, 'Introduction: The 1950s: A Decade of Change' in *The 1950s: A Decade of Modern British Fiction*, eds. Nick Bentley, Alice Ferrebe and Nick Hubble (London: Bloomsbury Academic, 2018) eBook.

with the work of the 'Angry Young Men', which it must be noted was in no way a consistent grouping but predominantly a media construction. For Matthew Crowley, this was an 'inauthentic, opportunistic, journalistic and commercially driven' label which aimed at the 'commodification and incorporation of an emergent form of cultural resistance'.[395] Even with these misgivings about the 'brand name' it does point usefully to an emergent post-war genre of realist fiction concerned with young, alienated, working-class, and lower middle class, men. This was an oppositional literary movement in which the protagonists of the novels, Peter Lewis writes, 'are up against class barriers symbolised by some character who is the concentrated essence of all that the hero and, one assumes, the author hates most in Fifties England.'[396] Colin Wilson, himself classified as an Angry writer, argued retrospectively that 'the movement was based on a real political protest that hoped to get something done, to change things as Rousseau and Cobbett and Godwin had wanted to change things.'[397] Despite 'an authentic attempt to present an oppositional form' these writers have consistently been viewed as conservative with most critical work consisting of revealing the shortcomings of these texts.[398] Nick Bentley's account is indicative of a general attitude, as he concludes that 'most Angry novels re-inscribe the ethics, morality and ideology of dominant English society, despite

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[395] Matthew Crowley, 'Angry Young Men? A Product of their Time' in *The 1950s: A Decade of Modern British Fiction*, eds. Nick Bentley, Alice Ferrebe and Nick Hubble (London: Bloomsbury, 2018), 62.

[396] Peter Lewis, *The Fifties* (London: Heinemann, 1976), 161.

[397] Colin Wilson, *The Angry Years: The Rise and Fall of the Angry Young Men* (London: Robson Books, 2007), xvi.

[398] Matthew Crowley, 'Angry Young Men? A Product of their Time,' 80.

their main protagonists challenging their relative position within that structure.'[399] This has been explained as resulting from a conservative nostalgia with Rubin Rabinovitz arguing that 'most English novelists […] still seem content to live in the past.'[400] Similarly, it is claimed that 'Wherever one looks in the literature of the time, one finds at best muted support for post-war planning and almost always a preference for retrospective idealization and anxiety about the loss of the tacit, the experiential, the roots that go back to the past'.[401] Equally, the fiction of the 1950s was seen to be deficient due to the social system from which it was produced, with William Van O'Connor, for example, arguing that Fifties fiction 'seems a little drab, like life in the Welfare State; it is, after all, the expression of that life'.[402] Kenneth Allsop similarly argued that the new upwardly mobile working class authors had 'a lack of confidence in their dissentience, an uncertainty about their position in society and the purpose of their rebellion— so they bluster to cover up the self-doubt.'[403] Additionally, the sexual politics of these works

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[399] Nick Bentley, *Radical Fictions: The English Novel in the 1950s* (Bern: Peter Lang, 2007), 131.

[400] Rubin Rabinovitz, *The Reaction Against Experiment in the English Novel 1950-1960* (New York and London: Columbia University Press, 1967), 171.

[401] Katharine Cockin and Jago Morrison, 'Introduction' in *The Post-War British Literature Handbook*, eds. Katharine Cockin and Jago Morrison (London and New York: Continuum, 2010), 41.

[402] William Van O'Connor, *The New University Wits and the End of Modernism* (Carbondale: Southern Illinois University Press, 1963), 132.

[403] Kenneth Allsop, *The Angry Decade: A Survey of the Cultural Revolt of the Nineteen-Fifties* (London: Peter Owen, 1958), 214.

has been read as predominantly regressive, further instantiating the notion of their dubious politics.[404]

Despite the view of Fifties realism as conservative the perspectives offered by these writers strongly resonated with the emergent New Left, with Raymond Williams describing these novels as 'the most real kind of contemporary writing'.[405] Such endorsements were, nonetheless, limited. As Alexander Hutton notes: 'Though New Left commentators welcomed the criticism of class society which suffused many 1950s novels, the lack of hope in active politics displayed in these novels was criticized in both the NR [*New Reasoner*] and ULR [*Universities and Left Review*]. Whilst early critics had applauded the cultural criticism implicit in the work of the "Angries", it became clear that their politics often strayed from progressive to reactionary'.[406] Williams himself argued that the Angry novelists represent 'the paradox of our generation that we call for community and yet praise the escape from it, call for the feelings that unite yet find that unity only in the common desire to get away.'[407] In another essay, Williams argues that post-1945 working-class literature can be divided into two modes: the novel of social climbing, which he sees as an inheritance from D. H. Lawrence, in which a

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[404] See Lynne Segal, *Slow Motion: Changing Masculinities, Changing Men* (Basingstoke: Palgrave Macmillan, 2007), 10-13.

[405] Raymond Williams, 'Realism and the Contemporary Novel,' *Universities & Left Review* Vol. 4 (Summer 1958), 24.

[406] Alexander Hutton, 'Literature, Criticism, and Politics in the Early New Left, 1956–62', *Twentieth Century British History*, Vol. 27, No. 1, (2016), 69.

[407]Ibid., 24.

working class man or woman has 'made it in some way'[408]; or the novel of working-class hedonism centred on a 'young, randy' hero who 'raised hell every weekend'.[409] He views both as politically limited. The former embodies a 'bourgeois idyll' in which the escape from working class life can be used to 'justify the class system because you got out of it didn't you?'[410] The latter is viewed as an overly celebratory fixation on the cult of youth which elides truths about what occurs when the working-class man is no longer young.[411] Neither category, however, encapsulates *The Vodi* or *The Loneliness of the Long Distance Runner,* as here Williams's taxonomy verges on a simplified caricature. To see Braine's *Room at the Top* (1957), for example, as a novel in which the hero 'made it by marrying the boss's daughter'[412] is fundamentally to miss the novel's point.[413] Williams' attempted classification does not adequately acknowledge the political volatility of the Angry novel which, as Kalliney observes, typically demonstrates 'a deep ambivalence' as the positions taken are 'contingent and unstable.'[414] These are not texts concerned with elaborating a consistent political programme,

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[408] Raymond Williams, 'British Working-Class Literature After 1945' in *Culture and Politics: Class, Writing, Socialism*, ed. Phil O'Brien (London: Verso, 2022), 137.

[409] Ibid., 139.

[410] Ibid., 137.

[411] Ibid., 140.

[412] Ibid., 137.

[413] The hero, Joe Lampton, does not want to marry the boss's daughter (he loves a married woman, Alice) but does so due to the social benefits. Joe retrospectively narrates his past decisions and actions from a position of alienation and melancholy as to what he has become.

[414] Peter Kalliney, 'Cities of Affluence: Masculinity, Class, and The Angry Young Men,' *Modern Fiction Studies*, Vol. 47, No. 1, (2001), 93.

but fictional expressions of an emergent social critique and their political ambiguity is a natural result. These works may be read to be indicative of a 'whole body of democratic feeling and impulse which is widespread in this society but which hesitates before socialism'[415] yet this need not be a bad thing. They should be viewed, as Williams' own view of cultural attests, as parts of a democratic process to articulate and generate new values and ways of living, not as simply crystalline reflections of predetermined political positions.

In readings of John Braine's *The Vodi* and Alan Sillitoe's *The Loneliness of the Long Distance Runner*, I contend that these texts do not simply express an individualist hostility to collectivism but articulate possibilities of resistance to punitive state and medical power. I argue that in these novels, what underpins this critique is an alienation established due to a lack of democratic engagement in society. The refusals and rejections of what Foucault saw as the governmentality of medical power that constitute fundamental elements of these texts are not evidence of a dismissal of society or the collective, but of a specific form in which individual autonomy is circumscribed by hierarchal power relations. As William's himself argues, such oppositional practices represent the potential for new social values: 'If people cannot have official democracy, they will have unofficial democracy, in any of its possible forms, from the armed revolt or riot, through the "unofficial" strike or restriction of labour, to the quietest but most alarming form—a general sullenness and withdrawal of interest.'[416] The Angry novels that I analyse consequently reject the NHS and post-war society as they express the hope of living more authentic and intense lives than the welfare state is believed to provide.

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[415] Raymond Williams, 'The Future of Socialism,' in *Culture and Politics: Class, Writing, Socialism*, ed. Phil O'Brien (London: Verso, 2022), 200.

[416] Raymond Williams, *Culture and Society: Coleridge to Orwell*, 315.

The Vodi*: Health and Wealth after the NHS*

John Braine's *The Vodi* offers a notable complication of what features constitute an Angry novel. Even so, it has been almost completely ignored in assessments of 1950s fiction; critical attention has tended to confine itself to Braine's first novel *Room at the Top* due, in part, to a predominant focus on the belligerence and misogyny of the Angry Young Men. Lynne Segal, for example, influentially argues that post-war embourgeoisement beset working class men with insecurity in their masculinity which found its expression in novels that convey a 'particularly pugnacious manliness and heterosexual aggressiveness'.[417] Jane Mansfield follows a similar line and argues that such a concern with masculine virility means that the protagonists of these novels 'are emphatically healthy'.[418] *The Vodi* is a clear exception to this sentiment, being a narrative centred around a protagonist, Dick Corvey, who is confined in a tuberculosis sanitorium. This is a novel about the interaction between sickness and masculinity, rather than simply a celebration or endorsement of a belligerent and assertive male power that Segal and Mansfield imply is the preserve of the Angry novel. In fact, I argue that Braine's novel critiques the continued hegemony of competitive and patriarchal capitalist values within the post-war period. *The Vodi*, I argue, examines the ways in which access to healthcare may have been expanded in an egalitarian manner through the introduction of the NHS, but this was not accompanied by an alteration in social values as the strong, healthy, productive male worker remained the idealised social subject.

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[417] Lynne Segal, *Slow Motion: Changing Masculinities, Changing Men* (Basingstoke: Palgrave Macmillan, 2007), 13.

[418] Jane Mansfield, 'The Brute-Hero: The 1950s and Echoes of the North,' *Literature and History*, Vol. 19, No. 1 (2010), 46.

The Vodi is set predominantly in a Yorkshire sanitorium where Dick Corvey has been confined to bed after contracting tuberculosis. He has an unfortunate allergy to the antibiotic used to treat the disease, so his treatment is slow and requires him to be institutionalised. Here he reminisces about failed romances, forgotten ambitions, and despairs at the isolated and marginalised position the illness has enforced on him. Dick's social estrangement is given its clearest evidence in the re-emergence of a preoccupation with his childhood idea of the titular Vodi. The Vodi are a group of malevolent rodent-like creatures under the command of a demonic woman called Nelly, who is the dictating and determining force of the world. She controls everyone's fate and condemns the good and kind to misfortune whilst rewarding the cruel and wicked. Dick attaches himself to the story of the Vodi 'because it enabled him to make sense of what had happened to him. Logically it all worked out perfectly: it explained why he was here and told him what to expect in the future.'[419] The unbearable aleatory nature of his illness is replaced with this childhood form of explanation whereby everything happens as a supernatural force wills it. Notably, Dick returns to this fiction as a response to the depressed anguish his position as a consumptive creates. This is not presented as resulting from the nature of his illness but is produced through social relations, namely Dick's exclusion from a masculinity that is tied to capitalist forms of success.

Throughout *The Vodi* sickness is seen as instantiating a relation in which a fundamental power imbalance exists between the ill patient and the healthy, 'normal' person. This is evident in the interactions between Dick and the doctors, demonstrating the medicalised objectification that Foucault theorised. Dick expresses 'a twinge of apprehension' whenever he sees the Doctor Hinstock because 'He couldn't understand Hinstock's world; it wasn't one in which

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[419] John Braine, *The Vodi* (London: Eyre Methuen, 1978 [1959]), 34.

emotion seemed to enter.'[420] As in Foucault's account, medicine here is not a concern with the feelings of an individual person, but an abstracted struggle between the doctor and the illness. Dick, in Foucault's words, is little more than 'the accident of his disease, the transitory object that it happens to have seized upon'.[421] Dick is kept essentially external to his own condition and views himself as being a sort of medical case study, an object of scientific interest: 'They kept him alive, as they kept his mother alive for six months, to keep themselves in jobs, to obtain the subject-matter for clever little articles in the *Lancet*.'[422] Dick considers himself a means to the research ends of the doctor. The doctor therefore is not engaged in treating his illness from care for Dick, but from care for scientific knowledge. As Foucault notes,

> to look in order to know, to show in order to teach, is not this a tactic form of violence, all the more abusive for its silence, upon a sick body that demands to be comforted, not displayed? Can pain be a spectacle? Not only can it be, but it must be, by virtue of a subtle right that resides in the fact that no one is alone, the poor man less so than others, since he can obtain assistance only through the mediation of the rich.[423]

Foucault is writing of teaching clinics in which people in poverty would receive treatment on the basis that their treatment be observed for educational purposes, and yet, despite the NHS doing away with such a system in Britain, the sense of the clinical spectacle, that care is only provided as there is wider scientific usefulness in his treatment, remains felt by Dick. The NHS, the novel suggests, did not create a more democratic relation between doctor and patient.

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[420] Ibid., 84

[421] Michel Foucault, *The Birth of the Clinic*, 59.

[422] John Braine, *The Vodi* 166.

[423] Michel Foucault, *The Birth of the Clinic*, 84.

It is not primarily the moment of diagnosis which creates a hierarchal relationship, but also the very processes of living in the sanitorium. Dick's life is restricted to 'his cubicle with its waxed floor, its clothes locker, bedside locker in white-enamelled steel, its steel and blue leather visitors' chair and its silver-painted radiator.'[424] His regimented routine in which he is bedbound, and not permitted to perform basic tasks for himself, means that he had 'withdrawn to some point outside life'.[425] Dick is enmeshed within what Erving Goffman influentially called a 'total institution'. 'TB sanitoria,' Goffman observes, are spaces 'established to care for persons felt to be both incapable of looking after themselves and a threat to the community, albeit an unintended one'.[426] Consequently, within such organisations 'minute segments of a person's line of activity may be subjected to regulations and judgments by staff; the inmate's life is penetrated by constant sanctioning interaction from above […] Each specification robs the individual of an opportunity to balance his needs and objectives in a personally efficient way and opens up the line of action to sanctions. The autonomy of the act itself is violated.'[427] The avowed attention to care for the individual and for the body politic necessitates, Goffman argues, the limiting of the patient's freedom through the regulation and control of the means by which their needs are satisfied. As Goffman writes, 'the handling of many human needs by the bureaucratic organization of whole blocks of people—whether or not this is a necessary or effective means of social organization in the circumstances—is the key fact of total

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[424] John Braine, *The Vodi*, 9.

[425] Ibid., 30.

[426] Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books, 1961), 4

[427] Ibid., 38.

institutions.'[428] This fundamentally undemocratic lack of control produces what Goffman calls the 'mortification of the self' in which the individual no longer recognises themselves; they come to identify primarily as a subject of the institution.[429]

Dick's mortification occurs through a recognition of himself as nothing more than a tubercular who exists as an object of pity for other people 'who were glad that he was dying because it emphasised the fact that they were not.'[430] Dick's relationships with others become constrained by his constant belief that an intermingled pity and disgust are ever-present in his social interactions. Dick hates a nurse 'for that look of pity—it made him feel naked and defeated.'[431] He has good reason to suspect this as another nurse, Evelyn Mallaton, experiences a pity which competes with attraction until she forces herself to acknowledge that 'Dick was no use to her or any other woman.'[432] As Lauren Berlant argues, the 'spectacle of suffering vulnerability seems to bring out something terrible, a drive not to feel compassion or sympathy, an aversion to a moral claim on the spectator to engage, when all the spectator wants to do is to turn away quickly and harshly.'[433] Berlant does not identify the specific context that informs the rejection of the weak. *The Vodi* emphasises how inhabiting the identity of the tubercular places Dick outside of the possibilities of a normative society in which the values of competitive patriarchal capitalism dominate. Markedly, the novel focuses on the effects such a

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[428] Ibid., 6

[429] Ibid., 48.

[430] Braine, *The Vodi*, 33.

[431] Ibid., 57.

[432] Ibid., 62.

[433] Lauren Berlant, 'Introduction: Compassion (and Withholding)' in *Compassion: The Culture and Politics of an Emotion,* ed. Lauren Berlant (New York and London: Routledge, 2004), 9.

situation has on Dick's romantic possibilities. Sexual desirability is argued to be reliant on health and wealth. Dick's fiancée Lois ends their engagement after he is committed to hospital. Despite a dark anger at Lois, he concedes, 'all sane people are governed by common sense; they have to survive, they can't afford to be weak. Marriage was a partnership, they'd often said. So if he caught T.B. he couldn't pull their full weight and most likely would never be able to. The marriage couldn't then be a partnership; so Lois bowed out. One really couldn't blame her, the cold-hearted fornicating bitch.'[434] The notion of partnership has obvious business connotations suggesting that a marriage should be efficient, competitively strong and productive in order to be successful and prosperous. Love is not viewed as an illogical romantic passion but a rational act in which the provision of material comfort is prioritised. In a combination of 'hatred and longing and jealously' Dick wonders: 'Who would she be with tonight, what gorgeous hunk of tubercle-free man, dancer and footballer and tennis-player, holder of a good job with prospects, on the point of buying a car?'[435] The repulsiveness of the sick is exactly their social unproductivity and failure to partake in the potentials of escaping the restrictions of working-class life enabled by the newly found post-war affluence.

The novel therefore shows that whilst the NHS created a material change (Dick's treatment is provided by the state and paid for through taxation), the values underpinning post-war society had not substantially shifted. This remains a world in which the capitalist free market is dominant, with the principles of competitive business requiring winners and losers. Within such a system, the sick are little more than a surplus burden whose penalty for the aleatory events that have befallen them is a restriction of autonomy that proposes to return them back to the world of work and production. There may now be a nationalised health service, but

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[434] Braine, *The Vodi*, 72.

[435] Ibid., 33.

the social meaning of sickness had not changed. The state could care for the ill in an awareness of the universality of human frailty and corporeal precarity, but this is not to produce anything like an alteration in what people think of the socially excluded who remain viewed in terms of pity.

The Loneliness of the Long Distance Runner*: The NHS, the Working-Class and Possibilities of Resistance*

Alan Sillitoe's work is intimately concerned with the constitutive elements of working-class culture and class warfare, demonstrating a strong mistrust of social institutions and their bourgeois officials. *The Loneliness of the Long Distance Runner* (1959) is emblematic of this approach and presents doctors as being a part of an authoritative apparatus that, as Foucault writes, acts 'to structure the possible field of action of others.'[436] Sillitoe stresses the possibility of resistance to a such a determining medical power emphasising the potential for excess and incommensurability that, as Foucault acknowledges, inheres within any power relation. Indeed, Sillitoe's novel expresses what medical historian Roy Porter called 'patient power'.[437] For Porter, an emphasis on medicine as a domination of the patient excludes the fact that accounts through history show 'sufferers studiously disregarding doctors' advice.'[438]As Richard Hoggart shows, this was a common occurrence within the post-war working class, which was often suspicious of the intentions of the medical profession who were seen as bourgeois interlopers. He writes: 'Superstition clings particularly to anything affecting health; "I don't

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[436] Michel Foucault, 'Afterword: The Subject and Power' in *Beyond Structuralism and Hermeneutics* eds. Hubert Dreyfus and Paul Rabinow (New York: Routledge, 2013) 221.

[437] Roy Porter, 'The Patient's View: Doing Medical History from Below,' *Theory and Society*, Vol. 14, No. 2 (1985), 188

[438] Ibid., 189.

believe in doctors" is still a common expression'.[439] The rejection of medical authority is seen as a form of revenge for the indignities that the working-classes have faced when attempting to access treatment:

> Working-class people have had years of experience of waiting at labour-exchanges, at the panel-doctor's, and at hospitals. They get something of their own back by always blaming the experts, with or without justification, if something goes wrong. 'Ah never ought to 'ave lost that child if that doctor 'ad known what 'e was doing.' They suspect that public services are not so readily and effectively given to them as to people who can telephone or send a stiff letter.[440]

Blaming acts as a means of re-balancing the hierarchy between doctors and the working classes by asserting an autonomy of reaction and questioning the validity of expert knowledge. However, Hoggart suggests that the welfare state is, equally, producing a state of passivity in people who simply wait for things to be done for them[441]: 'We can soon put ourselves into a

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[439] Richard Hoggart, *The Uses of Literacy* (London: Penguin, 1957), 30.

[440] Ibid., 74.

[441] Carolyn Kay Steedman directly contests such a view. Hoggart, she argues, provides a simplified and totalising view of working-class consciousness which does not provide an accurate image of the multifarious thoughts and feelings of working-class people. His insistence that state benefits represented a passive working class is rejected by Steedman who argues, 'the sense that a benevolent state bestowed on me, that of my own existence and the worth of that existence – attenuated but still there – demonstrates in some degree what a fully material culture might offer in terms of physical comfort and the structures of care and affection that it symbolizes to all its children.'* Rather than state welfare creating a passive, absent self, Steedman views these actions as the very ground from which a self can be

position in which we lie back with our mouths open, whilst we are fed by pipe-line, and as of right, from a bottomless cornucopia manipulated by the anonymous "Them".'[442] Hoggart's response to this is to call for a rejection of authority: 'One would be happier if the dislike of authority were more often an active dislike, implying a wish to stand on one's own feet.'[443]

The Loneliness of the Long Distance Runner could be seen as a direct response to his call for a more active rejection of bourgeois authority. It tells the story of Smith, a working-class boy in Nottingham, who robs a bakery. After being caught, Smith is taken to a borstal where he takes up long distance running to the pride of the governor. Throughout, Smith narrates his rejection of authority and ultimately comes to mock the governor by pausing before the finish line of a race he was set to win. Roberto Del Valle Alcala reads this as an 'autonomist checkmate [that] articulates the necessity of affirming working-class independence as an antipower to the organized (institutional) power of "managed" or "socialized" capital'.[444]

An aspect of the story that has tended to be overlooked in previous readings is how *The Loneliness of the Long Distance Runner* signals Smith's anti-authority position as being born out of the example of his father's defiant actions. This notably is shown to occur when his father is sick and rejects the intervention of doctors:

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formed; instead of a restriction of autonomy the welfare state provides the material necessities from which life can begin. *Carolyn Kay Steedman, *Landscape for a Good Woman: A Story of Two Lives* (New Brunswick, New Jersey: Rutgers University Press, 1992 [1986]), 132.

[442] Hoggart, *The Uses of Literacy*, 196.

[443] Ibid., 196.

[444] Roberto del Valle Alcala, 'Sketches of Autonomy: Capitalist Subsumption and Working-class Resistance in Alan Sillitoe's Early Fiction,' *Genre*, Vol. 48, Issue 3 (2015), 457.

> I'm still thinking of the Out-law death my dad died, telling the doctors to scat from the house when they wanted him to finish up in hospital (like a bleeding guinea-pig, he raved at them). He got up in bed to throw them out and even followed them down the stairs in his shirt even though he was no more than skin and stick. They tried to tell him he'd want some drugs, but he didn't fall for it, and only took the painkillers that mam and I got from a herb-seller in the next street. It's not till now that I knew what guts he had…[445]

The doctors are figured as an amorphous, malevolent group who are trying to control and dehumanise Smith's father for some nefarious reason. The threatening figure of 'Them' is seen as acting to contravene his will and assert a specific way of living. This is comparable to the actions of the borstal governor whose work is perceived by other members of his class as training 'lads to live right'.[446] Sillitoe, consequently, implicates the work of the doctor into the actions of what Louis Althusser called the Repressive State Apparatus which 'secur[es] by force (physical or otherwise) the political conditions of the reproduction of relations of production which are in the last resort relations of exploitation.'[447] The apparently socialist promise of the NHS appears to be refuted in the text's rejection of any qualitative difference between the authority of the doctor and the authority of the borstal governor. Both are considered representative of class domination and manipulation. This view presents any

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[445] Alan Sillitoe, *The Loneliness of the Long Distance Runner* (London: Flamingo 1994 [1959]), 50.

[446] Ibid., 50.

[447] Louis Althusser, 'Ideology and Ideological State Apparatuses: Notes towards an Investigation (1970)' in *Lenin and Philosophy and Other Essays* (New York; Monthly Review Press, 2001), 140.

interaction across classes as a kind of social control, which Smith's father actively avoided. Smith consequently romanticises his father's 'outlaw' death, which is perceived as an act of living, and dying, on one's own terms within one's home. Death as an outlaw is seen as preferable to a meek, submissive life.

For Bruce Robbins, this is little more than evidence of an incoherent individualism. He asks, 'what if, as seems plausible enough, his father was wrong to kick the doctors down the stairs, refuse the painkillers, and rely instead on what could be obtained from the herb-seller in the next street?'[448] Similarly, Foucault's account of resistance suggests limitations to such an approach. He writes that 'Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power'.[449] This is to see resistance as only reactive, not a positive action on its own terms, and so the struggle against power remains structurally constrained and effectively compromised. Yet, in this instance, Smith's interpretation of his father's death as demonstrating that life necessitates the refusal of domination, even if that power may appear benign and helpful, opens a radically new conception of the meaning of living beyond conventionalised wisdom. Smith produces definitions of life and death that are not biological but qualitatively define a way of life. Regarding the borstal governor, he says:

> I know when he talks to me and I look into his army mug that I'm alive and he's dead. He's as dead as a doornail […] At the moment it's dead blokes like him as have the whip-hand over blokes like me, and I'm almost dead sure it'll always be like that, but

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[448] Bruce Robbins, *Upward Mobility and the Common Good: Toward a Literary History of the Welfare State* (Princeton and Oxford: Princeton University Press, 2007), 184.

[449] Michel Foucault, *History of Sexuality, Volume I: The Will to Knowledge* (London: Penguin, 1990), 95.

even so, by Christ, I'd rather be like I am – always on the run and breaking into shops

for a packet of fags and a jar of jam – than have the whip-hand over somebody and be

dead from the toe nails u[450]

As Del Valle Alcala notes, 'to be a working-class other is, for Smith, proof enough of his being

alive'.[451] This equally produces a consideration of a form of being in which death, when

predicated on an individual's own will, is seen as representing more positively the vitality of

life. In his death, Smith's father is considered to be more alive, as it were, than the bourgeois

governor. Life is not deemed to be a simple quantitative fact, but is qualitative, a matter of how

life is lived. The NHS, therefore, is conceived as an institution that restricts individual agency

and asserts specific, normative forms of living that act to limit the forces of life. Sillitoe,

therefore, offers a mode of resistance that rejects the terms of the dominant medical logic and

begins to rewrite new conceptions of the very meaning of living. The refusal to accept help

from apparent class superiors, to refuse meagre redistribution, no matter the negative

consequences, is suggested to offer a means of escaping class domination and present a

possibility for a life worth living.

Conclusion

In this chapter, I have demonstrated how post-war literature articulated a critical challenge to

the hegemony of the post-war consensus. George Orwell and James Hanley present the limited

reformation of society enacted by the Labour government, demonstrating how the locus of

political power remained undisturbed, despite proclamations that Britain was now socialist.

Orwell offers a radical account of Labour's minor adjustments to the distribution of power,

albeit one amenable to conservative intentions. Hanley's *What Farrar Saw* argues, in an

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[450] Alan Sillitoe, *The Loneliness of the Long Distance Runner*, 14.

[451] Roberto del Valle Alcala, 'Sketches of Autonomy,' 455.

inconsistent manner, that politics remained detached from everyday life, and offers embedded and decentralised care as a remedy to this unequal situation. John Braine's *The Vodi* and Alan Sillitoe's *The Loneliness of the Long Distance Runner* challenge the notion of a post-war consensus in favour of the NHS as they emphasise the stultifying control enacted by medical power and the limited horizons of possibility available under such social systems. Against the dominant idea that the Angry novel simply capitulates and accepts conservative political and moral values, these two texts provide nuanced and progressive critiques of the ways in which post-war reconstruction reaffirmed previous power hierarchies. *The Vodi*, in particular, critiques how medical institutions bolster patriarchal and capitalist values, whilst *The Loneliness of the Long Distance Runner* attempts a resistance to medical and class domination in a rewriting of the very meanings of life. There may be no clear and obvious political path offered within these novels which, as Williams says, hesitate before socialism, but their adversarial stance towards dominant social forms and values has an important democratic function in demonstrating the contingency of the medical institution and of post-war society as they express an opposition, however limited, to a domineering process of subjectification.

Chapter Three

Feminism and Anti-Psychiatry: Radical Challenges to the NHS in the 1960s and 1970s

In the 1960s and 1970s, the politics of healthcare were strongly challenged by two influential social movements: feminism and anti-psychiatry. Both, from differing impulses, critiqued the tendency for the NHS to be domineering and repressive, viewing the health service as engaged in normative ideological practices which limit individual potentiality. These theoretical and political movements shared a common concern with the ways in which healthcare was complicit with the hegemonic production of subjects who live in a restricted and alienated fashion. Feminism and anti-psychiatry rejected the NHS's specific biopolitical patterns, which, as Foucault argues, seek to 'foster life' in a regulatory manner.[452] The emergent feminist movement in the 1960s was particularly concerned with the politics of reproduction and, as will be shown, critiqued how motherhood leads to women being excluded from the social. The first half of this chapter will therefore provide an overview of the development of feminist theories of reproduction and subject formation, specifically focusing on the work of Juliet Mitchell. I read the feminist fiction of the 1960s as indicative of an unformed structure of feeling which pre-empts the development of the Women's Liberation Movement in the 1970s, such a view addressing a distinctive lack of attention to women in Raymond Williams' work. Drawing upon the work of Louis Althusser and Judith Butler, I argue that Lynne Reid Banks' *The L-Shaped Room* (1960) and Margaret Drabble's *The Millstone* (1967) utilised discursive novelistic forms in order to perform nascent critiques of how reproductive medicine produces women as subjects, although the emergent nature of these works means their political

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[452] Michel Foucault, *The History of Sexuality: Vol. 1, The Will to Knowledge* (London: Penguin, 1989), 138.

prescriptions are at best uncertain. The second half of the chapter provides an overview of the history of mental healthcare under the NHS and elaborates how Foucault, Williams and in particular R. D. Laing theorised an opposition to the dominant strands of mental healthcare. The limitations of anti-psychiatry are consequently explored, in particular divulging Peter Sedgwick's criticism of Laing's a-sociality and Juliet Mitchell's feminist responses. I then show how Jennifer Dawson's 'Hospital Wedding' (1978) mediates anti-psychiatry, replicating certain shortcomings of Laing's work while providing a melancholic renunciation of the possibilities of a radical alteration in the situation of mental healthcare.

