Received: 22 April 2021 | Revised: 25 November 2021 | Accepted: 14 March 2022

DOI: 10.1111/gwao.12832

ORIGINAL ARTICLE

WILEY

Heroism and/as injurious speech: Recognition, precarity, and inequality in health and social care work

Sophie Hales | **Melissa Tyler**

University of Essex, Colchester, UK

Correspondence
Melissa Tyler, University of Essex, Colchester, UK.
Email: mjtyler@essex.ac.uk

Abstract

This paper draws on Judith Butler's (2009, 1997) writing on precarity and the interpellatory power of naming, read through her recent writing on the dynamics of recognition, vulnerability, and resistance, to develop a critique of the discourse of heroism used to position health and social care professionals, and other key workers, during the COVID pandemic. It does so in order to reflect on the insights into workplace inequalities that this example provides, in particular into what, to borrow from Butler, we might think of as the conditions necessary for a "workable life". It argues that, although it might seem paradoxical, the heroic discourses and symbolism used to recognize health and social care workers throughout the pandemic can be understood as a form of "injurious speech" in Butler's terms, one that served to other key workers by subjecting them to a reified, rhetorical form of recognition. The analysis argues that this had the effect of accentuating health and care workers' precarity and of undermining their capacity to challenge and resist this positioning.

KEYWORDS
COVID-19, health and social care work, heroism, Judith Butler, workplace inequalities

1 | INTRODUCTION: A PERSONAL AND POLITICAL PANDEMIC

> Words that invoke notions of magic or mysticism or the perception of superior courage or morality disregard … skill, training, and knowledge … and the investment of time, effort, and commitment, and this perpetuates gendered stereotyping and serves to disempower and silence (Stokes Parish et al., 2020, p: 1).

On several occasions during the months leading up to the emergence, spread, and successive waves of the COVID pandemic, we each spent time in hospital or being cared for in other circumstances by health and social care workers; we also witnessed close relatives and friends providing care to others in a professional capacity. We discussed at the time and since how those who cared for us moved us with their knowledge and skills, their compassion, and constant acts of kindness and self-sacrifice. While staying in hospital, we swapped stories as we got to the know the nurses, occupational therapists, physiotherapists, catering and cleaning staff, and volunteers on the ward. During quiet periods, we listened to accounts of long shifts, chronic back and knee pain, of missed family time and special occasions, and of the complex lived experiences associated with providing intimate care for relative strangers. This is why, when "Clap for Carers" spread throughout the UK, we both felt decidedly uncomfortable about taking part—aware, on the one hand, of how necessary it is to recognize the role played by those on the "front line", at the same time as feeling ashamed of the patronizing, self-satisfying gesture that this seemed to amount to, especially as health and social care professionals struggled to get hold of desperately needed protective equipment (PPE) and to secure fair pay and working conditions; clapping seemed both "too much" and nowhere near enough.

This paper takes the opportunity to reflect on the context in which "Clap for Carers" emerged against the wider backdrop of a discourse of heroism.[1] Our aim is not to be critical of the idea that those who care for us work well beyond the call of duty, or act in a self-sacrificial way, but to foreground the inequalities that a discourse of heroism conceals, or rather to pursue the radical critique of those inequalities that this discourse closes off. Structure-wise, the discussion begins by drawing on insights from Butler's (1997) writing on interpellation and linguistic power relations, rereading these through her more recent work on the dynamics of recognition, vulnerability, and resistance (Butler, 2016, 2020), to develop a recognition-based critique of the interpellation of health and social care workers as heroes. Second, the paper draws on additional insights from Butler's writing on precarity and recognition to consider the animation of this discourse in the form of "Clap for Carers". Finally, the possibilities attached to a critique of the heroic positioning of health and social care workers through a symbolic resignification are explored with reference to Banksy's painting of the figure that came to be known as "Super Nurse". The discussion concludes by arguing that the heroic discourses and symbolism used to recognize health and social care workers throughout the COVID pandemic can be understood (somewhat paradoxically) as a form of "injurious speech" in Butler's terms, one that served to other key workers by subjecting them to a reified, rhetorical form of recognition. The analysis argues that this had the effect of accentuating inequality, vulnerability, and precarity while limiting care workers' capacity to challenge and resist this positioning.

The paper makes three related contributions to the discussion of precarity, inequality, and work. First, it develops a normative critique of a widespread popular discourse and series of actions inaugurated in response to the COVID pandemic, one that draws together insights from Butler's writing on language and subject formation to argue that, in this particular context, heroism can be understood as a form of "hate speech". As a rhetorical form of recognition, this discourse has perpetuated inequality by purporting to recognize the value of health and social care, and the contribution of key workers, while occluding the accentuated precarity brought about by the circumstances of care work prior to and during the pandemic, particularly in the wider context of a society and economy that systematically devalues care (Bunting, 2020; The Care Collective, 2020; Tronto, 2015; Williams, 2021). Second, it shows how the reiterating effects of actions such as Clap for Carers, as a reified form of recognition, sustained this positioning and therefore, accentuated precarity. In this respect, the analysis develops a theoretical understanding of the relationship between inequality and precarious work (van Eck et al., 2020) within the context of the COVID pandemic, showing

how precarities were accentuated, and inequalities were perpetuated by rhetorical, and reified acts of recognition. Third, the paper also draws on insights from Butler's writing on the dynamics of recognition and vulnerability to explore the extent to which the performative nature of this positioning opens up possibilities for critique, and for a resignification of health care workers as heroes. In sum, it provides an empirical illustration and theoretical analysis of how the pandemic rendered already undervalued workers disproportionately vulnerable to rhetorical, reified forms of recognition considering the dynamics of this and the possibilities that might be opened up for framing how health and social care work might be recognized more meaningfully in the future.

1.1 | Recognizing care workers: Heroism, Clap for Carers, and Super Nurse

Since March 2020, a discourse of heroism has been widely used to recognize the value of health and social care work during and in the immediate aftermath of the COVID pandemic, and the contribution of nurses in particular, on a global scale. This discourse was animated throughout the world from the earliest stages of social distancing and "lock down" measures—Wuhan lit up bridges and other buildings throughout the night, in Italy people sang from balconies, in Canada families and neighbors banged pots, and in the UK, people "Clapped for Carers" to articulate their gratitude to professional health and social care workers, and to offer recognition in the form of a collective, public expression of thanks. This sense of global gratitude was also articulated through a series of related representations, actions, and material forms that cohered in ways that "hailed" health and social care workers as heroes and imbued them with ostensibly super-human capacities.

At the same time, however, awareness was gradually raised through mainstream, professional, and social media, of the accentuated risk, extreme working conditions, and shortage of suitable PPE shaping health and social care workers' embodied experiences of work throughout the pandemic (Cox, 2020; Einboden, 2020; Yarrow & Pagan, 2020). Coverage also highlighted the extent to which this accentuated precarity was crosscut by inequalities relating to gender, race, migrant status, and social class (Dobusch & Kreissl, 2020; Wood & Skeggs, 2020), especially within the nursing profession. Less coverage was given to the ways in which, in the lived experience of care work, these inequalities also intersected with occupational and professional hierarchies, with nursing, health, and social care assistants being exposed to some of the highest levels of viral risk and overwork. Such hierarchies of exploitation and their relationship to histories of colonialism and slavery had been documented prior to the pandemic, and have no doubt been further accentuated by it, with health care systems in the UK and other similar economies depriving countries in the global south of their healthcare workforce and the resources needed to retain them (Kelsey, 2008; Lethbridge, 2005).

The significance of nurses' contribution to global health care is well documented. There are almost 28 million nurses globally, accounting for nearly 60% of the healthcare workforce and delivering approximately 90% of primary healthcare services internationally (World Health Organization, 2020). During the pandemic, nurses frequently worked in clinical situations where access to essential equipment was limited or denied; they were exposed to heavy COVID-19 viral loads and were required to work long hours, in many instances, with suboptimal patient-practitioner ratios, in order to cope with the unprecedented surge in healthcare demand. Nurses are estimated to have been exposed to approximately 8 times the viral load as that experienced by the general population (Sim, 2020); gendered, racialized, and class-based inequalities have shaped and accentuated the levels of risk to which many have been subject (Simpson & Morgan, 2020). Critical commentaries from within the nursing profession have noted the "contradictory sentimentality" at the heart of a hero narrative situated in the context of inadequate supplies of PPE and humane working conditions, perpetuating the idea that "health professionals can "soldier on" at any cost" (Stokes Parish et al., 2020, p: 1).

