**Political, Horrific and Beatific Heroism: Compliance and the NHS during Covid-19,
A Post- Structuralist Discourse Analysis.**

K. L. Sofocleous Khoo

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Department of Clinical Psychology

School of Health and Social Care

University of Essex

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Abstract

This thesis explored the NHS heroism which emerged during the first Covid-19 lockdown in the UK. It problematises and analyses the hero narrative which dominated social space and discourse using the post-structuralist logics approach. Discourses of NHS heroism were analysed using media and political sources. This thesis identified and articulated the social, political and fantasmatic logics which inferred and maintained heroism. The first finding was that a central social logic of compliance was identified; namely, collective mobilisation of everyday social practices was signified by submission, obedience, and individual responsibility. The second finding was that the social logics were facilitated by a political logic of equivential heroisation. Namely, heroism functioned as a process in which all social actors (the public/ NHS staff) were / could be heroes if they acted compliantly. The final finding pertained to the fantasmatic logics, which demarcated why social actors were so heavily invested in heroising. The beatific fantasy findings indicated that people were emotionally gripped by a fantasy that if the NHS/ the public acted heroically and compliantly, they would overcome a perceived and collective national enemy (Covid-19). Conversely, the horrific findings indicated that social actors were gripped by a fantasy that anti heroic and non-compliant behaviour would lead to death and destruction. The findings of this research are significant because they highlight the multifaced and complex ways in which the NHS can be used as a vessel by hegemonic forces of power to mobilise responses (passively or actively) within society. Furthermore, though not directly explored within this thesis, this research may support the plight of NHS workers in improving pay and standards through the evidencing of heroism as an empty political tool.

Chapter One: Introduction and Problematisation

1.1 Overview

This chapter begins by introducing the object of enquiry, the theoretical orientation and strategy of the research. I then provide a problematisation which begins with a description of the puzzling issues which led to the development of this thesis, a statement of the problem followed by an archaeological and genealogical investigation of NHS heroism. The archaeology an analysis of political and media documents within the time frame of Covid-19 as well as pertinent literature obtained from a systematic synthesis and review. The genealogy explores the history of the NHS and its heroism as well as research literature obtained from the systematic review literature. This culminates in a series of research questions which inform the empirical analysis within this thesis.

1.2 Introduction

The object of investigation within this thesis is the NHS. Specifically, the ways in which the NHS and its personnel have been discursively constructed in the social world. The primary focus was the hero narrative which was present during the first lockdown of Covid-19. This thesis follows a social constructionist approach, the premise being that reality is constructed by people through language at points in time (Gergen, 1985; Burr, 2004). Thus, the enquiry does not seek to explore what was heroic about the NHS, rather, it examines the social practice in which the NHS and its staff were discursively symbolised as heroes by external social actors. In particular, the focus here is on representations made by dominant institutional forces, namely, within the political and media sphere.

1.3 Research Context

This research is centred upon the NHS in a context of Covid-19, specifically, the first lockdown. The NHS is an umbrella term for the publicly funded National Health Service in the UK. It was inaugurated in 1948 under a Labour government, as part of several social reforms following the end of the second world war (Taylor, 1965). Its founding principles were that health care should be comprehensive, universal, and based on clinical need rather than financial status (Godber, 1988). These principles have on the surface remained unchanged and the NHS has continued to provide a comprehensive range of healthcare services free at the point of delivery to the UK population (Department of Health and Social

Care, 2021). The NHS is one of the largest employers in the world with around 1.2 million hospital and community health service staff (NHS, 2021). Therefore, as well as the NHS representing a health care institution, 'The NHS' encompasses a varied and vast population of personnel. Over the years, the NHS has undergone several reforms, for example, austerity measures, which have had structural and provisional implications (Prowle & Harradine, 2014). In concert with this, there have been shifts in public perception and media representation, nonetheless, it has remained an important and much-loved institution (Digby, 1998; Smith, 2016; Stewart, 2016), and has been argued to be representative of British identity (Webster, 1998).

This research explores discourses of heroism related to the NHS during the first lockdown which was put in place in response to the emergence of Covid-19. Covid-19 is an infectious disease caused by the novel SARS- CoV-2 Coronavirus which was first identified in China at the end of 2019 (WHO, 2020). Coronaviruses are a large family of viruses which were first discovered in the 1960's (Tyrell and Bynoe, 1965), and have been implicated in mild illnesses such as 20% of colds and severe illnesses such as SARS and MERS (National foundation for infectious diseases, 2023). The effect of the virus in humans is wide-ranging, from asymptomatic to severe respiratory illness and death (Parasher, 2021). On the 11th of March 2020, as cases and deaths were increasing exponentially, the World Health Organisation (WHO) declared that the virus had reached pandemic status and was a global health emergency (WHO, 2020).