Part One, 1960s

The NHS, Feminism and the Politics of Reproduction

It has become routine to argue that women gained the most from the creation of the NHS. The historian Juliet Gardiner, for example, writes, 'Women were probably the greatest beneficiaries of the NHS since, not covered by their husbands' national insurance contributions, many lived for years with chronic conditions such as prolapse of the womb, varicose veins and fibroids, sometimes with inadequate pre- and post-natal care.'[453] It is undoubtedly the case that the creation of the NHS allowed women to overcome health deficits and receive treatment for pre-existing conditions. Yet it must be acknowledged that this expansion was not total, as the new health service maintained the gendered inequalities of the previous systems. Notably, due to the contentiousness of contraceptives and abortion, the NHS 'judiciously avoided any commitment to provision of comprehensive family-planning services'.[454] Such services

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[453] Juliet Gardiner, *Joining the Dots: A Woman in her Time* (London: William Collins, 2017) eBook, Chapter Four.

[454] Charles Webster, *The National Health Service: A Political History New Edition* (Oxford: Oxford University Press, 2002), 132.

continued to be provided by voluntary agencies, so significant regional disparity remained in the provision of family planning.[455] This situation would not be altered until the late 1960s. That for the first two decades of the NHS 'this fundamental facet of preventive health care was consigned to the fringes of the health service,' Webster writes, 'was a reminder of the disadvantages traditionally suffered by women in the field of health care.'[456]

Furthermore, as we have seen in *The Citadel* and *What Farrar Saw* a gendered, hierarchal relation frequently characterised the nature of care in the 1930s and 1940s, with the man, be it doctor or husband, operating in the role of active carer to the passive, even absent, position of the woman. The NHS did little to upset a gendered division of labour in which prestigious and powerful roles remained dominated by men, whilst undervalued caring jobs were the preserve of women.[457] Much as how post-war redistribution did not see an alteration in the location of class power, nor did it change the gendered distribution of power and agency. The NHS offered greater inclusivity and access to medical treatment, but the nature of these forms of care remained largely determined and structured without the involvement of female medical professionals or patients.

From the 1960s onwards, paternalist and patriarchal arrangements would be critiqued and challenged as the question of gender entered more forcefully into debates and conflicts about the National Health Service and the welfare state. Literature was a space in which such inequalities would be voiced and introduced into public consciousness. It is well known, as Leanne Bibby writes, that second wave feminism 'designates a period of significant

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[455] Ibid., 132.

[456] Ibid., 132.

[457] See Lesley Doyal, 'Women, Health and the Sexual Division of Labour: A Case Study of the Women's Health Movement in Britain,' *Critical Social Policy* Issue 7 (June 1983), 21-27.

intersections between feminist activism, in the sense of practical organisation, and women's writing, with literary roots that predated the organised movement […] While these authors may not have identified themselves with the imminent women's movement in Britain, they nevertheless laid crucial literary groundwork for that movement'.[458] Literary fiction was attuned to the specific textures, contradictions and troubles of medical care and served to publicise and critique the exploitative and patriarchal nature of healthcare in a creative, non-didactic manner. In the 1960s, novelists demonstrated an acute awareness of gendered issues within the NHS, notably around the issues of abortion and childbirth, which pre-empted and informed the development of the Women's Liberation Movement in the 1970s.

Following the founding of the Women's Liberation Movement (WLM) in Skegness, four priority demands of the group were announced. These were: equal pay, equal educational and job opportunities, free contraception and abortion on demand, and free twenty-four-hour nurseries.[459] Healthcare and the medical would therefore emerge as a foundational concern for the WLM and one of its earliest areas of struggle. In the 1960s, however, radical feminist critique of the NHS and the welfare state remained nebulously evolving, the theorisation of what is now clustered under social reproduction in a nascent stage. In 1966 Juliet Mitchell published the essay 'Women: The Longest Revolution' in the *New Left Review,* a key milestone in the development of radical, socialist feminism in Britain. The article's title offers a subtle repudiation of Raymond Williams' *The Long Revolution,* suggesting a lacuna in his work

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[458] Leanne Bibby, 'The Second Wave,' in *The History of British Women's Writing, 1945–1975*, eds. Clare Hanson and Susan Watkins (Basingstoke: Palgrave Macmillan, 2017), 124.

[459] See Hilary Wainwright, 'Introduction' in *Beyond the Fragments: Feminism and the Making of Socialism*, eds. Sheila Rowbotham, Lynne Segal, and Hilary Wainwright (Boston, MA: Alyson Publications, 1981), 4-6.

(although this point is undeveloped and unspecified in the article itself) and in socialism generally.[460] As Mitchell writes, 'The problem of the subordination of women and the need for their liberation was recognized by all the great socialist thinkers in the 19th century. It is part of the classical heritage of the revolutionary movement. Yet today, in the West, the problem has become a subsidiary, if not an invisible element in the preoccupations of socialists. Perhaps no other major issue has been so forgotten.'[461] In the next issue of the *New Left Review* Quintin Hoare, best known for translating Antonio Gramsci into English, attacked Mitchell's article for not being suitably Marxist enough as it did not pay due attention to the 'totality of the exploitation of women'.[462] Hoare, whilst conceding that Marxism had not given enough critical focus to women, ultimately presents feminism as little more than a distraction from the real work of critiquing capitalist political economy. Hoare's account suggests that the end of capitalism will mean the cessation of all exploitation; however, for Mitchell, it is exactly the 'universal, atemporal fact' of maternity that means it 'has seemed to escape the categories of Marxist historical analysis.'[463] 'What is true,' she argues, 'is that the "mode of reproduction" does not vary with the "mode of production"; it can remain effectively the same through a

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[460] Mitchell recently has written on the importance of Williams and stresses the need to see his work as formed in collaboration with his wife, Joy. See Juliet Mitchell, 'Raymond Williams: Tomorrow is also Yesterday's Day,' *European Journal of Cultural Studies,* Vol. 24, No. 14 (2021), 1035-1043.

[461] Juliet Mitchell, 'Women: The Longest Revolution,' *New Left Review*, Issue 40 (1966), 12.

[462] Quintin Hoare, 'Discussion on Women: The Longest Revolution,' *New Left Review* Issue 41 (1967), 79.

[463] Juliet Mitchell, 'Women: The Longest Revolution,' 20.

number of different modes of production.'[464] The exploitation of women, Mitchell suggests, is not intrinsic to capitalism, and can persist in various competing social formations, such as in the Soviet Union and China.[465]

For Mitchell, woman's denigrated social role arises due to an absence from the social worlds of production. She argues that the social necessity of childbirth and the related exclusion from work and public life is what induces the state of sexual inequality. Control over reproduction would enable women to perform a role of greater equality to men, no longer burdened by 'the sole or ultimate vocation of woman'.[466] Mitchell suggests that expansion of the prescription of the pill, the legalisation of abortion and the proliferation of different modes of child care beyond the mother would represent 'the humanization of the most natural part of human culture'.[467] The greater control over if and when to become pregnant and less restrictive conceptions of motherhood are therefore viewed as offering an emancipatory possibility due, primarily, to the allowance it affords for women to have a greater engagement in the realm of production. Mitchell posits, in a manner not dissimilar to Engels' *The Origin of the Family, Private Property and the State* (1884), that 'the main thrust of any emancipation movement must still concentrate on the economic element—the entry of women fully into public industry'.[468] She argues that 'the most elementary demand is not the right to work or receive equal pay for work—the two traditional reformist demands— but the right to equal work

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[464] Ibid., 21.

[465] Ibid., 30.

[466] Ibid., 21.

[467] Ibid., 21.

[468] Ibid., 34.

itself'.[469] Mitchell's account of why work would be freeing and not simple a capitulation to different forms of capitalist exploitation is undeveloped in this essay. However, her thinking can be posited as similar to that of Angela Davis, who views work as an important means for women to overcome the atomisation and alienation that restriction to the home is said to entail. Davis writes that 'on the job, women can unite with their sisters—and indeed with their brothers—in order to challenge the capitalists at the point of production.'[470] Work, unlike domestic labour, is conceptualised as offering the potential of collective solidarity and social organisation as a radical countering of capitalist hegemony. The proletarianization of the woman would, both Davis and Mitchell imply, further intensify social contradictions and help to enable the realisation of the end of capitalism that a Marxist teleology predicts. That woman should fight to be part of a labour system that the Marxist conception of the working-class is already attempting to dispose of is certainly counterintuitive and now reads less as an accurate assessment than an indication of the strength of disillusionment with the family unit and the possibilities of the domestic.[471]

Mitchell's account expresses a remarkable optimism in the benevolence of the NHS to catalyse a totalising revolution in the social structure. The introduction of the pill and legalisation of abortion were believed to provide the potential for political upheaval through a rearticulation of social relations. As Michelle Murphy demonstrates, feminists thought they 'could potentially "seize the means of reproduction," that is, technically manipulate their very

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[469] Ibid., 35.

[470] Angela Y. Davis, *Women, Race and Class* (New York: Vintage Books, 1983), 240.

[471] See Helen Hester, 'Promethean Labors and Domestic Realism' https://www.e-flux.com/architecture/artificial-labor/140680/promethean-labors-and-domestic-realism/ (2017).

embodied relationship to sexed living--being itself. Not only was a feminist critique of science and technology declared imperative; technical practices themselves were possibly the means, the necessary tools, of feminism.'[472] Such a perspective was common in Britain during the burgeoning early moments of the Women's Liberation Movement. Sheila Rowbotham, for example, argued that 'contraceptives lay the basis for a great explosion in the possibility of female pleasure. The release of the female orgasm from the fatalism, fear and shame of millennia is one of the triumphs of bourgeois technology.'[473] Technical medical advancements were consequently presented as offering the possibility of a better future for women.

Against this optimism, the novels of the 1960s articulate fundamental issues with how the NHS treats women, particularly pregnant women. In their critiques of medical power, they offer pre-emptions of the theorisation that would emerge in the 1970s, for example in the Foucauldian arguments of the feminist sociologist Ann Oakley who reasoned that 'the modern male-controlled [healthcare] system has a tendency to treat women not as whole, responsible people but as passive objects for surgical and general medical manipulation.'[474] As I will demonstrate, Banks' *The L-Shaped Room* and Drabble's *The Millstone* offer sensitive and complicated accounts of the multivalent nature of this medical power. It is my argument in this section that the ways in which the novels of the 1960s show the NHS to be directly involved in the formation of female subjectivities has been overlooked in literary criticism. I examine

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[472] Michelle Murphy, *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience* (Durham and London: Duke University Press, 2012), 5.

[473] Sheila Rowbotham, *Woman's Consciousness, Man's World* (London: Penguin, 1975) 114.

[474] Ann Oakley, 'Wisewoman and Medicine Man: Changes in the Management of Childbirth' in *The Rights and Wrongs of* Women, ed. Juliet Mitchell and Ann Oakley (London: Pelican Books, 1976), 54.

how the characters of Jane in *The L-Shaped Room* and Rosamund in *The Millstone* are presented as being structured by the ideological practices of the NHS in conjunction with broader social discourses around woman and reproduction. As Elizabeth Wilson argues, theoretical engagements with the NHS and the welfare state often maintain a too narrow focus on what she calls 'economism' meaning that the dominant critical viewpoint believed that everything 'that would be perfectly all right if we had more hospital beds, better schools with more teachers and less over-crowding, lower rents, higher sickness and unemployment benefits, and decent pensions'.[475] This, she argues, is to ignore the ideological functions of the welfare state, namely the ability of its institutional practices to 'prescribe what woman's consciousness should be'.[476] In other words, Wilson stresses how the health service is situated within the process by which 'One is not born, but rather becomes, woman.'[477] The difficulty, however, is to recognise that the state can enhance welfare at the same time as it negates or limits what woman can be or do.[478] The process of becoming-woman that the NHS enables and

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[475] Elizabeth Wilson, *Women and the Welfare State* (London: Tavistock Publications, 1977), 10.

[476] Ibid., 7.

[477] Simone de Beauvoir, *The Second Sex* trans. Constance Borde and Sheila Malovany-Chevallier (London: Vintage, 2010), 293. In the most recent translation, Constance Borde and Sheila Malovany- Chevallier altered the famous sentence from H. M. Parshley's rendering as 'One is not born, but rather becomes, a woman.' The removal of the 'a' intending to stress the social constructionist implications of the sentence. See Bonnie Mann, 'Introduction,' "On ne naît pas femme: on le devient" *The Life of a Sentence* eds. Bonnie Mann and Martina Ferrari (Oxford: oxford University Press, 2017), 2-4.

[478] Elizabeth Wilson, *Women and the Welfare State* 31

enforces has divergent or even antagonistic political valences. This entanglement and its related political ambiguity inform the perspectives of the novels in this chapter.

Literature, Democracy, Feminism

'If the 1950s novel was preoccupied with the status of the single man,' Deborah Philips writes, 'it was the single woman who was to become the object of analysis in the 1960s.'[479] Such an interest had developed prior to the 1960s, with the question of the relation between female independence and motherhood having been raised during the spirit of wartime emancipation in novels such as Marghanita Laski's *To Bed with Grand Music* (1946). However, the post-war period saw such independence no longer needed and schematically rolled back, a view seen in Shelagh Delaney's 1958 play *A Taste of Honey* which, it has been argued, instantiated many of the themes that would be developed in the 1960s novels.[480] Notably, for our concerns *A Taste of Honey* ends with the pregnant Jo about to go to hospital to have her baby, but does not narrate the experience of the medical institution. The social role of the NHS would be expanded in various novels during the 1960s, including Lynne Reid Banks' *The L-Shaped Room*, Penelope Mortimer's *The Pumpkin Eater* (1962), Paddy Kitchen's *Lying-In* (1965) and Margaret Drabble's *The Millstone*. These texts articulate the experience of pregnant women within the NHS reflecting an emerging structure of feeling about women's social position and the attitudes of the medical profession to women.

Banks' *The L-Shaped Room* and Drabble's *The Millstone* have been critiqued as aesthetically and politically void in recent accounts. The realist form of these works is dismissed in Sebastian Groes' influential work as 'bland and dreary,' suggesting that their

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[479] Deborah Philip, *Women's Fiction: From 1945 to Today* (London: Bloomsbury, 2014), 43.

[480] Stuart Laing, *Representations of Working-Class Life, 1957-1964* (Basingstoke: Macmillan, 1986), 79.

stylistics approach emphasises the 'literal, sociological' at the expense of a more inventive and imaginative aesthetic attitude.[481] Groes dismisses realist fiction as being formally staid and uninteresting as opposed to the apparent exuberance of experimental fiction. As Lyndsey Stonebridge and Marina Mackay point out, the 'formalist distinction between experimental and realist fiction that has dominated accounts of this period' has consequently meant that critics have 'stamped many mid-century writers as irretrievably and disastrously minor.'[482] In this section, I will demonstrate, contra-Groes, how these novels utilise a formal intricacy in their attempts to realistically capture the complex experiences of women within the NHS.

Furthermore, Philips charges these texts with 'not yet hav[ing] the language or sensibility of a feminist consciousness.'[483] In fact, she goes so far to impute these novels with a political conservatism which impacted her personally: 'I did not have to go through the experience of single motherhood or accidental pregnancy in the 1960s, but my adolescence was full of the fear that I might. *The L-Shaped Room* and *The Millstone* were required reading for my generation as dire warnings of the dangers of sexual encounters.'[484] These books are therefore read as instantiating a blockade in the development of sexual liberation. Yet such views offer a strange sense of the politics of literature. The insistence on some putatively

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[481] Sebastian Groes, *British Fiction of the Sixties: The Making of the Swinging Decade* (London: Bloomsbury, 2016), 18.

[482] Lyndsey Stonebridge and Marina Mackay, 'Introduction,' in *British Fiction After Modernism: The Novel at Mid-Century*, eds. Lyndsey Stonebridge and Marina Mackay (Basingstoke: Palgrave Macmillan, 2007), 3.

[483] Deborah Philip, *Women's Fiction: From 1945 to Today* (London: Bloomsbury, 2014), 51.

[484] Ibid., 193.

correct feminist position for literature to occupy is intrinsically a denial of the complicated, agonistic nature of culture's relation to the political. Literature does not simply reflect a feminist consciousness but is engaged within the common process through which such social perceptions developed. Philips presents feminism as a monolithic theoretical formation that develops in a linear and teleological fashion which is far from the case. It is, in fact, the emergent nature of these novels which marks them as notable as this allows the contingent, contradictory and uncertain nature of feminist development to become evident. Literature, as Williams stresses, is a process and social practice, not an object.[485] Despite the persistent myth of the 'permissive sixties' this was a time in which, as Pat Thane and Tanya Evans argue, there was development 'towards greater openness in acknowledging and discussing such issues as unmarried motherhood and cohabitation, and towards at least the potential for greater sexual freedom for women with the coming of the pill, but it was slow, uneven, and contested.'[486] The work of Banks and Drabble serves to highlight the divergent and informal nature of women's thoughts about the NHS; the aesthetic and political ambiguities of these works are reflective of this under-developed social change. *The L-Shaped Room*, I will argue, expresses the uneven and conflicting development of attitudes towards abortion, and *The Millstone* presents an often-contradictory account of how healthcare determines femininity. This perspective is maintained and denied in the novel's vacillations around the question of motherhood as a natural or social role.

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[485] Raymond Williams, 'Base and Superstructure in Marxist Cultural Theory' in *Culture and Materialism: Selected Essays of Raymond Williams* (London: Verso, 2005), 46.

[486] Pat Thane and Tanya Evans, *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth-Century England* (Oxford: Oxford University Press, 2012), 139.

As Elaine Showalter argues 'the female literary tradition comes from the still-evolving relationships between women writers and their society.'[487] Women novelists, Showalter argues, do not express 'an innate sexual attitude' and so critics should emphasise 'the ways in which the self-awareness of the women writer has translated itself into a literary form in a specific place and time-span, how this self-awareness has changed and developed, and where it might lead.'[488] This therefore is to analyse how literature emerges from a particular structure of feeling, a particular set of historical contingencies. Yet this is not a simple mirroring of a static and predetermined social feeling but an active process of negotiating social values and meanings about women's social position. Although Showalter does not use such terms this is essentially a feminist version of the sort of cultural materialism that Raymond Williams espoused. It must be noted that Williams has been critiqued for the absence of women in his work. In *Politics and Letters*, during a discussion of *The Long Revolution,* Williams was challenged on the fact that 'problems of women and the family do not make any kind of entry at all in your work of this period.'[489] As Morag Shiach writes, 'Feminists can find much of use to them in the work of Raymond Williams; they cannot, however, find many women.'[490] This, Shiach argues, fundamentally informs Williams' critical thinking and means that certain issues and perspectives simply do not enter into his work: 'Williams cannot respond, except by

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[487] Elaine Showalter, *A Literature of Their Own: British Women Novelists from Bronte to Lessing* (London: Virago, 1978), 12.

[488] Ibid., 12.

[489] Raymond Williams, *Politics and Letters* 148.

[490] Morag Shiach, 'A Gendered History of Cultural Categories' in *Cultural History: On Raymond Williams*, ed. Christopher Prendergast (Minneapolis: University of Minnesota Press, 1995), 51.

offering generalized support, to the articulations of Marxist feminism. He can recognize the objective importance of new social movements but cannot see them as in any sense internal to his own class project.'[491] If Williams where to occupy a feminist methodology, Shiach argues, his concepts and 'keywords' would have to be altered. Notably, Williams' view of culture and his recourse to universalist notions of humanism and commonality ignore the ways in which these categories are constituted by gender.

Feminism, therefore, provides an acute critique of Williams' democratic view of culture, reliant as it is on a notion of commonality. His arguments that alienation attends the exclusion from democratic involvement within society does not extend to understanding how women are systematically marginalised. As Carole Pateman argues 'feminism provides democracy—whether in its existing liberal guise or in the form of a possible future participatory or self-managing democracy—with its most important challenge and most comprehensive critique.'[492] She shows how democratic theorists 'conventionally see their subject matter as encompassing the political or public sphere, which for radical theorists includes the economy and the workplace. The sphere of personal and domestic life—the sphere that is the "natural" realm of women—is excluded from scrutiny.'[493] The 'separation of social life into two sexually defined spheres of private (female) existence and (male) public activity'[494] is frequently conceived as natural and so the potential for woman's participation within democratic processes is curtailed by a social exclusion which is not critically

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[491] Ibid., 57.

[492] Carole Pateman, *The Disorder of Women: Democracy, Feminism and Political Theory* (Stanford, CA: Stanford University Press, 1989), 210.

[493] Ibid., 218.

[494] Ibid., 222.

acknowledged. It is, moreover, not enough to simply include women within pre-existing arrangements: 'The patriarchal understanding of citizenship means that the two demands are incompatible because it allows two alternatives only: either women become (like) men, and so full citizens; or they continue at women's work, which is of no value for citizenship.'[495] What is needed, Pateman suggests, is the creation of 'new meanings and practices' which challenge the social exclusion of women from the democratic domain.[496] As Judith Butler argues, in an elaboration of Simone de Beauvoir, womanhood 'is not a matter of acquiescing to a fixed ontological status, in which case one could be born a woman, but, rather, an active process of appropriating, interpreting, and reinterpreting received cultural possibilities.'[497] The texts I examine in this chapter act with such an ambition in the emergent challenges they offer to the medical profession's gendered dominance. Their challenges to the NHS are, in Wilson's words, 'not simply quantitative demands for more health and social service provision, but for a particular quality of provision, one that is non-authoritarian.'[498] These novels are not the final word on the subject, not definitive answers, but evidence of a process in action, a democratic effort to reimagine healthcare from a new, more equitable perspective.

The L-Shaped Room, *Abortion and Exploitation*

Lynne Reid Bank's *The L-Shaped Room* narrates Jane Grahams' experience of social exclusion as an unmarried pregnant woman. Upon telling her father that she is pregnant, Jane leaves home

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[495] Ibid 197.

[496] Ibid., 202.

[497] Judith Butler, 'Sex and Gender in Simone de Beauvoir's Second Sex,' *Yale French Studies,* No. 72, (1986), 36.

[498] Elizabeth Wilson, 'Marxism and the Welfare State,' *New Left Review*, Vol. 122 (July/August 1980), 87.

and lives in a downtrodden boarding house in Fulham, where, ultimately, she can create the conditions for a positive future as she meets a man with whom she falls in love. The novel's focus on the medical is limited to Jane's initial attempts to have her pregnancy confirmed and an uncertain desire to have an abortion. At the time of publication in 1960, an abortion could only be performed on the NHS with medical certification, which could be challenging to obtain. However, it should be noted that '[i]n the absence of a therapeutic proviso in the abortion legislation, the medical profession accepted the induction of abortion by their own members according to an expanding number of health, eugenic, and economic indications, so long as practitioners abided by professional ethics and sought the consultation of their fellow professionals.'[499] Before the Abortion Act of 1967, there were, on average, 1,500-4,000 abortions performed on the NHS, compared to 14,000 abortions carried out in 1968.[500] This indicates that the NHS was not fully meeting the public desire for abortions; consequently, abortions were regularly performed outside the health service. That abortion was not the exclusive preserve of the NHS created a class hierarchy in which safe abortions could easily be accessed by the rich, whilst the poor would undergo more dangerous procedures in backstreet clinics and with homemade remedies.[501] Abortion was an area in which the NHS's commitment to egalitarianism and equality of care was not met. Lynne Reid Bank's novel, as

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[499] Emma L. Jones, 'Representations of Illegal Abortionists in England, 1900–1967,' in *The Female Body in Medicine and Literature*, eds. Andrew Mangham and Greta Depledge (Liverpool: Liverpool University Press, 2011), 197.

[500] Fran Bigman, 'Babies Without Husbands: Unmarried Pregnancy in 1960s British Fiction' in *Perceptions of Pregnancy from the Seventeenth to the Twentieth Century* ed. Jennifer Evans and Ciara Meehan (Basingstoke: Palgrave Macmillan, 2017), 164.

[501] Ibid., 165.

I show, emphasises the exploitative potential that accompanied the legal marginality of abortion during the first two decades of the health service.

The doctor Jane visits in the novel is described as being 'very ordinary-looking, like a stage doctor.'[502] He is presented, therefore, as a general representative of the medical profession, inhabiting the role of the stereotypical doctor. His character and actions could then be read as being that of a Lukacsian typicality, indicative of doctors in general. Equally, his actions create an artificial image as he only acts like a typical doctor; the performance of the doctorly gestures intending to bolster his authority to manage and determine the course of Jane's treatment. After Jane explains that she wishes to know whether she is pregnant, the doctor's response is as follows: 'He took off his glasses and wiped them, exactly like an actor playing a doctor, and said, "Oh dear oh dear oh dear." Then he looked up at me reproachfully. I stared back at him, feeling suddenly angry. I hadn't come to him to be looked at like that. He wasn't my father, it was nothing to him.'[503] The doctor performatively utilises his professional image, expressing a fatherly concern in a paternalistic attempt to infantilise and shame Jane. This is shown to be essentially strategic as the doctor wishes for Jane to get an abortion due to the monetary gain he would receive from the operation. While the doctor begins to explain the procedure and plan when the abortion is to take place, despite not having even ascertained if she is in fact pregnant, Jane 'sat quite still, looking at the green Florentine leather on the gold-topped inkwell. I'd seen such things for sale in Bond Street. They were very expensive. All the tooling was hand-done, and the gold for it was real.'[504] The objects of luxury that decorate the room take on a new meaning as Jane realises that they are the result of the doctor's ability to

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[502] Lynne Reid Banks, *The L-Shaped Room* (London: Vintage, 2004), 27.

[503] Ibid., 28.

[504] Ibid., 28.

exploit the vulnerability of the pregnant women who visit him. In this light, the carefully composed doctorly gestures suggest that even under the NHS, the medical professional could use his position of authority and control to benefit materially. The Foucauldian power to dominate and objectify the patient, presented as a fatherly combination of concern and shame, is therefore shown to be a means of taking advantage of the socially marginalised woman. The text, therefore, suggests that the stigmatisation of abortion and the social abjection of women who sought the procedure enabled a medical abuse of power for monetary gains.

Jane's response to the doctor is representative of a positive notion of patient power. She answers the doctor with repugnance:

> 'You could make some effort to find out whether I'm really pregnant before you charge me sixty guineas for an operation that might not even be necessary […] You might even stop to ask me if I want to get rid of my baby, if there is a baby.' I clutched the back of the chair with both hands. I could feel a fever of shaking beginning in my wrists and knees. 'But I suppose when all those guineas are at stake, nothing else seems very important.' My indignation burned me like a purifying fire. I stared at the doctor with triumph. My accusation, I thought, was magnificent, unanswerable.[505]

Rather than merely being a passive medical object, Jane refuses to accept the doctor's suppositions. She does not meekly accept the doctor's diktats; instead, she maintains her own autonomy and moral values. She rebukes the doctor for his myopic and uncaring concern for money, which is viewed as morally void, a position certainly intensified and bolstered by the creation of the NHS. However, this moral critique is mingled with her sense of shame. She reflects, 'I forgot my own guilt in the enormity of his.'[506] In response to the query of whether

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[505] Ibid., 31.

[506] Ibid., 31.

she actually wants to have a baby, she responds: 'I wouldn't have chosen to have one this way. But if it's happened, yes, I want it. Anything's better than your cheating way out.'[507] Despite rejecting the doctor's own judgements due to his greed it is clear that Jane has equally introjected a view of unmarried pregnancy and abortion as morally wrong. Notably she conceives of abortion in monetary terms as being 'like tearing up a bill instead of paying it.'[508] Whilst expressing disgust at the doctor's attempts to use her for financial gain, she still views her own pregnancy in transactional terms as a debt to be paid. She expresses a sense that having engaged in pre-marital sex she must be punished in some form—an attitude that explains her living in the shabby and bug-infested boarding house. Jane has so successfully interiorised the social abjection of the unmarried pregnant woman that she reconfigures her own sense of self and casts herself into the social world she believes she deserves. Such a perspective is indicative of the effects of post-war social discourses that emphasised a Christian ethic of sex and the responsibility of sexual reproduction. As Rowbotham argues, a conservative sexual moralism was structured by an ideological rejection of the idea of unproductive actions: 'Love and orgasmic explosion have no proper place in a society in which the end of life is the production of goods, in which work discipline as a thing in itself becomes the guardian of morality'.[509] This co-existed alongside a neo-Malthusian concern with 'problem families' of which unmarried mothers and their children were particularly treated as 'sinful outcasts'.[510] This repetition of hegemonic values leads Bigman to argue that the novel 'casts women who have

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[507] Ibid., 31.

[508] Ibid., 136.

[509] Sheila Rowbotham, *Woman's Consciousness, Man's World* 112.