Developing this growing critique, the analysis presented here emphasizes how framing hero rhetoric as a form of injurious speech highlights that hailing nurses and other health and social care workers as heroes while denying them PPE and fair pay is less a contradiction and more a logical extension of the denigration not simply of the idea that nursing is skilled work, but of the very skills and subjectivities involved. In a discourse analysis of material on

YouTube, the 10 most viewed videos constructed nurses as "sexual playthings" and as "witless incompetents" (Kelly et al., 2012, cited in; Stokes Parish et al., 2020). The role that health and social care professionals have played throughout the pandemic, and their ongoing struggles for equal pay and for safe and fair working conditions, mean that while it is incumbent on professional bodies, and organizations (including academic institutions and publications) to work actively to challenge these residual stereotypes, it is equally as important *not* to replace them with a hero narrative, but to promote a strong counter discourse (Girvin et al., 2016). This is especially important going forward, as concerns about hero rhetoric have been raised in relation to recruitment, remuneration, and the health and safety of a health and social care working environment, due in part at least to the longer-term implications of the idea that health and social care professionals can cope with whatever is asked of them, in the most adverse of circumstances. To develop this growing critique, and to contribute to the reframing of health and social care work through a counternarrative, Butler's writing on injurious acts of interpellation, to which we now turn, provides useful insights that enable us to develop a recognition-based analysis of hero rhetoric as a form of hate speech.

1.1.1 | Heroism as injurious speech

The founding premise of Butler's (1997) collection of essays on injurious speech, and of her performative theory of linguistic subject formation, is the question: "What does it mean for a word not only to name, but also in some sense to perform and, in particular, to perform what it names?" (Butler, 1997, p: 43). In response to this question, Butler develops a dialectical critique of the dynamic relationship between language, power, and subjectification, positioning her account in an opening concern with what she calls "linguistic vulnerability". For her, "there is always a story to tell about how and why speech does the harm that it does" (Butler, 1997, p: 102), even (perhaps especially) when it purports to do the opposite, as is arguably the case in the discursive positioning of health and social care workers as heroes.

Illocutionary speech acts are pronouncements that speak what they act and in doing so, produce effects, while perlocutory acts initiate a set of consequences, but in which the saying and the doing are "temporally distinct" (Butler, 1997, p: 17). Well-cited examples of illocutionary performatives in Austin's (1955) *How To Do Things With Words* that Butler draws from include legal instances such as "I pronounce you!" or "I sentence you"—they are words "that perform the very action that they enunciate" (Butler, 1997, p: 81). According to this illocutionary model, what hate speech does is to constitute or "fix" the subject into a particular, often subordinate, position. But what, Butler asks, gives language the power to constitute the subject with such efficacy? Why does hate speech have the power effects that it does? To address these questions, she develops her dialectical account of the linguistic constitution of the subject by framing the latter as taking place within "scenes of utterance" (Butler, 1997, p: 20) in which speech acts become interpellatory. This helps her to make sense of how the desire for recognition renders those who are subject to such acts, such as health and social care workers, vulnerable to constitutive discourses at the same time as being critical of them. Recognition becomes "an act of constitution … recast in linguistic terms" (Butler, 1997, p: 25 and 26) in a way that helps us to understand first, how "the terms by which recognition is regulated, allocated, and refused" are situated within larger social contexts of interpellation, and second, our susceptibility to forms of recognition that offer us the possibility of inter-subjective affirmation. Hence, "we sometimes cling to … terms that pain us because, at a minimum, they offer us some form of social and discursive existence" (Butler, 1997, p: 26).

"Naming" refers to the "matter of being addressed or interpellated by prevailing forms of social power" (Butler, 1997, p: 157); it is a process that involves simultaneous social and linguistic positioning as an embodied, situated being. Butler's critique of the power of naming therefore notes that while being called a name constitutes us subjectively, that constitution takes place within, as she puts it, "a chain of significant that exceeds the circuit of self-knowledge" (Butler, 1997, p: 31). In practice, this means that the subject positions, or 'names', we are hailed into may well take place without our knowing and may be quite different to how we imagine ourselves to be constituted[2]

in processes that unfold in the wider social context and which are played out through the ways in which our desire for recognition is organized.

In Butler's view, this latter point means that Althusser's (2001) restricted notion of interpellation, one that limits the frame of reference to a discernible response to an active voice,[3] requires rethinking, or more specifically, broadening out in order to grasp how discourses operate through but also well beyond their moment of enunciation, in the wider (historical) social order and modes of interaction that van Eck et al. (2020) note as being significant to the perpetuation of inequality regimes. For Butler (1997, p: 153), like Althusser, interpellations "hail" a subject into being, they are "social performatives that are ritualized and sedimented through time". They are also situated within particular social contexts and power relations. Yet at the same time, they are efficacious because of their historicity. As Butler puts it, "no term or statement can function performatively without the accumulating and dissimulating historicity of force" (Butler, 1997, p: 51). In other words, speech acts work in part because of the citational conventions that exceed and enable them to resonate with established associations; in this case, women = caring = care givers = angelic/heroic, a chain of associations that inaugurates health and social care workers as heroes in part because it exceeds, historically, and in contemporary terms, the speech acts involved. Yet this hailing is harmful to health and social care workers in a number of interconnected ways.

1.1.2 | The troubling discourse of heroism

Catriona Cox (2020) argues that the discourse of heroism is detrimental to health and social care workers in three related respects: first, it closes off meaningful discussion about the context and limits of the duty of care that define health care and related work. Second, it harms as a deflection from the reciprocal obligations between health care workers, institutions, and the general public upon which this duty of care depends. Third, it is harmful because of its potentially physically and psychologically harmful consequences, particularly when articulated during a global pandemic characterized by exponentially high death rates, and within the context of health care infrastructures that have been starved of resources and politically undermined.[4] To this list of concerns, we can add that the heroism narrative leaves little room for acknowledgment of the lived complexities of simply being a socially situated human being (fearful, contradictory, critical etc.), as nurses and others hailed as heroes are by implication, denied the right to be "fully human" in this sense. In short, "a crude narrative which focuses on all healthcare workers as heroes … does not properly recognize that the duty to treat is limited" (Cox, 2020, p: 3).

Further, public responses to COVID have reproduced dominant frames of reference that shape which and whose bodies matter, and on what basis. They replicate the parameters that place limits around who counts as fully human, worthy of the rights and resources necessary for a livable, workable life. Positioning health and social care workers as heroes affirms how "one dimensional" our health care professionals have to be in order to "count", strewn of the complexities, needs and rights that render them fully human. Among the many consequences of this are that cases of negligence and cultures of "collective denial" are silenced alongside other challenges to the dominant hero narrative.[5]

This discourse of heroism also problematizes the condition of reciprocity, necessary to ensuring safe and humane working conditions and, in practical terms, the provision of adequate PPE to enable frontline health and social care professionals to carry out their duties. For Cox, these reciprocal obligations are borne by health care institutions and governmental bodies, but also by the general public, who must play a role in supporting the healthcare system, "both during an epidemic and in times where there is no crisis" (Cox, 2020, p: 3), by taking part in democratic processes, paying taxes, and following public health requirements (e.g., to socially distance, wear face coverings, follow rules on testing, and isolation). In sum, an individualizing discourse of heroism undermines this collective ethic of reciprocity, one premised upon our corporeal interdependency (Diprose, 2002; The Care Collective, 2020), with potentially detrimental consequences for health and social care providers, institutions, and the general public. As Cox puts it,

> a public narrative that concentrates on individual heroism fundamentally *fails to acknowledge the importance of reciprocity*. Individual heroism does not provide a firm basis on which to build a systematic response to a pandemic: there must be recognition of the responsibilities of healthcare institutions and the general public … [Yet] Media coverage which praises heroism among healthcare workers diverts attention away from the critical importance of ensuring that reciprocal social obligations to healthcare workers are fulfilled (Cox, 2020, p: 3, *emphasis added*).

Of course, an ethic of self-sacrifice is at odds with an insistence on reciprocal obligation as a celebration of heroism as definitive of not just what a health and social care worker does, but of who s/he *is*, one that deflects critical attention away from "the responsibility that the government and healthcare institutions have in supporting workers, and in creating and maintaining the systems required to deliver healthcare" (Cox, 2020, p: 3). Wrenched from its grounding in the reciprocal, social relations of mutual vulnerability that are so central to an inter-corporeal ethic (Butler, 2021; Diprose, 2002; The Care Collective, 2020), the hero narrative "forgets" our mutual vulnerabilities, and inter-connections, and severs the public and healthcare institutions of their own ethical responsibilities. As Cox (2020, p: 3) argues, this sleight of hand draws attention away from mutual recognition of the way in which the duty to treat is "irrevocably tied to reciprocal societal obligations", instead "celebrating individual healthcare workers" self-less sacrifice".[6] To make sense of what this means for the relationship between precarity and inequality in this context, it is important to understand how acts of recognition can become reified acts of foreclosure through the reiterated effects of related actions such as, in this case, Clap for Carers.