Covid-19 was first identified in the UK on the 31st of January 2020; its onset was later than neighbouring countries in Europe such as Italy, where the rapid transmission rate and significant social, health, and economic impact could be observed in advance (Teng-Hern et al., 2020). The initial response from the British government, which they reported to be informed by scientific advice, was one of caution and a prioritisation of the economy; for example, in February 2020, the Prime Minister said, 'there is a risk that new diseases such as coronavirus will trigger a panic and a desire for market segregation that go beyond what is medically rational to the point of doing real and unnecessary economic damage' (Johnson, 2020). Transmission rates and deaths continued to rise exponentially (Ke et al., 2020). On the 23rd of March 2020, the government introduced a national lockdown on the impetus of 'protecting lives and saving the NHS'. At this time, a dominant and seemingly novel narrative of NHS personnel as heroes appeared to be evident across several discursive

domains, including the political, media, and public, which forms the primary object of enquiry within this thesis.

1.4 Theoretical Context

This thesis was informed by social constructionism which is the broad school of thought that ideas about reality arise from collective consensus, rather than an existence of a real or objective physical world (Burr, 2004). The characterisation of all objects and subjects is understood to be the product of socially constructed human demarcation and interpretation which is shaped by social, cultural, and historical contexts (Gergen, 2014), which can never be permanently or wholly fixed (Laclau & Mouffe, 2014). Partial fixation of meaning can however occur through flows of power rooted in dominant and perceivably immutable hegemonic discourses which structure the social world (Laclau & Mouffe, 2014).

Hegemonically inferred discourses can be disseminated throughout society to provide a wide array of desired bio-political social practices (Foucault, 1994). Namely, Foucault described the way in which the body is an object and target of power which is subject to a system of subjugation with the intention of maintaining control, compliance and essentially law and order by the ruling political regime (Foucault, 1994). The body then, in concert with emergent discursive constructions of reality can be articulated, disarticulated, and rearticulated to generate compliance with social practices in accordance with the desires and needs of hegemony (Foucault, 1987).

Bodily inferred bio-political social practices include innumerate subtle every day, taken-for granted behaviours that social actors engage in without thinking, but which maintain order and perceived social coherence. Whilst subjugation (to social practices) may be direct, physical, and occur with force, namely, the act of physically 'doing', it is rarely obtained through overt acts of violence, enforcement, or policing; individual bodies tend to be collectively mobilised to behave in certain politically inferred ways through surveillance techniques, such as the panoptical organisation of spaces and society (Foucault, 1987). An example of this is the 'see it, say it, sort it' slogan used by Transport for London, in which the public are invited to take responsibility for the surveillance of others behaviours. In this way, social practices (behaving appropriately) are inferred by discourses of surveillance and a panoptical organisation of the London Underground in which it is impossible to know

whether you are being watched or not, which aims to facilitate compliance without presence of policing.

Hegemonic discourses driven by powerful institutions such as the government or the media may minimise or exaggerate aspects of 'reality', this regulates the way in which a topic can be meaningfully engaged with (Di Maggio, 1997). Even those who resist must engage with the discourse to be heard and comprehended (Loseke, 2007). Media hegemony is a process in which political discourses can be promulgated through mass media and influence and shape social reality (Bingham, 2012; Block, 2013). Media hegemony may represent political positions, or alternatively may influence political narratives (Bingham, 2012). Journalists employ ideologically informed linguistic devices with which they can frame, legitimise, or oppose dominant narratives and ascribe meaning to objects, subject and contexts (Fairclough, 1995).

Some discourses carry more weight in terms of how acceptable and sustainable they are, these can be called master narratives (Somers, 1994; Berger, 1997; Loseke, 2007). Master narratives are socially circulating and formulaic narrative scripts about cultural identities, plots, expectations and meaning; for example, polarising but well-defined discourses about subjects / citizens as good and bad/ evil, which organise and can be usurped in the social world (Alexander, 1992). Whilst 'scripts' are not fixed and can be discarded and rewritten (Hilgartner & Bosk, 1988), they comprise long standing and taken for granted signifiers of meaning which informs their sustainability and places boundaries upon social actors (Lamont & Virag, 2002). One such readily accepted discourse is that of the myth, for example the hero myth (Kelsey, 2015). However, the idea of myths being falsehood has been rejected, rather they are regarded as social narratives which construct meaning and provide clarity to those who believe in the ideals they exemplify (Flood, 2002; Rodgers, 2003). Myths compress complexity and performative contradictions of human history, they present a crude and often uni-vocal story (Bell, 2003).