[510] Pat Thane and Tanya Evans, Sinners? Scroungers? Saints? 3.

abortions as irresponsible'[511] and enacts an 'abjection of abortion'.[512] However, Jane's perspective on abortion should be seen as socially and historically structured and not as a simple failing in the morals of the novel.

Equally, Jane is not shown as a simple repository of already formed ideologies. Her view of abortion is not presented as static but in flux. She wonders: 'Why should one pay a bill that was out of all proportion to the goods received? It was absurd. (Even if you knew in advance what the bill might be?) Why should I pay it all alone? Anyway, I paid at the time. (And since when was living a matter of straightforward cash-and-carry transactions? How do you know you're not paying now for something you'll get later?)'[513] The dialogic form utilised here, with Jane internally split in her views of abortion, suggests a conflicted and indeterminate view of abortion. In this fractured form, she simultaneously critiques and maintains the ideology of sexual responsibility, notably emphasising the injustice of the burden falling singularly on herself. Ultimately, abortion is rejected in the novel as after Jane falls ill and collapses due to indigestion from overeating Indian food, the worry and fear she feels for the unborn child prompts the realisation that she does want the child.[514] Thus, whilst the novel challenges the potential for the legal position of abortion to be exploited for monetary gain within the NHS, pre-empting the 1967 Abortion Act, *The L-Shaped Room* does not provide radical support for abortion or feminist control over reproduction. Instead, through its engagements with the NHS and abortion the novel demonstrates the uncertain negotiation of

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[511] Frances Bigman, 'Babies without Husbands,' 168

[512] Ibid., 181.

[513] Banks, *The L-Shaped Room* 136.

[514] Ibid., 149-150.

what Stephen Brooke calls 'sexual modernity'[515] prior to its more radical formalisation in the 1970s and 1980s. In simultaneously objecting to exploitative healthcare around abortion and striking an uncertain position concerning abortion itself, *The L-Shaped Room* expresses the uneven development of a feminist critique of healthcare in the 1960s.

The Millstone *and Unmarried Mothers*

Margaret Drabble's *The Millstone* (1965) is a novel about Rosamund Stacey, a post-graduate student writing a PhD thesis on the Elizabethan sonnet, who becomes pregnant after her first sexual encounter. Rosamund makes uncommitted gestures toward aborting the child, buying a bottle of gin to use as an abortifacient which she then mistakenly drinks when a group of friends visit. She views the decision to have the baby as having 'failed to decide not to have it'.[516] The novel charts Rosamund's navigation of the NHS as an unmarried mother during the sixties, particularly addressing the stigmatising and objectifying processes of her care. Across this Bildungsroman, Rosamund comes to accept and delight in her position as mother. This has consistently prompted critics to view the novel as politically conservative. Showalter, for instance, argued influentially that among 'contemporary English women novelists, Margaret Drabble is the most ardent traditionalist'[517] because for her heroines 'there is a kind of peace in the acknowledgement of, and submission to, female limitation.'[518] Yet in *The Millstone*, I will argue, the very notion of a feminine nature is ambiguously presented. The novel stages a struggle between autonomy and determinism, with the latter bifurcated into two forms. There

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[515] Stephen Brooke, *Sexual Politics: Sexuality, Family Planning, and the British Left from the 1880s to the Present Day* (Oxford: Oxford University Press, 2011) 157.

[516] Margaret Drabble, *The Millstone* (London: Weidenfeld and Nicholson, 1970), 45.

[517] Elaine Showalter, *A Literature of Their Own* 304.

[518] Ibid., 305.

is a vacillation in the text's account of how Rosamund accepts her womanhood: this is both a natural, biological imperative and an effect of the institutional ideologies and practices of the NHS. This ambivalence, I posit, remains undecidable in *The Millstone* and is representative of a general issue in feminism in the 1960s and 1970s.

Rosamund's first engagement with the medical service sees her enter an alien world. Prior to this moment, she had lived an independent, almost cloistered, life as a scholar. This attitude stems notably from her Fabian parents, who 'did not support me at all, beyond the rent-free accommodation, though they could have afforded to do so: but they believed in independence. They had drummed the idea of self-reliance into me so thoroughly that I believed dependence to be a fatal sin.'[519] Such an ideological outlook informs her engagements with healthcare once she determines to visit a doctor to ascertain whether she is pregnant. Rosamund lives close to Harley Street, which would offer the most accessible means to see a GP, but she notes: 'I was terrified that I might walk into some private waiting-room by accident, and be charged fifty guineas for what I might and ought to get for nothing. Being my parents' daughter, the thought enraged me morally as well as financially.'[520] Rosamund's wealthy parents, as good Fabians and liberal individualists, are well aware of social inequalities and their fraught roles in maintaining and reproducing such societal structures. Hence, they perform sacrificial acts of penitence to compensate for their material comfort by abjuring the potential benefits of private medical practice and stolidly maintaining their faith in the health service. This ideology indelibly inflects her initial entrance into the new world of the health service.

Rosamund enters the GP's clinic in a state of confusion. She retrospectively views this moment as 'an initiation into a new way of life, a way that was thenceforth to be mine forever.

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[519] Margaret Drabble, *The Millstone*., 10.

[520] Ibid., 40.

An initiation into reality, if you like.'[521] The NHS waiting room has a democratic function bringing into Rosamund's purview 'representatives of a population whose existence I had hardly noticed.'[522] She encounters people she would not see on her affluent 'home ground' including 'a few foreigners' and 'several old people, most of them respectably shabby, though one old woman was worse than shabby.'[523] The egalitarian space of the clinic, and in particular the waiting room are, therefore, conceived of as a Foucauldian heterotopia. This space acts as a 'counter-site,' that is, a 'real contestation of the space in which we live' through its unveiling to Rosamund of a different social world outside of her knowledge.[524] The waiting room reveals the diverse and fractured nature of the populace beyond Rosamund's privileged sphere. However, her middle-class and Fabian upbringing restricts Rosamund's ability to recognise her own entanglement within this group. Rosamund bestows a charitable detachment on these unfortunate patients who look 'depressed and oppressed'.[525] This is essentially representative of a Fabian doctrine which, as Wilson argues, 'came closer to what would now be called State capitalism than to socialism, particularly in its insistence that the advent of socialism was likely to be as an administrative necessity rather than as the outcome of a process of class struggle.'[526] Rather than prioritising a democratic collectivity, Fabianism emphasises social difference through a technocratic form of political management. Rosamund's feeling of separation from

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[521] Ibid., 41.

[522] Ibid., 42.

[523] Ibid., 42.

[524] Michel Foucault, 'Of Other Spaces: Utopias and Heterotopias,' trans. Jay Miskowiec, *Diacritics,* Vol. 16, No. 1 (1985), 24.

[525] Margaret Drabble, *The Millstone* 43.

[526] Elizabeth Wilson, *Women and the Welfare State* 31.

the others in the waiting room causes her to think: 'By the time my turn to see the doctor came, my complaint seemed so trivial in comparison with the ills of age and worry and penury that I had doubts about presenting it at all.'[527] The egalitarian nature of the NHS, rather than producing a sense of identity, heightens Rosamund's sense of difference. She expresses an embarrassment at her comfort compared to these people, her flat bestowed by her parents and her work researching the Elizabethan sonnet, and so wishes to give up her own care in order to allow another to benefit. Therefore, the diverse congregation that the waiting room affords is perceived as an opportunity for Rosamund to divest herself of any dependency, to deny that she is in need of care and treatment and so to maintain the convictions of her individualist liberty. Against a democratic ideal of collectivity and interconnectedness—of care— Rosamund espouses a liberal fear that being pregnant and being a patient will reduce her autonomy: 'I felt threatened. I felt my independence threatened: I did not see how I was going to get by on my own.'[528] The irrevocable entrance into the female world of motherhood is viewed as stultifying, her self-reliant world impinged upon by impending physical vulnerability and the necessity of caring for another. The realisation of a shared condition does not, initially at least, induce a sense of profound identity between Rosamund and the less fortunate women she sees. The novel identifies how the seemingly democratic collectivity of the hospital waiting room, the surface sense of solidarity and sameness, does not efface the differences of class and race.

Despite her wishes to the contrary, Rosamund has no choice but to be transformed into the limiting position of the pregnant patient. The novel, however, vacillates in its approach to this alteration, shifting between views of a medically instituted social constructivism and a

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[527] Drabble, *The Millstone*, 43.

[528] Ibid., 45.

naturalistic perspective. Rosamund bristles early in the novel, before the birth of her daughter, at the idea that her decision, if it can be called that, to have a child is simply reflective of an organic imperative.

> "Nonsense," said Joe. "All women want babies. To give them a sense of purpose."
>
> "What utter rubbish," I said, with incipient fury, "what absolutely stupid reactionary childish rubbish. Don't tell me that any human being ever endured the physical discomforts of babies for something as vague and pointless as a sense of purpose."[529]

From this position, however, Rosamund's viewpoint gradually shifts during her experiences in the hospital. On her first visit to the ante-natal clinic, she reflects: 'there we all were, and it struck me that I felt nothing in common with any of these people, that I disliked the look of them, that I felt a stranger and a foreigner there, and yet I was one of them, I was like that too, I was trapped in a human limit for the first time in my life, and I was going to have to learn how to live inside it.'[530] Whilst, as argued, class and race are viewed as insuperable differences, Rosamund believes that she cannot avoid the force of gender. Notably, this feminised subject position is instantiated by the medical service working as an Althusserian Ideological State Apparatus. For Althusser, an Ideological State Apparatus works to enable the 'reproduction of the relations of production'.[531] This is 'not only a reproduction of skills, but also, at the same time, a reproduction of submission to the rules of the established order'.[532] In this case, this means the maintenance of a gendered division of labour. In the hospital, Rosamund finds

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[529] Ibid., 48.

[530] Ibid., 66.

[531] Louis Althusser, *Lenin and Philosophy and Other Essays* (New York and London: Monthly Review Press, 1971) 131.

[532] Ibid., 132.

herself, as Oakley argues, entering 'a structure of control which invests the male obstetrician with ultimate power over her parturition.'[533] Despite the pregnant woman not being 'ill' she is still denied active agency over her care. Rosamund's first examination at the ante-natal clinic sees her studied by the doctor and five medical students without her being informed of this. She notes:

> I lay there, my eyes shut, quietly smiling to conceal my outrage, because I knew that these things must happen, and that doctors must be trained, and that medical students must pass exams; and he asked them questions about the height of the fundus, and could they estimate the length of pregnancy, and what about the pelvis. They all said I had a narrow pelvis, and I lay there and listened to them and felt them, with no more protest than if I had been a corpse examined by budding pathologists for the cause of death. But I was not dead, I was alive twice over.[534]

Rosamund feels anger at the depersonalising medical processes she is made to undergo but does not actively oppose the system, recognising the necessity of such procedures for educational purposes. Her rationalism here is representative of her receptiveness to the ideological imperatives of a feminised passivity. Her only resistance is to play dead and to take succour in the fact of her growing child. Her pregnancy is, therefore, a condition which is in excess of medical control; her natural femininity or womanhood is a preserve in which she feels able to maintain her autonomy against the deadening objectification of the medical examination. The novel suggests that the subjectifying forces of the hospital cannot fully contain and control the biological fact of the bond between mother and child.

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[533] Ann Oakley, 'Wisewoman and Medicine Man: Changes in the Management of Childbirth' 21

[534] Drabble, *The Millstone*, 69.

Such naturalism is equally presented as reliant on the interpellation of the hospital. However, the overcoming of depersonalisation is an act of what Althusser calls interpellation as she is altered from an individual into a subject, shifting Rosamund herself to Rosamund the pregnant woman.[535] She does not simply 'submit' to or accept female limitations but is made into a woman in a Beauvoirian manner. From her initial disorientating experiences in the hospital Rosamund learns what is expected of her: 'I learned to read the notes upside down in the file that said Not to be Shown to the Patient. I learned how to present myself for inspection, with the minimum necessary clothes' removal. I learned that one had to bully them about iron pills and vitamin pills, because they would never remember.'[536] She discovers how to circumvent the processes and procedures of the hospital, showing that she is not entirely passive and dominated, yet this serves primarily to make her into a more efficient subject. Rosamund's experiences in the clinic lead her to feel 'a point of connection with an imagined community of women, a levelling experience which brings her into notional equality with other women'.[537] Despite her feelings of otherness, she notes: 'Birth, pain, fear and hope, these were the subjects that drew us together in gloomy awe, and so strong was the bond that even I, doubly, trebly outcast by my unmarried status, my education, and my class, even I was drawn in from time to time, and compelled to proffer some anecdote of my own'.[538] She concludes that 'so strong became the pull of nature that by the end of the six months' attendance I felt

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[535] Louis Althusser, *Lenin and Philosophy and Other Essays* (New York and London: Monthly Review Press, 1971) 174.

[536] Ibid., 69.

[537] John Brannigan, *Orwell to the Present: Literature in England, 1945-2000* (Basingstoke Palgrave Macmillan, 2003), 107.

[538] Drabble, *The Millstone* 69.

more in common with the ladies at the clinic than with my own acquaintances.'[539] Yet it is clear that this sense of identity is not simply natural; this is not a feeling which comes to her instinctively but is produced by the space and practices of the medical institution. Through repeated appointments and social contact, Rosamund is socialised into this feeling of solidarity and identity with her fellow pregnant women. As Judith Butler influentially argues, 'the action of gender requires a performance that is repeated. This repetition is at once a re-enactment and reexperiencing of a set of meanings already socially established; and it is the mundane and ritualized form of their legitimation.'[540] Through the public rituals of the hospital and Rosamund's imitation of the other women, she is interpellated by gender. That this is perceived as natural suggests the power of this new process of subjection formation, which re-writes Rosamund's previous self-image, in which she rejected the notion of motherhood as a biological imperative, toward more normative ends.

Rosamund's interpellation coincides with a resistance toward the normative process of subjectivation that equate motherhood with marriage. As Maroula Joannou argues,

> The story of the unmarried mother is a rebellion against the dominance of marriage plots, which show marriage as the conclusion of the heroine's quest for self-knowledge […] [I]n formulating how best to live a life outside marriage the contemporary 'unmarried mother' narratives question the conventions of the novel as well as the social order.[541]

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[539] Ibid., 69-70.

[540] Judith Butler, *Gender Trouble* (New York and London: Routledge Classics, 2007) 191

[541] Maroula Joannou, *Contemporary Women's Writing* (Manchester: Manchester University Press, 2000)*,* p, 57.

The Millstone, therefore*,* maintains a radicalism in its depiction of a woman wilfully raising a child on her own, often with the aid of a female friend, Lydia, alongside subsidized home help. This is representative not of the abolition of the family but, as Mitchell writes, 'the diversification of the socially acknowledged relationships which are today forcibly and rigidly compressed into it.'[542] This is to find modes of nurturing and care that 'match the free invention and variety of men and women.'[543] In the novel, the transgressive nature of this action is made evident through the interpellating imperatives of the hospital in which Rosamund's status as unmarried is met with moral disproval, with any pregnant women referred to as 'Mrs'. Rosamund's first dialogue with the hospital matron occurs as follows:

> "Hello, Mrs. Stacey," she said warmly, extending her hand from behind her desk, "I'm Sister Hammond, how do you do?"
>
> "How do you do?" I said, thinking I had reached civilization at last, but feeling nonetheless impelled to continue, "but I'm not Mrs. Stacey, I'm Miss."
>
> "Yes, yes," she smiled, coldly and sweetly, "but we call everyone Mrs. here. As a courtesy title, don't you think?"
>
> She was a civilized lady and she could see that I was civilized, so I too smiled frostily, though I did not think much of the idea.[544]

Rosamund's individuality is strenuously denied in the hospital as she is forced to submit to the institution's moral mores, which dictate that unmarried mothers are an impossible contradiction. This action attempts to naturalise and universalise married motherhood, to promote it as the only option, not a choice to be made. If unmarried or single motherhood is

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[542] Juliet Mitchell, 'Women: The Longest Revolution,' 36.

[543] Ibid., 36

[544] Drabble, *The Millstone* 67.

possible, if marriage is a choice, then, as Butler writes, 'what else is possible? This kind of questioning often engenders vertigo and terror over the possibility of losing social sanctions, of leaving a solid social station and place.'[545] This is further emphasised as once Rosamund gives birth to her daughter, she has to 'withstand various irritations, such as having a label at the end of my bed with the initial U, which stood, I was told, for Unmarried'.[546] This, therefore, defeats the purpose of referring to Rosamund as 'Mrs', making clear that, despite a performance of social acceptance, her difference still produces marginalisation. Yet, Rosamund feels able to resist the hurt of this exclusionary process of medical power as she is 'Fortified by the superior beauty and intelligence of my child (the latter manifested in such talents as learning to suck at the first attempt, and not after hours of humiliating struggle)'.[547] The joy of motherhood, the novel again suggests, can overcome punitive social feeling, which cannot fully control and negate alternative modes of living. Drabble implies that parenting can take various forms and need not conform to the traditional heterosexual dyad. Ideology, as Stuart Hall argues, 'can neither in the first nor last instance fully determine the content of political and economic struggles, much less objectively fix or guarantee the outcomes of such struggles'[548]. Social injunctions, the novel suggests, are not absolute and can, at least partially, be resisted.

Despite such a concern with the deterministic and contingent nature of womanhood and motherhood, the concluding events of the novel suggest, at first glance, a conservative

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[545] Judith Butler, 'Sex and Gender in Simone de Beauvoir's Second Sex,' 42.

[546] Drabble, *The Millstone*, 120

[547] Ibid., 120.

[548] Stuart Hall, *Cultural Studies 1983: A Theoretical History* (Durham and London: Duke University Press, 2016), 160.

acceptance of childbearing as a woman's natural vocation. Rosamund stumbles into a chance meeting with George, the father of her child, unbeknownst to himself. She wonders 'if I should take George to see her. I wondered if the call of blood would reveal to him as in a fairy story that she was his child.'[549] This does not happen and so implies that parenthood is naturally the preserve of women. In the final exchange of the novel, George recommends that she not worry about the child so much to which Rosamund responds: 'There's nothing I can do about my nature, is there?'[550] This can be interpreted to indicate that the development across the novel is one in which Rosamund negates her nurtured social consciousness of Fabian liberal individualism, asserted by her parents, for the naturality of feminine care. Equally, however, the hesitancy and ambiguity in this final question stop this marking the acceptance of a biological essentialism which critics have claimed the novel to represent.[551] Instead, this moment, and the overall development of the narrative, represents a certain aporia within post-war feminism itself. As Patricia Waugh summarises:

> feminism had very quickly come up against the contradiction which would preoccupy theorists throughout the seventies and eighties: how might women affirm a feminine identity historically constructed through the very cultural and ideological formations which feminism as a movement was also seeking to challenge and deconstruct? So that, despite the early commitment to the uncovering of a unified and collective women's

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[549] Drabble, *The Millstone*, 192.

[550] Ibid., 199.

[551] See, for example, Abigail Rine Favale, 'Fate and Freedom in the Fiction of the Second Wave' in *British Literature in Transition, 1960–1980: Flower* Power, ed. Kate McLoughlin (Cambridge: Cambridge University Press, 2018), 105-106.

'voice,' the idea of the 'feminine' seemed only sustainable, even then, as an ambiguously double-voiced affirmation and negation of identity.[552]

Rosamund's questioning invocation of nature is indicative of this hesitancy and perhaps demonstrates the strenuous normativising forces of a biologically determined view of womanhood. The novel's emphasis on the interpellating forces of the medical institution likewise creates a difficulty in determining the extent to which Rosamund's alteration in her understanding of women's social role is in fact autonomously arrived at and fully accepted, or whether this is determined by the ideological practices of the hospital. Therefore, *The Millstone*'s final question places the predominance of either natural or structural determination into doubt, a subtle repudiation of reductionist accounts of constructivism. The novel ends therefore with a return to an ambiguous autonomy as Rosamund resists a social demand for married motherhood and the same time as she is newly shaped into a feminine subject.

Written prior to the establishment of the Women's Liberation Movement—which popularised and normativised critiques of the patriarchal nature of healthcare and social reproduction— Lynne Reid Banks' *The L-Shaped Room* and Margaret Drabble's *The Millstone* attest to the contradictory ways in which new ideas and social values are formed. The diversity of perspectives on offer within each text and the multivalent nature of the ideas presented are representative of a common process of negotiation and contestation. *The L-Shaped Room* demonstrates how the patriarchal doctor and the shame of seeking an abortion could combine as a means of exploitation. Whilst the novel rejects such a situation in an instance of patient

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[552] Patricia Waugh, 'The Woman Writer and the Continuities of Feminism' in *A Concise Companion to Contemporary British Fiction* ed. James English (Oxford: Blackwell, 2006), 197-198.

resistance, it equally complicates the radicalism of this action as Jane remains inculcated within an ideological opposition to abortion itself. *The Millstone*, on the other hand, reveals the means by which an individual is shaped into a woman by the ideological practices of the health service. Drabble's novel explores the possibility of resisting certain gender imperatives yet equally shows gender norms as inexorably created by the medical institution. The exploitative and domineering nature of the NHS is certainly critiqued, but this occurs in a politically uncertain manner, as the possibilities of a more equitable healthcare remain still to be determined.

Part Two, 1970s

Mental Healthcare, Anti-Psychiatry and Fiction

In the previous section we saw how Lynne Reid Banks' *The L-Shaped Room* and Margaret Drabble's *The Millstone* engage with a developing structure of feeling that challenged the ways in which medical power can act to exploit and dominate women. The subject of this section is equally marked by popular and strenuous critiques of its normativising imperatives. For instance Michel Foucault argues that the purpose of mental healthcare is to attach people 'to an apparatus of correction, to an apparatus of normalization of individuals.'[553] The restrictive and controlling nature of mental healthcare in Britain remained largely unacknowledged for the first three decades of the NHS's existence, despite the fact that as early as 1950 Aneurin Bevan had remarked, in a cabinet memoranda, that 'some of the mental hospitals are very near to a public scandal and we are lucky that they have not so far attracted more limelight and

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[553] Michel Foucault, 'Truth and Juridical Forms' in *Power: Essential Works of Foucault, 1954-1984: Volume Three*, trans. Robert Hurley and others, ed. James D. Faubion (London: Penguin, 2020), 78.

publicity.'[554] This awareness did not produce prompt reforms, due, in part, to the fact that, whilst mental hospitals were assimilated into the NHS, the Board of Control (established under the 1890 Lunacy Act) maintained autonomous powers, as it continued to act as the central inspectorate essentially regulating and determining the provision of treatments.[555] The Board of Control would eventually be abolished under the 1959 Mental Health Act. Still, the conditions and practices of psychiatry and mental healthcare remained almost entirely unchanged, with people treated in the same asylums that had dominated since the Victorian era. In broad terms, patients were compulsorily detained and treated in a manner that 'continued to be associated with social exclusion and the denial of civil rights.'[556] From the 1960s and 1970s, such practices were more strenuously opposed starting with a 1961 speech given by the Conservative Minster of Health Enoch Powell, which signalled the intention to close the large asylums.[557] These political commitments emerged alongside a whole host of culturally

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[554] Rudolf Klein, *The New Politics of the NHS: From Creation to Reinvention* (Oxford: Radcliffe, 2010), 26.

[555] Hugh Freeman, 'Psychiatry in the National Health Service 1948-1998' British Journal of Psychiatry Vol., 174 (1999), 7.

[556] John Turner et al, 'The History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research,' Medical history, Vol. 59, No. 4 (October 2015), 610.

[557]This would be a protracted process lasting into the 1990s, with the shift towards care in the community remaining an unsolved farrago. As Martin Gorsky writes there is a general agreement 'that community care has been a disappointment, although it remains moot whether this was due to political complacency or to "calculated neglect" in the interest of preserving resources for the acute sector.' Martin Gorsky, 'The British National Health

influential discourses about the perils and entrapments of mental healthcare. Such approaches can be grouped under the broad heading of anti-psychiatry, which, as will be seen, has a mixed and complicated heritage and legacy. In this section I will provide an overview of R. D. Laing's influential anti-psychiatric theories, as well as assessing the critiques of his approach. In particular, I summarise Peter Sedgwick's appraisal of Laing's social understanding of the origins of mental distress alongside Juliet Mitchell's feminist critique of Laing's elision of the importance of sex. I then demonstrate how anti-psychiatric appraisals of medical power were assimilated and repurposed in the fiction of the period. I focus on Jennifer Dawson's 1978 short story 'Hospital Wedding', which offers, I will argue, an estranging critique of both traditional mental healthcare and anti-psychiatry that falls into a pessimistic account of the persevering power of the repressive psychiatric institution.

R. D. Laing, Psychiatry and Individuality

More than any other form of care, psychiatry has been rigorously critiqued for its capacity to control and dominate. R. D. Laing was the central figurehead of British anti-psychiatry and in works such as *The Divided Self* (1960) and *Sanity, Madness and the Family* (1964) set the agenda for a countercultural challenge to medical power. In the 1970s, as M. Guy Thompson writes, 'Laing's impassioned plea for a more humane treatment of those in society who are most vulnerable catapulted him into the vanguard of intellectual and cultural debate about the nature of sanity and madness, and inspired a generation of psychology students, intellectuals,

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Service 1948–2008: A Review of the Historiography,' Social History of Medicine Vol. 21, No. 3, 450.

See also 'Mental Health: Our Position,' *The King's Fund* (12 September 2019) <
https://www.kingsfund.org.uk/projects/positions/mental-health>

and artists to turn Laing into a social icon.'[558] The central insight of Laing's work is that psychiatry creates, rather than uncovers or diagnoses, illnesses like schizophrenia. 'There is,' Laing writes, 'no such "condition" as "schizophrenia," but the label is a social fact and the social fact is a political event.'[559] Conditions such as schizophrenia result from ways of seeing the world and interpreting actions; they are the products of what Foucault calls an era's 'epistemological field', that which structures knowledge's 'conditions of possibility'.[560] As Laing writes, 'To look and listen to a patient and to see signs of schizophrenia (as a "disease") and to look and listen to him simply as a human being are to see and hear in radically different ways.'[561]. As Foucault argues in *Madness and Civilization* (1961), a constitutive element of modernity is that 'Modern man no longer communicates with the madman'[562]. As he continues:

> There is no common language, or rather, it no longer exists; the constitution of madness
> as mental illness, at the end of the eighteenth century, bears witness to a rupture in a
> dialogue, gives the separation as already enacted, and expels from the memory all those
> imperfect words, of no fixed syntax, spoken falteringly, in which the exchange, between

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[558] M. Guy Thompson, 'Introduction' in *The Legacy of R. D. Laing: An Appraisal of His Contemporary Relevance*, ed. M, Guy Thompson (New York: Routledge, 2015), 1

[559] R. D. Laing, *The Politics of Experience and the Bird of Paradise* (London: Penguin, 1990), 100.

[560] Michel Foucault, *The Order of Things: An Archaeology of the Human Sciences* (New York: Routledge, 2002), xxiii-xxiv.

[561] [561] R. D Laing, *The Divided Self: An Existential Study in Sanity and Madness* (London: Penguin, 2010), 33.

[562] Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason* (New York: Vintage Books, 1988), xi.

madness and reason, was carried out. The language of psychiatry, which is a monologue by reason about madness, could only have come into existence in such a silence.[563] For Foucault, as for Laing, the dominance of a particular form of reason means that madness simply cannot be understood or even acknowledged. Raymond Williams similarly argues that mental healthcare's division of labour is representative of a wider social alienation. He argues that 'the principle that you can only be brought through a difficult emotional crisis by a professional is an extraordinarily characteristic notion of bourgeois-bureaucratic society. I think that many people are brought through quite profound disorders by the actual development of ordinary relationships – and I don't think this would be denied by most medical workers.'[564] The 'rush for instant authorities to provide "the scientific account" of what really happens inside [people] is a condition of abject dependence', Williams argues.[565] He posits that mental healthcare should be considered as ordinary, that everyday spaces, rather than medicalised institutions, can offer the best potential for recuperation. These perspectives, therefore, all share a concern with the ways that psychiatry and mental healthcare's specialised knowledge and social position creates particular kinds of alienated subjects.

Laing argues that the normativity of mental healthcare arises from a socially mandated impulse towards consensus that necessitates a widely constructed and practiced intolerance for difference and disagreement.[566] Individuality, in this account, is repressed and repudiated in conformity to a process of socialisation in which people are induced to experience the world in

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[563] Ibid., xi.

[564] Raymond Williams, *Politics and Letters: Interviews with the New Left* (London: Verso, 2015), 184.

[565] Ibid., 185.

[566] R. D. Laing, *The Politics of Experience* 65.

a uniform manner, and so are 'expected to behave in similar ways.'[567] Those who do not correspond to expected patterns of behaviour are consequently deemed pathological. Mental illness, therefore, is viewed by Laing as being only that which deviates from a normality which is not an ideal way of living, an agreed upon 'good life,' but simply the fact of acting more or less like everyone else. This 'adjusted state,' Laing argues in the introduction to the Penguin edition of *The Divided Self*, 'is too often the abdication of ecstasy, the betrayal of our potentialities'.[568] The ordinary is not a happy means of living for Laing, and 'madness', consequently, is seen to be the re-emergence of the individual beyond this social process of uniformity. For Laing mental illness is in fact a logical and rational response to an inhumane social formation that denies an individual's self-actualisation. Schizophrenia, for instance, is seen by Laing as 'a special strategy that a person invents in order to live in an unliveable situation.'[569] What is perceived as a breakdown is, in fact, 'not what we need to be cured of, but is itself a natural way of healing our own appalling state of alienation called normality.'[570] To summarise, Laing argues that mental illness is only the result of a particular medical episteme that seeks to control and repress actions which represent the possibility of moving beyond the stultifying limits set by society towards a deeper, more authentic mode of living. Madness, Laing argues, is abhorred as socially dangerous due to its radical capacities to disrupt established order and reason; it shows the contingency of social existence, that things and people can be and act otherwise. Psychology consequently acts to exclude those conceived of

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[567] Ibid., 80.