1.1.3 | Clap for Carers as a reiterating effect

Butler's (1997) view is that, as actions that discursively inaugurate the subject, speech acts are also acts of foreclosure that set limits around which intelligible subjectivity is regulated. Its performative nature means that foreclosure is not a singular action, however, but a "reiterated effect" (Butler, 1997, p: 138) that must be repeated in order to continually reassert the efficacy of its inaugurating capacity. This takes places through the exclusion of "other possible sites of enunciation" (Butler, 1997, p: 139) for example, through the suppression or silencing of alternative ways of being a nurse and of conceiving of what nurses/caring might be in any given context. In short, foreclosure produces discursive regimes, and by implication intelligible subjects, through the production (and containment) of the unspeakable or in Butler's terms, that which is "unnameable" and therefore unrecognizable. Speaking at the borders of the unspeakable carries with it the risk of being "cast out" (Butler, 1997, p: 139), rendered abject.[7] This linguistic conditioning of subjective viability constitutes the terms of intelligibility for Butler: "the terms that facilitate recognition are themselves … the effects and instruments of a social ritual that decides … the linguistic conditions of survivable subjects" (Butler, 1997, p: 5)—again, in this instance, those that embody the self-sacrificial hero for whom care is a "calling".

In its early weeks, Clap for Carers felt like an important, unifying, and necessary articulation of indebtedness to those who gave their time, skills, and in too many cases, their lives to care for others during a period of unprecedented need. In many countries across the world, people assembled online and in the semiprivate spaces of windows and balconies, and in doorways (Paglianti, 2020) to give collective thanks for health and social care professionals, and other key workers. Clap for Carers provided what seemed like a vital opportunity to display genuine support and gratitude, and to raise awareness. Kelly and Senior (2021, p: 12) describe, for instance, how the "Making Rainbows" campaign, in which young children and parents made and displayed pictures of rainbows in the windows of their homes, and "Clap for Carers", provided opportunities to connect with their neighbors and talk to their children "about why the National Health Service is important and why it is constantly under threat by the very politicians clapping along with the public".

Although some personal risk is inherent in healthcare work, and nursing in particular has long been recognized as operating "on the front line" of human need,[8] these risks were so amplified during the pandemic, as noted above, that

Making Rainbows and Clap for Carers seemed entirely justified and attracted widespread popular support. Moreover, advice given to the public to stay at home to protect themselves, and the requirement to "lock down", self-isolate, and socially distance, contrasted sharply with the expectation that health and social care professionals, and other "key workers" would make a significant sacrifice by continuing to go to work, often in relatively high-risk environments. The widespread use of militaristic language in the coverage of the pandemic further fostered a widespread image of key workers acting heroically in the "battle" against the virus (Hunter, 2020).[9]

Yet the dynamics of subject formation, and the complex linguistic vulnerability that ensues from being subject to injurious speech mean that "one is not simply fixed by the name that one is called" (Butler, 1997, p: 2). While injurious address may appear to fix or paralyze those it hails, its performativity means that the possibility of producing an unexpected and enabling response, one that has the potential to "counter the offensive call" (Butler, 1997, p: 2) is always also present, and this dynamic helps us to understand the emergence of more critical responses to the discourse of heroism, and its animation in the form of Clap for Carers. Butler's performative understanding of recognition highlights, as she puts it,

> the powerful and insidious ways in which subjects are called into being … inaugurated into sociality by a variety of diffuse and powerful interpellations. In this sense, the social performative is a crucial part not only of subject formation, but of the *ongoing political contestation and reformulation of the subject as well* (Butler, 1997, p: 160, *emphasis added*).

It is this latter point that allows speech acts such as being called a hero the possibility of becoming radical performatives, by being imbued with resignified and recontextualized meanings, marking a "constitutive possibility of being otherwise" (Butler, 1997, p: 102). For Butler, the political possibilities attached to this are what keep speech acts from ever being fully, finally performative. Inserting her reading of Hegelian dialectics as a politics of non-commensurability into her account of the linguistic inauguration of the subject, Butler therefore argues that that which cannot be fully interpellated has the capacity to "undermine the power of any figure to be the last word … And it is this last word … that is the most important to forestall" (Butler, 1997, p: 126). Hence that which is "outside of intelligibility" (Butler, 1997, p: 155) always carries with it the possibility of resistance to speech acts as injurious acts of foreclosure, as hateful in their effects, if not their intent.[10] It is in this context that the figure of Super Nurse makes an important contribution to the discussion of recognition, precarity, and inequality in health and social care during the pandemic.

1.1.4 | Super Nurse

A notable, and more complex, contributor to the discursive articulation of health care workers as heroes was the donation to Southampton Hospital, in early May 2020, of a work of art by the famous street artist, Banksy. Entitled "Game Changer" [Figure 1] the painting depicts a young boy kneeling on the floor playing with a superhero doll. In the background, a waste bin holds two well-known but discarded superheroes, Batman and Spiderman. The boy's attention is on his new toy, Super Nurse, who wears a traditional nurse's outfit, surgical mask, and cape. Banksy's work is often more satirical than this particular piece would suggest, at least at first sight, but the fact that Super Nurse wears not one but two masks could be taken as a reference to the struggle to obtain adequate PPE that many frontline health and social care professionals in the UK and elsewhere experienced during the pandemic. In this sense, it arguably constitutes a notable, and important, instance of resignification of the kind Butler refers to above.

A further indication of this is suggested by the fact that the painting is black and white except for a Red Cross on the bib of Super Nurse's apron. It was accompanied with a note from the artist that reads, "Thanks for all you are doing, I hope this brightens the place up a bit, even if it's only black and white" (Goldstein, 2020, cited in Einboden, 2020, p: 343). Taken together, this note and the color tone of the painting itself could perhaps be read as another critical

FIGURE 1 Banksy (2020) "Painting for Saints or Gamechanger", reproduced by kind permission of the artist

reference to the artist's view of the "clear cut" nature of the government's responsibility to protect and recognize key workers ("it's only black and white"). The gesture was well timed, in the midst of unprecedented pressure on already resource starved health care systems and workers, and in the middle of the World Health Organization International Year of the Nurse and Midwife, marking the bicentenary of Florence Nightingale's birth. A visually powerful articulation of the discursive form of the "health care hero", the painting epitomizes the strength of feeling and popular mobilization of a wider heroic discourse at the same time as hinting at the importance of a critical, reflexive questioning of the kind of recognition that this discourse articulates, and of its paradoxical nature given the wider context in which health care workers were operating.

As Einboden (2020) notes in her discussion of this wider context, figuring nurses as heroes is appealing yet also "troubling", including in the sense in which Judith Butler (2000 [1990]) has written about it. By "troubling" Butler conveys a sense of how the norms conditioning recognition compel and constrain us in ways that conflate the complexities of lived realities into "one-dimensional" versions of ourselves in ways that "trouble" or threaten our capacity to live outside of these norms. But because these are never fixed or stable, we have the capacity to "make trouble" with and through them, that is, to challenge, resist, and potentially undo their conditioning impulses and effects, and in doing so to refuse or resignify the subjection positions into which we are hailed. Hence, performing in accordance with the norms governing recognition, for Butler, is both troubling and something we can "make trouble" with, and through. And as Einboden (2020, p: 344, *emphasis added*) reflects, nurses' commitment to the profession, set against the more fundamental desire for recognition of ourselves as "fully" credible human beings that Butler writes about, makes health care professionals particularly vulnerable to the hailing powers of this heroic discourse. As she puts it, "our profession constitutes *not just what we do, but who we are*. Nurses remain vulnerable to hero discourses because our work is entangled with our identity".[11]

Like any discourses, and as noted earlier, heroism and its apparent animation in the figure of Super Nurse works because of its figurative and resonant capacities. And in this sense Super Nurse ostensibly shifts the gender orientation of the hero from one very gendered form of essentialism to another. The "hero" is traditionally a hyper-masculine figure in popular culture, and in management and leadership discourse (Binns, 2008; Muhr & Sullivan, 2013), particularly during times of crisis (Blanc-Gracia, 2018). Perceptions of leaders and leadership have been dominated by the presumption that great men "have greatness in their genes" (Harding, 2021, p: 236). The masculine, (hyper) able-bodied and white tropes that prefigure what normatively constitutes a hero in organizational terms are of course deeply historicized and influenced by patriarchal forces that have wide reaching effects on the gendered, embodied, and racialized aspects of work. With Super Nurse as the reference point, the ideal care worker as a woman who is innately caring and nurturing appears to give way to a perception of care workers as having "special" capacities and a sense of "calling" on which to draw that reflects these historically embedded and occupationally perpetuated tropes. At first impression, then, this ostensible shift leaves the occlusion of education, training, and skill—in other words, remunerable capacities that have to be acquired through hard work, dedication, and capability—intact, perpetuating the labor market inequalities, vulnerabilities, and injustices that result from a lack of recognition of those capabilities beyond the rhetorical.[12] In other words, what we *appear* to see in Super Nurse, and in the wider positioning of health and social care workers as heroes more generally, is an animation of the hierarchies of organizational recognition that "reproduce established patterns of exclusion and marginalization" (Cutcher et al., 2017, p: 267). Yet focusing on some of the crucial detail in the image potentially opens up a more reflexive, critical understanding of the discursive effects of an evocation of heroism in this context. In the symbolism of the overflowing wastebin, Banksy seems to highlight the inhumanity of reducing human life to "waste" through the perpetuation of precarity and inequality not only within the context of, but in part as a consequence of, purported acts of recognition. In this sense, and in a similar way to Butler's writing on language, precarity and subjectivity, Super Nurse points to a critique of heroism as a form of injurious speech, one that is hateful if not in its intent, then in its power effects.