The way in which the discursive world takes on its structure relates to nodal points. Nodal points are unifying and privileged pre-established signifiers of meaning in which social practices are constituted, ordered, and organised (Laclau & Mouffe, 1985). Without/ prior to the articulation of a nodal point, other signs have no meaning, these can be termed empty or floating signifiers. In these cases, where there is a 'poverty of meaning', there may be a

struggle and contestation between different discourses, (Torfing, 1999; Zizek, 1989) in which language can act as a focal point or vessel for usurpation by distinct, competing, and conflictual ideological positions (Laclau, 2004). Empty and floating signifiers are representative of hegemonic and political demands and are a particularly effective tool within populism, in which the objective is to create homogeneity in a heterogeneous social world (Laclau, 2005, 2005a; Muddle, 2004). In the case of empty or floating signifiers then, it is their relationship to the node that provides meaning (Laclau & Mouffe, 1985).

The NHS hero narrative then contains a culmination of pre-existing and hegemonically informed, structurally incomplete, and contingent symbolic and emotional codes and signifiers; these enter a chain of connections in which language is taken up and recontextualised in the media and public sphere. Thus, from this theoretical position, the NHS is not understood to be essentially or temporally heroic. Instead, talking about the NHS as heroic, is understood to be a socially circulating narrative which was accepted and sustained within the temporal, historical, and political conditions which were present during the Covid-19 lockdown.

1.5 Research Strategy

This research was informed by the post-structuralist logics approach developed by Glynos and Howarth (2007). The logics approach is a critical explanatory framework which can be used to analyse discourse. The approach is characteristically puzzle driven and thus begins with a problematisation of the object of interest followed by an analysis of the empirical materials. Problematisation is a critical analytical procedure which seeks to identify a concern and examine how it arose as a solution to another problem (Foucault & Rainbow, 1984). It includes an archaeological and genealogical enquiry which accents hegemony (Howarth, 2002). Critical analysis of the empirical materials draws upon three explanatory logics, these are, the political, the social and the fantasmatic. The social logics are the everyday uncontested societal practices; the political logics are the institution of regimes of collective mobilisation and the fantasmatic, the affective grip a particular practice has within the social world.

1.6 Problematisation

1.6.1 The identification of a 'puzzle'

The initial curiosity and puzzlement about the NHS hero narrative arose from my experience of being situated in the UK during the pandemic. I was both a user of and employed by the NHS. I observed a dominant discursive social practice related to the NHS as heroes, which seemed to be collectively mobilising society in such a way that it was the only way that NHS personnel could be talked about. Moreover, at the time, I was employed as a trainee clinical psychologist in an NHS adult mental health team, and due to the pandemic, much of the work I was doing became remote. I was neither working in the field of physical health, nor at risk of being infected due to face-to-face working. Despite this, I noticed how others would define me as 'heroic' simply for working in the NHS, which had never been the case before. The novelty, potency and perceived veracity of the hero discourse raised several questions which informed this enquiry. How was it that NHS staff were defined as heroes at that time? Is this an entirely novel phenomenon? Have they been talked about differently in the past? How does the context of Covid-19 influence the construction of the NHS as heroes? This research comprises an endeavour to critically answer these questions, firstly, through a problematisation and subsequently through an analysis of empirical materials.

1.6.2 The Problem

Discourses of heroism were used by the government to mobilise the popular response to COVID-19. This involved NHS staff working in conditions which were reportedly unsafe, due to lack of protective personal equipment (PPE), risk of death and illness due to exposure to virus; people volunteering for or returning to practice the NHS, which posed the aforementioned risks (Propper et al., 2020). In terms of the public, this involved engaging with new rules, laws, and guidelines (UK government, 2020).

1.6.3 Archaeology and Genealogy

1.6.3.1 An Archaeology of NHS Heroism

Overview:

This section involves a critical articulation of the epistemological construction of Covid-19 from inception to lockdown in the UK. Of particular focus was the employment of the NHS within political policy narratives from the leading Conservative party. The aim here was to understand the rules that governed the production of discourses, which may otherwise be taken-for-granted truths. Covid-19 had not previously existed, bodies of knowledge about what it is, and how it should be responded to were developed and evolved in vivo.

Inception: BC

I begin in a time which I will call 'BC', or 'before Covid-19', this is the period when it had not been discursively defined. The first notable date BC is the 31st of December 2019, when the World Health Organisation (WHO) was informed about cases of pneumonia in Wuhan China of no known aetiology (WHO, 2020). On the 12th of January 2020, a novel human coronavirus transferable between people was identified through genome sequencing and possible risk of a wider outbreak was declared (WHO, 2020a).