[568] R. D Laing, *The Divided Self,* 12.

[569] R. D. Laing, *The Politics of Experience*, 94-95.

[570] Ibid., 136.

as mentally ill from the *polis* and the *demos* in order to maintain a frictionless political hegemony

For the anti-psychiatrists of the 1960s and their followers, mental healthcare represented dominance, repression, and loss of liberty. For Laing the means of rectifying this situation is to listen to the patient and hear their own forms of reason: 'The main agent in uniting the patient, in allowing the pieces to come together, to cohere, is the physician's love, a love that recognizes the patient's total being, and accepts it, with no strings attached.'[571] The provision of acceptance and recognition, rather than fear or the diagnosis of disease, is, Laing argues, the means through which 'the schizophrenic ceases to be schizophrenic'.[572] Laing and his fellow travellers, most notably David Cooper[573], put these ideas into practice in various institutional scenes, which intended to disrupt the hierarchy of patient and doctor, and allow people to live and express themselves in however unconventional a manner. Most notably, from 1965 to 1970 Laing established and ran Kingsley Hall, which has a mixed reputation being viewed variously as a futile 'middle-class countercultural plantation' or a radical experiment in living otherwise, which was only defeated by hegemonic capitalist power.[574]

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[571] Laing, *The Divided Self* 165.

[572] Ibid., 165.

[573] See Oisín Wall, 'The Birth and Death of Villa 21,' *History of Psychiatry*, Vol 24., No. 3 (2013), 326-240; and Adrian Chapman, 'Re-Coopering Anti-psychiatry: David Cooper, Revolutionary Critic of Psychiatry,' *Critical and Radical Social Work* Vol, 4, No. 3 (2016), 421-432.

[574] See Adrian Chapman, 'Dwelling in Strangeness: Accounts of the Kingsley Hall Community, London (1965-1970), Established by R. D. Laing,' Journal of Medical Humanities, Vol. 44, No. 1 (2021), 471-494.

Laing and His Critics

Despite the popularity of anti-psychiatric notions within the humanities, their influence and perspicacity must be questioned. The empirical validity of Laing's work has been regularly questioned, with the limited actual enactments of his theories producing little evidence of therapeutic success.[575] In the *British Journal of Psychiatry,* Laing's work was viewed not as scientific or curative but as 'part of the contemporary literature of social protest'.[576] However, for other critics on the left, the issue was that Laing was not social enough, and did not give adequate attention to the structural forces that determine mental distress. As noted, a central argument of Laing's work is that the needs of political hegemony strongly determine psychology and psychoanalysis. However, Laing does not define the nature of such a power in any specific fashion. As Peter Sedgwick argues, these 'larger questions never extended in Laing much beyond a certain wonderment at the existence of destructive or violent socio-political structures in nations or in the world system.'[577] Sedgwick argues that the macropolitical causes of mental distress are underemphasised in preference to the micropolitical origins in individual and familial experiences, which are not sufficiently conjoined, meaning that a social aetiology often reverts to individualism.[578] Furthermore, Sedgwick argues that Laing's work represents a politically suspect drive to total deinstitutionalisation and refutation of all medical power. Notably, he suggests that anti-psychiatry's motives run in parallel to the desires of the

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[575] See Peter Sedgwick, *Psycho Politics: Laing, Foucault, Goffman, Szasz and the Future of Mass Psychiatry* (London: Unkant, 2015) 131.

[576] J.K. Wing, 'Laing and Goffman: Self and Others,' *British Journal of Psychiatry*, Vol. 118 (1971), 361.

[577] Peter Sedgwick, *Psycho Politics* 110.

[578] Ibid., 123-4.

Conservative government who 'also want to close down the mental hospitals, to cut central expenditure on the aftercare of the mentally ill and throw them on the mercy of the local authorities who will find it easy to reduce expenditure for this powerless and unpopular section of the community.'[579] Not only does Laing lack any radical understanding of the social determinants of mental illness, but the popularity of his libertarianism, Sedgwick suggests, endangered the continued provision of NHS resources, however flawed, by being an unsuspecting carrying of conservative ideology.

Moreover, feminist approaches to mental healthcare challenged Laingian anti-psychiatry. In her 1972 book, *Women and Madness,* the American writer Phyllis Chesler argued that Laing's work was 'unaware of the universal and objective oppression of women and its particular relation to madness in women'.[580] Juliet Mitchell's influential *Psychoanalysis and Feminism* (1974) provided one of the most strenuous critiques of Laing's work. Mitchell's book was conceived as correcting what she perceived as an omission from 'Women: The Longest Revolution', analysed in the previous section, namely how patriarchal 'structures were lived in the heart and in the head and transmitted over generations.'[581] For Mitchell, a feminist psychoanalysis must entirely dispense with the lingering biological determinism which often recurs in Freud and the post-Freudians.[582] Instead, she writes, 'Psychoanalysis is about the

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[579] Peter Sedgwick, 'Who's Mad – You or the System?' *Socialist Worker*, (5 February 1972)

< https://www.marxists.org/archive/sedgwick/1972/02/family.htm>

[580] Phyllis Chesler, *Women and Madness* (London: Allen Lane, 1974) 126.

[581] Juliet Mitchell, *Psychoanalysis and Feminism: A Radical Reassessment of Freudian Psychoanalysis* (London: Penguin Books, 2000) xviii.

[582] Ibid., 401.

inheritance and acquisition of the human order.'[583] In a similar fashion to Sedgwick, Mitchell argues that Laing's accounts of schizophrenia and its familial origins in *Sanity, Madness and the Family* remains overly descriptive and fails to connect the individual family with wider patriarchal structures. Mitchell notes that Laing almost wholly represses the father figure and provides only a descriptive 'phenomenology of the mother-child situation'.[584] Consequently, 'in leaving out the father, Laing is omitting to give any significance to the patriarchal law and order in which all our families are placed […] his "science" is thus, like ideology, purely reflective, a mirror-image of the predicament.'[585] By failing to account for the determinations of patriarchal power, Mitchell suggests, Laing merely replicates, rather than analyses, the social structures which induce mental distress as he fails to conceptualise how patriarchy 'defines the relative places of men and women in human history.'[586] Laing does not conceptualise how individual potential is determined by sexual relations, with women tasked 'to see that mankind reproduces itself within the circularity of the supposedly natural family.'[587]

Mental Healthcare and Fiction in the 1970s

The critiques of mental healthcare that emerged in the 1960s found diverse fictional counterparts throughout the 1970s. In film, Ken Loach's *Family Life* (1971) provided a strenuously social-realist account of the traumas and tragedies experienced by a young woman, Jane played by Sandy Ratcliff. In a Laingian fashion, the film shows how her initial breakdown is instantiated by her abusive and bullying parents and worsened by an authoritarian and

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[583] Ibid., 401-2.

[584] Ibid., 291.

[585] Ibid., 291

[586] Ibid., 409.

[587] Ibid., 405.

repressive medical service which reduces her to a state of catatonia, becoming a teaching case-study for schizophrenia.[588] Jane Arden's *The Other Side of the Underneath* (1972) provides a more experimental view of therapy, utilising filmic and auditory distortions to create a nightmarish surrealism as traumatic remembrances intermingle with the intense experiences of a group therapy session.[589] In literature, Doris Lessing's trio of novels *The Golden Notebook* (1962), *The Four-Gated City* (1969), and *Briefing for a Descent into Hell* (1971) are an important set of texts that deal with mental illness. These texts actively rework and question the principles of Laing's philosophy from a feminist perspective. Kerry Meyler has shown how Lessing's work 'discarded Laing's reimagining of madness and the potential of the inner journey for the madwomen, what remains is the recognition that madness results from untenable lives, particularly for women struggling against inscribed conceptions of a selfhood they do not recognize or cannot fulfil.'[590] Eva Figes' *Days* (1974) is similarly concerned with the interaction between a patriarchal society and a woman's breakdown. Four years prior to writing *Days,* Figes published *Patriarchal Attitudes,* a non-fiction examination of how the possibilities open to women are determined by a male vision which is 'an uneasy combination

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[588] See Mark Cresswell and Zulfia Karimova, 'Ken Loach, Family Life and Socialist Realism: Some Historical and Theoretical Aspects,' *Journal of British Cinema and Television*, Vol. 14, No. (2017), 19-38.

[589] See Sophia Satchell-Baeza, 'Psychedelic Psychodrama: Raising and Expanding Consciousness in Jane Arden's *The Other Side of the Underneath* (1973),' *History of the Human Sciences*, Vol. 34, No. 5 (2021), 82-104.

[590] Kerry Meyler, 'Doris Lessing, Antipsychiatry, and Bodies that Matter,' *Twentieth-Century Literature*, Vol. 65, No. 4 (2019), 457.

of what he wishes her to be and what he fears her to be'.[591] Women must, Figes argues, comply with this 'mirror image', which is a 'standard of womanhood [that] is set by men for men and not by women'.[592] In *Days* the narrator, an unnamed woman, is confined to a hospital bed. She cannot walk but the doctors can find nothing wrong with her. She has, she says, simply decided to stop: 'I knew with absolute certainty that to move forward, in whatever direction, was to go under, violently, in some appalling manner. The entire physical forces of the world are poised against me, ready to hurl themselves in my direction.'[593] However, this is not an anti-psychiatric novel; the narrator in fact bemoans the patients who complain and scream, noting, 'I am different. I accept the routine. Rarely ask questions.'[594] She comes close to an almost Laingian viewpoint when she thinks, 'there must be something wrong with me—or I wouldn't be here. I was almost proud of my irrefutable argument. Unless, of course, everything else is wrong.'[595] On the whole, however, mental healthcare is not where the novel's interests lay. Rather, it is concerned with how, in this state of pause, the narrator's consciousness drifts as her memories of a failed marriage fuse into imaginations of her mother's life, the two becoming indistinguishable. 'Everything recurs,'[596] she thinks. Her life becomes merely a repetition of her mother's, the two determined by the same patriarchal forces.

I will now focus in greater depth on Jennifer Dawson's 'Hospital Wedding' (1978), a mostly forgotten short story that dramatises several essential conjunctures for mental healthcare

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[591] Eva Figes, *Patriarchal Attitudes* (London: Faber and Faber, 1970)*,* 17.

[592] Ibid., 17.

[593] Eva Figes, *Days* (Newcastle upon Tyne: Bloodaxe Books, 1983), 10.

[594] Ibid., 17.

[595] Ibid., 73.

[596] Ibid., 50.

in the 1970s. I will further utilise Mitchell's critique of Laing as I show how Dawson's work both replicates some of the shortcomings of anti-psychiatry, namely its theorisation of the family, and challenges the limited potentials of a Laingian approach to destabilise established medical power.

'The Hospital Wedding' and the Limits of Anti-Psychiatry

Dawson is best known for her first novel *The Ha-Ha* (1961), which won the James Tait Black Memorial Prize. The book draws on Dawson's experience of being institutionalised for six months at the Warneford Hospital after a breakdown she experienced whilst studying at the University of Oxford.[597] *The Ha-Ha* is narrated by Josephine who is institutionalised due to her tendency to laugh at any social exchange, however inopportune. She explains that she is regularly surprised by images of nature, 'the purple buddleia with the butterfly clinging, the kangaroo, the groves of spotted bananas, and the egg-eating snake with the enamelled prong in his throat (for piercing the shell with).'[598] "It was because of all the other things,' I explained to the Sister, 'that I usually ended in laughter."[599] This novel was written in the wake of the 1959 Mental Health Act but before anti-psychiatry had begun to develop and so represents the vanguard of critical reflections of mental healthcare in Britain before the counter-culture strongly influenced the structure of feeling. Dawson worked as a psychiatric social worker and this experience strongly inflected her views of mental healthcare. 'As a social worker in a large country mental hospital,' she writes, 'I had joined discussions with other social workers; topics

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[597] Polly Pattulio, 'Jennifer Dawson,' *The Guardian* (26 October 2000) <

https://www.theguardian.com/news/2000/oct/26/guardianobituaries.books> [Accessed 23

June 2022].

[598] Jennifer Dawson, *The Ha-Ha* (London: Virago, 1985), 11.

[599] Ibid., 12

arose such as the need and pressure to conform.'[600] She equally claims to have been particularly

influenced by a fellow worker who was 'ahead of her time in taking a weapon of sorts to any

doctor who felt the test of psychiatric cure was whether the patient was fitted back neatly into

his (usually her) unquestioned slot in an uncriticised semi-detached society. "What if the

society is lousy?" she would ask them—a question that was less familiar and more brave than

it is now.'[601] Such a perspective seems to have been particularly influential on *The Ha-Ha.*

Rather than simply repressive and hostile, the hospital in the novel is conceived almost as a

refuge for those who cannot cope with normative social expectations. Doctors and social

workers in *The Ha-Ha* constantly differentiate between the hospital and the 'real world,' the

world of dutiful employment, 'as through there were two; one good and one to be avoided.'[602]

The novel explores this division. As a critical passage at the conclusion of the novel states:

> The long ward with its double row of chipped black beds; the plastic pots underneath,
>
> the smell of urine and warm bedding and dead skin; the lino worn down with the number
>
> of things and people that had been dragged over it—it was a bleak picture, but only to
>
> the uninformed […] It was surely better to sit there among the raffia and half-made rugs
>
> and broken lockers than to be plunged back into a world that you do not really know
>
> anything about.[603]

The book is an acute critique of the now dominant recovery model of mental healthcare that,

as David Harper and Ewen Speed note, emphasises a particular normative image of individual

life with gaining and maintaining employment imagined as the central feature of a person's

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[600] Jennifer Dawson, 'Afterword,' Jennifer Dawson, *The Ha-Ha* (London: Virago, 1985), 179

[601] Ibid., 179

[602] Jennifer Dawson, *The Ha-Ha,* 22.

[603] Ibid., 169.

successful treatment.[604] *The Ha-Ha* concludes on a highly melancholic note, with the most appealing possibility open to Josephine being to remain cloistered away, deprived of autonomy, within the relative safety of the asylum.

Written in the wake of anti-psychiatry's prominence, Dawson's short story 'Hospital Wedding' (1978) projects a pessimistic image of the deficiencies of radical notions of mental healthcare. There is a certain belatedness to Dawson's story being written after the spirit of the counterculture of the 1960s had mostly been exhausted and repressed. By the late 1970s, Laing's politics were essentially moderate having relinquished his concern with the social origins of mental illness for an idiosyncratic focus on obstetrics.[605] The story was written at a moment in which utopian ambitions for a radically altered world were disappearing, which, as Enzo Traverso writes, left behind 'a present charged with memory but unable to project itself into the future.'[606] Radical theories and ambitions remained in a ghostly form detached from any sense of their practical realisation. A year after *Hospital Wedding*'s publication Margaret Thatcher would ascend to Prime Minster and Jean-François Lyotard would declare that an 'incredulity towards metanarratives', namely a rejection of teleologies of social revolution, was a dominant factor of the new 'postmodern condition'.[607] In this context, Dawson combines a

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[604] David Harper and Ewen Speed, 'Uncovering Recovery: The Resistible Rise of Recovery and Resilience,' *Studies in Social Justice*, Vol. 6, No. 1 (2012), 9-25.

[605] See Peter Sedgwick, *Psycho Politics*, 11.8

[606] Enzo Traverso, *Left-Wing Melancholia: Marxism, History, and Memory* (New York: Columbia University Press, 2017), 7.

[607] Jean-François Lyotard, *The Postmodern Condition: A Report on Knowledge*, trans. Geoff Bennington and Brian Massumi (Minneapolis: University of Minnesota Press, 1984) xxiv.

critique of the medical institution, heightened from her early work, with a despondent renunciation of the ambitions of the supposedly radical therapist.

The story details Doctor Alex Hayward's struggles against the routines of the Gledhull mental hospital in his pursuit of properly caring for his patients. The events transpire amidst the carnivalesque background of a fete which is being held to celebrate the two-hundredth anniversary of the hospital with 'fancy dress after the stalls and raffles and side-shows.'[608] As Doctor Hayward reflects, there is something inappropriate about such playfulness, which appears as a joke at the expense of the patients, many of whom suffer from identity disorders. He wonders, 'Why had the hospital chosen its bicentenary to mock its patients'?[609] The text, therefore, defamiliarises psychiatry by heightening the absurdity of its practices, namely presenting the lack of care and attention to patients in an outlandishly estranging manner. Hayward's theoretical approach to mental healthcare is not detailed in depth, but it is clear that he is inspired by anti-psychiatry. His chief issue is how patients are passive and uninvolved in the particulars of their care, unable to do anything other than timidly submit to the machinations of medical power. As in Laing's theoretical work, the primary problem to be overcome is the denied potential for individuality and liberty. The story, therefore, details the ways in which the practices of the medical institution stymie the possibilities of active patient involvement.

Hayward has two central adversaries in his attempts to provide humane care for the mentally distressed: the chief social worker Miss Fletton and his colleague Doctor Dulton. Miss Fletton primarily attempts to placate Hayward's concerns and complaints by repeating that soon the hospital will no longer exist, and patients will be treated in the community. She writes off the older patients as lost causes, too deeply informed by the pacifying institutional practices

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[608] Jennifer Dawson, *Hospital Wedding* (London: Quartet Books, 1978), 94

[609] Ibid., 105.

of pharmaceutical control and punitive electroconvulsive therapy to be active social members. In a remark of grim optimism, Miss Fletton suggests that "as they die off, those wards will come down. All the younger patients are being oriented back into the community. Watch Gledhull come down in the next two years."[610] Hayward is aware, however, that there is no real community to which many of the patients can return. In the late seventies, care in the community became the dominating conception of how mental healthcare was to be enacted, yet systems and services did not promptly follow. As John Turner et al argue, 'In the 1970s both Labour and Conservative governments acknowledged, but did not address, the need to provide more resources to deliver mental health services in the community while evidence mounted of inadequate care within psychiatric and mental handicap hospitals.'[611] At this moment, the notion of community care was more symbolic than practical, offering a traditionalistic, romantic idea of what people needed to flourish: the care of their family, friends and neighbours.

However, as suggested in *The Ha-Ha,* it is often these groups that induce mental distress in the first place. As Hayward polemicises, 'Families are more destructive than hospitals.'[612] In the story, two patients, Di and Pauline, suffer from anorexia which it is implied stems primarily from their overbearing and controlling mothers. Di's mother, for instance, harangues her daughter with accusations of her personal failings:

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[610] Ibid., 96.

[611] John Turner et al, 'The History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research,' *Medical History*, Vol. 59, No. 4 (October 2015), 602-3.

[612] Jennifer Dawson, *Hospital Wedding*, 114.

We know it was our fault all along, darling. We thought that if we gave you a love and freedom and a happy healthy environment . . . We thought that if you have children love and freedom and happiness . . . But now we know. Anyone can be wrong, can't they? Our experiments with freedom were just wrong, and you must try and forgive us. We should have behaved like other people and brought you up conventionally without good schools and pony-trekking and holidays abroad. We slipped up darling, and you must forgive us.[613]

This cruel effusion of narcissistic false apologies reinstates an unwavering feeling of correctness from the mother, who places the blames for Di's condition with her daughter's ungratefulness: it is a motherly hate masked as love that is the aetiology of her anorexia. There is a strong similarity in Dawson's views of domineering mothers with the 'the Danzigs' case-study from Laing and Aaron Esterson's *Sanity and Madness in the Family* which is marked by a similar parental exasperation at a perceived ingratitude. In this book, the authors look to demonstrate how the actions of an apparently mentally ill person become 'intelligible in the light of the praxis and process of his or her family nexus'.[614] In the Danzig case study they write:

The more her parents did things for her, the more they wanted her gratitude and the more ungrateful she became. Searching for gratitude they did even more for her. Thus, while expecting her to grow up they treated her as a child, and she, while wanting to be considered as an adult, behaved more and more as a baby. Her parents then reproached

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[613] Ibid., 98.

[614] R. D. Laing and Aaron Esterson, *Sanity and Madness in the Family* (London: Routledge, 2017) eBook. Introduction.

her for being spoiled by them, and she reproached them for not treating her as an adult.[615]

Consequently, the daughter, Sarah, accustomed to such admonitions, retreats from engaging with her family, keeping silent or uttering only brief phrases, before descending into an almost catatonic state.[616] The notable shift in Dawson story, beside the nature of the illness, is from parents as a dual unit to a singular emphasis on the mother, this being reflective of a general emphasis in post-war psychoanalysis. As Lisa Appignanesi shows the work of D. W. Winnicott and John Bowlby in particular saw a 'shift towards child and mother [that] gradually dislodged sex as instinct from its central place in psychoanalytic thinking […] Mothers displaced castrating fathers as the crucial authority dominating both childhood and the inner life'.[617] Consequently, the dominating mother became constituted as an object of fear, a view which Dawson repeats in her story. This is to replicate what Juliet Mitchell identifies as a fundamental problem in Laing's account of the family. In order 'to remove the denigratory value judgement from the classified schizophrenic, [Laing] has to transfer it to the others'[618], namely to the family unit itself. The actions of the parents, or in Dawson's story the mother, becomes a problematic behaviour in need of correction, contravening the non-interventionalist libertarianism that defined Laingian anti-psychiatry. Consequently, as Mitchell writes, 'Wishing not to fall into the trap of making distinctions, he can in fact not avoid them, only

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[615] Ibid., 'The Danzigs.'

[616] Ibid.

[617] Lisa Appignanesi, *Mad, Bad, and Sad: Women and the Mind Doctors* (London and New York: W. W. Norton & Company, 2008), eBook, Chapter 10.

[618] Juliet Mitchell, *Psychoanalysis and Feminism* 282.

transpose them.'[619] Lacking any adequate wider social theory, mental illness, therefore, becomes conceived in a flat manner as resulting simply from the cruel actions of villainous people. The critical nature of Dawson's story is limited as the ironic representations of bad mothers individualise the aetiology of mental distress.

Doctor Dulton is Hayward's other foe. Dulton is, from Hayward's Laingian perspective, too free in prescribing powerful surgical and pharmaceutical interventions as opposed to listening to and understanding patients' needs and concerns. He is particularly fond of lobotomies, and most recently had recommended two young women, Di and Pauline, to undergo the operation as a means of curing their anorexia. The personality alteration works, but now the pair binge on sweets and eat compulsively: 'Sometimes when they found nothing in the ward kitchen they would suck the curtains for the sweet.'[620] Dulton reflects, 'The two girls would have died of malnutrition, he defended himself. Now they would probably die of heart failure.'[621] Despite this failure, he implores Hayward to "Try and make Miss Gold see herself as a space-age explorer. An ipsonaut […] Butter her up a bit. Make her feel important. And if she still refuses, then get hold of her next-of-kin and we'll put her under a section and do it without her consent."[622] The coercive nature of Dulton's form of care is here plainly presented. Miss Gold refuses the proposed procedure calling it 'legalised rape'.[623] Such a rebuttal strikes at the heart of the violent patriarchal nature of such treatment, suggesting the lines of a potentially radical feminist rejection of psychiatry.

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[619] Ibid., 282

[620] Ibid., 99.

[621] Ibid., 99.

[622] Ibid., 100.

[623] Ibid., 99.

Hayward sees potential in Miss Gold's refusal of medical power, viewing her as a potential subject who could be receptive to a form of treatment outside of the institution. He had previously expressed despair at the placid nature of the institutionalised patients who 'flattened themselves against the corridor walls as he passed'.[624] 'He was,' Dawson writes, 'shocked by the humble way they lowered their teeth or their suspenders for electric shock treatment if they had been difficult as though they were worthy of nothing else. He was frightened of this meek republic.'[625] Miss Gold consequently represents the possibility that he could help someone to help themselves. He tells her, "I'll find you a reputable therapist. An anti-psychiatrist, if you know what I mean."[626] Miss Gold had been classified as a paranoiac due to apparent delusions of persecution. She is first admitted due to attacking her mother, claiming that she was trying to control her mind. Her mother is, much like Di and Pauline's mothers, shown to have been overbearing and domineering. Hayward reads an interview with the mother in which she states: 'I did my best. Took her out. Took her dancing. Had her weight seen to. Took her to a specialist about her periods. Got her thoroughly examined. Invited people in. Took her to Paris. But no. That wasn't good enough for her.'[627] For Hayward these experiences mean that Miss Gold is 'right to feel paranoid'[628], her breakdown, in which she stripped naked, burnt her clothes and attacked her mother with a milk bottle, is deemed, in this Laingian perspective, as a reasonable response to unbearable conditions.

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[624] Ibid., 96.

[625] Ibid., 96.

[626] Ibid., 122.

[627] Ibid., 120.

[628] Ibid., 101.

Hayward's fervorous attempts at understanding, his support of Miss Gold and desire to remove her from the punitive and domineering asylum, are not met with similar enthusiasm as Miss Gold rebuffs his advances saying, "You see Dr Dulton is like a father to me. He understands my peculiar personality and — my gifts […] I've got a date with Dr D. Dr D.'s the man for me."[629] Hayward's emphasis on a more democratic and free function for patients flounders against the hard power of the asylum. If, as Laing holds, mental distress is caused by the stultifying nature of dominant social relations then how is this apparently all-pervasive power to be adequately challenged? How can Miss Gold break from that which has shaped her, day by day through innumerable practices, into someone totally dependent? Laing implies that there is an authentic, whole-self waiting for the opportunity to be free. Yet, as Foucault argues, 'the self is not merely given but is constituted in relationship to itself as subject'.[630] There is no individual outside of determinative social and political relations. The process of becoming deinstitutionalised has no clear pathway, faced as it is with the asylum's total control.

As the story concludes Miss Gold and Doctor Dulton have been crowned the winners of the fancy dress party, Miss Gold dressed as a bride with a gown made of paper. At this moment Hayward wishes to challenge Dulton once more, to reassert the argument for his deinstitutionalised approach to Miss Gold's care. 'But his voice sounded infantile and unconvincing as he pushed his way calling to Dr Dulton through the crowd. His anger he saw had been institutionalized and put to bed, and Dulton and Jean Gold were still dancing. It wasn't rape after all. Human dignity was after all an adventitious thing, and it was a hospital

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[629] Ibid., 122.

[630] Michel Foucault, 'On the Genealogy of Ethics: An Overview of a Work in Progress' *The Essential Works of Michel Foucault, Vol. 1, Ethics: Subjectivity and Truth* (London: Penguin, 2000), 287-289.

wedding.'[631] This strange event provides an ironic unravelling of Laing's idea of psychiatric love. The love that Miss Gold seems to hold for her new father figure does not open the potential for radical recognition but allows acceptance of her passive institutionalised position. Consequently, Hayward capitulates and accepts defeat, recognising the inviolability of the institution's domination, his inability to change a widely embedded system through goodwill and passion alone. In this pessimistic conclusion, Dawson's work suggests that patients may not want radical treatment, may be too institutionalised to have such desires. Dawson's story implies that an anti-psychiatry which simply believes itself to be acting in the best interests of individual dignity and autonomy simply does not have the power to challenge embedded hegemony.

Conclusion

The 1960s and 1970s saw the repressive and normativising nature of NHS and its institutions critiqued in the name of individual autonomy. The articulation of feminist and anti-psychiatric opposition to hegemonic medical care were not without their issues, however, which, as seen, tended to become heightened in the translocation to fictional mediation. Reid-Banks, Drabble, and Dawson all provide ambivalent, even contradictory, representations of the NHS. The feminist novels analysed in the first half of this chapter express an emergent and contradictory critique of patriarchal medicine as they articulate strong challenges to the health service's gendered discriminations and simultaneously replicate its ideological commitments. Reid-Banks' *The L-Shaped Room* both critiques the exploitative monetary underpinnings of abortion procedures, and imitates, in a fraught manner, anti-abortion moral discourses. Drabble's *The Millstone* veers between a radical conception of gender and a conservative idea of women's social function as it presents motherhood as, variously, the result of deterministic social and

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[631] Jennifer Dawson, *The Hospital Wedding* 126.

medical practices and as a biological vocation. These texts consequently show how the cultural relation to the NHS is a social process marked by discursive multivalence and ambivalence, not uniformity or consistency. On the other hand, Dawson's 'Hospital Wedding' is marked by a belatedness having been written, as argued, with anti-psychiatry's prominence waning and general radical and countercultural spirit mostly sapped of its vigour. This text is marked by a dual critique of repressive medical institutions and a melancholic awareness of the difficulty of radically disrupting established institutional powers. All literature is left to do is to provide a defamiliarising critique of the NHS's repressive powers with little hope or belief in the possibilities of radical change.

Chapter Four

Crises in the 1980s and 1990s: The NHS, AIDS and Thatcherism

In the 1980s and 1990s, the NHS was beset by two interrelated crises: AIDS and Thatcherism. Much as feminism and anti-psychiatry provided radical critiques of the normative character of the health service, the AIDS pandemic exposed the ways in which the institution could fail to adequately respond to the specific needs of marginalised groups. The first section of this chapter, therefore, explores how the NHS's claim for universality, in which the population is considered homogenous, was confronted by a disease that primarily affected and was culturally linked with the gay community, a stigmatised group which the Conservative government was unwilling to recognise. At the same time as life itself became precarious, death ever-present, state-sanctioned prejudice was rampant. Consequently, the AIDS crisis was marked by a belated and even secondary role for the NHS. The earliest public health interventions were performed by voluntary organisations in a return to a pre-welfare state form of medical care. This chapter examines the work of Adam Mars-Jones, which records the polyvalent nature of care in the early days of the AIDS crisis in a set of short stories that aim to defamiliarise the experience of living with the illness against widespread stigmatising stereotypes. I situate Mars-Jones work within the fractious history of AIDS in the early 1980s and bring these texts into dialogue with contemporary theorisations of care's radical tensions.