1.1.5 | Health and social care workers' responses

Among health and care workers themselves, Clap for Carers, and the wider evocation of heroism, has met with a similarly complex and ambivalent response to the one discussed above. While support has been widespread—Einboden (2020) cites a *Journal of the American Medical Association* editorial that closes with a "salute" to the troops (Bauchner and Easley, 2020) for instance,[13] more critical commentaries such as Butler's (2009, see Wright, 2020 for another example) can also be found. One (anonymous) UK healthcare worker wrote the following about Clap for Carers in April 2020:

> I find the clapping thing quite unsettling … For some it really is a genuine way of expressing thanks and it is very much appreciated. But for too many, it's a symbolic and mostly thoughtless act. I worry that it's a distraction from the big issues behind this crisis. If you can get the masses to clap and say slogans, then they will not engage and think. If they are clapping, they cannot hold protest placards. If their mouths are full of praise for "our NHS heroes", then they cannot ask difficult questions of those "leading" us in this crisis (Anonymous, 2020).

Similarly, UNISON steward Hassan Ortega who works for a charity providing a homelessness prevention service in North West England, said: "I feel mixed about Clap for Carers. It's great that it's raised the profile of workers in the community sector who are providing services that are keeping people safe, healthy and protected." However, he also notes that "what carers really need is not to be left unprotected and vulnerable themselves". In some respects, he said, "it could be seen as a diversionary activity to keep the public busy. But I value that it's raised the profile of a group of workers who were pretty much sidelined until recently … For too long they have been undervalued,

unsupported and poorly remunerated". UNISON member David Robinson is a residential support worker for a children's home in Blackpool. When asked about Clap for Carers, he said that "it is more about those clapping than those who are carers. If it focuses the attention in the future on resources to be put where they're needed, then great. Otherwise, it is nothing but a distraction" (in Ortega, 2020).

A further example of critique can be found in an article written by UK-based orthopedic surgeons in April 2020 emphasizing a desire for health care professionals to be perceived as "helpers, not heroes" (Dyer & Lipa, 2020). Einboden (2020) cites some of the more global examples, referring to Canadian nurse Amy Eileen Hamm who expressed her ambivalence about the hero discourse and its longer-term consequences on social media site, Quillette: "Will there be an expectation that the "heroes" we are celebrating (and their families) must take on an ever-increasing level of risk? If we can't adequately ramp up capacity, and work conditions become intolerably dangerous, will the public turn on health workers who abandon their posts? The health-care-workers-as-heroes narrative is alluring. As with the 9/11 first responders, it helps the public cope with their fears and anxieties. But it has its dark side" (in Hamm, 2020, cited in Einboden, 2020, p: 345). She also refers to an article in *Teen Vogue* reporting on the actions of five New York City-based nurses, protesting about their working conditions prior to and during the pandemic. The article opens with an image (widely shared at the time) of nurse, Jillian Primiano wearing a cardboard sign that reads, *"Please don't call me a hero, I'm being martyred against my will"* (see Wallis, 2020, *emphasis added*).[14] The phrasing of this particular statement, one that defiantly reinscribes being hailed as a hero, reminds us that clapping constructs an image of generosity while those who have no occupational alternative, those who are pushed to work under intensified workloads and so on, are further—discursively—imposed upon and it is this latter act in particular that is erased by the clapping, and written out by a discourse of heroism.

As noted above, Cox (2020, p: 1) picks up on similar points in her concerns about the implications of positioning health and social care workers within what she calls a "hollow" and "morally vacuous" discourse of heroism, in the midst of the pandemic and in the longer term. Not least, she argues, COVID should provide a much-needed opportunity to reflect on the relations of reciprocity within which care workers should be able to discharge their duties to treat patients and those who are cared for, and what resources they need in order to be able to do so. The heroism narrative, she argues,

> can be damaging, as it stifles meaningful discussion about what the limits of this duty to treat are. It fails to acknowledge the importance of reciprocity, and through its implication that all healthcare workers have to be heroic, it can have negative psychological effects on workers themselves (Cox, 2020, p: 1).

Taken together, these various critical voices call out, "undo" the health care hero by repositioning her as a figure who (unwittingly) participates in instilling a sense of duty in the face of state and social irresponsibility. As noted above, austerity measures and neoliberal policies set against a wider context of paradigmatic individualism have left workers in public health care and social services ill prepared to protect populations whose health was already compromised, or who were already among society's most precarious and marginalized groups, even before the pandemic. The surge of what some commentators have called "caring nationalism" (Rutschman, 2021; Wood & Skeggs, 2020) reflects an affective mood that must be understood within this context (i.e., of austerity, financialization and the privatization of health).[15]

And like COVID itself, the impact of this has not been uniform, but classed, racialized, and gendered, as illustrated by the scale of the "embodied amplification of inequalities" (Yarrow & Pagan, 2020, p: 8) resulting not just from PPE shortages but also the inadequacies engendered by the design of equipment for a standard (male) body. Despite increases in the number and proportion of women doctors since the 1970s, globally there is a widespread persistence of gender, class, and racial inequality in the medical profession that is embodied in and through PPE shortages and inadequacies. The National Health Service (NHS) is the UK's biggest employer and the fifth largest employer in the world. Women make up 70% of global health care workers, and approximately 80% of NHS nurses (Yarrow & Pagan, 2020). While being hailed as heroes, the embodiment of risk was felt acutely by frontline NHS healthcare

professionals, particularly nurses, "typified by the constant emotional and pragmatic tensions of caregiving, self-protection, service and the balancing of risk in an extreme circumstance" (Yarrow & Pagan, 2020, p: 8). Against this backdrop, Yarrow and Pagan (2020) argue that the silencing of healthcare professionals over PPE shortages "serves to deepen gendered and racialized experiences of caregiving" (Yarrow & Pagan, 2020, p: 7), at the same time as a discourse of heroism forecloses speaking out against the level of risk that they are required to embody.

To sum up thus far, the popular evocation of the hero narrative, its animation in the form of clapping and its articulation through related imagery such as rainbows is not surprising given the combined affective appeal of these motifs across languages and age groups. Nor is its enduring popularity difficult to understand when set against a context in which many people found it hard to articulate their combined sense of gratitude and helplessness, and a shared need for connection and community during a period of anxiety, isolation, and uncertainty. Yet as we move into a period that opens up the possibility for critical reflection there is much to be critical of and which, in his Super Nurse painting, Banksy appears to bring to the fore, alongside other critical commentaries, including from within the health and social care professions. Such critiques open up the possibility for reflexivity and resignification in the way that Butler writes about it, but also for understanding how as a rhetorical form of misrecognition, heroism has served to perpetuate precarity and inequality.

1.2 | Precarity and inequality in the wake of heroism

For the purposes of our analysis, while heroic discourses do not necessarily constitute "hate speech" in the way that Butler writes about it, the negation of workers' subjectivities that they appear to bring about leads to them functioning in much the same way. As acts of injurious speech, they articulate the dynamics of subject formation, precarity, and vulnerability that accentuated pre-existing inequalities in health and social care work throughout the COVID pandemic. In doing so, such acts became hateful in their performative effects, if not their intent. While hate crimes have a violent quality that injurious speech does not necessarily enact in the same way, as instances of misrecognition injurious speech acts can be violent in their effects in relation to, for instance, perpetuating a failure to protect nurses from over-exposure to viral risk (e.g., due to lack of access to adequate PPE), to sleep deprivation, to mental health problems and so on, all of which are well documented and all of which are injurious and (albeit indirectly) violent in their effects.

It is therefore important to consider how these dynamics, and these connections between injurious speech acts and hate, play out in ways that both produce enabling responses that open up the possibilities of countering heroism as an "offensive call" in Butler's terms, and at the same time, in doing so, reveal the fallibility of the hailing processes involved. In this instance, this is in and through a discourse that articulates the terms of recognition in ways that attempt to "fix" workers' subjectivities—clapping being perhaps one of the most basic forms of intersubjective affirmation, but which in doing so, have the inverse effect and in practice, function as injurious speech in the way Butler outlines it.

Differentiating between the two distinct but related forms of precarity that Butler writes about is crucial to understanding her theoretical critique of the relationship between injurious speech and the subject positions it inaugurates. The distinction she makes is premised on the view that there is, on the one hand, a form of dispossession that we must value—a *relational* form, and on the other, one that we must stand against, a *privative* form. The latter makes the full realization of the former impossible through its exploitation, as "the power of dispossession works by rendering certain subjects, communities, or populations unintelligible" (Butler & Athanasiou, 2013, p: 20). In this sense, precarity as a relational, existential category is presumed to be socially shared, while "precarity as a condition of induced inequality and destitution" is not. Further, this privative form of precarity, one situated within wider patterns of differential access to symbolic and material resources, means that discourses on vulnerability are used to "shore up" paternalistic power, "*relegating the conditions of vulnerability* to those who suffer discrimination, exploitation or violence" (Butler, 2015, p: 13, *emphasis added*).