Initial response to Covid-19 in the UK

On the 22nd of January 2020 the Department of Health and Social Care and Public Health England, publicised that risk to the UK population was low and that the UK and the NHS were 'well prepared' and 'well equipped' for new diseases (Department of Health, 2020). Two days later there was a civil contingencies cabinet office briefing rooms (COBR) meeting, which are held during national emergencies (Haddon, 2010), that again concluded readiness for new diseases. Language of 'preparedness' and being 'equipped', implicitly implied that to social actors within the population that everyday social, cultural and economic practices could and should continue. The government cited scientific advice against 'reacting too early or overreacting', which was described to be of social and economic threat (Department of Health and Social care 2020). The only new policy and regulatory shift was enhanced monitoring of flights from Wuhan to the UK (Department of Health, 2020). Here a political logic of difference was inferred between the UK (constructed as low risk, well-

prepared and equipped) and China (unsafe, incompetent other), which breaks down any equivalences which could be drawn between them through discourses of globalisation and universal threat. Dislocating the threat and risk of the virus from the UK in this way, can be understood to have been governed by neoliberal principles, which prioritise the economy by facilitating the continuation of life as normal, going to work, spending money and so on (Larner, 2003).

A turn to individual responsibility

At the end of January, the first Covid-19 case was identified in the UK and the risk level was increased to moderate (Department of Health and Social Care, 2020a). On the 10th of February 2020, the government announced a 'belt and braces' approach to protecting the public, which included newly developed heath protection (coronavirus) regulations, these comprised of rules enshrined in law which would facilitate the imposition of restrictions of liberty to members of the public who were believed to be a threat to others (by spreading the virus) (Department of Health and Social Care, 2020b). Belt and braces, literally meaning using a belt *and* braces to keep your trousers up is an idiom, which linguistically implies being especially cautious and vigilant. Here we have two messages about Covid-19 and the expected behaviour of social actors presented simultaneously, one of vigilance and caution and one of punishment and loss of liberty, governed by rules of individual responsibility (Foucault, 1987; Sewell & Wilkinson, 1992). Here social actors are portrayed as being individually responsible for the spread of the virus and discipline, restriction, and punishment are enforced (Couch et al., 2020) through discourse, both the political announcement itself, but also that it has been written into law.

The employment of a philosophy of individual responsibility by government persisted as the course of events continued. On a backdrop of the WHO declaring Covid-19 to be a global pandemic (WHO, 2020b), the British government announced that the 'country will delay the peak of the virus until summer' and the Chief Executive of the government's Behavioural Insights Team, advised a 'cocooning' and 'herd immunity' strategy (Easton, 2020). As part of this strategy, members of the population who were defined as vulnerable or at risk, such as those with health problems or the elderly, should stay indoors and away from the rest of society, until the population had developed immunity (Colfer, 2020). Here the vulnerable are individually responsible for 'cocooning' themselves, whilst the rest of the public were responsible for slowing down the peak of the virus. On the 16th of March 2020, when the

WHO had confirmed 200,000 cases worldwide (WHO, 2020c), the Prime Ministers' first daily briefing provided guidance about the new rules and how the public should act upon their individual responsibility, namely, through language of 'self-isolation' in the presence of symptoms and 'social-distancing'. He used emotive collective language of 'we' to emphasise a collective effort of individual responsibility to be the solution, for example, he says, 'we can turn the tide in 12 weeks' (Johnson, 2020a).

Lockdown, individual responsibility, and the NHS

Despite the suggestion that the tide could be turned in twelve weeks, rates and deaths linked to Covid-19 continued to rise (Verselet et al., 2020) and exponential growth was estimated in the UK (Jit et al., 2020). On the 20th of March 2020, the Prime Minister announced the closure of restaurants, bars, and non-essential shops (Johnson, 2020b). At this point, the NHS was brought into the fore of the discursive domain and political rhetoric continued to be informed by an ideological stance of individual responsibility, here the good (compliant) citizen is constructed (Clarke & Barnett, 2022; Andreouli & Brice, 2021). For example, the Prime Minister thanked the public for actions they were taking to 'take the strain off the NHS' (Johnson, 2020b).