The second section of this chapter shows how, concurrent to the emergence of AIDS, the Thatcher government explored the possibilities of reforming the health service away from its public, statist structure, producing widespread fears that the health service would no longer be collectively funded and free at the point of use. The NHS proved mostly resistant to these alterations, although such attempts maintain a pervasive legacy in consistent public discourses about the threats faced by the NHS. In the 1990s, the radical and traumatic aftershocks of Thatcherism continued to be felt and deeply informed leftist politics. I read Jonathan Coe's

novel *What a Carve Up!* (1994) as an exemplary reaction to the newly dominant politics that emerged from the 1980s. This is contextualised through a summary of the history of NHS privatisation in conjunction with Raymond Williams and Michel Foucault's theoretical reflections on neoliberalism. I show how the novel both satirically critiques the prioritisation of economics in the NHS, and, at the same time, expresses an ambivalence about the political importance of literature itself through its reflections on the nature of the publishing industry.

Part One, 1980s

AIDS, the NHS and Adam Mars-Jones

Despite the fact that around 20,000 British people, predominantly gay men, died of AIDS, 'their loss,' Tom Crewe writes, 'appears to make little claim on us. There is no national memorial. It is hard to avoid the conclusion that, just as many of the people who got the disease were judged not worth caring about at the time, they have not been thought worthy of remembrance either.'[632] The lack of a public reckoning with AIDS, its extremely minor position in British cultural memory, repeats a dereliction of care which, Crewe suggests, was fundamental to the disastrous effects of the epidemic in the first place. What a successful form of remembrance and memorialisation would look like is hard, perhaps even impossible, to know. However, this does not refute the fact that understandings of AIDS in Britain remain inadequate. Taking art and literature as an example, Derek Jarman remains in many ways the patron saint of the British response to AIDS with very few attempts to go beyond his singular perspective. Since Jarman's death in 1994, Alan Hollinghurst's *The Line of Beauty* (2004) may have been a best seller, a Booker Prize winner, and received a BBC miniseries adaptation in

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[632] Tom Crewe, 'Here was a Plague', *London Review of Books*, Vol. 40, No. 18 (September 2018) <https://www.lrb.co.uk/v40/n18/tom-crewe/here-was-a-plague> [Accessed 09 May 2022].

2006, but literary texts about HIV/AIDS remain rare. As critic Zoë Apostolides asks, 'Why are there so few novels about Aids these days?'[633] The television programme *It's a Sin* (2021) went some way to correcting this deficiency, although it has perhaps been made to bear too much weight as the singular popular text on the subject.[634] The situation in non-fiction and academic work is even sparser. Attention to the specific histories of AIDS in Britain has seen a precipitous drop-off in the past two decades. AIDS in Britain appears to have lost its urgency from the mid-1990s. Simon Garfield's 1994 book, *The End of Innocence: Britain in the Time of AIDS*, and Philip Gatter's *Identity and Sexuality: AIDS in Britain in the 1990s* from 1999 remain the only dedicated social and cultural histories of AIDS in Britain, and even these are out of print. Moreover, Virginia Berridge's *AIDS in the UK: The Making of Policy, 1981-1994*, first published in 1996 remains the foremost study of the political response to AIDS. The two main histories of the NHS by Klein and Webster both contain only a single passing mention of AIDS. This lack of concern is particularly notable when contrasted with the stronger presence and understanding of AIDS in America, seen through recent books like David France's *How to Survive a Plague* (2017), the continued cultural interest in David Wojnarowicz's life and art, and works like Tony Kushner's *Angels in America* (1991). The specific ways in which the

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[633] Zoë Apostolides, 'Why are there so few novels about Aids these days?' *The Guardian* (15 March 2017) < https://www.theguardian.com/books/booksblog/2017/mar/15/why-are-there-so-few-novels-about-aids-these-days > [Accessed 09 May 2022].

[634] On the limitations of *It's a Sin*, see, for example, Richard Lawson, '*It's a Sin* is an Affecting Drama, but an Incomplete History,' *Vanity Fair* (17 February 2021) <https://www.vanityfair.com/hollywood/2021/02/review-its-a-sin-is-an-affecting-aids-drama-but-an-incomplete-history> [Accessed 09 May 2022].

AIDS crisis played out in Britain has not yet been fully examined, and so it is hard to think beyond the pandemic as a series of events that many would rather just forget. It is, therefore, necessary to begin with a brief summation of the history of the pandemic.

HIV/AIDS and the NHS: A Brief History

In the early 1980s, young men in Britain began dying for unknown reasons. They would waste away, their immune systems destroyed; no medicines or therapies helped. It was known that the same thing was occurring in America in larger numbers, but doctors there were equally confused. As Lukas Engelmann writes:

> AIDS provoked the most substantial and extensive crisis to biomedicine in the late twentieth century. The emerging epidemic buried the 1970s utopia of a world without infectious disease, and submerged medicine into an open-ended stream of politically and culturally charged interpretations of the unfolding crisis, sentencing medical professions to helplessness and passive observation as otherwise healthy, young men died in great distress.[635]

It was recognised that this disease appeared to be exclusively affecting gay men. What we now know as 'acquired immune deficiency syndrome' (AIDS) was originally termed 'gay-related immune deficiency' (GRID) due to its prevalence among homosexual males. Early research into the aetiology of AIDS, consequently, focused on lifestyle choices which were believed to be unique to this community. Jane Lewis argues that 'The search for cause proceeded from the identification of the group most at risk rather than from risk-bearing acts', and so 'the person

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[635] Lukas Engelmann, *Mapping AIDS: Visual Histories of an Enduring Epidemic* (Cambridge: Cambridge University Press, 2018), 8.

with AIDS was constructed as the source of the disease rather than the sufferer.'[636] Promiscuity, repeated contraction of STDs and the use of the drug poppers were all proposed as possible causes of AIDS; for Simon Garfield much of the early science of AIDS was 'breathless guesswork'.[637] It was not until 1983 that the 'human immunodeficiency virus' (HIV) was hypothesized as the cause of AIDS, which was confirmed in 1986. HIV, we now know, is a retrovirus which slowly damages the immune system, creating a severe vulnerability towards typically minor infections. AIDS, as defined on the NHS website, is 'the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus.'[638]

In the early 1980s, however, doctors were groping in the dark unsure of the origins and severity of the illnesses they were seeing, and unaware of how to treat the underlying condition. The initial public health response to the AIDS crisis emerged not from the NHS, as might be expected, but from voluntary organisations, in particular the Terrence Higgins Trust and the London Gay and Lesbian Switchboard. The sense of AIDS having been primarily combatted by the gay community is summed up by Alan Sinfield, who writes: 'I made it through the 1950s without diphtheria or polio, thanks to the National Health Service, and through HIV/AIDS

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[636] Jane Lewis, 'Public Health Doctors and AIDS as a Public Health Issue' in *AIDS and Contemporary History*, eds. Virginia Berridge and Philip Strong (Cambridge: Cambridge University Press, 1993), 39.

[637] Simon Garfield, *The End of Innocence: Britain in the Time of Aids* (London: Faber and Faber, 1994), 62.

[638] 'HIV and AIDS,' *NHS England* https://www.nhs.uk/conditions/hiv-and-aids/ [Accessed 09 May 2022].

thanks to gay subculture.'[639] This can be read as implying that there was an abdication of responsibility by the NHS, which one would expect to be at the forefront of managing both medical cases. The beginning of the pandemic was marked by little or no urgency at a social, political or even medical level as the number of cases were quite low, with only fifteen reported in 1983.[640] Accordingly, inaction prevailed in the main. The deficit of official medical advice meant that the earliest forms of public health messaging were created by charitable groups responding to what they perceived as a dereliction of governmental responsibility. In 1983 the Terrence Higgins Trust released the first example of AIDS education in Britain. The leaflet read: 'Go to a doctor who is up to date on gay health; tell your doctor you are gay; if you're not sure he knows about AIDS — ask him; if he is not familiar with AIDS, or not sympathetic – get another doctor'.[641] This reflects the failure of the NHS and the government to provide guidelines as to how people could receive testing for HIV, which then fell onto the shoulders of a voluntary organisation in somewhat of a return to a pre-NHS time when healthcare was largely provided by voluntary and charitable organisations. Moreover, the leaflet indicates that the NHS was seen as providing inconsistent care, with a person's ability to access suitable treatment reliant on chance in terms of finding a receptive doctor. The AIDS crisis, therefore, emphasises how a state service structured to act in the interest of a public imagined as homogenous can struggle to respond adequately to the needs of a marginal group, whose members were often regarded as being separate from the public at large.

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[639] Alan Sinfield, 'Out of the 1950s: Cultural History, Queer Thought', *History Workshop Journal*, Vol 77, No. 1, (2014) 263.

[640] Virginia Berridge, *AIDS in the UK*, 33.

[641] Simon Garfield, *The End of Innocence*, 36.

In the late 1980s, the state and its institutions began to approach the pandemic more seriously. The increase of public expenditure and the heightened political profile of AIDS came, however, at the expense of an ideological move in which the links between AIDS and sexuality were minimised. Official public health campaigns stressed a generic universality in their explanations of potential risk factors, and so occluded the specific risks faced by homosexuals by producing what contemporary critics deemed 'a foggy notion of the concept of safe sex'[642]. From 1986-1987, the government—prompted in part by the awareness that at least 1200 haemophiliacs had been infected with HIV due to blood donations and imported blood not being screened[643]—began to take control of public health messaging and medical provision in a manner which historian Virginia Berridge compares to a wartime mobilisation.[644] Funding was increased significantly[645], and in 1987 the first AIDS ward was opened in an NHS hospital. The Broderip ward at Middlesex Hospital was met with great publicity. Notably, Princess Diana was present and was filmed shaking hands with people with AIDS. Berridge suggests this 'did much to allay fears of contagion; it also symbolized a new media respectability for the syndrome.'[646] This, however, was fundamentally linked to the 'degaying' of AIDS in which the primary policy aim was the 'mainstreaming of AIDS' as the government

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[642] Simon Garfield, *The End of* Innocence, 110.

[643] Garfield, *The End of Innocence*, 70.

[644] Virginia Berridge, *AIDS in the UK*, 130.

[645] Matt Cook, 'From Gay Reform to Gaydar, 1967-2006' in *A Gay History of Britain: Love and Sex Between Men Since the Middle Ages* ed. Matt Cook (Oxford: Greenwood World, 2007), 197.

[646] Virginia Berridge, *AIDS in the UK*, 130.

acted to take control of public messaging away from gay voluntary organisations. [647] Media coverage, Patricia Holland demonstrates, 'was almost entirely on heterosexual transmission.'[648] As Jeffrey Weeks concludes, 'It was hard to avoid the conclusion that for many people AIDS only mattered if it was a heterosexual problem.'[649]

By the late 1980s, the fractured and contradictory nature of state policies was seen in the co-existence of an AIDS public health campaign and the introduction, in 1988, of Section 28 in which the Conservative government took a hostile stance toward same-sex activity. It was stated that local authorities 'shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality' or 'promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship'.[650] Margaret Thatcher justified Clause 28 by saying that 'Children who need to be taught to respect traditional moral values are being taught that they have an inalienable right to be gay'.[651] As Weeks points out, 'The real impact […] lay in its symbolic value. It encouraged caution, self-censorship, a "return to the closet". It underpinned a climate which was still not ready to accept

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[647] Virginia Berridge, *AIDS in the UK*, 129.

[648] Patricia Holland, *Broadcasting and the NHS in the Thatcherite 1980s: The Challenge to Public Service* (Basingstoke: Palgrave Macmillan, 2013), 161.

[649] Jeffrey Weeks, 'AIDS and the Regulation of Sexuality,' in *AIDS and Contemporary History*, eds. Virginia Berridge and Philip Strong (Cambridge: Cambridge University Press, 1993), 30.

[650] Ibid., 22.

[651] Simon Watney, 'Taking Liberties: An Introduction,' 22.

the legitimacy of lesbian and gay ways of life.'[652] For AIDS activist and art historian Simon Watney, the Conservative government adopted a 'Missionary Model' of AIDS which presents the epidemic as symptomatic of a breakdown of moral hierarchies, order and authority, thus requiring a primarily moral solution, in order to "save" the Holy or the Pure.'[653] At the same time that the government was undertaking large-scale AIDS public health education, there was a desire to silence the publicness of homosexuality. Public healthcare, therefore, became ideologically linked with the abdication of any claim to gay identity in an atmosphere of conservative moralism. The tabloid media, in particular, often seemed to be striving to take as hostile a position as possible. As Alwyn Turner writes, 'the Sun's coverage tended towards the extreme, most notoriously when it reported an anonymous psychologist as saying in 1985: "All homosexuals should be exterminated to stop the spread of AIDS"'.[654] Even when gay men were not being directly vilified, a cruel moralism was often maintained in the media. In 1983, the novelist Martin Amis reviewed a BBC Horizon programme about the AIDS crisis in New York for *The Observer*. He struck out against 'the Chaucerian charlatans of the American born-again racket' who 'have cited AIDS as heart-warming proof of God's militant heterosexuality.'[655] Nevertheless, Amis writes that 'Venereal disease has always been nature's quiet hint that she would really like us all to be monogamous. With AIDS—fatal, incurable, vilely mysterious— nature has stopped hinting and started screaming the house down.'[656] Such attitudes contributed

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[652] Jeffrey Weeks, *Coming Out* 242.

[653] Simon Watney, 'Taking Liberties: An Introduction,' 21.

[654] Alwyn W. Turner, *Rejoice! Rejoice! Britain in the 1980s* (London: Aurum Press, 2010) 221.

[655] Martin Amis, 'Mother Nature and the Plague,' *The Observer, (*1 May 1983), 36.

[656] Ibid.

to a political climate in which AIDS was seen to be a 'gay plague'; the social position of homosexuals regressed as convictions and cautions for indecency and soliciting by gay men increased significantly[657] , and opinion polling suggested notable growth in homophobic attitudes.[658]

Literature and AIDS

The cultural and literary can appear insignificant when faced with the misery of AIDS. As Stuart Hall argues, 'Against the urgency of people dying in the streets, what in God's name is the point of cultural studies? What is the point of the study of representations, if there is no response to the question of what you say to someone who wants to know if they should take a drug and if that means they'll die two days later or a few months earlier?'[659] Yet equally he notes, 'AIDS is an extremely important terrain of struggle and contestation' in which it is necessary to think 'about the constitutive and political nature of representation itself, about its complexities, about the effects of language, about textuality as a site of life and death.'[660] Literature was such a space in which the dominant ideological constructions of AIDS could be critiqued, even if the political force of such work remained minor. For the British literary response to the pandemic, a small, incomplete body of work can be identified, including Derek Jarman's diaries, Neil Bartlett's *Ready to Catch Him Should He Fall* (1990), Thom Gunn's *The Man with Night Sweats* (1992), the poetry of Adam Johnson, together with my current focus,

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[657] Alwyn W. Turner, *Rejoice! Rejoice! Britain in the 1980s* 218.

[658] Matt Cook, '"Archives of Feeling": The AIDS Crisis in Britain 1987', *History Workshop Journal*, Vol. 83, No. 1 (Spring 2017), 59.

[659] Stuart Hall, 'Cultural Studies: Theoretical Legacies,' in *Cultural Studies* eds. Lawrence Grossberg, Cary Nelson, Paula Riechler (New York: Routledge, 1992). p 284-285.

[660] Ibid., 285.

the work of Adam Mars-Jones, who wrote some of the most notable early British literary responses to AIDS.[661] Mars-Jones' work has received scant scholarly attention, with a solitary publication, *Camp Comforts: Reparative Gay Literature in Times of AIDS* (2011), by the German academic Christian Lassen analysing aspects of his output. This section, therefore, serves to correct such a deficiency as I examine the short stories he wrote in the 1980s and show how language and literary form are utilised to represent the specific ways in which AIDS was experienced in Britain. I focus on two stories: 'Slim,' initially published in *Granta* in 1986, and 'A Small Spade', first published in 1987. These texts prioritise the quotidian and so deflate the moral and ideological embellishments which accrued around AIDS in the 1980s due to media and political sensationalism. I will argue that a key element of Mars-Jones' stories texts is the defamiliarising role that literature can play. Mars-Jones' stories return AIDS from the detached and alienated realms of moral and ideological prescriptions back to the everyday through mediations of the multivalent emergent experiences of people with AIDS.

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[661] On Derek Jarman see, for example, Sarah Brophy, *Witnessing AIDS: Writing, Testimony, and the Work of Mourning* (Toronto: University of Toronto Press, 2006), p 29-78; and Laura Stamm, *The Queer Biopic in the AIDS Era* (Oxford: Oxford University Press, 2022), p 76-101. Neil Barlett is best known as a playwright. For a brief analysis of *Ready to Catch Him Should He Fall* see, David Halperin, 'Queer Love,' *Critical Inquiry*, Vol. 45, No. 2 (2019), p 402-406. Scholarship on Thom Gunn is well developed. See for example Robert C. Evans, 'Thom Gunn's "Lament": Beauty and Love in a Poem Describing Death from AIDS,' in *Critical Insights: Love,* ed. Robert C. Evans (New York: Salem Press, 2022), p 226-242. Adam Johnson has received little critical attention, with his work curtailed by his death from AIDS in 1993. See Leah Fritz, 'Remembering Adam Johnson,' *PN Review,* Vol. 39, No. 5 (2013), p 9-10.

However, returning to nascent accounts of this traumatic time produces a relational issue. As Heather Love writes, 'For groups constituted by historical injury, the challenge is to engage with the past without being destroyed by it.'[662] Love argues that this can lead to overly celebratory and positive accounts of historical recovery and rescue. She notes that contemporary critics and queer theorists 'have disavowed the difficulties of the queer past, arguing that our true history has not been written. If critics do admit the difficulties of the queer past, it is most often in order to redeem them'.[663] Recovered histories are therefore slotted into a narrative of progress, often diminishing the complexities and challenges of the past due to what Williams identifies as the selective pressures of historical understanding.[664] A possible different route would involve 'Taking care of the past without attempting to fix it'.[665] This would be something like allowing the past to return, to be remembered, in all its idiosyncrasy and ambiguity. Indeed, Foucault argues the societal repression of homosexuality is informed by the desire to 'cancel everything that can be troubling in affection, tenderness, friendship, fidelity, camaraderie, and companionship, things that our rather sanitized society can't allow a place for without fearing the formation of new alliances and the tying together of unforeseen lines of force.'[666] Mars-Jones' fiction performs this disruptive function as it focuses on the specific and ambivalent nature of living with and amongst AIDS. As I will demonstrate, this

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[662] Heather Love, *Feeling Backward: Loss and the Politics of Queer History* (Cambridge, Mass.: University of Harvard Press, 2009), 1.

[663] Ibid., 32.

[664] Raymond Williams, *The Long Revolution*, 34.

[665] Heather Love, *Feeling Backward*, 43.

[666] Michel Foucault, 'Friendship as a Way of Life,' in *The Essential Works of Michel Foucault, Vol. 1, Ethics: Subjectivity and Truth* (London: Penguin, 2000), 137

work centres on the complexities of care and the inconsistent feelings that emerge from this relation. The resistance that Mars-Jones offers to any fixity or simplicity within the experiences of AIDS, the denial of any easy and cathartic lessons or morals, forces attention to the difficulty and uncertainty of living in this moment.

Adam Mars-Jones: Writing the AIDS Crisis

In the introduction to the 1992 collection *The Monopolies of Loss,* Mars-Jones argues that 'Writing about Aids should be a way of finding a truer picture, but it brings its share of problems. The novel seems the obvious form for so weighty an issue, but in any individual case of Aids the virus has a narrative of its own, a story it wants to tell, which is in danger of taking over.'[667] AIDS, he suggests, has a particular narrative structure like 'retroviral equivalents of Stations of the Cross: first knowledge of the pandemic, first friend sick, first death, first symptom…'[668] His concern, consequently, was to write something 'fresh' which avoided the cliches and received knowledge of AIDS.[669] Counterintuitively, it is through minute and careful attention to everyday experiences and textures that Mars-Jones' work affects a defamiliarisation of AIDS. As he explains, his intention was 'to look at Aids directly and then to edge it into the background. I wanted to crown HIV with attention and then work to dethrone it.'[670] The expressed objective in these texts is to deprioritise the virus itself and allow other unique experiences to emerge as a means of mediating the reality of AIDS.

For Monica Pearl such a realist approach provides 'a reassuring illusion of objectivity, veracity, and familiarity. The realism of the gay AIDS fictions creates narrative order and the

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[667] Adam Mars-Jones, *Monopolies of Loss* (London: Faber & Faber, 1992), 1.

[668] Ibid., 1.

[669] Ibid., 3

[670] Ibid., 4.

reassurance of a whole, unfragmented, objective self.'[671] It has been well established by several key critics that realism does not have to do this. As Andrzej Gasiorek argues, in a well-known refutation of the hierarchy of the experimental and the realist, it is more productive to think of realism as 'an impulse to represent the social world than of a particular narrative mode.'[672] Fredric Jameson similarly argues that '"realism" is an evanescent effect, which vanishes with each new generation; and each realism which succeeds, competes with, and overcomes the preceding one, now unmasked as mere literature and "fiction."'[673] As Gabriel Josipovici notes in *Whatever Happened to Modernism?*, it is wise to distinguish literary realism from other modes, for: 'As Kierkegaard understood, what is, the "something" taking its course, belongs to a different order from what can be imagined'[674], and he adds 'The notion that the new reality inhering in novels depends on their attention to detail fails to distinguish between "reality" and what theoreticians call "the realty effect"'[675] Consequently, there is no monolithic form of 'realism', only myriad representational practices that strive to understand a specific historical conjuncture, whilst not being identical to this reality. Mars-Jones' fiction, as will be seen, does not emphasise objectivity but demonstrates the conflicts and ambiguities of dialogic

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[671] Monica B. Pearl, *AIDS Literature and Gay Identity: The Literature of Loss* (Abingdon: Routledge, 2013), 27.

[672] Andrzej Gasiorek, *Post-War British Fiction: Realism and After* (London: Edward Arnold, 1995), 14.

[673] Fredric Jameson, *Allegory and Ideology* (London: Verso, 2019), 312.

[674] Gabriel Josipovici, *Whatever Happened to Modernism?* (New Haven and London: Yale University Press, 2010), 74.

[675] Ibid., 172.

subjectivities as he demonstrates different approaches and perspectives in responding to the traumatic events of the AIDS crisis.

A central estranging device utilised in the short stories is that the virus is never named directly. Mars-Jones notes that 'The problems attaching to the subject turned out overwhelmingly to be attached to its name.'[676] By avoiding the name, he was able to write and overcome, to a degree, the conformation to a pre-established idea of AIDS. In 'Slim' it is suggested that oblique, idiosyncratic uses of language, deliberately forgoing accepted medical jargon, could be a means of avoiding the stultification of official discourses. In this story, the unnamed narrator chooses to call AIDS/HIV 'slim.' He explains this choice as such: 'Slim is what they call it in Uganda, and it's a perfectly sensible name. You lose more weight than you thought was possible. You lose more weight than you could carry.'[677] Slim is seen as a more appropriate word than the clinical jargon of the acronym AIDS as it is deemed closer to the real experience of AIDS by representing what a person physically becomes. Similarly, it avoids the associations which AIDS had accrued. The narrator, furthermore, requires his 'buddy', a volunteer from the Terrence Higgins Trust who visits him to provide company and help with chores, to refer to his lesions as 'blackcurrants'. 'He said "lesions" just the once, but I told him it wasn't a very vivid use of language, and if he wasn't a doctor he had no business with it. Blackcurrants is much better, that being what they look like, good-sized blackcurrants on the surface of the skin, not sticking out far enough to be picked.'[678] Clinical medical language is seen to speak around the topic, to create a dull text-book sense of the real experience. Unlike

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[676] Adam Mars-Jones, 'Slim' in Adam Mars-Jones and Edmund White, *The Darker Proof: Stories from a Crisis* (London: Faber and Faber, 1987), 3.

[677] Ibid., 3.

[678] Ibid., 4.

Susan Sontag's argument for the eradication of metaphor from medical discourses due to their potential for stigmatisation[679], the narrator considers the evocative language of metaphor as a better means of capturing, or approximating, the experience of AIDS through its ability to defamiliarise and re-attune attention which may otherwise simply slot this experience into the already known category of AIDS. Therefore, language is seen as a site of struggle in which the buried assumptions concerning AIDS can be unravelled through the strategic deployment of new and unexpected forms of communication that intensify experiences and social understanding.

'Slim' and Caring Tensions

Equally, 'Slim' serves to expose the ambiguities and awkwardness of care, estranging and de-romanticising it in the process. As María Puig de la Bellacasa points out, care is 'a living terrain that seems to need to be constantly reclaimed from idealized meanings, from the constructed evidence that, for instance, associates care with a form of unmediated work of love accomplished by idealized carers.'[680] Care, she notes, 'is not only ontologically but politically ambivalent'.[681] In the text, the primary form of caregiving is provided by a 'buddy' from the Terrence Higgins Trust[682] and so is detached from hegemonic medical power. The 'buddy' is

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[679] Susan Sontag, *Illness as Metaphor* (London: Penguin, 1983), 5-6.

[680] María Puig de la Bellacasa, *Matters of Care: Speculative Ethics in More Than Human Worlds* (Minneapolis, MN: University of Minnesota Press, 2017), 8.

[681] Ibid., 7.

[682] Initially called the 'Terry Higgins Trust' it was set up in 1982 in remembrance of Terrence Higgins who died of AIDS in July 1982, in particularly difficult circumstances as medical knowledge of the syndrome was extremely undeveloped at this point. The trust worked at first to raise money to fund research into AIDS but, along with a change to a more formal name in

an emissary from a 'counterpublic' organisation—a group defined by its tension with a general, normative public[683]—which addressed a deficiency in welfare state provision. As the narrator reflects, 'Instinctively I think of him as a social worker, but I know he's not that. He's a volunteer attached to the Trust, and he's got no qualifications, so he can't be all bad.'[684] The hierarchal relation between the sick narrator and his 'buddy' consequently operates in a qualitatively different manner from institutionalised healthcare in which the carer is a representative of state power. Nonetheless, this relation is still shown to enact a process of subjectification along the hierarchal lines of normality and pathology. The narrator notes that

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1983, it quickly took on wider responsibilities, namely public AIDS education, advising and working with AIDS research groups and the government, as well as its 'buddy' system. The Trust has not been exempted from criticism, for example, being picketed by AIDS activists in the early 1990s over acceptance of money from Wellcome Plc who had profited hugely from the first AIDS drug, AZT, which studies in the early 1990s had begun to show made no difference to mortality rates. As Garfield notes, in accepting money from Wellcome and continuing to publish positive information about AZT these activists 'felt that what was once an invaluable institution was acting as a mouthpiece for a multinational pharmaceuticals company.'* In becoming professionalised and accepted some felt that The Terrence Higgins Trust was no longer a social radical force but merely replicated hegemonic political powers.

*See Simon Garfield, 'The Rise and Fall of AZT,' The Independent, (2 May 1993) <https://www.independent.co.uk/arts-entertainment/the-rise-and-fall-of-azt-it-was-the-drug-that-had-to-work-it-brought-hope-to-people-with-hiv-and-2320491.html> [Accessed 09 May 2022].

[683] Michael Warner, *Publics and Counterpublics* (New York: Zone Books, 2005), 56.

[684] Mars-Jones, 'Slim,' 3.

in the vocabulary of the Trust, 'What he does is called *buddying*, and he's a buddy. And apparently in *Trustspeak* I'm a string of letters, which I don't remember except the first one's P and stands for person. Apparently they have to remind themselves.'[685] The activeness of his actions defines the carer whilst the narrator is relegated to an acronym (PWA: Person with AIDS) which he mocks as being similar to an act of Orwellian dystopian bureaucracy in which language is pared down in order to control people's emotional and intellectual capacities and limit the possibilities of resistance. The terminology that defines the role of each is critiqued as dehumanising the narrator, locking him into a restricted mode of living.

Moreover, a particular form of apparent care the story critiques is a kind of protection that creates the sick person as extraordinarily fragile and so in need of detachment from the world. It is recommended to the narrator that avoiding 'distressing information' about HIV/AIDS on the news and in the media could be a useful coping tactic.[686] The 'buddy' 'thinks I shouldn't read the papers, shouldn't upset myself. Even the doctors say that. If there was anything I should know, I'd hear it from them first anyway.'[687] The caring intentions, however, have an unintended effect as the narrator states that 'whenever they try to protect me, I hear the little wheels on the bottom of the screens, they put round you in a ward when you're really bad, and I'll do without that while I can.'[688] The act of sheltering from the world, avoiding distressing information, is perceived as a reminder of his precarious condition. As Sara Ahmed writes, 'to become careful, to be full of care, is to become anxious about the potential to break something else. You can become clumsier when you are trying to be careful not to break what

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[685] Ibid., 4.

[686] Ibid., 3.

[687] Ibid., 3.

[688] Ibid., 3.

easily breaks.'[689] Instead of producing a sense of security these actions reinforce the narrator's vulnerability, emphasising his position as the inert sick person who is waiting for death. Consequently, the 'buddy' replicates a biopolitical power relation which can reify the patient who is no longer a whole person but merely a brittle body to be shielded from danger.