For Butler and Athanasiou, this reification leads us to "forget" the inter-corporeal nature of our existence, and the relational precarity through which we are all effectively, dispossessed:

> Through our bodies we are implicated in … intense social processes of relatedness and interdependence … We are dispossessed by others, moved toward others and by others, affected by others and able to affect others (Butler & Athanasiou, 2013, p: 55).

Following Butler's distinction between these two forms of precarity, and crucially her recognition-based critique of the relationship between them, what we might broadly call "social precarity" is defined as "the politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence and death" (Butler, 2009, p: 25).[16] Precarity in this sense, can be understood as the social condition that is brought about by deeply embedded social structures and asymmetrical power relations that produce, reproduce, and legitimize inequality (Ahl & Marlow, 2021). Unequal exposure to risk and harm dehumanizes health and social care workers at the same time as positioning them as heroes in a way that constitutes, in Butler's terms, a rhetorical form of recognition. This is an act that effectively reproduces, reinforces, and reifies their precarity, undermining possibilities for critical coalitions to emerge, and for solidarity work to be undertaken. The "heroic" positioning of health and social care workers provides insight into how these possibilities are closed down by discourses that position them as heroic, and by framing their work as a "calling", as an injurious speech act on a mass scale.

When the dominant cultural response to the pandemic is one of "waging war",[17] it is not surprising that the military connotations of dealing with COVID as an ongoing battle are articulated through a discourse of heroism; as Wagener (2020) observes, "every war needs heroes". Akin to the phenomenon of a moral panic, searching for someone to blame is part of the process of making sense of any disaster, including a global pandemic. The existential corollary of this "blame game" is the identification of heroes as an "investment of hope and trust in a context of risk and unease" (Atlani-Duault et al., 2020, p: 137). Kinsella et al. (2015, p: 2) summarize the description of heroes in literature as uplifting and enhancing the lives of others, often arousing positive emotions such as awe, gratitude, or admiration. It is perhaps not surprising then that within the context of a global pandemic, concerns about our own mortality and those we love can foster our attachment to heroes and increase our admiration for those we believe to be "paragons of cultural value". As "existential safety blankets" they can be a way of keeping thoughts of our own vulnerability and ultimate demise at bay (McCabe, 2016, p: 1). In Butler's terms, they are a way of "shoring up" our own invincibility. One of the "classic" traits of heroism is sacrifice, and heroes typically experience sacrifice as an endurance of pain in the service of a greater good. As Mathers and Kitchen's (2020) research into heroism and global politics shows creating and sharing stories about heroes is important for building and maintaining communities. As they put it, heroism is a discourse and circumstance of the "extraordinary":

> When we regard someone as a hero, we elevate them and their actions to a different plane of existence, far removed from the everyday. This is understandable, because heroism takes place during crises and emergencies. There is little scope for heroic behavior when the world functions as it should (Mathers & Kitchen, 2020, p: 1).

Yet as an animation of heroism, Clap for Carers, they argue, is a distraction from difficult questions that need to be asked in the wake of COVID: not least, why do we need health care workers to be heroes, and to act heroically? "Labeling some of its own victims as heroes, neoliberalism recolonizes professions that it has abandoned" (Wagener, 2020, p: 578); in the context of the pandemic, the rhetoric of heroism has allowed the status quo to remain unchanged and crucially unchallenged. And in this sense, COVID has brought to the fore the extent to which vulnerability is a shared condition of social life, but not of working life. Social, or in Butler's terms "induced" precarity means that some workers are clearly much more vulnerable than others.

Beyond the rhetorical form of recognition that is accorded by a discourse of heroism, and by reiterating effects such as clapping, what is needed is critical, reflexive recognition of why we need our health and social care workers to be "heroic", and of the ways in which COVID and our response to it exposes and accentuates pre-existing inequalities and power hierarchies. Seen in this light, heroism constitutes little more than a populist deflection of the need to fairly compensate and protect key workers. Instead of clapping, we need to start asking: Why was there insufficient PPE for frontline health and social care workers during the COVID-19 pandemic? Why were workers and residents in care homes put at unnecessary and protracted risk? Why did it take so long for front line staff to get access to adequate COVID testing? Why has health and care work been underresourced for so long (Owen, 2020). In response to these fundamental questions, our central argument is that a discourse of heroism constitutes a form of injurious speech in Butler's (1997) terms, one that accentuates existing vulnerabilities, perpetuating inequality and precarity while purporting to do the opposite, that is, to recognize the value of work and workers officially designated as "key".[18]

In their discussion of the relationship between precarity, inequality, and work during pandemic, Dobusch and Kreissl (2020: 1) note that the governance of workplace im-/mobilities persistently differentiated between "bodies perceived as highly valuable and worth protecting and those categorized as less valued and potentially disposable". They argue that the socio-spatial conditions of who is permitted, denied, or urged to work are "inextricably linked to inequalities" (ibid: 1). They cite the German writer Carolin Emcke who described the virus as a "contrast medium", providing distilled insight into "systemic cracks, societal vulnerabilities, and inequalities" (ibid: 1), arguing that how governments regulated socio-spatial relations during the pandemic reveals "complex constellations" (ibid: 4) of inequalities, especially relating to the organization of paid work. To illustrate this argument, Dobusch and Kreissl refer to the example of measures taken by the Austrian government to shut down national borders and reinstall strict controls; "however, not for all" (ibid: 5). As they describe it (writing during a national lockdown in 2020):

> While people living in Austria are encouraged to stay and the foreign ministry has engaged in bringing Austrian citizens back home, Eastern European migrant workers are flown in for care work with extra planes. At the end of March, 231 care workers — mostly women — from Romania and Bulgaria arrived in Austria and were subsequently put under quarantine without payment … Some of them have been working at their personal limit, up to eight weeks straight in an extremely demanding and underpaid profession without opportunities for retreat or seeing their … family and children. Other carers are stuck in their home countries, cut off from income while still paying taxes and social security contributions into the Austrian system.

With the implementation of segmented mobility standards comes the classification of subjects into, as Raluca Bejan (2020, cited in Dobusch & Kreissl, 2020) describes it, "those who deserve protection and those who do not". The first are, in the example they discuss, Austrian subjects, "whose lives and health are valued" while the Eastern European workers are the "disposable subjects, those whose work matters more than their health, and whose health becomes vital only in relation to the domestic population".

Not simply counter to, but sustaining this disposability, has been a persistent hailing of the subjectivities of health and social workers across the world as heroes. As Hunter (2020) and others have noted, this has been part of a wider evocation of civic heroism, and of a broader anthropomorphizing of organizational bodies, notably in Prime Minister Boris Johnson's reference, when he was discharged from hospital after his treatment for COVID, to the NHS as "the beating heart of this country … the best of this country", as "unconquerable … powered by love" (cited in Anderson, 2020, p: 122). What Johnson does here is to retire the significance of the NHS as a material infrastructure, one that is entirely reliant on adequate resourcing and recognition of our interdependence, not as hermetically sealed conquering heroes, but as mutually inter-dependent, living beings.[19]

2 | CONCLUDING THOUGHTS: RECOGNIZING CARE BEYOND RHETORIC AND REIFICATION

This paper contributes to the literature on precarity, recognition, and inequality by drawing attention to an example of how recognition can function as a discursive mechanism and series of practices through which precarity is reified and gender and other inequalities are perpetuated, showing how the latter can become normalized through a discourse that closes down opportunities for collective recognition and critical engagement. It has considered: How are inequalities exacerbated through this process of (mis)recognition? What empirical, conceptual, and theoretical understanding can we gain from reflecting on this case as an example of rhetorical, reified recognition?

In response to these questions, the analysis has drawn on Judith Butler's (2009, 1997, 2016, 2020) writing on precarity, language, and the dynamics of recognition, vulnerability, and resistance to develop a critique of the discourse of heroism used to position health and social care professionals, and other key workers, during the COVID pandemic. It has argued that the heroic discourses and symbolism used ostensibly to recognize the value of health and social care work throughout the pandemic can be understood as a form of "injurious speech" in Butler's terms, a reified, rhetorical form of recognition, one that served to other those designated as key workers. The analysis has argued that this has had the effect of accentuating key workers' inequality and vulnerability and of undermining their capacity to challenge and resist this positioning. Yet against this backdrop, critical commentaries and examples of contestation can be identified, in the form of the Super Nurse painting for instance, which subjects the discursive positioning of nurses as heroes to reflexive critique, drawing attention to the wider context and circumstances of their work, and of the misrecognition of it that the discourse of heroism constitutes, and that Clap for Carers animates.