Social actors became responsible for their own safety, the safety of others, and the NHS, acting responsibly encompassed obedience and sacrifice. This discourse was operationalised as a heroic response (Andreouli & Brice, 2021; Clarke & Barnett, 2022). On the one hand, there was a shift away from the dominant model of neoliberalism (in asking people to stay at home) (Briggs et al., 2020), but on the other, it solidified it by placing accountability on individual actors and therefore relinquishing governmental responsibility (Andreouli & Brice, 2021). Political discourses also comprised a fantasy element with significant affective appeal, namely, the public became mythical heroes who could provide salvation for society and the NHS, which he positioned as belonging to all of us invoking nationalistic discourse. This may explain the grip of discourses informed by individual responsibility, for example, Boris Johnson says, 'unless we make the heroic and collective national effort to slow the spread – then it is all too likely that our own NHS will be similarly (to Italy) overwhelmed' (Johnson, 2020c).

The redistribution of responsibility and therefore potential blame and guilt away from government and onto to the individual continued to be strengthened with the introduction of

the national 'lockdown' on the 23rd of March 2020. This meant people were only allowed to leave home for essential reasons and police were given new powers to enforce these rules under the Coronavirus Act (UK government, 2020). At the centre of political 'lockdown' discourse was the NHS, there was a flurry of announcements about the NHS, not only in terms of campaigns such as 'stay home, PROTECT THE NHS, save lives' (Department of Health and Social Care, 2021), but also that new temporary NHS hospitals would be built and a national volunteer scheme for the NHS was created and people were asked to return to work in the NHS (Hancock, 2020). The lockdown and the NHS were linguistically connected, for example, in a major government advertising campaign which was broadcast across tv, social media, and radio, the government urged people to 'act like you've got it' to control the spread of the virus and protect the NHS (Department of Health and Social Care 2020c). This linguistic association can be understood as political device to promote identification with compliance i.e., being a good citizen (Clarke & Barnett, 2022).

The term 'lockdown' is a restriction policy which has instantaneous semantic connotations to being 'locked up' and imprisoned. More specifically, it has its origins in prison protocols when areas / people are locked in in response to a perceived threat (Spiegel, 2007). Whilst people were not physically locked in and there was limited physical policing, the language of 'lockdown' itself had powerful ramifications for the behaviour of social actors in its facilitation of compliance and is a more efficient and effective way of maintaining control and power relations than physical policing, which would take manpower and considerable expenditure.

The logic of individual responsibility inferring compliance and self-policing to protect the NHS can be evidenced in statements from Public Health England, 'the single most important action we can all take, in fighting coronavirus, is to stay at home in order to protect the NHS and save lives' (Public Health England, 2020). Moreover, a particular aspect of individual responsibility which was emphasised was 'vigilance', for example, Public Health England have stated, 'The level of vigilance that people have demonstrated remains critical to continuing to protect the NHS and save lives' (Department of Health, 2020a). Vigilance implies surveillance, in this way social actors became implicitly responsible for policing both themselves and others to protect the NHS, which has been described to be a dominant regime of managing social organisation and control in liberal and democratic societies through creating the culture of a panopticon model (Foucault, 1987).

Summary

The taken for granted rules which informed early political discursive construction of Covid-19, the lockdown, and the NHS through information and knowledge created by political and governmental policies and announcements were underpinned by a philosophy of individual responsibility, which privileged and constructed a good citizen whose social practice was based upon obedience, accountability and punishment which could effectively shift blame and liability away from the ruling regime. Moreover, knowledge bases in the form of political policies and announcements activated self-discipline, self and other surveillance, and subjugation in response to discourses, which were constructed as norms and normality, to which Foucault argued social actors' desire to conform to (Bernauer & Mahon, 1994).

1.6.3.2 Genealogy of NHS Heroism

This section provides a critical articulation of the historical context of the NHS. The NHS was inaugurated in 1948 by the Labour party, this was shortly after the end of World War Two which is a considerable contextual factor in its origins. I provide a critical examination the socio-political context and hegemonic discourses of post war Britain, to illuminate the discursive conception of the NHS.

The NHS and World War Two

Throughout the UK response to Covid-19, there was a proliferation of war discourse (Seixas, 2021; Giorgos et al., 2023). Moreover, the object of enquiry, 'the hero' is a part myth/ social actor or character that belongs to context of war. Evocations of war during Covid-19 tended, though not exclusively, to conjure up images of the Second World War. In the Queens' televised speech, she drew comparisons between social distancing and social isolation to 'children who had been evacuated from their homes and sent away for their own safety' and referenced Vera Lynn's wartime song, 'we'll meet again' (BBC, 2020). Boris Johnson pledged to 'act like any wartime government' (Johnson, 2020d) and invoked the Blitz spirit and the 'peoples war', for example, he said 'in this fight, we can be in no doubt that each and every one of us is directly enlisted and every one of us is now obliged to join together. To halt the spread of this disease. To protect our NHS and to save many, many thousands of lives. And I know that as they have in the past so many times, the people of this country will rise to that challenge' (McClaughlin et al., 2021).