The text, however, demonstrates how such processes of subjectification are not totalising as it stresses the autonomy of the narrator through his acute and nuanced internal monologue, which critiques the care-giving actions he receives, even as he acquiesces to them. For instance, the narrator reflects: 'Buddy likes to hug. I don't. I mean, it's perfectly pleasant, it just doesn't remind me of anything. It was never my style. I'm sure the point is to relieve my flesh of taboo, and the Trust probably gives classes in it. But when Buddy bends over me, I just wait for him to be done, as if he was a cloud and I was waiting for him to pass over the sun. Then we carry on, and I'm sure he feels better for it.'[690] This ironic narration upends the hierarchy of their relationship and makes it appear strange as the narrator feels himself to be the one providing care. As Christian Lassen argues it is the 'camp imagination' of the narrator that enables him to accept such infantilising embraces as by satirising and mocking these interactions he remains above the status of reified patient.[691] It is his ability to transmute these experiences into a personal style, to narrate them internally in an estranging form, that sustains him and provides compensatory pleasures.

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[689] Sara Ahmed, *Living a Feminist Life* (Durham: Duke University Press, 2017) eBook Chapter 7: Fragile Relations.

[690] Mars-Jones, 'Slim,' 8

[691] Christian Lassen, *Camp Comforts: Reparative Gay Literature in Times of AIDS* (Bielefeld, Germany: Transcript, 2011)**,** 62.

At this point it must be asked: If the 'buddy' is so disagreeable, why did the narrator seek out this charitable institution in the first place? It is explained that the system was recommended to the narrator by a friend called Susannah who 'felt I was cutting myself off from real kin, that even if I was saying the same unanswerable things, Buddy would return a different echo. I even suppose she's right.'[692] The emphasis on kinship or 'real kin' implies that a necessary component of care, or one form of care, requires a tight bond, a sense of communal understanding that an organisation like the Terrence Higgins Trust could provide, which the NHS could not. Even so, this link, this sense of a shared identity, cannot overcome the uncertainties and difficulties of care, or the fictionality of identity. The 'buddy' cannot provide answers to his condition, only responses in a different tune. In a political moment when gay men were being socially excluded, those with AIDS expected to simply die, the buddy's caring actions, however misguided, have a radicality in merely affirming that the narrator remains enmeshed within what Foucault calls a 'relational system' that offers the possibility beyond a normative subjectivation.[693] Such caring practices are not socially transformative in themselves, but, as Hi'ilei Hobart and Tamara Kneese argue, 'can present an *otherwise*, even if it cannot completely disengage from structural inequalities and normative assumptions regarding social reproduction, gender, race, class, sexuality, and citizenship.'[694] In the face of disaster and isolation, care provides sustenance for the possibility of survival and hope. As Ahmed writes, 'When you are not supposed to live, as you are, where you are, with whom you are with, then survival is a radical action; a refusal not to exist until the very end; a refusal not

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[692] 'Slim' 10.

[693] Michel Foucault, 'Friendship as a Way of Life,' 137

[694] Hi'ilei Julia Kawehipuaakahaopulani Hobart and Tamara Kneese, 'Radical Care: Survival Strategies for Uncertain Times,' *Social Text 142,* Vol. 38, No. 1 (March 2020), 3.

to exist until you do not exist.'[695] Care affirms a social basis for such survival through its sustenance of a set of relations that upholds the narrator's right to life.

'Slim' concludes, with the narrator looking out of a window down upon his 'buddy' who 'merges with other ordinary healthy people'.[696] There is a resentment at his normality, which the narrator will not again share, an acuteness of their insuperable difference. Yet the narrator equally acknowledges: 'There is something dogged about him that I resent as well as admire, a dull determination to go on and on, as if he was an ambulance-chaser condemned always to follow on foot, watching as the blue lights fade in the distance.'[697] The buddy's actions are presented as a begrudgingly admirable response to the AIDS crisis, a determination to be present and engaged, to help and care in whatever way possible, despite the sense of futility, of being constantly outpaced and left behind. The actions of the 'buddy,' the story suggests, are therefore politically ambivalent, re-instating the hierarchal and alienating relation of the sick and healthy, and yet also affirming a radical recognition of the narrator against ideological stigmatisation.

'A Small Spade': Failed Care and the Limits of Fiction

'A Small Spade' shifts the focus from the AIDS patient's perspective to a third person perspective which focalises the relationship between Bernard and Neil, who is HIV positive. From this narrative viewpoint, there is a prioritisation of Bernard's thoughts as the story allows access to his feelings through free indirect discourse and shows the slow emergence of his awareness of what AIDS truly means. During a weekend trip to Brighton, Neil gets a splinter stuck beneath his nail. Bernard is able to remove part of it, but a significant amount remains

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[695] Sara Ahmed, *Living a Feminist Life* eBook Conclusion: A Killjoy Starter Kit

[696] Adam Mars-Jones, 'Slim,' 13.

[697] 'Slim' 13.

below the surface, necessitating a hospital visit. Neil's HIV positive status makes this relatively

minor occurrence fraught with added anxiety as they speculate about the reaction the doctor

will have. When Neil announces that he is 'antibody-positive,' the doctor replies, 'I see. That's

unfortunate.'[698] Bernard reacts angrily, saying 'I think anybody who doesn't work with people

who are antibody-positive should be sacked on the spot, not because they're prejudiced but

because they must be incompetent to be taking any risks.'[699] The doctor replies, 'That's just

what I think myself.'[700] HIV and AIDS produce an anxious bracing, a pre-emption of violence

and prejudice in Bernard, which, in this moment at least, is shown to have been without cause.

From this intuitive action of protective care comes, for Bernard, a stark realisation about

the reality of HIV/AIDS. Neil says after leaving the hospital that 'we got off pretty lightly,

eh?'[701] In response, the text shows Bernard's thoughts: 'They had got off lightly. He had

underestimated the amount of practice the hospital would have had with this whole new world

of risk and stigma. But he still felt damaged, and found it hard to be cheerful for Neil's

benefit.'[702] He is surprised to find how accepting and effective the NHS and its staff are and

yet still feels bruised and shocked by the encounter. He is debilitated by what a future with Neil

holds: 'A tiled corridor filled with doctors and nurses opened off every room he would ever

share with Neil. He had always known it was there, but today the door to it had briefly been

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[698] Adam Mars-Jones, 'A Small Spade,' in Adam Mars-Jones and Edmund White, *The*

Darker Proof: Stories from a Crisis (London: Faber and Faber, 1987), 114.

[699] Ibid., 114.

[700] Ibid., 115.

[701] Ibid., 118.

[702] Ibid., 118.

opened.'[703] Bernard confronts for the first time the reality of HIV and AIDS and how such medical interventions would come to increasingly supplant the everyday and the ordinary. From this minor accident, he recognises and understands the teleological determinism of AIDS, the inevitability of what awaits those infected, its predetermined narrative shape. The story concludes: 'The word *sick,* even the word *death,* had no power to match the fact of hospital. As with the first splinter, he had managed to break off the protruding part, but not to remove it. It gnawed at the nail-bed.'[704] AIDS, this suggests, could only be understood and confronted directly in reality, not through mediation. Language, Bernard feels, produces a distance which cannot sufficiently convey the reality of the situation. Here Mars-Jones undermines his own literary project as the gap between the fictional and linguistic, and that of the actual experience is stressed. Writing may produce some recognition or induce feelings of empathy and solidarity but cannot fully make the experience of AIDS present. AIDS is not simply a word or a discourse, but an experience that is lived and which will be defined by 'the fact of hospital.'

Literature may not be comparable to this experience in all its materiality but can make the gap between stereotypical understandings and authentic experience clear. In 'A Small Spade' idealised conceptions of care are challenged as the text demonstrates the shock of the real, how individuals may be overwhelmed by the reality of living with AIDS. Bernard, braced to challenge discrimination in the NHS, instead discovers how he may not be up to the task of caring and coping with AIDS. The stories in *The Darker Proof* demonstrate the multifarious forms that care took in the emergent moments of the AIDS crisis, documenting and emphasising how the epidemic heightened and made explicit the difficulties and ambiguities of care.

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[703] Ibid., 118.

[704] Ibid., 119.

The End of AIDS?

From around 1993, HIV/AIDS was no longer considered as a rupture in medical progress, a return of the repressed contagious epidemic which had seemingly been overcome with medicine now primarily concerned with chronic conditions. Daniel Fox and Elizabeth Fee argue that by the early 1990s AIDS had slotted itself back into the chronic paradigm; AIDS was now seen as 'a long, slow process more analogous to cancer than to cholera.'[705] In 1996, Highly Active Anti-Retroviral Therapy (HAART) proved remarkably effective at managing HIV and preventing the development of AIDS. Since then, AIDS has been seen as essentially over, with regular suggestions that a cure is just over the horizon.[706] The finality of AIDS, its defeat, has led to a historical narrative which has taken on defined and well-known contours. There is a generally accepted narrative that AIDS developed from being a crisis or epidemic which was then brought under control through scientific advances. A HIV diagnosis transitioned from a death sentence to a manageable condition. Such a simple narrative, of course, disguises complexities and has been critiqued on a number of occasions. As Berridge argues, the early mistaken scientific hypotheses are often seen as a 'primitive stage of prehistory subsequently over-taken by the development of "true science" […] There is a

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[705] Elizabeth Fee and Daniel M. Fox, 'Introduction: The Contemporary Historiography of AIDS' in *AIDS: The Making of a Chronic Disease*, eds. Elizabeth Fee and Daniel M. Fox (Berkeley, Los Angeles: University of California Press, 1992), 5.

[706] Edward Siddons and Thomas Graham, 'Fifty Years of HIV: How Close are we to a Cure?,' *The Guardian*, (2 July 2019) https://www.theguardian.com/society/2019/jul/02/cure-for-aids-hiv-related-death-virus . [Accessed 23 June 2022].

Whiggish sense of triumphalism around some of these accounts.'[707] Accounts of scientific triumphalism have increasingly calcified with David France's leading history of AIDS essentially following the lines of this narrative.[708] Such a perspective is American and Euro-centric. It fails to consider the people outside of the West who still do not have easy access to AIDS treatments, the one million people worldwide who still die yearly from AIDS-related illnesses. Moreover, as Christopher Castiglia and Christopher Reed note, this is to offer "cleaned-up" versions of the past as substitute for more challenging memories of social struggle.'[709] The difficulties, ambivalences and unresolved nature of HIV/AIDS are elided in a narrative of victorious overcoming. The fiction of Adam Mars-Jones, I have argued, is an important and overlooked archive for re-engaging experiences of AIDS. The distinctive literary forms he deploys, with its intricate use of language and foregrounding of unique, dialogic perspectives, emphasises the fraught and ambivalent nature of the caring practices that emerged in response to the pandemic.

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[707] Virginia Berridge, *AIDS in the UK*, 30.

[708] David France, *How to Survive a Plague: The Story of How Activists and Scientists Tamed AIDS* (London: Picador, 2017).

[709] Christopher Castiglia and Christopher Reed, *If Memory Serves: Gay Men, AIDS, and the Promise of the Queer Past* (London and Minneapolis: University of Minnesota Press, 2012), 2.

Part Two, 1990s

The NHS, Neoliberalism, and *What a Carve Up!*'s Literary Satire

At the same moment in which the NHS struggled with the AIDS crisis—its medical capabilities and claims to universalism undermined—the institution itself was widely perceived to be under serious threat from the Thatcher government. If AIDS occupies a marginal position in public understandings of the health service, an event condemned to the past, the subject of this section is conversely inexorable. That the NHS faces an existential threat from something called 'neoliberalism' and its attendant action of privatisation has been fundamental to the cultural understanding of the health service for decades. Since the 1980s, the NHS has, almost without cessation, been construed as at risk from every successive government who all hold moral and political values that have been understood as at odds with the ideals of the NHS. The dominance of a neoliberal rationality, in which the welfare state is to be minimised as far as possible, is seen to be, as Allyson Pollock writes, 'corroding the fabric of the NHS at every level'.[710] Such a sense that 'the NHS is under threat' and that the public must 'save our NHS'[711] is, accordingly, a central feature of cultural constructions of the health service. This is reflected in popular texts such as Adam Kay's *This is Going to Hurt* (2017), which concludes with the exhortation: 'promise me this: next time the government takes its pickaxe to the NHS, don't just accept what the politicians try to feed you.'[712] As these examples make clear, the health service is frequently conceived as the victim of political actions that underfund and undermine the institution, often speculated to be a deliberate negligence to precede a full transformation

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[710] Allyson M Pollock, *NHS plc* (London: Verso, 2004), 1.

[711] See Jennifer Crane, "Save our NHS": Activism, Information Based Expertise and the 'New Times' of the 1980s,' *Contemporary British History* Vol. 33, No. 1 (2019), 59-61.

[712] Adam Kay, *This is Going to Hurt* (London: Picador, 2017) eBook. Chapter 10: Aftermath.

into an Americanised insurance-based system.[713] Such fears have now been sustained for over forty years, indicating a remarkably strange situation in which crisis has oxymoronically become commonplace and persistent. The end of the NHS is constantly anticipated, but in truth its demise is never fulfilled, so such concerns are left in a curious limbo.

My interest in this section is to investigate the particular ways that anti-neoliberalism inflects British cultural understandings of the NHS. Notably, such a structure of feeling is tied to the premiership of Margaret Thatcher, a historical moment that critics have viewed as constituting a traumatic event that still reverberates into the present. This is particularly evident in contemporary literary criticism's attempts to work through the legacy of Thatcherism. John Su writes that 'contemporary British literature is defined in terms of responses to a set of political, economic, and cultural forces associated with Margaret Thatcher'.[714] Moreover, Louisa Hadley and Elizabeth Ho argue that Thatcher and Thatcherism 'function as a symbolic "wound" in the contemporary imagination, a palpable point where things can be said to have irrevocably changed.'[715] Mary McGlynn suggests that 'the Thatcherite rhetoric of the 1980s stands out as one of the most potent impositions of an ideological worldview onto the forms

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[713] Allyson M Pollock and Peter Roderick, 'Why we should be concerned about accountable care organisations in England's NHS' *British Medical Journal* Vol. 360, Issue 8139 (30 January 2018) https://www.bmj.com/content/360/bmj.k343

[714] John Su, 'Beauty and the Beastly Prime Minister' *English Literary History* Vol 81, No. 3 (2014), 1083.

[715] Louisa Hadley and Elizabeth Ho, '"The Lady's Not for Turning": New Cultural Perspectives on Thatcher and Thatcherism' in *Thatcher and After: Margaret Thatcher and Her Afterlife in Contemporary Culture*, ed. Louisa Hadley and Elizabeth Ho (Basingstoke: Palgrave Macmillan, 2010), 2

and themes of fictional texts since socialist realism.'[716] What is particularly important, she

argues, is 'how thoroughly even fictional texts sympathetic to social and economic working

classes have been shaped by Thatcherite linguistic frameworks.'[717] In what follows I look to

Jonathan Coe's *What a Carve Up!* as a text which wishes to satirise, defamiliarise and challenge

the precepts of Thatcherism. At the same time, through metatextual comments on the nature of

critical writing and the publishing industry, it also expresses an awareness of the limitations of

literary critique. Consequently, I situate the novel alongside a spirit of 'left-wing melancholia',

which has engendered a sense of the impossibility of radical social change with what Mark

Fisher calls 'capitalist realism'—the sense that there is no alternative to late capitalism—

dominating.[718] As Emily Horton argues, contemporary responses to Thatcherism were marked

by 'Deep-set anxieties about the possibilities inherent in dissent'[719], which Coe's novel

mediates through regular reflections on the process of making the perceived depravities of

Thatcherism representable and knowable. Coe's novel does not allow any of the easy

satisfactions that can often accompany anti-neoliberalism and does not permit literature to be

conceived as somehow exterior to neoliberalism. Before approaching the novel, I will first

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[716] Mary McGlynn, 'Collectivism and Thatcher's "Classless" Society in British Fiction and

Film' *Twentieth-Century Literature* Vol. 62, No. 3 (2016), 309.

[717] Ibid., 310.

[718] Mark Fisher, *Capitalist Realism: Is There No Alternative?* (London: Zero Books, 2007),

7-8.

[719] Emily Horton, 'Literary History of the Decade: The Bomb, Kidnappings and Yuppies:

British Fiction in the 1980s,' in *The 1980s: A Decade of Contemporary British Fiction*, eds.

Philip Tew, Emily Horton, and Leigh Wilson (London: Bloomsbury Academic, 2014).

eBook, chapter 2.

develop the conceptual ground necessary for the analysis as I explore a variety of different critical approaches to neoliberalism and provide a brief historical explanation of NHS privatisation.

Neoliberalism, Privatisation and the NHS

Both Raymond Williams and Michel Foucault offer important theorisations of neoliberalism, although Williams, who died in 1988, did not write in any programmatic way about this emergent ideological and political force. His most sustained engagement with the neoliberal politics of the Thatcher government are to be found in the 1983 book *Towards 2000*. In this work, Williams identifies what he calls 'Plan X' as a new form of 'deeply pessimistic' politics structured by 'an acceptance of the indefinite continuation of extreme crisis and extreme danger.'[720] For Williams, the constitutive feature of this newly dominant ideology is a counter-revolution against organised labour. He writes, 'Plan X has read the future as the certainty of a decline in capitalist profitability unless the existing organisations and expectations of wage-earners are significantly reduced. Given this reading, Plan X operates not only by ordinary pressures but where necessary by the decimation of British industrial capital itself.'[721] Consequently, Plan X acts to depress social conditions in the service of strengthening the power of economic and intensifying the conditions of capital accumulation. Williams speculates that this 'will be a period in which, after a quarter of a century of both real and manufactured expectations, there will be a long series of harshly administered checks; of deliberately organised reductions of conditions and chances'.[722] Williams sees Plan X as a project to undo

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[720] Raymond Williams, *Towards 2000* (London: Chatto & Windus, 1983) 246.

[721] Ibid., 246.

[722] Ibid., 250.

the redistribution of the post-war period, weaken the power of the working classes, and reassert

and deepen class hierarchies.

Foucault's account, often perceived as oppositional to Marxism[723], instead stresses the

ways in which neoliberalism is a novel means of theorising how to govern. Foucault's account

is based on a series of lectures he gave in 1979 before 'actually existing neoliberalism' came

to the fore with the political programmes of Thatcherism and Reaganism. Consequently, what

Foucault is concerned with is articulating what he considered as a new and emergent form of

governmentality: 'what I would like to show you is precisely that neo-liberalism is really

something else. Whether it is of great significance or not, I don't know, but assuredly it is

something, and I would like to try to grasp it in its singularity.'[724] In these lectures he is focused

primarily on the contemporary (from the 1920s to the 1970s) theorisation of neoliberalism in

Germany and America, which he views as a 'new programming'[725] of liberalism's 'critical

reflection on governmental practice'.[726] Foucault argues that eighteenth and nineteenth-century

liberalism was concerned with distinguishing between governmental 'domains in which one

can intervene and domains in which one cannot intervene.'[727] For twentieth-century

neoliberals, however, 'the problem is not whether there are things that you cannot touch and

others that you are entitled to touch. The problem is how you touch them. The problem is the

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[723] For example, see Wendy Brown, *Undoing the Demos: Neoliberalism's Stealth Revolution*

(New York: Zone Books, 2015), 74-5.

[724] Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-79*

(Basingstoke: Palgrave Macmillan, 2008), 130.

[725]Ibid., 94.

[726] Ibid., 321.

[727] Ibid., 133.

way of doing things, the problem, if you like, of governmental style.'[728] Neoliberalism, Foucault suggests, 'reveals an essential, fundamental, and major incapacity of the sovereign, that is to say, an inability to master the totality of the economic field. The sovereign cannot fail to be blind vis-a-vis the economic domain or field as a whole. The whole set of economic process cannot fail to elude a would-be central, totalizing bird's-eye view.'[729] The centralised, interventionist state or sovereign, in this account, wishes to act within and direct a domain which it simply cannot fully understand. As Philip Mirowski argues, neoliberalism is informed by 'an image of humankind as rather slovenly and undependable cognitive agents, who can barely access their own internal principles of ratiocination.'[730] Consequently, the market, in which spontaneous competition between economic actors determines production and pricing, is preferred as it considered to be a vastly superior processor of information than any centralised system of planning could hope to be. [731] This is not to say that the state has no role but that its function becomes conceived of as being subservient to that of the market. The state or government 'has to intervene on society as such, in its fabric and depth. Basically, it has to intervene on society so that competitive mechanisms can play a regulatory role at every moment and every point in society'.[732] Foucault argues that neoliberalism is, therefore, 'a matter of making the market, competition, and so the enterprise, into what could be called the formative power of society.'[733] Society is not to be organised according to the precepts of a

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[728] Ibid., 133.

[729] Ibid., 292.

[730] Philip Mirowski, 'Hell is Truth Seen Too Late,' *boundary 2*, *Vol.* 46, No. 1 (2019), 5.

[731] Ibid., 7.

[732] Foucault, *The Birth of Biopolitics*, 145.

[733] Ibid., 148

redistributive state which aims for equality, but according to competitive principles which must have winners and losers.

It has followed that neoliberalism is commonly viewed as fundamentally opposed to the egalitarian programme of the welfare state and driven by a desire to dismantle these systems. As Stuart Hall writes, for neoliberalism the 'welfare state, in particular, is the arch enemy of freedom.'[734] George Puden argues, however, that some economists closely associated with neoliberalism in Britain, like John Jewkes and Alan Peacock, did not want to dismantle the welfare state but to reconfigure it in a market-orientated manner. They worked in the 'belief that citizens might be nurtured and protected in a more market-oriented welfare system than what had developed in Britain'.[735] Nonetheless, various neoliberal theorists were opposed to the NHS, including the central figure of Friedrich Hayek. In *The Constitution of Liberty* (1960), Hayek argues that the NHS, and free health services more generally, face infinitely expanding costs and so must offer 'the bad average standard of service'[736] in order for care to be provided in an equitable manner. This equally, he suggests, lowers the quality of private healthcare as it is constrained by the quality of the average. Furthermore, Hayek criticises what he perceives as the inefficiencies inherent to state run systems: 'those who could be promptly restored to full activity have to wait for long periods because all the hospital facilities are taken up by people who will never again contribute to the needs of the rest.'[737] Consequently, he argues: 'It may seem harsh, but it is probably in the interest of all that under a free system those with full

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[734] Stuart Hall, 'The Neoliberal Revolution,' *Soundings*, Issue 48 (2011), 10.

[735] George Puden, 'Neoliberalism Economists and the British Welfare State, 1942-1975,' *Journal of the History of Economic Thought,* Vol. 39, No. 4, (December 2017) 425

[736] F. A. Hayek, *The Constitution of Liberty* (London: Routledge & Kegan Paul, 1960) 299.

[737] Ibid., 300.

earning capacity should often be rapidly cured of a temporary and not dangerous disablement at the expense of some neglect of the aged and mortally ill.'[738] Hayek was not the only neoliberal expressing opposition to the NHS. As Ben Jackson demonstrates, from as early as 1965, the New Right think-tank the Institute of Economic Affairs published pamphlets arguing that the NHS was a 'state monopoly' which 'inhibited innovation, denied individuals any meaningful control over service provision, and exacted efficiency-sapping levels of taxation.'[739]

The Thatcher government was perceived as having the potential to put these kinds of ideas into action. The 1979 Conservative Party manifesto tentatively suggested the idea of the NHS transitioning to an insurance-based system: 'The Royal Commission on the Health Service is studying the financing of health care, and any examination of possible longer term changes — for example greater reliance for NHS funding on the insurance principle—must await their report.'[740] Consequently, a fundamental aspect of opposition to the Thatcher government was the idea that the NHS was in danger. As Steve Iliffe writes in 1983, 'The goal of the present Government is clear; they wish to see market forces dominate the development of health care as far as possible. Within the ideology of Conservatism, responsibility for health

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[738] Ibid., 299

[739] Ben Jackson, 'The Think-Tank Archipelago: Thatcherism and Neo-Liberalism,' in *Making Thatcher's Britain*, eds. Ben Jackson and Robert Saunders (Cambridge: Cambridge University Press, 2012), 51.

[740] Conservative Party, 'Conservative General Election Manifesto 1979' https://www.margaretthatcher.org/document/110858 [Accessed 23 June 2022].

is to become personal rather than social.'[741] Historian Jennifer Crane argues that the perceived threat to the NHS led to a shift in healthcare activism 'from local-based campaigning around individual hospitals towards national campaigning around an equitable health service'[742] , which produced 'a new vision of the NHS as embodying a set of values'.[743] This transition and the status of the NHS as a beloved national institution placed Thatcher and her cabinet, who had no qualms about privatising numerous nationalised industries such as British Telecom, Britoil, British Gas and water services, to name just a small handful, in an awkward position. In 1982 a proposal from the Central Policy Review Staff think-tank to transform the NHS into an insurance-based scheme was leaked to the press, sparking widespread condemnation of the Thatcher government.[744] The scandal, according to Nigel Lawson who served in Thatcher's cabinet, caused 'the nearest thing to a cabinet riot in the history of the Thatcher administration'[745] and these plans were ultimately shelved. At the 1982 Conservative Party conference, Thatcher had to declare the NHS 'safe in our hands'; throughout the 1983 election cycle it was a regular Conservative slogan that 'the NHS is safe with us'.[746] Since the 1980s,

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[741] Steve Iliffe, 'Dismantling the Health Service,' *The Politics of Thatcherism*, eds. Stuart Hall and Martin Jacques (London; Lawrence and Wishart, 1983), 283.

[742] Jennifer Crane, "Save our NHS": Activism, Information Based Expertise and the 'New Times' of the 1980s,' *Contemporary British History* Vol. 33, No. 1 (2019), 59.

[743] Ibid., 66.

[744] Charles Webster, *The National Health Service: A Political History* 154.

[745] Nigel Lawson, *The View from No.11: Memoirs of a Tory Radical* (London: Corgi, 1993) 303.

[746] Rudolph Klein, 'Why Britain's Conservatives Support a Socialist Health Care System,' *Health Affairs* Vol 4, No. 1 (1985), 41-42.

nevertheless, the organisational structure of the NHS has been altered in significant ways, most notably in the marketisation of the institution through the 1990 National Health Service and Community Care Act that introduced the internal market into the NHS. This meant that services were subject to a process of competitive tendering in which private companies could bid for contracts, the intention being that this would introduce competition and so improve efficiency and the quality of care.[747]

Alongside these examples of privatisation and marketisation, the more diffuse Foucauldian sense of the NHS aiding in the production of neoliberal subjects can equally be identified. It has been argued that the past decades have seen an increased stress placed on health as an individual responsibility, rather than socially informed.[748] Such a process of subjectivation transgresses the boundaries of high Thatcherite neoliberalism and was a central component of New Labourism that combined a commitment to the NHS in the form of the highest increase in funding in the health service's history, with a form of neoliberal biopolitics in which the role of the state is to make individuals better participants in the social market. The New Labour white paper *Choosing Health: Making Healthy Choices Easier* from 2004 offers a clear example of this emphasis. In the foreword, Tony Blair states: 'We are clear that Government cannot — and should not — pretend it can "make" the population healthy. But it can — and should — support people in making better choices for their health and the health of

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[747] Charles Webster, *The National Health Service: A Political History,* 196-197.

[748] For example, see, A. M. Viens, 'Neo-Liberalism, Austerity and the Political Determinants of Health,' *Health Care Analysis* Vol 27, No. 3 (2019), 148.

their families.'[749] Health, Blair argues, is simply a matter of people making the right choices, ignoring the fact that it has regularly been shown that health outcomes follow lines of social inequality.[750] As Paul Joyce argues, 'the collectivisation of welfarism gives way to the privatisation and individualisation of risk which manifests itself in the duty of citizens to act prudently as consumers of health care.'[751] Unlike the post-war Labour government, New Labour were not concerned with social redistribution and denied a Bevanite centralisation of responsibility in favour of an individualist emphasis on self-transformation.

It is important not to overstate the effect that Thatcherism and neoliberalism have had. There is a regular conflation between the rhetoric and desires of these ideologies and the reality of what has actually happened. Thatcher's much quoted statement that 'there is no such thing as society' was not performative; she did not actually cause society to disappear. Statistically privatisation can look to have had a rather minor effect. In terms of the percentage of NHS funding which is spent on privatised elements, the King's Fund think-tank shows that estimates for 2017/2018 range from 7.3 percent, if privatisation is considered as the amount of public funds given to private business, to 25 percent if spending on GPs, dentistry, optometry and

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[749] Department of Health, 'Choosing Health: Making Healthy Choices Easier' (2004) https://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550 [Accessed 23 June 2022].

[750] Clare Bambra, *Health Divides: Where You Live Can Kill You* (Bristol, UK: Policy Press, 2016), 196.

[751] Paul Joyce, 'Governmentality and Risk: Setting Priorities in the New NHS,' *Sociology of Health and Illness* Vol. 23 No. 5 (2001), 599.

funding given to non-profits and local authorities is included.[752] It is evident that Thatcherism or neoliberalism have not fundamentally dismantled the NHS, which has been reorganised in certain respects but has not fully succumbed to neoliberalisation. It has been well established that 'actually existing neoliberalism' is never a pure form, always 'much less prepossessing' in reality than the often-exaggerated projections by its opponents.[753] Recently historians have looked to reconfigure this idea of the 1980s, wishing to decentre Thatcherism and focus on other forces at play.[754] Others have looked to rearticulate the sense of Thatcher's success. As Edgerton argues,

> it is not at all clear, despite the strong sense that Margaret Thatcher achieved what she set out to do, that this was the case. For it could be argued that what she appeared to want was a strong, self-confidently British and socially conservative nation, with a powerfully regenerated manufacturing industry led by British entrepreneurs, which would reverse the decline as it had been defined by declinists. By these measures she undoubtedly failed.[755]

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[752] 'Is the NHS Being Privatised?', *The King's Fund* (17 October 2019) <https://www.kingsfund.org.uk/publications/articles/big-election-questions-nhs-privatised > [Accessed 23 June 2022].