Understood through this critical, reflexive lens, the latter can be seen as an enrollment or co-optation of responsibility, one that effectively plays on the gift of gratitude as a form of social control that turns nurses and other care workers' sense of vocational commitment and identification against itself. Seen in this way, discourses of heroism and Clap for Carers can be understood as injurious forms of misrecognition that are hateful in their effects. In the longer term, and in response to this more critical, reflexive form of recognition, we need to explore what scope there is for transforming, or "troubling" in the Butlerian sense, modes of recognition that perpetuate exploitation and inequality. Crucial to this endeavor is asking how workers might continue to speak back as resistance, including by turning the hero narrative in on itself, in order to articulate different ways of being a care worker, and animate alternative ways of doing and recognizing care. Linking this question to the phrase "martyred against my will", discussed earlier, leads us to think, further, about how we might begin to unearth some of the possibilities for critical coalitions to emerge and for solidarity work to be undertaken. The question of what this might this look like (and the further issue of what effect it might have), is also important to explore further, collectively and collaboratively.

To begin some of this work, this paper has made three related contributions to the discussion of precarity, inequality, and work with reference to a recognition-based critique of the discursive positioning of health and social care workers as heroes during the COVID pandemic. First, it has developed a critique of a widespread popular discourse and series of actions inaugurated in response to the COVID pandemic that has drawn together insights from Butler's writing on language and subject formation. This critique has argued that heroism constitutes a form of "hate speech" in Butler's terms, one that, as a rhetorical form of recognition, has perpetuated inequality by purporting to recognize the value of health and social care, and the contribution of key workers while occluding the accentuated precarity brought about by the circumstances and wider context of care work during the pandemic. Second, it has shown how the reiterating effects of actions such as Clap for Carers, as a reified form of recognition premised upon a forgetting of our mutual vulnerability sustained this positioning and therefore, accentuated the social precarity experienced by health and social care workers. In this sense, the analysis has contributed to a critical understanding of the relationship between inequality and precarious work within the context of the COVID pandemic. In this respect, the paper responds to van Eck's et al.'s (2020) call for closer attention to several factors in developing a recognition-based critique of the relationship between inequality and precarious work: material and physical as well as psychological safety issues; the broader (historical) social order, and the role played by different stakeholders who influence

organizational processes (including in this case, the general public). Third, also drawing on insights from Butler's writing on the dynamics of recognition and vulnerability it has considered the extent to which the performative nature of this positioning also opens up possibilities for critique, and for a resignification of care work as heroic. This empirical and theoretical analysis of how the pandemic has rendered already precarious workers disproportionately vulnerable to rhetorical, reified forms of recognition has therefore also highlighted the critical potential that might be attached to a resignification of how health and social care work is recognized now and in the future.

In the longer term, thinking through what this means for how we understand and respond to a political and popular cultural discourse that positions health and social care workers as heroes leads us to recognize that our task, as Hunter (2020, p: 18) argues, "is largely one of redistribution, restraint, and reuse", but it is also (at the risk of over-alliterating) one of meaningful recognition and recompense, particularly of those whose vulnerability as workers has been profoundly accentuated by their exposure and overwork during the COVID pandemic. Our response must also be about reflexively coming to terms with the extent to which public appreciation for health and social care workers articulated through a discourse of heroism was driven, at least in part, by governmental imperatives and populist self-interest and which, ironically, fueled the profits of organizations that benefitted from the crisis (e.g., supermarkets and online retailers who sold rainbow themed merchandize).[20]

Recognizing the fundamental value of care (Bunting, 2020; Tronto, 2013; Williams, 2021) means not necessarily dispensing with a discourse of heroism, but at the very least moving well beyond it.[21] This is a point made by The Care Collective (2020) who call for a reimaging of care as the organizing principle of social and economic life on the basis of an ethic of reciprocity grounded in the premise that we are mutually inter-dependent (Diprose, 2002) on each other and on the social and natural world. Recognizing the value of the work performed by health and social care workers and many others before, during, and no doubt well beyond the pandemic is clearly a vital part of society's response to it, and we need to find ways to do so "without invoking the language of heroism, which emphasizes ideas about self-sacrifice but *does not adequately recognize the importance of reciprocity*" (Cox, 2020, p: 3, *emphasis added*). Recognition beyond the rhetoric of heroism means, at the very least, wresting social perceptions of its value away from lingering essentialisms in order to reposition health and social care workers not as heroes but as skilled workers.

To seize the opportunity to do so, we need to move beyond reifying acts of rhetorical recognition, and to work collectively toward more relational forms that foreground material inequities and accentuated vulnerabilities if recognition is to be linked meaningfully to a commitment to workplace equality and to campaigns for safe working conditions and fair pay.[22] Although the concept of heroism has widespread popular appeal as an affirmative response to self-sacrifice, its negating implications are arguably too "hateful" in their effects to provide a starting point for this. It is a discursive positioning, or hailing, that amounts to a denigration of what it means to be and to work as a health and social care provider, one that undermines continuing efforts to consolidate, and recognize, care as work.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ORCID

Sophie Hales https://orcid.org/0000-0002-3191-3625
Melissa Tyler https://orcid.org/0000-0002-4481-3543

ENDNOTES

[1] For clarity, I have adopted Catriona Cox's (2020, p: 1) understanding of what it means to be or to act heroically as 'undertaking voluntary pro-social actions, associated with an acknowledged degree of personal risk, which transcend the duty of the agent'.

[2] In this sense, as she puts it, Althusser's (2001) view of interpellation requires revision, for 'the subject need not always turn around in order to be constituted as a subject [as Althusser describes it], and the discourse that inaugurates that the subject need not take the form of a voice at all' (Butler, 1997, p: 31), but could take the form, for instance, of organizational

recognition and performance management schemes, premised upon particular ways of 'naming' or hailing ideal organizational subjectivity—in this instance, as 'heroes'.

[3] Butler notes, 'for Althusser, there must be a one who turns around, who reflexively appropriates the term by which one is hailed; only once this appropriative gesture takes place does hailing become interpellation' (Butler, 1997, p: 31). But, if we accept that the linguistic constitution of the subject can take place without the subject's knowing, or in opposition to the subject's response to the hail, 'then interpellation can function without the "turning around", without anyone ever saying, "Here I am"' (Butler, 1997, p: 31).

[4] Lamb et al. (2020) note the need for research on the prevalence of depression, anxiety, and post-traumatic stress disorder in frontline workers (including health-care workers) in the wake of the pandemic. In particular, they emphasize that it is not surprising that for many months, health-care workers' first priorities continued to be for equipment, training, meals, and sleep, with their mental health and emotional wellbeing being severely compromised. See also Sayilan et al. (2020) who report on a study of nurses in Turkey, highlighting the increased risks of emotional exhaustion, insomnia, and burnout experienced by those working on the front line of critical care.

[5] Hendy and Tucker's (2021, p: 6) analysis of the Public Inquiry into preventable patient deaths at the Mid Staffordshire Hospital Trust shows how such discourses can contribute to an uncontestable 'spiral of silence' that forecloses the possibility of speaking out about poor care, perpetuating workplace cultures in which those who challenge professional authority are marginalized.

[6] Further, coming to expect heroism 'as the norm' in these circumstances opens up the possibility for a correspondingly normative psychological and physical harm. A crucial question then becomes who cares for/about the carers, particularly in the aftermath of the pandemic (Kelly & Senior, 2021), when the clapping has subsided.

[7] Drawing on Elaine Scarry's (1987) *The Body in Pain*, Butler develops this line of argument in her view that violence's injurious capacity lies, at least in part, in its power to preclude the subject's ability to give an account of suffering on their own terms for example, one of the consequences of torture is a loss of the ability to document the experience, to attest to the torture itself so that one of torture's discursive effects 'is to efface its own witness' (Butler, 1997, p: 6). It is perhaps not too much of a stretch to derive from this a critique of the disabling effects of a discourse of heroism on health and social care workers' ability to articulate *both* a critique of their positioning as 'heroes' and of the ironies attached to this, given the lack of infrastructural support for their work and sector in the years leading up to the pandemic, not to mention the risks attached to their working conditions during the pandemic.

[8] Perceptions of nurses in particular as operating on the 'front line' (see Wilhelm et al., 2019), or at the 'coal face' of organizational life (Wright et al., 2020) are not new, of course. But they were not surprisingly accentuated during the pandemic not only by the paucity of PPE provision in the UK and elsewhere, but also by problems relating to the distribution and availability of vaccines, with 'vaccine nationalism' accentuating global inequalities amongst health care workers. Rutschman (2021: 9) noted that 'the scramble among nations for limited supplies of COVID-19 vaccines [drew] attention to long-standing inequities in public health between the global North and South'.

[9] It was the woman credited with introducing Clap for Carers, Annemarie Plas, a Dutch national living in South London, who called for it to be paused after 10 weeks and replaced with a new national day starting on 25th March 2021 largely due to growing concerns that it had become a rhetorical gesture, detrimental to genuine recognition.