War discourse and the use of war as metaphor is a long-standing rhetorical device or trope often referred to or employed within political, media and public discourse which can mobilise the past in the present (Badsey, 2009). Collective and popular discursive constructions, such as, what happened during war, and what war means can be drawn upon as symbolic icons and resources, these are then allocated to new events to relate to or make sense of them (Schudson, 2002). Representations of World War Two through media, politicians, and historians, inform how we access and interpret the meaning and significance of war and moreover, what becomes obscured (Wilson, 2008). Rather than an objective account of events then, popular memory of war becomes a set of myths and memories (Sheffield, 2002).

For example, one dominant epitaph/ collective British memory about World War Two is one of a 'good war', which is informed and perpetuated by language of 'celebration', 'community', 'legacy' and 'victory' (Scott & Zac, 1993). The good war (as one way of representing history) has been described by historian Taylor in 'English history, 1914-1945'. Taylor writes, "The British people had set out to destroy Hitler– "Victory at all costs". They succeeded. The British were the only people who went through both world wars from beginning to end. Yet they remained a peaceful and civilised people, tolerant, patient, and generous" (Taylor, 1965). This narrative which is informed by a populist political logic constructs an account of participation, success, victory, and civilisation, privileging nationalism and British dedication and superiority; to those who consume this rhetoric, it becomes a true account (Wilson, 2008). This account, however, obscures a number of factors and events, which contradict this construction of history, for example, Britain had not been involved during the Nazi occupation of Czechoslovakia in 1939 (Klemann & Kudryashov, 2013); Britain had been violent and tyrannical in India's plight for independence (Kaul, 2002); and, in terms of 'winning', the UK had lost significant power relative to USA and USSR' (Harrison, 1998).

At the end of World War Two, there were two dominant narrative constructions about the war which are inferred by right- and left-wing voices. The right-wing Conservative narrative remained static, consistent, and unwavering from values and beliefs, rooted in British imperialism that were related to empire, colonisation, and Christianity. Heroes were symbolised as exemplary and moral figures, they were signifiers of progress, the civilising mission, of godliness and British values grounded on patriotism, nationalism, love of country, militarisation, and valour, which war had reignited and reinforced (Rich, 1991, Dawson,

2013). Within this story, political and media propaganda emphasised that war had been won by soldiers in the battlefield and figures of prominent and elite status such as the British army officer Lord Montgomery and Prime Minister Winston Churchill (Thompson, 1968). This narrative construction went back to the romantic era of the 18th century (Boorstin, 1992; Schwartz, 1985), in which hegemony actively constructed heroes and cultivated hero worship, conceptualised as a submissive veneration for the 'truly great' (Carlyle, 2001).

The second narrative construction inferred by the Labour party and informed by a populist logic emphasised that it was a 'peoples war'. The ordinary and everyday working-class people of Britain had saved the nation, despite the elite who had almost led it to ruin (Taylor, 1965; Calder, 1992). In the post-war period, Labour, informed by collectivist and socialist ideologies won the general election which occurred a month before the end of the war in 1945, which, in this narrative can be understood to be the real end of the war against the elite (Taylor, 1965). This constituted a major societal shift in Britain, after five years of Winston Churchill who had been valorised (Charmley,1991). The country had been saved from the Germans and society was to be further saved from the ruling elite; this involved considerable reformation as part of the development of the welfare state. Several new institutions were introduced such as British rail, the National Coal Board and of course the NHS (Taylor, 1965).

Whilst there was at some level continuity of the former dominant narrative, for example, Parliament, Monarchy, and the Empire remained, the country was essentially rebuilt after the Second World War, not only houses and buildings, but there was a social and political ideological conceptual shift (Panitch, 1971). The link between the two narratives about war, is patriotism, both were committed to the national myth of a victorious British war (Mosse, 1986). One privileged the working classes, the other the elite, but both culminated in a shared narrative of a victorious and Great Britain. Whilst early heroism was linked to an investment in a great (male) leader, for example, the imperial hero and so on, increases in democratic attitudes, which are synonymous with a discouragement of and suspicion in heroes and hero worship led to a decline in an overt and overarching investment in heroism (Boorstin, 1992; Frisk, 2018). This is particularly evident within the post war era, where the victim (oppressed, victimised, wounded), and not the hero became the central figure of reverence (Giesen, 2004; Schwartz, 2008). Thus, in concert with an increasingly fragmented society, what and who could be constructed as a hero dramatically shifted, to produce a new variety of hero to suit

the needs of the time (Ziolkowski, 2004). It has been argued World War Two constituted an anti/post heroic age; the juxtaposition between the great hero and the ordinary citizen had been lost, meaning that everyone and anyone could be celebrated as a hero which shifted both the meaning of and boundaries within which a hero could be constructed (Best, 2011).