[753] Jamie Peck, 'Explaining (with) Neoliberalism,' *Territory, Politics, Governance* Vol. 1, No. 2 (2013), 144.

[754] Matthew Hilton, Chris Moores and Florence Sutcliffe-Braithwaite, '*New Times* Revisited: Britain in the 1980s', *Contemporary British History*, Vol. 31, No. 2 (2017), 145-152.

[755] David Edgerton, *The Rise and Fall of the British Nation: A Twentieth Century History* (London: Allen Lane, 2018), 447.

Critical emphasis on the cultural determinations of Thatcherism is consequently informed by a degree of fantasy, expressing more about cultural relations to Thatcherism than about Thatcherism itself.

Indeed, the unresolved trauma of the 1980s may be a result of a failure to work through the ways in which neoliberalism exposed the contradictions of social democracy. As we saw in the previous chapter, the NHS and the social-democratic welfare state were criticised as early as the 1950s for their undemocratic form, their concessions to capital and the ways in which they sustained class hierarchies. Furthermore, the social democratic consensus era of the NHS was not, in fact, more equitable than the post-Thatcher era. As Webster shows, despite early optimism that the NHS would abolish health inequalities, there was little attempt to research this. What research was undertaken showed that those in the higher classes were more willing and able to benefit from the new health service.[756] In terms of the distribution of resources, 'the NHS not only failed to correct the inherited balance, but we can now see that in many aspect it actually reinforced this historic pattern of disadvantage.'[757] The infamous 1980 Black Report was the first widely disseminated study of health inequalities, and showed that, even in a pre-Thatcherite society, the NHS was deeply compromised as economic inequalities were shown to significantly impact health outcomes.[758] To look back nostalgically to a time before the 1980s is therefore to rely upon a myopic misunderstanding of the NHS and its history. The sense that the NHS is being corrupted or betrayed has a strong rhetorical purchase,

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[756] Charles Webster, 'Investigating Inequalities in Health before Black,' *Contemporary British History*, Vol. 16, No. 3, (2002), 92-94.

[757] Ibid., 94.

[758] See Mary Shaw, Daniel Dorling, David Gordon and George Davey Smith, *The Widening Gap: Health Inequalities and Policy in Britain* (Bristol: Policy Press, 1999), 10-32.

but we need not think that the only options are neoliberalism or a return to the 1950s or 1960s. A return to the original 'fabric' of the NHS is a less satisfactory proposition than many suggest, yet this is very often the only means by which an anti-neoliberal alternative is imagined. As Mark Fisher argues, 'social democracy has only become a resolved totality in retrospect; at the time, it was a compromise formation, which those on the left saw as a temporary bridgehead from which further gains could be won.'[759] Critics of neoliberalism often speak of the irrational, quasi-mystical adulation of the market that neoliberals are supposed to have, but equally the same critics often have a simplistic, uncritical faith in centralised social-democratic models of public ownership.

Sinking Giggling into the Sea: Jonathan Coe and Satire

What follows is an analysis of Coe's *What a Carve Up!* as an exemplary case of how the traumatic ruptures of the 1980s deeply informed the political commitments of literary works into the early 1990s. I show how the novel utilises literary form to represent and satirise the institutional transformations of the NHS, arguing that the financialization of healthcare is a moral failure that endangers the lives of patients. This occurs through the use of synecdoche in which a single family, the Winshaws, are presented, in an exaggerated, absurdist manner, as representative of Thatcherism itself. Equally, I argue that a spirit of left-wing melancholia consciously undermines the critical imperatives of the text as Coe deploys a metafictional commentary on the capitalist nature of the publishing industry and its tendency to pacify the radical potentials of literature.

At the turn of the millennium, Dominic Head argued that 'Unquestionably the most significant novel about the effects of Thatcherism is Jonathan Coe's *What a Carve Up!* (1994),

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[759] Mark Fisher, *Ghosts of My Life: Writings on Depression, Hauntology and Lost Futures* (Alresford: Zero Books, 2014) Kindle edition. (Kindle Location 463).

a work that, again, demonstrates the novelist's conviction that an elaborate fictional form is required to offer a meaningful commentary on a fragmented society.'[760] However, in 2011 Coe offered a much more modest appraisal of his novel. He writes: 'What strikes me most forcibly about the book, though, is that I was apparently not content simply to capture this reality, but needed to adopt an attitude towards it, and to steer the reader in the direction of that attitude. It is quite a preachy novel, in other words.'[761] Coe further adds:

> I'm frequently told that I'm a satirical writer, and although I don't think the label really fits me any more, it probably does apply to *What a Carve Up!*. But the problem with most satire, I've started to feel, is that it doesn't just preach, it preaches to the converted. Satire – besides being what Milan Kundera disparagingly called a "thesis art" – actually suppresses political anger rather than stoking it up. Political energies which might otherwise be translated into action are instead channelled into comedy and released – dissipated – in the form of laughter.[762]

Coe's comments evince a serious dissatisfaction with the political function of his novel, a belief, even, that the very satirical form of his book had the opposite effect to that which he intended. In a 2013 essay in the *London Review of Books*, Coe took this argument further, claiming that in Britain, political comedy, as exemplified by the panel show *Have I Got News For You*, has created a particular cynical relation to politics in which all politicians are seen as

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[760] Dominic Head, *The Cambridge Introduction to Modern British Fiction, 1950-2000* (Cambridge: Cambridge University Press, 2002), 35

[761] Jonathan Coe, 'What a Carve Up! by Jonathan Coe', *The Guardian* (April 16, 2011) <https://www.theguardian.com/books/2011/apr/16/jonathan-coe-carve-book-club> [Accessed 23 June 2022].

[762] Ibid.

self-interested idiots. This, Coe claims, has fostered an atmosphere in which politics is not taken seriously and so 'it's easier and much more pleasurable to laugh about a political issue than to think about it'.[763] Coe argues that right-leaning politicians such as Prime Minister Boris Johnson, previously a regular guest on *Have I Got News For You*, are the beneficiaries of such an environment as Johnson's buffoonish persona means that we laugh at him, while essentially considering him as harmless and childlike. As Coe writes in reference to Johnson's time as the mayor of London, 'If we are chuckling at him, we are not likely to be thinking too hard about his doggedly neoliberal and pro-City agenda, let alone doing anything to counter it'.[764] For Coe, therefore, comedy is complicit in maintaining, rather than challenging, structures of power. Recent critical understandings of comedy support Coe's view. Gavin Schaffer, for example, argues that British 'alternative comedy' from the 1980s was 'inherently unreliable as a political weapon' being easily assimilated by its targets.[765] Comedy with progressive political intentions, like Coe's novel, on these terms, is then conceived as fundamentally misguided, producing the exact opposite effect to what it intends. Therefore, comedic dissent is perceived as based upon a flawed idea of satire's political possibilities.

However, despite Coe's post-facto dissatisfaction with *What a Carve Up!,* I will argue that the novel already performs this same dissatisfaction, already undermining any hope for the political effect, not just of satire, but of critical writing in general. As Paul Gilroy writes, Coe's

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[763] Jonathan Coe, 'Sinking Giggling into the Sea' *London Review of Books* Vol. 35, No. 14 (18 July 2013) <https://www.lrb.co.uk/v35/n14/jonathan-coe/sinking-giggling-into-the-sea> [Accessed 23 June 2022].

[764] Ibid.

[765] Gavin Schaffer, 'Fighting Thatcher with Comedy: What to Do When There Is No Alternative,' *Journal of British Studies* Vol. 55 Issue 2 (April 2016), 385-6.

'refined sense of the absurdity of contemporary political culture is attuned to the possibility that in Britain greed and selfishness have been normalized to such an extent that satire becomes effectively impossible.'[766] *What a Carve Up!* is fully aware of the representational problems that a critique of Thatcherism faces. Despite Coe's retrospective sense of 'preaching,' literary critique is held up as necessary but also given a sense of futility. The novel is resolute in its anti-Thatcherism but doubts whether a book can do anything about the social situation it diagnoses and mocks.

What a Carve Up! *and the Possibilities of Literary Anti-Thatcherism*

What a Carve Up! is the story of novelist Michael Owen's (failed) attempts to write a biography of the prominent Winshaw family. Due to a number of traumatic experiences, most notably the revelation that his father is not his biological father, Michael spends the latter part of the 1980s in a television-induced stupor, particularly becoming obsessed with the 1961 film *What a Carve Up.* In September 1990, after meeting his neighbour Fiona, the first person he had spoken to for 'two, perhaps three years'[767], Michael is inspired to return to the world and his work on the biography. The novel then charts, through myriad different textural forms, including diaries, scripts, and first- and third-person narration, Michael's attempts to understand the Winshaw family and to write a book critiquing them and their ilk. The Winshaws, across generations, have occupied positions of social prominence as newspaper columnists, bankers, an arms dealer, and a politician involved in privatising the NHS. They

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[766] Paul Gilroy, 'The Closed Circle of Britain's Postcolonial Melancholia' in, *The Literature of Melancholia: Early Modern to Postmodern* eds. Martin Middeke and Christina Wald (Basingstoke: Palgrave Macmillan, 2011), 198.

[767] Jonathan Coe, *What a Carve Up!* (London: Penguin, 1995 [1994]), 91.

are, Michael feels, 'a family of criminals'[768] because 'every penny of the Winshaw fortune –

dating right back to the seventeenth century, when Alexander Winshaw first made it his

business to corner a lucrative portion of the burgeoning slave trade – could be said to have

derived, by some route or other, from the shameless exploitation of persons weaker than

themselves'.[769] The family members active in 1990 are seen to be among those most culpable

for the depravations experienced in Thatcherite Britain. As an ensemble, the Winshaws stand

as a satirical synecdoche of Thatcherite Britain, being intensified exemplars of the social forces

of 1980s and early 1990s Britain.

What has subsequently become a conventional critique of NHS privatisation is central

to the anti-Thatcherism adopted in *What a Carve Up!*. Henry Winshaw is the family member

directly involved in the process of privatizing healthcare, and insights into his actions are

provided from an assemblage of different materials (Henry's personal diaries, newspaper

clippings, a transcript of a television interview, and Michael's own reflections which verge on

fantasy) collected by Michael for his biography. In the novel, Henry is an adviser to a

fictionalised version of the early 1980s NHS Management Inquiry which produced the 1983

Griffiths Report. This consideration of the management structure of the NHS concluded that

there was a severe lack of management in place. It stated that 'if Florence Nightingale were

carrying her lamp through the corridors of the NHS today, she would almost certainly be

searching for the people in charge'.[770] What was needed, the report proposed, was 'individuals,

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[768] Ibid., 90.

[769] Ibid., 89.

[770] Rudolf Klein, *The New Politics of the NHS: From Creation to Reinvention* (London and
New York; Radcliffe Publishing, 2013) 117.

at all levels, responsible for making things happen.'[771] The legacy of the Griffith's Report is mixed. As Martin Gorsky summarises, there are 'two alternative narratives of the management inquiry and its place in the history of the NHS […] One celebrated it as a pivotal moment in the march towards greater effectiveness and consumer responsiveness. The other suspected it was a device for implanting government "enforcers" to control UK health expenditure which in this period remained markedly lower than comparable industrialised nations'.[772] For some historians, the Griffiths Report marked a much needed updating of the structure of the NHS. Nicholas Timmins sees the alterations to the management structure as 'the most important single change to the NHS since 1948, allowing a service which was cracking under the strain to survive into the twenty-first century'.[773] For others, the report marked the beginning of NHS privatisation by allowing for the possibility of outsourcing and establishing the administrative framework that would enable the introduction of the internal market.[774] Webster argues that the alterations enacted by the Conservatives 'were brought about by an act of determined political will, rather than merely representing necessary responses dictated by technical exigencies.'[775] The actions of the Conservatives are then seen to be not dictated by a concern for improving the NHS but motivated by ideological necessity.

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[771] Ibid 117.

[772] Martin Gorsky, "Searching for the People in Charge': Appraising the 1983 Griffiths NHS Management Inquiry' *Medical History* Vol 57, No. 1 (2013) 105.

[773] Nicholas Timmins, *The Five Giants: A Biography of the Welfare State* (London; William Collins, 2017), p 409–10.

[774] Allyson M. Pollock, *NHS plc* (London; Verso, 2004), 37-38.

[775] Charles Webster, *The National Health Service: A Political History* 141.

Coe's novel sides with this more critical view. Henry's aim with the management reform is 'the introduction of general managers at every level on *performance-related* pay. That's the crucial thing. We've got to squash this dewy-eyed belief that people can be motivated by anything other than money.'[776] Henry wishes to make hegemonic the Foucauldian idea of 'homo oeconomicus' whereby economic behaviour becomes the only 'grid of intelligibility' for individual actions and motivations.[777] The novel satirises this attitude by drawing attention to the absurdity of economic jargon. This is taken to extremes during a televised debate that Henry partakes in. Henry is asked a question about the deliberate underfunding of the NHS and responds, '17,000,000 over 5 years 12.3% of GDP 4% more than the EEC 35% up on the USSR 34,000 GPs for every HAS X 19.24 in real terms 9,585 for every FHSA seasonally adjusted 12,900,000 + 54.67 @ 19% incl VAT rising to 47% depending on IPR by the IHSM £4.45p NHS safe in our hands'.[778] Henry expresses himself solely in jargon, with a slogan tacked on to the end. This affectless stream of statistics presents a hyperbolic version of Thatcherite economism in which economic facts take priority over everything, even the basic precepts of human conversation. Henry's diatribe provides little information instead being a performance which institutes him into the position of economic expert. The brute force of statistics serves to halt any response as Henry's opponent in the debate, Dr Gillam, is given nothing to respond to or refute beyond these apparent economics facts. The profusion of statistics serves to smother any attempt to appeal to what the doctor calls 'the truth I see everyday with my eyes'[779] as Henry resolutely refuses to debate on a terrain which would be

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[776] Jonathan Coe, *What a Carve Up!* 136.

[777] Michel Foucault, *The Birth of Biopolitics* 252

[778] Jonathan Coe, *What a Carve Up!,* 138.

[779] Ibid., 138.

open to her. He maintains the position of detached economic expert concerned only with (alleged) objective fact rather than subjective experience. This action serves to present the economic as the sole source of truth upon which politics and policy are to be based as the human elements of subjective experience and feeling are thoroughly expunged. The novel attempts to undermine such economism by exaggerating and so making absurd those who would prioritise the economic above all else.

What a Carve Up! responds to such economistic abstraction by asserting a strong sense of humanist moral values. As Joseph Brooker writes, 'reservoirs of lifelong regret and mundane poignancy are as fundamental to Coe's work as his satirical swipes, narrative twists and verbal gags.'[780] This is seen most clearly in the death of Michael's not-quite-girlfriend Fiona, who is said to be sick for several months with a sizeable lump in her throat which is ignored by doctors who tell her she simply has a cold. Eventually, Fiona collapses and is taken to a hospital where she is diagnosed with lymphoma. Due to a lack of resources, the hospital is unable to immediately provide her with the bed she needs, and she is left to wait in a corridor for one to become free. An over-worked doctor forgets to give Fiona the necessary antibiotics, which causes her condition to worsen, and she ultimately dies due to a treatable condition. The cruelty of Fiona's death is exacerbated by the fact that she is presented throughout the novel as quintessentially good. Fiona describes herself as having a 'giving nature' and being a person who 'take[s] pity on people'.[781] There is, moreover, a cruel irony in the fact that when she first meets Michael it is to get him to sponsor her on a charity bike ride to raise money for a local hospital.

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[780] Joseph Brooker, 'Jonathan Coe's Stories of Sadness,' in *Jonathan Coe: Contemporary British Satire*, ed. Philip Tew (London: Bloomsbury Academic, 2018), 49.

[781] Jonathan Coe, *What a Carve Up!* 150.

Fiona's death is not conceived of as simply an aberration, an individual's error, but is said to be the result of deliberate, systemic mismanagement. A doctor pulls Michael aside to discuss the reasons for the failure to administer her antibiotics, stating 'I'm not talking about negligence. I'm talking about people trying to work under conditions which are becoming impossible.'[782] Michael argues that someone must be responsible for these conditions to which he is told that the problem is managers who 'are not people who feel a personal involvement with the hospital. They're brought in from outside on short-term contracts to balance the books. If they balance the books by the end of the financial year then they get their bonus. Simple.'[783] These are the same managers that Henry Winshaw helped to introduce. As suggested before, there is debate over the effect of the Griffiths Report, the real-life reforms that the novel bases itself on, and Coe perhaps creates a more extreme image than reality. For example, not all managers were 'brought in from outside on short-term contracts to balance the books' as Coe's novel suggests. Only twelve per cent of appointments in the new structure went to outsiders, with the majority consisting of existing administrators. The roles, Gorsky argues, were simply not very attractive to those from the private sector as the salaries were low and the contracts were fixed-term: 'The aspiration of creating a cadre of medical managers therefore went largely unmet.'[784] It was, however, part of the change of mood or rationality in the NHS as the service became increasingly informed by notions of competition and enterprise.

In the novel itself, Michael has no doubts about who is to blame. He pins responsibility for Fiona's death to the singular figure of Henry Winshaw. Michael tells an unconscious Fiona: 'I don't believe in accidents anymore. There's an explanation for everything: and there's

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[782] Ibid., 410.

[783] Ibid., 410-411.

[784] Martin Gorsky, "Searching for the People in Charge," 103.

always someone to blame. I've found out why you're here, you see. You're here because of Henry Winshaw. Ironic, isn't it? He wants you to be here because he can't bear to think that his money or the money of people like him might be used to stop things like this happening.'[785] In something of a misogynistic trope, Fiona's death provides Michael with clarity. The structural complexities of the NHS are simplified and made representable as responsibility is laid before a singular individual. Thatcherism, the novel suggests, is not an impersonal force but is enacted by specific people. Even as we feel overwhelmed by the complexity of social systems, the text suggests we must remember that all social events, including even that of a seemingly accidental death, have the actions of individuals as a point of origin. In response to what Fredric Jameson identified as a postmodern confusion in which reality is so big and complex so as to be 'inaccessible to any individual subject or consciousness'[786] , the synecdoche, the novel implies, can act as a useful heuristic to overcome that which otherwise is 'crippling to political experience'.[787] Therefore, the use of synecdoche suggests that scaling down and looking at individuals' actions can help us find grounding for our actions and identify who is to blame for social depravations.

In much the same way that *What a Carve Up!* allows confused political knowledge to be clarified, it provides the potential for liberating action. The Winshaws are, in a classic detective fiction trope, called to their Gothic family home for the reading of their uncle Mortimer's will.

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[785] Jonathan Coe, *What a Carve Up!* 413.

[786] Fredric Jameson, *Postmodernism, or, the Cultural Logic of Late Capitalism* (London and New York: Verso, 1991), 411.

[787] Ibid., 416.

In what Terry Eagleton calls an act of 'fantastic wish-fulfilment'[788], the members of the Winshaw dynasty are each brutally murdered in an ironic fashion. Henry's political machinations mean he is literally stabbed in the back, arms-dealer Thomas has his arms chopped off, and columnist Hillary is crushed by the weight of her own opinions. The satirical, self-consciously low-brow form offers a consolatory pleasure with literature providing a corrective to the reality of politics as the malignant forces are brought to justice. There is some degree of catharsis here as political disappointments and frustrations achieve a more satisfactory release than that accommodated in the political atmosphere of the time; however, there is a hollowness to this pleasure. Thatcherism and its legacy are not a small handful of people and could not be done away with so easily. The very means which make Thatcherism representable creates this dissatisfaction as the novel does not and cannot offer a means of retributive action which can exist outside of the fictional form. As Rancière argues, this is a fundamental issue in the premise of critical art 'that aims to produce a new perception of the world, and therefore to create a commitment to its transformation.'[789] Such a schema, he suggests, is based on the premise that literary form can induce a particular understanding of the world and consequently mobilise individuals. However, 'There is no straight path from the viewing of a spectacle to an understanding of the state of the world, and none from intellectual awareness to political action'.[790] Literature cannot determine in advance the effects it will have

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[788] Terry Eagleton, 'Theydunnit,' *London Review of Books* Vol. 16, No. 8 (28th April 1994), 12.

[789] Jacques Rancière, *Dissensus: On Politics and Aesthetics*, trans. Steven Corcoran (Continuum; London, 2010) 142.

[790] Ibid., 143.

on the world. The moral righteousness and satirical exuberance of *What a Carve Up!* are therefore little more than a leap of faith than cannot compensate for literature's lack of power.

The Problem of Publishing

So far, I have suggested how the novel's form limits its critical ambitions, its anti-Thatcherism and opposition to NHS privatisation. Next, I will argue that through the metafictional attention to Michael's own writing and comments on the publishing industry, the text undermines and problematises its consolatory elements and political desires, pre-emptively assigning literary critique and literary culture a position of futility.

A key instance of the novel's commentary on the fate of any critical ambitions occurs as Michael writes a review of a fellow writer who he believes is 'ludicrously overpraised in the national press'.[791] He argues that 'We stand badly in need of novels, after all, which show an understanding of the ideological hijack which has taken place so recently in this country' but suggests that this writer 'lacks the necessary […] brio' to sufficiently do this.[792] After arriving at the word 'brio', Michael imagines 'as if by some telepathic process, that it described the single quality which *he,* in his most secret heart of hearts, would yearn to be credited with. I had invaded, penetrated, wormed my way inside him: when the review appeared, on Friday morning, I would wound him; wound him deeply.'[793] Michael's critique is not imbued with the desire for radical political change but for personal score-settling as he fantasises about the effect his writing will have. He believes that choosing the right word will inevitably have powerful consequences. The pretension to pre-emptively know what effect his critique will have is undermined in the publication of the review. In the process of transcription, 'brio' is,

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[791] Jonathan Coe, *What a Carve Up!*, 276.

[792] Ibid., 277.

[793] Ibid., 277-8.

by mistake, rendered as 'biro,' making Michael's writing ridiculous. As another character asks, 'I mean, what are you trying to say, exactly? […] That this bloke is never going to write a really good novel, because he doesn't own a pen?'[794] Critique relies on various processes and actions beyond the writer's control in order to be published, made public and so potentially effective. It is in this process that Michael's work is undermined and made absurd. Individual and personal thought is presented as losing its critical edge once it goes through the publication process and enters the public sphere. Throughout *What a Carve Up!* the mechanisms of publishing are presented as making, although not always intentionally so, the possibilities of a politically radical literary culture close to impossible.

If the Thatcherites had 'pretty well carved up the whole bloody country between them'[795] , it stands to reason that publishing and the whole literary industry must be impacted. As Head argues, writers responding to Thatcherism were faced by 'the paradox that new economic circumstances – the effects of Thatcherite policies, if only locally – created the conditions of possibility in which the idea of literary resurgence took hold. There was an economic boom that lifted the book trade; but there was also a new entrepreneurial spirit that corresponded with the idea that a resurgence of the novel was one way of focusing new social energies.'[796] The 1980s saw significant alterations in the publishing industry, notably the 'swift and almost total absorption of independent publishers into large, multinational

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[794] Ibid., 299.

[795] Ibid., 107.

[796] Dominic Head, *The State of the Novel: Britain and Beyond* (Chichester: Wiley-Blackwell, 2008), 24-25.

conglomerates.'[797] These larger companies were able to provide financial security and lower production costs but some, as Randall Stevenson argues, in most cases this 'inevitably entailed a primary commitment to corporate profit-seeking.'[798] As Giles Clark and Angus Phillips write, in the foremost account of publishing in Britain, 'Some editors blamed the accountants for preventing them from doing the books they wanted to publish. It was not the accountants per se: the whole culture had changed. The nature of consumer book publishing had changed from being product-led to being market-driven.'[799] Consequently, literary critiques of Thatcherism were, and remain, fundamentally reliant on a competitive, entrepreneurial publishing environment. The values driving the publishing industry conflicted with the values often expressed in the books themselves, but which were turned into profitable products. This might be a final irony for Coe's best-selling literary fiction.

Coe's novel offers a continuous commentary on the issues faced by the publishing industry with Hilary Winshaw, a right-wing newspaper controversialist, given an eighty-five-thousand-pound advance for her first novel. Michael equally faces the effects of this market-driven environment. As he re-emerges in 1990, Michael brings his old publisher, Patrick, the Winshaw biography he has been working on, which has now taken a fictionalised form. They have not spoken since 1982, and Patrick now says 'I hate this job, you know. I hate what it's

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[797] Emily Horton, Philip Tew and Leigh Wilson, 'Critical Introduction,' in *The 1980s: A Decade of Contemporary British Fiction*, eds. Philip Tew, Emily Horton, and Leigh Wilson (London: Bloomsbury Academic, 2014), eBook.

[798] Randall Stevenson, *The Oxford English Literary History: Volume 12: The Last of England?* (Oxford: Oxford University Press, 2005), 148.

[799] Giles Clark and Angus Phillips, *Inside Book Publishing,* 6th edn (London and New York: Routledge, 2020), 33.

become'.[800] He argues that 'Nobody gives a tinker's fuck about fiction any more, not *real* fiction, and the only kind of … values anybody seems to care about are the ones that can be added up on a balance sheet.'[801] Nonetheless, Patrick is shown as having fully accepted market diktats, expressing despair over the political situation in Iraq because 'if we don't get a biography of Saddam Hussein into the shops in the next three or four months, we're going to get crapped on by every publisher in town.'[802] Similarly, Patrick describes Michael's book as 'scurrilous, scandal-seeking, vindictive in tone, obviously written out of feelings of malice and even, in parts – if you don't mind me saying this – a little shallow.'[803] To which Michael 'breathed a sigh of relief' and says 'So you'll publish it?'[804] Coe mocks the imperatives of the publishing industry as the seemingly negative characteristics that Patrick lists are ironically what editors desire. Michael's book, however, does not come to exist in a form he could choose as he dies in a plane crash at the end of the novel. The book is released to capitalise on the media interest surrounding his death and the Winshaw family murders. It simply comes to be another element in the media cycle and its exploitation of tragedy which negates any concern with his political statements and intentions. His desire to express 'how much I hate these people, how *evil* they are, how much they've spoiled everything, with their vested interests and their influence and their privilege and their stranglehold on all the centres of power'[805] is ignored. The preface of the posthumously published text states: 'there were certain passages in

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[800] Jonathan Coe, *What a Carve Up!* 102

[801] Ibid., 102.

[802] Ibid., 104.

[803] Ibid., 106.

[804] Ibid., 106.

[805] Ibid., 107.

Michael's manuscript so laudably academic in tone, so rigorous in their historical perspective, that they might have proved a trifle daunting to those readers who were drawn to the book out of little more than a natural and wholesome curiosity to know more about the January massacre. My advice to such readers, then, would be that they can safely ignore the main body of his narrative'.[806] The publishing industry, this suggests, is more interested in satisfying crude desires than partaking in the critique and radical reform of the structures and ideologies of which it is itself a part. Such critique, the novel suggests, cannot escape the publishing environment on which it relies and so is implicated in the same business values against which Michael angrily protests. Any belief in the efficacy of the satirical novel to oppose and trouble the ideologies driving NHS privatisation and wider marketisation is rendered melancholically futile. As Nicholas Brown argues, such rejections of neoliberalism are 'constitutively, without force. Art that wishes to confront capitalism directly, as an opposing force, turns instead into a consumable sign of opposition. Art opposes capitalism, but it is powerless.'[807] Even as Coe's novel deploys numerous forms (satiric exaggeration, humanistic tragedy and synecdoche) as a means of critiquing perceived Thatcherite values, it produces a strong questioning of whether this could ever have a public and political effect. All the novel can do is point to its own conditions of impossibility.

Conclusion

This chapter has shown the ways in which literature responded to the two most significant crises faced by the NHS in the 1980s and 1990s. The AIDS pandemic was explored through

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[806] Ibid., 498.

[807] Nicholas Brown, *Autonomy: The Social Ontology of Art under Capitalism* (Durham and London: Duke University Press, 2019), 182

the work of Adam Mars-Jones which, I argued, offers a complicated image of the crisis representing the ambivalent and polyvalent nature of the care which occurred outside the boundaries of state healthcare, these stories demonstrating the fraught and ambiguous quality of the care that the sick received from volunteers and friends. Jonathan Coe's *What a Carve Up!* was read as providing a critique of the attempts to privatise the NHS in the 1980s, strongly rejecting the economicism at the heart of Thatcherism's reforming of the health service. The worry that the NHS and the welfare state would be dismantled has not come to pass in the clear-cut fashion that has been imagined since the early 1980s. Even so, the rejection of neoliberalism and privatisation endure as fundamental aspects of public feeling towards the NHS. *What a Carve Up!* remains an important and distinguished novel that attempts to utilise literary satire to advance a challenge to a set of ideologies and practices associated with neoliberalism. Despite such commitments, A fundamental aspect of the work of both Adam Mars-Jones and Jonathan Coe, I have argued, is a questioning uncertainty of the political valence of literature itself. Mars-Jones's short story 'A Small Spade' suggests language to be incapable of fully grasping the full immensity of AIDS as an embodied medical experience, whilst Coe's novel ironically critiques the pecuniary obsessions of the publishing industry. The critiques of the repressive biopolitical functions of the NHS that these works offer are therefore conjoined to immanent reflections on the very possibilities of literature to challenge regressive state medicine.