[10] Examples of the kind of radical speech acts that Butler alludes to might be cited in Rosa Parks uttering 'nah' when instructed to surrender her seat to a white passenger in Montgomery, Alabama, in December 1955, or in rearticulations of the statement, 'we can't breathe' by Black Lives Matter activists following the murder of George Floyd in Minneapolis in May 2020. Both examples illustrate the historicity of hate speech as well as its own vulnerability to chains of resignification.

[11] For a similar argument, see Elidrissi and Courpasson (2019) who draw attention, in their study of an activist organization, to the significance of a culture of self-sacrifice as a mechanism through which workers' identity is regulated by exploiting tensions between passionate commitment and embodied vulnerability.

[12] Timor-Shlevin and Benjamin (2020, p: 956) make a similar point in their critique of the tensions between managerial and critical professional discourses in social work, when they argue that when grounded in institutional contexts, 'recognition may involve rhetorical acts of denial of personal and professional respect of those who will not succumb to what is considered the rational storyline'. In the case considered here, this revolves around being hailed into acceptance of a (non-remunerable) heroic subject positioning concomitant with underplaying more critical discourses emphasizing (remunerable) professional skill, experience, and ability.

[13] See also Morin and Baptiste (2020, p: 2733) who argue that by framing nurses as heroes, the public recognizes 'their courage, bravery, commitment, knowledge, resilience, advocacy, and persistence in the face of incredible adversity', and Rozyk-Myrta et al. (2021, p: 1) whose commentary similarly suggests that 'the greatest heroes of today are health

professionals … a symbol of hope, tenacity, courage, and persistence of humanity, no matter how difficult a challenge fate presents'.

[14] For full details and photographs see: https://www.teenvogue.com/story/nurses-dont-want-to-be-called-heroes

[15] Wood and Skeggs' (2020, p: 641) critique of what they describe as a 'surge of "caring" nationalism' argues that Clap for Carers reflects an 'affective mood', articulated in references to the NHS by the Prime Minister, Boris Johnson, for instance (following his discharge from hospital after he contracted COVID) as 'powered by love'. They note the irony of a government that voted against pay rises for NHS staff on multiple occasions and replaced bursaries with tuition fees for nursing students (including those studying while working) declaring their 'love' for key workers, and applauding their dedication (Hamad, 2020). Care, they argue, continues to be 'the most devalued of sectors in the labor force' (Wood & Skeggs, 2020, p: 644; see also; Bunting, 2020; The Care Collective, 2020).

[16] This is distinct from the more existential form of precarity that is central to Butler's theoretical understanding of social relations and subjectivity.

[17] As David Hunter puts it, 'language during the crisis has been awash with military imagery, with talk of battle and defeating the disease, of mobilization against a deadly enemy and citations of bravery' (Hunter, 2020, p: 17).

[18] According to the UK government's definition of a 'key worker', and data gathered by the Office for National Statistics, approximately one third of the UK's workforce were categorized as key workers in 2020, over 30% of whom worked in health and social care (see https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/coronavirusandkeyworkersintheuk/2020-05-15).

[19] Jarvis et al. (2020, pp: 127-8) also pick up on this point in their essay on 'Unleadership' when they note that 'the virus is being anthropomorphized into an enemy that we will "wrestle to the ground". We are "engaged in a way against the disease which we have to win", "going into battle" against it "armed" with strategies of containment and suppression, our defenses manned by "key workers" (many of whom were until recently classified as "unskilled", many of whom have been starved of resources'.

[20] See Russell and Parker (2020) for a discussion of the ways in which pandemics serve commercial interests, particularly of global corporations in the case of COVID-19.

[21] Asking what kind of 'recovery' we want to make, or can afford to make, we should note that Oxfam's 2020 *Time to Care* report estimates that the monetary value of the unpaid care of women workers over the age of 15 around the world is in the region of $10.8 trillion, roughly three times the value of the world's tech industries (Oxfam, 2020, p: 20). See also https://wbg.org.uk/commission/ for a report by the Women's Budget Group on reimaging society as 'caring economy' based, in part, on fair pay for care workers.

[22] See https://www.rcn.org.uk/get-involved/campaign-with-us/fair-pay-for-nursing for the UK-based campaign for fair pay for nurses

REFERENCES

Ahl, Helene, and Susan Marlow. 2021. "Exploring the False Promise of Entrepreneurship through a Postfeminist Critique of the Enterprise Policy Discourse in Sweden and the UK." Human Relations 74(1): 41-68. https://doi.org/10.1177/0018726719848480.

Althusser, Louis. 2001. Lenin and Philosophy and Other Essays. London: Monthly Review Press.

Anderson, Bridget. 2020. "The Nation and the State." In Life after COVID-19: The Other Side of the Crisis, edited by Parker M., 115-23. Bristol: Bristol University Press.

Anonymous. 2020. A message from a Tired Healthcare Worker for all of us Clapping for Carers Tonight. The Bristol Cable: 23rd April 2020 (online).

Atlani-Duault, Laetitia, Jeremy K. Ward, Melissa Roy, Celine Morin, and Andrew Wilson. 2020. "Tracking Online Heroisation and Blame in Epidemics." The Lancet 5(3): 137-38. https://doi.org/10.1016/s2468-2667(20)30033-5.

Austin, John Langshaw. 1955. How to Do Things with Words. Cambridge, MA: Harvard University Press.

Bauchner, Howard, and Thomas Easley, on behalf of the entire editorial and publishing staff of JAMA and the JAMA Network. 2020. "Health Care Heroes of the COVID-19 Pandemic." The Journal of the American Medical Association 323(20): 20-1. https://doi.org/10.1001/jama.2020.6197.

Binns, Jennifer. 2008. "The Ethics of Relational Leading: Gender Matters." Gender, Work and Organization 15(6): 600-20. https://doi.org/10.1111/j.1468-0432.2008.00418.x.

Blanc-Gracia, Antonio. 2018. "Assange vs Zuckerberg: Symbolic Construction of Contemporary Cultural Heroes." Organization Studies 41(1): 31-51. https://doi.org/10.1177/0170840618789203.

Bunting, Madeleine. 2020. Labours of Love: The Crisis of Care. London: Granta.

Butler, Judith. 1997. Excitable Speech: A Politics of the Performative. London: Routledge.