1.6.3.3 An Archaeological and Genealogical Contribution based upon a Systematic Literature Review and Meta-synthesis

Overview

Here, I provide an integrative review of qualitative literature related to discourses of heroism and healthcare professionals to further develop the archaeology and genealogy through a systematic synthesis of published research literature. In line with the theoretical methodology of this thesis, the epistemological underpinning of this review follows a social constructionist paradigm (Burr, 1995).

Aim of Review

The archaeological contribution of the review comes from articles which explored discourses of heroism within a Covid-19 context. The lens was widened from the UK NHS Context, that is explored within this research, to include other countries and healthcare contexts. The genealogical contribution comes from articles which are more historically based, namely, healthcare heroism in all countries, contexts, and points in time which predate the Covid-19 period. In line with my study which explores heroism of the NHS in the political and media domain, I exclude research which is based upon first-hand experiential accounts.

Method

Qualitative literature related to healthcare professionals, with a focus on heroisation was examined through a search of peer reviewed academic journals. The investigation was guided by the preferred reporting items for systematic reviews and meta-analysis protocols (PRISMA-P) guidelines (Moher et al., 2009).

The following inclusion criteria was used to select studies for analysis:

1. The study included an examination of healthcare professionals or the NHS. The search included the NHS, healthcare professionals, GP's, doctors and nurses. The

rationale for this was to widen the search to capture the full scale of the research base into health care workers. This may have been neglected through a search of only 'the NHS', which as a body encompasses a vast variety of disciplines and personnel.

2. Studies referred to heroism in relation to healthcare professionals or the NHS. The rationale for this was to be consistent with the research described here whose focus is upon discourses of heroism.

3. Analysis of secondary data from media sources. Similarly, this was to maintain consistency with the research explored here, which also draws upon secondary data to analyse discursive processes of heroism within society, rather than within individual actors.

4. Qualitative peer reviewed studies, this meant that studies were excluded if they were commentary, opinion pieces, or cases studies. This was due to the decision taken to only systematically review academic papers, to allow for consistency, trustworthiness, and rigor within the discourses identified in the synthesis (Cypress & Brigitte, 2017). Namely, I sought to explore when a significant discourse (constructive of reality at a particular time) had emerged. This means that I aimed to identify the reoccurrence of narratives and discourses within the population examined, which is not possible from a piece written by a single author. It is important to note that in doing so, one may also lose nuances or alternate discourses which may have emerged within different types of research papers.

5. English language, so that they could be comprehended and analysed by the researcher whose first language is English.

6. Studies examined health care and heroism within westernised countries in the global north. Whilst this research examines discourses of healthcare heroism within the UK NHS context; the synthesis widened the data set for the archaeology and genealogy due to the limited number of studies from the UK. On the one hand this may weaken the association between the synthesis and my inquiry, because individual countries have unique social structures and histories. However, it was deemed necessary so as to increase the number of studies which could be synthesised. Furthermore, this decision was justified in that western civilisations are largely comparable in terms of social, cultural, economic, and political influences and discursive signifiers of meaning due to processes of globalisation.

Databases

Five electronic data bases, APA PsychArticles, APA Psychinfo, CINAHL Ultimate, Historical Abstracts and MEDLINE Ultimate were accessed through the University of Essex EBSCOhost platform and were searched with the following keyword string: (NHS OR National Health Service OR nurse* OR Doctor* OR healthcare* OR healthcare workers OR health care OR GP*) AND (Hero*). The process was then repeated to determine previously unidentified studies. No limits were applied in terms of time frame and year of publication.

Study Selection

The initial search yielded 2443 studies. Duplicates (651) or studies not written in English language (three) were removed leaving 1789 papers. The remaining studies (titles and abstracts) were then carefully screened. Where titles/ abstracts provided insufficient information, full texts were retrieved and assessed to determine eligibility. A high number of papers (1743) were excluded due to being not relevant to the study, specifically, large numbers were drug studies investigating Heroin. Thirty-four studies were excluded due to being first-hand accounts and not secondary data studies. A total of twelve studies were identified as relevant to the systematic review. Forward and backward citation searches yielded no additional studies. The remaining studies were then carefully screened again to remove those which were inappropriate for inclusion due to not being research papers of which there were three that were commentaries. Nine studies adhered to the required criteria and were deemed suitable for inclusion in the synthesis, see figure one for flow diagram of search strategy.