Conclusion: The NHS and the Democratic Possibilities of Literature

By considering how authors across the twentieth century have challenged the functions of the NHS, this study has provided new insights into the complicated relations between the public and an institution that is typically conceived in a glorifying fashion. Despite the belief that the NHS 'was and remains one of the finest institutions ever built by anybody anywhere,'[808] it is clear that throughout its history the health service has acted to substantiate and even deepen social inequalities. As Rodney Lowe points out, there is an 'intriguing contrast between the popularity of the service and its increasingly criticized record as a deliverer of healthcare.'[809] Notably, under the NHS the distribution of good health remains uneven, which has a significant effect on life expectancies and quality of life. Recent research has shown that the life expectancy for men in the most deprived areas of Britain is 10.5 years less than those in the least deprived; for women the disparity is 7.7 years.[810] Furthermore, 'People in the most deprived areas spend around a third of their lives in poor health, twice the proportion spent by those in the least deprived areas. This means that people in more deprived areas spend, on average, a far greater part of their already far shorter lives in poor health.'[811] The NHS alone is not enough to ensure a more egalitarian distribution of wellbeing. Indeed, as seen throughout this thesis, it often nurtures disparities as the health service intersects with the imperatives of

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[808] Peter Hennessy, *Never Again: Britain 1954-1951*, 144.

[809] Rodney Lowe, *The Welfare State in Britain Since 1945: Third Edition* (Basingstoke: Palgrave Macmillan, 2005), 176.

[810] Ethan Williams, et al, 'What are Health Inequalities?' *The King's Fund* (17 June 2022) < https://www.kingsfund.org.uk/publications/what-are-health-inequalities#what > [Accessed 23 June 2022].

[811] Ibid.

hegemonic power that sustain the dominant relations and structures of society. Medical care, as Foucault argues, is embroiled within the 'perpetual enterprise of restoring the system of normality'.[812] Healthcare is an act of social reproduction that moulds and repairs subjects in ways that do not always fit in with the institution's egalitarian principles. Instead, the NHS is an instantiation of biopolitical power that prioritises caring for certain groups and sets limits on the possible ways that people can act and live in order to maintain the dominant social and political paradigm.

Against medical power's attempts to determine life and following Raymond Williams, this study argues for viewing literature as engaged in a democratic process of establishing social values. This thesis reads literary rejections of the NHS's biopolitics as expressive of the desire for a widened participatory democracy in opposition to the tendencies of medical institutions to silence and objectify patients. Unlike the instrumental and therapeutic propensities in the medical humanities, I have viewed literature as a process, not an end in itself, emphasising the unsteady, ambiguous and indeterminate nature of literary dissensus. Literature offers a space in which thoughts and feelings can be expressed that the epistemological practices of healthcare do not allow. Consequently, this project has corrected a lack of attention to the specific, and often ambivalent, ways in which culture is engaged in challenging and modifying the inequal practices and values of medical care. In expanding our understanding of how twentieth literature has both reflected and reacted to the politics of healthcare, I have demonstrated how literary history attests to a regular desire to resist the deterministic and regulatory actions of the NHS. The texts examined all destabilise idealistic conceptions of health, care, and their various institutions throughout moments of political and social significance. Such works act to respond to emergent crises or contradictions in the health

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[812] Michel Foucault, 'The Crisis of Medicine or the Crisis of Antimedicine?,' 13.

service and serve as rhetorical provocations intended to alter the practices and values of the NHS, particularly along lines deemed more democratic and egalitarian. A. J. Cronin's *The Citadel* offers an influential, if politically ambiguous, critique of the pecuniary motivations of the privatised, pre-NHS healthcare system. Henry Green and Inez Holden offer the defamiliarising and humanising potentials of literary language as an antidote to wartime's biopolitical logic. The work of the Angry novelists John Braine and Alan Sillitoe demonstrates how the NHS remained strongly demarcated by class lines, presenting the novel as a space in which autonomy could be imagined. Lynne Reid Banks and Margaret Drabble articulate the patriarchal assumptions that underpinned healthcare, whilst Jennifer Dawson shows the normative and alienating practices of mental healthcare. Adam Mars-Jones examines how during the AIDS crisis the absent role of the NHS resulted from its implication with the homophobic attitudes of the Thatcherite state. Jonathan Coe argues that an egalitarian duty of care has been undermined by a neoliberal focus on fiscal efficiency above all else. Literature, this project argues, presents the possibility of producing new ways of understanding and relating to the NHS. It is only through residing in often critical thoughts and feelings that the necessary actions for moving towards the NHS's egalitarian principles can commence.

It might, however, be asked why one would wish to demonstrate the deficiencies of the NHS when it is in a position of precarity. Even if flawed, a collectively funded health service is preferable to insurance-based systems, such as that which preceded the NHS, that place an undue burden on the individual and their financial standing. Consequently, within an embattled spirit of defensiveness, fending off attacks on the welfare state by hegemonic neoliberal power, critiques of the NHS may well be perceived as politically dubious. Indeed, this may be particularly pertinent as throughout this thesis texts have been read as articulating a melancholy awareness of literature's languishing political force. From the contradictory political positions of *The Citadel* to the suggestion of *What a Carve Up!* that literature's political efficacy is

strongly determined by the imperatives of the market, the works analysed resist medical power and yet their ability to alter dominant structures remains only as a dissatisfying potential. They all share an essentially paranoic conception of state power that at times hews to the denial of any collective action, as in *The Vodi* and *The Loneliness of the Long Distance* which can be read as expressing an individualistic desire for autonomy. Similarly, Dawson's 'Hospital Wedding,' I suggested, is marked by an impasse in the possibility of developing more democratic and just forms of mental healthcare. Accordingly, in the literary texts explored, the ability to imagine better systems of care rests almost entirely on negation, on affirming what should not be. Throughout this project there are few, if any, concrete conceptions of how healthcare could be reformed and improved that could be adequately instrumentalised. Such impracticality may therefore appear naively quixotic and detached from reality, serving only to muddy the water of popular support for the NHS. As Stefano Harney and Fred Moten contend, the negativity of critique can 'endanger the sociality it is supposed to defend'.[813] Challenging the deficiencies in flawed systems may have the unintended consequence of allowing the possibility for worse alternatives to prosper.

Such a perspective is indicative of a more general trend in literary studies in which, as Elizabeth Anker and Rita Felski argue, 'the merits of critique are very much in the air and that the intellectual or political payoff of interrogating, demystifying, and defamiliarizing is no longer quite so self-evident'.[814] The limitations of critique have led many to argue that this is evidence that historicist and contextualist approaches to literature, as drawn upon in this thesis,

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[813] Stefano Harney and Fred Moten, *The Undercommons: Fugitive Planning and Black Study* (New York: Autonomedia, 2013), 19.

[814] Elizabeth S. Anker and Rita Felski, 'Introduction,' *Critique and Postcritique*, eds. Elizabeth S. Anker and Rita Felski (Durham and London: Duke University Press, 2017), 1.

should be deprioritised in favour of work that studies the act of reading itself. Derek Attridge, argues:

> Critical accounts that treat the work as an object existing independently of acts of reading, though they can provide valuable information about a text as cultural entity, moral example, philological object, autobiographical revelation, or historical trace, tend to miss what is peculiarly *literary* about it, and often fail to do justice to what Wordsworth called the 'grand elementary principle of pleasure' that must animate all artistic endeavour and motivate all our engagements with works of art as art.[815]

As Attridge makes clear, such an altered focus fundamentally takes a different set of objects as its critical focus, prioritising what literature does to readers and what readers do with literature, instead of how political and socio-economic forces shape literary texts. Programmatic calls of this form have been increasingly persistent, ranging from Rita Felski's attention to why readers become attached to certain literary texts[816], to medical humanities approaches that argue for literature as improving clinical practice or those which suggest that the 'deep reading' of fiction has important benefits to mental health.[817] The post-critical and post-historical turns, however, tend to an overly idealised idea of literature and reading, not dissimilar to the one-dimensional understandings of care and the NHS critiqued in this thesis. They obfuscate the fact that the

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[815] Derek Attridge, 'Tom McCarthy's Modernism: Close Encounters of a Pleasurable Kind' in *Modernism and Close Reading* ed. David James (Oxford: Oxford University Press, 2020), 193.

[816] Rita Felski, *Hooked: Art and Attachment* (London: University of Chicago Press, 2020).

[817] Josie Billington, *Is Literature Healthy?* (Oxford: Oxford University Press, 2016), 115.

reading of literature performs social distinctions and stratifications.[818] The form of 'aesthetic disposition' that these perspectives espouse is subsequently reliant on the ability to refuse the demands of the quotidian, be that alienating labour, tiring care responsibilities or discomposing illness, in favour of a sensual appreciation that, as Pierre Bourdieu argues, 'is the product of privilege, that is, of exceptional conditions of acquisition'[819]. The capability to read, the time to read, and even the desire to read are all unequally distributed in our current social arrangement.

Arguably the most radical intervention into the methodological commitments of literature studies is provided by Joseph North who posits that the dominance of historicist scholarship since the 1980s marks 'the moment at which the discipline agreed to transform itself into a discipline of observation, tracking developments in the culture without any broader mandate to intervene in it.'[820] Rather than detached analysis, North argues for a paradigm shift to a mode of literary studies committed 'to using works of literature for the cultivation of aesthetic sensibility, with the goal of more general cultural and political change'.[821] The task of literary criticism is therefore to nourish collective aesthetic sensitivities in the name of producing subjects better equipped to alter the world. For North, this would enable literary

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[818] Pierre Bourdieu, *Distinction: A Social Critique of the Judgement of Taste* (Cambridge, MA: Harvard University Press, 1984), 6.

[819] Pierre Bourdieu, 'The Historical Genesis of a Pure Aesthetic,' in *The Field of Cultural Production: Essays on Art and* Literatures, ed. Randal Johnson (London: Polity Press, 1993), 256.

[820] Joseph North, *Literary Criticism: A Concise Political History* (Cambridge, MA: Harvard University Press, 2017), 12.

[821] Ibid., 3.

studies to shift from merely interpreting the world to changing it. However, the shift to literature as a scene of cultivation and subjectivation is generally missing a Foucauldian account of literary studies as an 'exercise of power that consists in guiding the possibility of conduct and putting in order the possible outcome'.[822] Consequently, North's argument that literary studies must become concerned with 'a genuinely radical, rather than liberal, project of subject formation'[823] misses the element of constriction inherent within such a process, as a limit is set on individual potentiality. North's notion of the cultivated literary sensibility as the starting point for wider social alteration presents an overly static, unidirectional idea of cultural transmission, with students and readers little more than empty vessels to be filled with leftist intentions.

A suggestive, if indefinite, corrective to this mechanistic conception of literary studies may be found in Raymond Williams' statement that 'cultural training ought essentially to be a training in democracy'.[824] This emphasis on democracy stresses the creation of meanings and values as a collective process, not something simply handed down from on high. For Williams, 'a culture, essentially, is unplannable. We have to ensure the means of life, and the means of community. But what will then, by these means, be lived, we cannot know or say.'[825] Against North's notion that by altering subjectivities literary studies can change society, Williams instead emphasises the Marxian view that 'It is not the consciousness of men that determines

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[822] Michel Foucault, 'Afterword: The Subject and Power' in *Beyond Structuralism and Hermeneutics* eds. Hubert Dreyfus and Paul Rabinow (New York: Routledge, 2013 [1982]), 221.

[823] Joseph North, *Literary Criticism: A Concise Political History*, 211.

[824] Raymond Williams, *Culture and Society*, 263.

[825] Ibid., 335.

their existence'[826], although, for Williams, it is not simply the case that social existence then fully determines consciousness. Instead, he stresses a certain ambivalent relation between individuals and determinative forces. Culture is seen to 'operate in part to reflect [the economic] structure and its consequent reality, and in part, by affecting attitudes towards reality, to help or hinder the constant business of changing it.'[827] What must be striven for, according to Williams, is the conditions, institutions and practices that would enable the possibility of a democratic culture, even as the result of this participatory arrangement cannot be decided in advance. From such a perspective, the uncertain political commitments of the texts studied can therefore be conceived less as failed interventions than as emergent expressions of a democratic desire that refuse to anticipate their social and political effects.

It has been my argument in this thesis that the opposition to the medical power of the NHS that characterises the texts studied emerges from the objectifying and reifying qualities of healthcare practices which transform patients into types, symptoms and mere data, rather than holistic individuals. As noted, the literary works analysed do not offer any clear notion of how to democratise the NHS and such instrumentalist practicalities are outside the purview of the thesis. Rather, this study has made clear the gaps and issues within the health service's project of centralised universalism, as biopolitical processes of determination produce resistance and dissensus due to a need for individuals to be involved in decision-making and to participate in choices that affect their own and common life. The works analysed do not offer empirically persuasive accounts of the benefits of democratised medical relations, and neither

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[826] Karl Marx, *Preface to A Contribution to the Critique of Political Economy, Marxists.org* < https://www.marxists.org/archive/marx/works/1859/critique-pol-economy/preface.htm > [Accessed 23 June 2022].

[827] Raymond Williams, *Culture and Society*, 274.

does my study align with the therapeutic notion of literature that dominates in the medical humanities. Equally, it may appear that the rejection of medical knowledge and the practices of healthcare that have proliferated in the previous chapters are little more than evidence of residual illogical dispositions. However, this is to deny a certain richness and complexity in understanding the experience of illness and the sick person's confrontation with institutionalised power; there is more at stake than raw effectiveness and productivity. A radical and egalitarian form of the NHS must be more than an institution of social reproduction that maintains and repairs people for a life of work. It is here the literature's democratic impulse can be most valuable. As Peter Fifield argues, literary texts are important 'because they affirm our widespread knowledge that the doctor does not—cannot—govern our illnesses.'[828] Literature remains a space, no matter how compromised and indeterminate, that can express the desire to live differently than what power asserts. This study has shown how literary mediations of healthcare have expressed the hope that people can live and care for each other in a more democratic manner. I have examined how literature across the twentieth century has looked to act within its immanent and emergent context to contest and reform the procedures of the NHS. To conclude, I will offer some tentative remarks on how cultural works are interacting with the contemporaneous functions of the health service in our ongoing pandemic times.

Covid Coda

Since beginning this project in early 2018, the social prominence of the NHS, and cultural and theoretical interest in questions of care have increased dramatically. The significant alterations in social life forced by the Covid-19 pandemic led many to argue that there has been a paradigm

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[828] Peter Fifield, *Modernism and Physical Illness: Sick Books* (Oxford: Oxford University Press, 2020) eBook, Epilogue.

shift in which '*talk* of care is currently everywhere'.[829] As Andreas Chatzidakis et al argue, 'Not only is care work in all of its myriad forms being acknowledged as indispensable to society's continued existence but it has also been rendered visible, culturally important, and socially valuable.'[830] From being undermined and undervalued, care came to occupy a central position within the public consciousness. The importance of medical and healthcare workers as 'essential' was stressed in the strange atmosphere of atomisation and collectivization that characterised the various iterations of lockdown. Such social prominence, it was argued by the Care Collective, offered a counter to hegemonic neoliberalism which prioritises 'competition rather than co-operation […] The pandemic thus dramatically exposed the violence perpetrated by neoliberal markets, which has left most of us less able to provide care as well as less likely to receive it.'[831] Equally, for the historian Peter Hennessey, the pandemic exposed the deficiencies in the state's performance of its 'duty of care', that is the legal principle which stresses the necessity to avoid actions or inactions that could reasonably be anticipated to create the possibility of injury.[832] This principle, Hennessey argues, was at the forefront of Bevan's vision for the NHS and has steadily been corroded in an increasingly unequal society. Covid, he suggests, has made this more readily apparent: 'Fundamental to the Covid inquest will be how the state did or did not discharge its duty of care to its people. Our shared pathogenic

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[829] Care Collective, *The Care Manifesto: The Politics of Interdependence* (London: Verso, 2020), eBook, Introduction.

[830] Andreas Chatzidakis et al, 'From Carewashing to Radical Care: The Discursive Explosions of Care During Covid-19' *Feminist Media Studies*, Vol. 20, No. 6 (2020), 891.

[831] Care Collective, *The Care Manifesto*, eBook, Introduction.

[832] Peter Hennessy, *A Duty of Care: Britain Before and After Covid* (London: Allen Lane, 2022), 24.

experience has certainly sharpened our sense of this paramount, constant duty. Whether it has changed or deepened it permanently remains to be seen.'[833] Covid-19, these accounts suggest, has revealed that care should be prioritised as the principle through which a fairer society could flourish.

As care has emerged from obscure under-appreciation, oddly uncritical and idealised conceptualisations have been widely disseminated. Such valuations of care do not adequately acknowledge its entanglement with the regulatory imperatives of biopolitics that have been explored in this thesis. As Hennessey notes, perhaps one of the most remarkable aspects of the pandemic is the high level of consensus and the prevalent lack of public dissidence against restrictions which had a significantly punitive effect on people's standards of living.[834] This can be read as indicative of the fundamentally caring nature of society, that people are willing to forgo self-interests in the name of protecting each other. Such a view misses that such acceptance was widely based on continued and intensified inequalities. Marco D'Eramo argues that 'The privileged lock themselves in houses with fast internet and full fridges, while the rest continue to travel on crowded subways and work elbow-to-elbow in contaminated environments […] Physical separation is a luxury that many cannot afford, and rules for "social distancing" are serving to widen the gulf between classes.'[835] The idea of an undifferentiated public affected by the pandemic and equally cared for by the state is a mystification of lines of exploitation. The ideological effect of the pandemic may then be characterised as a double movement which has both exposed and disguised societal carelessness.

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[833] Ibid., 167.

[834] Ibid., 162.

[835] Marco D'Eramo, 'The Philosopher's Epidemic,' *New Left Review* Vol. 122 (March/April 2020), 26.

The ambivalent political and ideological effects of the pandemic are evident in the cultural mediations of Covid, which are notably marked by the frequency in which support is offered to dominant medical power. Unlike the texts in this project that reject the biopolitics of the NHS, many of these cultural works tend to imbue the medical with a sense of exceptionalism. The Zoom horror film *Host* (2020) was one of the earliest and most creative attempts to represent the pandemic. The film centres on a group of friends who, during lockdown, come together for an online séance. Seylan, the medium who hosts the session, tells the group to take the experience seriously in order to not allow any evil spirits to use their gathering to access the world. During the ritual, one member, Jemma, claims to feel the presence of a boy named Jack, who went to school with the group and took his own life. After appearing distressed, Jemma confesses that she was joking, that she was just adding some fun to an experience she perceived as frivolous. Quickly, however, events go wrong as the majority of the group suffer grisly deaths at the hands of a malevolent ghost who gained access to the land of living through Jemma's corruption of the seance. The moral of the film would appear to be the necessity of taking expert advice seriously, even if that expert is a spiritualist. It suggests that following the rules, being respectful of the unknown, of forces stranger and more dangerous than we know, is a moral imperative and fundamental to survival. This mimics what Paige Sweet and Danielle Giffort identify as a notable means by which specialised authority is rhetorically constituted. As they write, 'a key mechanism in the construction of expertise cultures is the use of antithesis performances, which are performances of scientific and professional credibility that rely on telling stories about a scientific enemy or ostracized Other.'[836] The film can therefore be read as an allegory for the inviolable medical expert and

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[836] Paige Sweet and Danielle Giffort, 'The Bad Expert,' *Social Studies of Science*, Vol. 53, No. 3 (2021), 313.

the danger of challenging specialist knowledge, deeming those sceptical or oppositional to the dominant episteme deemed as endangering the health service and the body politics.

In literature, Ali Smith's *Summer* (2020) offers a similar instance of NHS-exceptionalism. The novel is the final instalment in Smith's Seasonal Quarter, a project in which each book was written only several months before publishing and engages with the immediate social and political context at the time of writing. As Smith notes, this was undertaken to emphasise how the novel, as a form, is 'named for its own newness, and for its relationship with the news, the latest thing.'[837] As Stephanie DeGooyer argues, 'the novels are meant to become something like a time capsule that registers—or fails to register—the blusterous world of Brexit, Trump, Covid, climate change, and global migration'[838]. Smith began writing *Summer* in January 2020 and so Covid was the domineering contextual event that shapes much of the novel.[839]

Smith's four novels all ruminate on questions of hospitality, in particular concerning questions of citizenship and the plight of refugees. *Summer* intensifies this focus and adopts a practically Agambenian view in which the camp is the paradigm of contemporary biopolitics

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[837] Ali Smith, 'Before Brexit, Grenfell, Covid-19... Ali Smith on Writing Four Novels in Four Years' *The Guardian* (1 August 2020) <

https://www.theguardian.com/books/2020/aug/01/before-brexit-grenfell-covid-19-ali-smith-on-writing-four-novels-in-four-years> [Accessed 16 June 2022]

[838] Stephanie DeGooyer, 'Here and Now,' *Post45* (05 February 2022) <

https://post45.org/2022/05/here-and-now/> [Accessed 16 June 2022]

[839] Kate Kellaway, 'Ali Smith: 'Hope is a tightrope across a ravine'" *The Guardian* (01 May 2021) < https://www.theguardian.com/books/2021/may/01/ali-smith-hope-is-a-tightrope-across-a-ravine>

as the narrative offers parallels between an internment camp on the Isle of Man in the 1940s, Albert Einstein's flight from Nazi Germany, and the contemporary instance of immigration removal centres in Britain. The failures of hospitality link these narrative strands together. When it comes to confronting the pandemic, the NHS is oddly excluded from this critical view. Iris, a wizened leftist activist, argues: 'The NHS is not happy to let people die. That's the difference between them and this government, happy to count the heads of their so called herd, like we're cattle, like they think they own us and have the right to send thousands of us to slaughter and keep the money coming in.'[840] Yet this image of the NHS does not fully correspond to the reality of the health service. Iris' personification of the institution and the evocation of its universalist, caring precepts ignores how the health service enables and sustains inequalities, notably in terms of race. As Shona Hunter argues adorations of the NHS 'serves to cover up what is actually an internally differentiated and complicatedly acrimonious enactment of "the people", where not everyone is included on the same terms, and even more problematically where certain people's inclusion is predicated on the unequal inclusion of others.'[841] Importantly, Smith fails to recognise the active complicity of the NHS in the Windrush scandal that led to hundreds of people, who were legally resident, being removed to the same detention centres that are critiqued in the novels.[842] It is remarkable that despite the

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[840] Ali Smith, *Summer* (London: Hamish Hamilton, 2020), 336.

[841] Shona Hunter, 'The Role of Multicultural Fantasies in the Enactment of the State: The English National Health Service (NHS) as an Affective Formation' in ed. Eleanor Jupp et al. *Emotional States: Sites and Spaces of Affective Governance* (London: Routledge, 2017) 172-3.

[842] See Arianne Shahvisi, 'Austerity or Xenophobia? The Causes and Costs of the "Hostile Environment" in the NHS,' *Health Care Analysis* (2019) Vol. 27, No. 3, 204-207.

Windrush scandal stemming from the institutional actions of the NHS this has largely gone unacknowledged as the blame is placed onto the Home Office, and linked to individual politicians such as Theresa May and Amber Rudd. Wayne Farah, the coordinator of the NHS Confederation National BME leadership network, argues that the NHS's co-operation and enforcement of the hostile environment 'undermined the legal, ethical and historical justification for the NHS.'[843] The complicity of the NHS has been overlooked and the questions that the Windrush scandal poses to the values of the health service have not yet been fully reckoned with.

To close I will consider one final novel which rather than sustaining medical power or valorising the NHS provides a direct rebuttal to ideas of healthy subjects that have intensified under the biopolitical regime of the pandemic. Sam Byers' *Come Join Our Disease* (2021) is not strictly a Covid novel; the pandemic is not present in the book, but its focus is centrally on how ideologies of sanitised wellbeing are a primary means through which alienated modes of living are produced. In the novel Maya rejects the unbearable mundanity of normative life, preferring living on the street to the repetitive mundanity of an office job. After the settlement she lives in is destroyed by the police, she is arrested and approached by an internet start-up who offer Maya new a life in return for documenting her re-entrance into the quotidian on social media as an aspirational rags to riches story.

Maya's perspective on her new life is notably altered after a chance meeting with a woman, Zelma, who writes graffiti in the wellbeing magazines arranged in a hospital waiting room, critiquing the cruelness that underpins their idealised conceptions of women's bodies. For instance, across one article, she scrawls: 'Are you proud of your part in the misery industrial

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[843] Liz Fekete, 'Coercion and Compliance: The Politics of the 'Hostile Environment,' *Race & Class* Vol. 62, No. 1 (2020), 102.

complex/eroding self-worth in others/in me/profiting from the self-pitying results?'[844] Zelma articulates the fact that, as Lauren Berlant notes, health can be 'seen as a side effect of successful normativity, and people's desires and fantasies are solicited to line up with that pleasant condition.'[845] Indeed, the ideology of health has particular and peculiar values in Britain as negative lifestyle choices are deemed to be a 'burden' on the NHS. One study, for instance, argued that 'In 2006–07, poor diet-related ill health cost the NHS in the UK £5.8 billion.'[846] Such a notion was intensified as the necessity of protecting the NHS was constituted as a public moral duty during the pandemic. Under the guise of protecting the NHS and enabling people to live their best lives, these discourses stigmatise lives lived inefficiently and produce feelings of shame that only further health problems. For Berlant the desire to circumvent the normative imperative to nutritious and wholesome living is a product of alienation. 'Working life,' they write, 'exhausts practical sovereignty, the exercise of the will as one faces the scene of the contingencies of survival. At the same time that one builds a life the pressures of its reproduction can be exhausting.'[847] Consequently, Berlant argues that 'the body and a life are not only projects but also sites of episodic intermission from personality' through the indulgence of bad pleasures which 'can be seen as interrupting the liberal and

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[844] Sam Byers, *Come Join Our Disease* (London: Faber & Faber, 2021), 98.

[845] Lauren Berlant, 'Slow Death (Sovereignty, Obesity, Lateral Agency)' *Critical Inquiry*, Vol. 33, No. 4, (2007), 756.

[846] Peter Scarborough, 'The Economic Burden of Ill Health due to Diet, Physical Inactivity, Smoking, Alcohol and Obesity in the UK: An Update To 2006-07 NHS Costs,' *Journal of Public Health*, Vol. 33, No. 4 (2011), 527.

[847] Lauren Berlant, 'Slow Death,' 778-779.

capitalist subject called to consciousness, intentionality, and effective will.'[848] The dissipation that accompanies contemporary working life produces forms of action that are counter to capital's desire for its ideal subjects to be continuously productive, conscientious and sterile.

In *Come Join Our Disease*, the archetypal form of the healthy, industrious, and agreeable subject is rejected in favour of cultivated vileness. Maya wishes to celebrate and glorify waste, detritus, and effluvium. She feels 'a craving for a different kind of contact, a recognition that all the things that repelled us about each other were the things we had in common.'[849] Along with Zelma, and eventually a group of followers, Maya takes over an abandoned warehouse and transforms it into a zone where the maintenance of the body is fully rejected in a glorification of filth: 'Each of our bodies was a biosphere, slick with bacterial and insect life. We teemed, and what we teemed with brought us closer not only to each other, but to the ecosystem we inhabited, fed off, and nourished.'[850] Against pressures to be idealised subjects, anxiously making the right choices and exhausting oneself to live the best life, the group simply recede from any active participation in the social world. As Maya reflects, 'I came to understand that this, truly, was what it meant to go back to nature […] Nature, in all its foul and irresistible force, was not something to be sought and found. It was simply what thrived when you stilled yourself, when you abandoned the futile endeavour of holding it back.'[851] They luxuriate in the experience of lavish squalor, cultivating a grotesque, stagnant void of detritus and effluent as a rejection of imperatives to be healthy and useful subjects.

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[848] Ibid., 779

[849] Sam Byers, *Come Join Our Disease*, 76.

[850] Ibid., 235.

[851] Ibid., 235

Of course, this utopian (if that is the right word) space cannot last, and the group are variously arrested and institutionalised. Normativity, the novel suggests, cannot be withheld for long as it asserts its power and its right to regulate life. Maya is forced to embrace the actions of normal life in order to be released from a psych ward. She must 'perform perfectly the person I was supposed to be.'[852] The group become minor celebrities as they are perceived as distinguished emblems of resistance. Images from the warehouse circulate widely as posters and are emblazoned on t-shirts; the themes and ideas of their practice become reworked in more reasonable and sanitised cultural spaces, notably through what is called the 'Transcendental Degradation Movement'[853]. This is a retreat 'based around ideas of embracing decay. Women were encouraged to fester and unravel. At the end of the process, they are ritually washed, then emerged reborn.'[854] The disruptive resistance of the group is sanitised of its radical anti-health and anti-social stance, yet this maintains a residual challenge to biopolitical determination through the successful transmission of its ideas to a wider, mainstream audience. As has been a consistent theme in this study, the necessity and vitality of resisting medical and health domination are again made clear, whilst simultaneously asserting a melancholy awareness of literature and culture's inability to adequately destabilise dominant relations of power.

The Covid crisis has exposed the fragility of the NHS and Britain's systems of care. In response, the culture of adoration that characterises predominant public attachments to the health service has intensified. A benevolent image of the NHS continues to dominate; cultural construction of hospitals, nurses and doctors evoke ideas of love and nurture, the provision of what is necessary for one to live and flourish. However, this overlooks the ways in which the

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[852] Ibid., 321.

[853] Ibid., 339.

[854] Ibid., 339.

health service maintains social inequalities and unites with hegemonic state power in order to attach individuals to systems of regulation and normalisation. It is thus necessary to move beyond a culture of adoration to a serious reckoning with the limitations that pervade the NHS. Literature is a site which can assist or thwart the process of articulating a more democratic and egalitarian form of healthcare.

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