Butler, Judith. 2000. Gender Trouble. London: Routledge: First published 1990.
Butler, Judith. 2009. Frames of War. London: Verso.
Butler, Judith. 2015. Notes Towards a Performative Theory of Assembly. Cambridge, MA: Harvard University Press.
Butler, Judith. 2016. "Rethinking Vulnerability and Resistance." In Vulnerability in Resistance, edited by Butler J., Z. Gambetti and L. Sabsay, 12-27. London: Duke University Press.
Butler, Judith. 2020. The Force of Nonviolence. London: Verso.
Butler, Judith. 2021. "Recognition and the Social Bond." In Recognition and Ambivalence, edited by Butler J., A. Honneth, A. Allen, R. Celikates, J-P. Deranty, H. Ikäheimo, K. Lepold, L. McNay, D. Owen and T. Stahl, 31-53. New York: Columbia University Press.
Butler, Judith, and Athena Athanasiou. 2013. Dispossession: The Performative in the Political. Cambridge: Polity.
Cox, Caitriona. 2020. ""Healthcare Heroes": Problems with Media Focus on Heroism from Healthcare Workers during the COVID-19 Pandemic." Journal of Medical Ethics 46(8): 1-4: (online early). https://doi.org/10.1136/medethics-2020-106398.
Cutcher, Leanne, Karen Dale, and Melissa Tyler. 2017. "Remembering as Forgetting': Organizational Commemoration as a Politics of Recognition." Organization Studies 40(2): 267-90. https://doi.org/10.1177/0170840617727776.
Diprose, Rosalyn. 2002. Corporeal Generosity: On Giving with Nietzsche, Merleau-Ponty and Levinas. New York: SUNY Press.
Dobusch, Laura, and Katherina Kreissl. 2020. "Privilege and Burden of Im-/Mobility Governance: On the Reinforcement of Inequalities During a Pandemic Lockdown." Gender, Work and Organization, 1-8: (online early).
Dyer, George, and Shaina Lipa. 2020. "What's Important: COVID-19-Helpers, Not Heroes." American Journal of Bone and Joint Surgery(12): 1032-033: published online 24th April 2020. https://doi.org/10.2106/jbjs.20.00601.
Einboden, Rochelle. 2020. "SuperNurse? Troubling the Hero Discourse in COVID Times." Health 24(4): 343-47. https://doi.org/10.1177/1363459320934280.
Elidrissi, Yousra R., and David Courpasson. 2019. "Body Breakdowns as Politics: Identity Regulation in a High-Commitment Activist Organization." Organization Studies 42(1): 35-59. https://doi.org/10.1177/0170840619867729.
Girvin, June, Debra Jackson, and Marie Hutchinson. 2016. "Contemporary Public Perceptions of Nursing: A Systematic Review and Narrative Synthesis of the International Research Evidence." Journal of Nursing Management 24(8): 994-1006. https://doi.org/10.1111/jonm.12413.
Goldstein, Caroline. 2020. Banksy Just Made a Surprisingly Earnest Painting of a Superhero Nurse and Donated it to a British Hospital as a Morale Booster. Artnet News: 6th May 2020 (online).
Hamad, Hannah. 2020. NHS Workers and the Media in the Time of Covid 19. https://www.lwbooks.co.uk/soundings/blog/nhs-workers-and-the-uk-media-in-the-time-of-covid-19.
Hamm, Amy Eileen. 2020. I'm a Nurse. But no, I don't want to be a Hero. Quillette: 9th April 2020 (online).
Harding, Nancy. 2021. "Leadership without the "Led": A Case Study of the South Wales Valleys." International Journal of Public Leadership 17(3): 236-46. https://doi.org/10.1108/ijpl-07-2020-0063.
Hendy, Jane, and Danielle Tucker. 2021. "Public Sector Organizational Failure: A Study of Collective Denial in the UK National Health Service." Journal of Business Ethics 172(4): 691-706: (online early: 1-18). https://doi.org/10.1007/s10551-020-04517-1.
Hunter, David. 2020. "Telling a Different Story." In Life after COVID-19: The Other Side of the Crisis, edited by Parker M., 11-20. Bristol: Bristol University Press.
Jarvis, Carol, Hugo Gaggiotti, and Selen Kars-Unluoglu. 2020. "Unleadership." In Life after COVID-19: The Other Side of the Crisis, edited by Parker M., 125-134. Bristol: Bristol University Press.
Kelly, Jacinta, Gerard M. Fealy, and Roger Watson. 2012. "The Image of You: Constructing Nursing Identities in YouTube." Journal of Advanced Nursing 68(8): 1804-813. https://doi.org/10.1111/j.1365-2648.2011.05872.x.
Kelly, Simon, and Adele Senior. 2021. "Towards a Feminist Parental Ethics." Gender, Work and Organization (2): 807-25: (online early). https://doi.org/10.1111/gwao.12566.
Kelsey, Jane. 2008. Serving Whose Interests? The Political Economy of Trade in Services Agreements. London: Routledge.
Kinsella, Elaine, Timothy Ritchie, and Eric Igou. 2015. "Lay Perspectives on the Social and Psychological Functions of Heroes." Frontiers in Psychology 6(130): 1-12. https://doi.org/10.3389/fpsyg.2015.00130.
Lamb, Danielle, Neil Greenberg, D. Stevelink, and Simon Wessley. 2020. "Mixed Signals about the Mental Helath of the NHS Workforce." The Lancet: 3rd September (online).
Lethbridge, Jane. 2005. Changing Care Policies in Europe. London: Public Services International Research Unit (PSIRU), University of Greenwich.
Mathers, Jennifer., and Veronica Kitchen. 2020. NHS 'Heroes' should not have to Risk their Lives to Treat Coronavirus Patients. The Conversation: 20th April 2020 (online: 1).
McCabe, Simon. 2016. Heroes help us Cope with Fears of Dying – that's why we love them. The Conversation: 19th September 2016 (online: 1).

Morin, Karen, and Diana Baptiste. 2020. "Nurses as Heroes, Warriers and Political Activists." Journal of Clinical Nursing 29(15–16): 2733. https://doi.org/10.1111/jocn.15353.

Muhr, Sara L., and Katie R. Sullivan. 2013. ""None So Queer as Folk": Gendered Expectations and Transgressive Bodies in Leadership." Leadership 9(3): 416-35. https://doi.org/10.1177/1742715013485857.

Ortega, Hassan. 2020. What do carers think of Clap for Carers? Unison: 22nd April 2020 (online).

Owen, Richard. 2020. "Innovation and Responsibility." In Life after COVID-19: The Other Side of the Crisis, edited by Parker M., 155-64. Bristol: Bristol University Press.

Oxfam. 2020. Time to Care: Unpaid and Underpaid Work and the Global Inequality Crisis. https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620928/bp-time-to-care-inequality-200120-en.pdf.

Paglianti, Nanta Novello. 2020. "Rituals during Lockdown: The "Clap for Our Carers" Phenomenon in France." Culture e Studi del Sociale 5(1): 315-22.

Rozyk-Myrta, Alicja, Andrezej Brodziak, and Estera Kołat. 2021. "Nurses as New Heroes of Modern Times." In International Nursing Review 28(2): 1-3: (online early).

Russell, Eleanor., and Martin Parker. 2020. How Pandemics Past and Present Fuel the Rise of Large Companies. The Conversation: 3rd June 2020.

Rutschman, Ana S. 2021. "Is There a Cure for Vaccine Nationalism?" Current History 120(882): 9-14. https://doi.org/10.1525/curh.2021.120.822.9.

Sayilan, Aylin, Nursen Kulakaç, and Sevda Uzun. 2020. "Burnout Levels and Sleep Quality of COVID-19 Heroes." Perspectives in Psychiatric Care: 1-6: (online early).

Scarry, Elaine. 1987. The Body in Pain. Oxford: Oxford University Press.

Sim, Malcolm. 2020. "The COVID-19 Pandemic: Major Risks to Healthcare and Other Workers on the Front Line." Occupational and Environmental Medicine 77(5): 281-82. https://doi.org/10.1136/oemed-2020-106567.

Simpson, Ruth, and Rachel Morgan. 2020. "Gendering" Contamination: Physical, Social and Moral Taint in the Context of COVID-19." Gender in Management 35(7/8): 685-91. https://doi.org/10.1108/gm-06-2020-0172.

Stokes Parish, Jessica, Rosalind Elliott, Kaye Rolls, and Debbie Massey. 2020. "Angels and Heroes: The Unintended Consequence of the Hero Narrative." Journal of Nursing Scholarship (5): 462-66: August 2020 (online early). https://doi.org/10.1111/jnu.12591.

The Care Collective. 2020. The Care Manifesto: The Politics of Interdependence, The Politics of Compassion. London: Verso.

Timor-Shlevin, Shachar, and Orly Benjamin. 2020. "The Tension between Managerial and Critical Professional Discourses in Social Work." Journal of Social Work 21(4): 951-69.

Tronto, Joan. 2013. Caring Democracy: Markets, Equality and Justice. New York: New York University Press.

Tronto, Joan. 2015. Who Cares? How to Reshape a Democratic Politics. Ithaca, NY: Cornell University Press.

van Eck, Dide, Laura Dobusch, and Marieke van den Brink. 2020. The Organizational Inclusion Turn and its Exclusion of Low-Wage Labor. Organization: (online early: 1-22).

Wagener, Albin. 2020. "Crushed by the Wheels of Industry: War, Heroes, and Domestic Recolonization in the Time of Covid-19." Post-digital Science and Education 2(3): 576-80. https://doi.org/10.1007/s42438-020-00140-5.

Wallis, Hanna. 2020. Nurses say they don't want to be called Heroes during the Coronavirus Pandemic. Teen Vogue: 28th April 2020 (online).

Wilhelm, Hendrik, Bernadette Bullinger, and Jessica Chromik. 2019. "White Coats at the Coalface: The Standardizing Work of Professionals at the Frontline." Organization Studies 41(8): 1169-200. https://doi.org/10.1177/0170840619862833.

Williams, Fiona. 2021. Social Policy: A Critical and Intersectional Analysis. Cambridge: Polity.

Wood, Helen, and Beverley Skeggs. 2020. "Clap for Carers? from Care Gratitude to Care Justice." European Journal of Cultural Studies 23(4): 641-47. https://doi.org/10.1177/1367549420928362.

World Health Organization. 2020. State of the World's Nursing 2020: Investing in Education, Jobs and Leadership. Geneva, Switzerland.

Wright, April, Gemma Irving, and Kalai Selvan Thevatas. 2020. Professional Values and Managerialist Practices: Values Work by Nurses in the Emergency Department. Organization Studies: (online early).

Wright, Clare. 2020. Lest we Forget: A Pandemic isn't a war but our Healthcare Workers are Heroes. The Guardian: 27th April 2020 (online).

Yarrow, Emily, and Victoria Pagan. 2020. "Reflections on Front-Line Medical Work during COVID-19 and the Embodiment of Risk." Gender, Work and Organization (S1): 89-100: (online early: 1-12). https://doi.org/10.1111/gwao.12505.

AUTHOR BIOGRAPHIES

Melissa Tyler is a Professor of Work and Organization Studies and co-director of the Future of Creative Work research group at the University of Essex. She is the author of Judith Butler and Organization Theory (Routledge, 2019) and an Associate Editor of GWO.

Sophie Hales is a Lecturer in Organization Studies and co-director of the Center for Work, Organization and Society at the University of Essex.

How to cite this article: Hales, Sophie, and Melissa Tyler. 2022. "Heroism and/as Injurious Speech: Recognition, Precarity, and Inequality in Health and Social Care Work." Gender, Work & Organization 1–20. https://doi.org/10.1111/gwao.12832.