Figure 1 *PRISMA* flow chart of search strategy
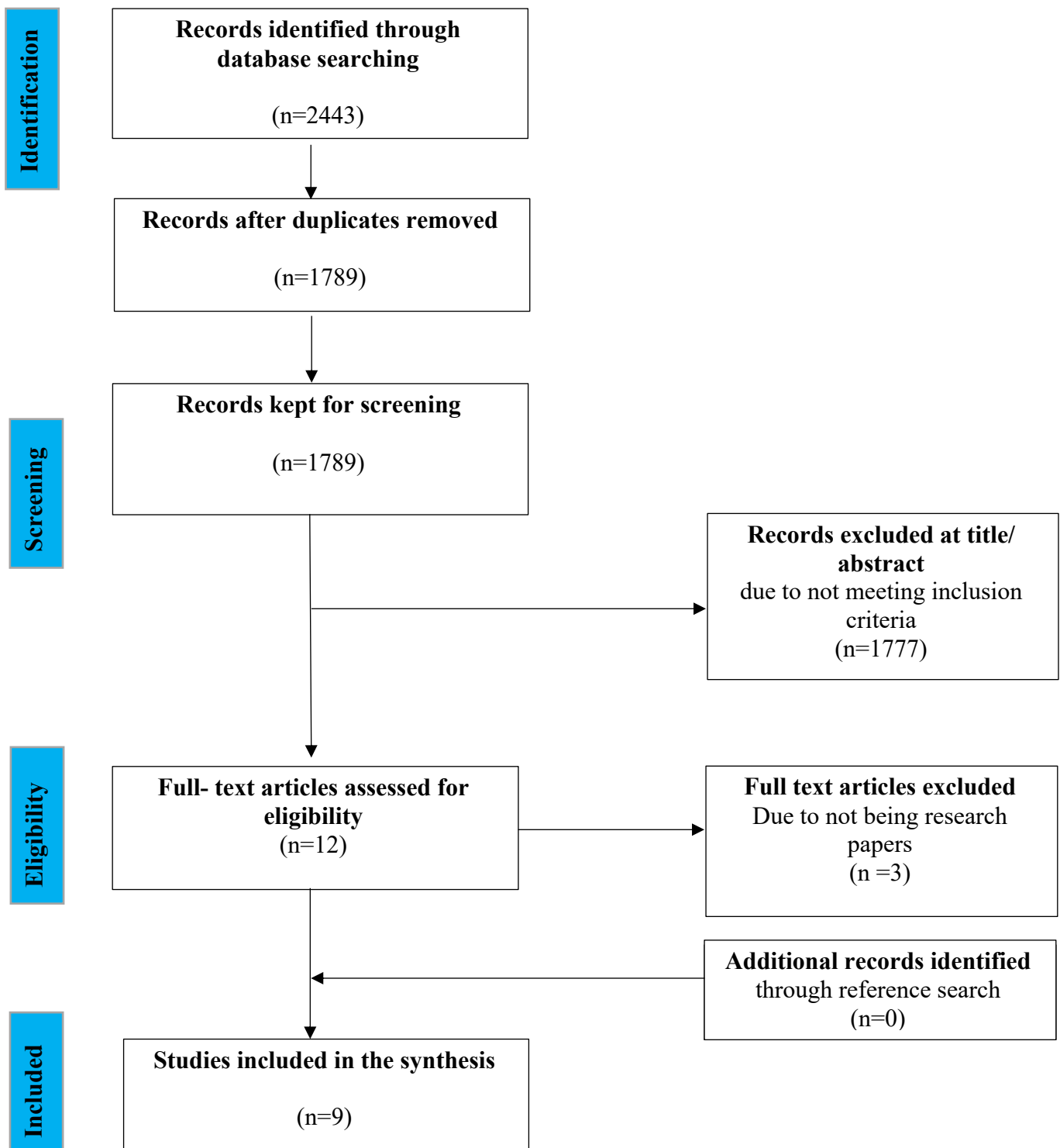
Data extraction and synthesis

This synthesis was conducted using a social constructionist approach. This epistemology takes the position that reality is constructed through language (written and spoken) at a given time and context and is informed by social and cultural history and knowledge (Gergen, 2007). Language includes theoretical and methodological research frameworks, as these are deeply embedded in discourse (Burr, 1995). It is important to note that the papers synthesised in this study are understood from an anti-realist perspective, namely that they are based upon the interactions of authors within their current and historical context, thus the findings are understood to be not necessarily generalisable, absolute or replicable (Burr, 1995). The synthesis is anti-essentialist, namely, there is a rejection of the psychological idea that people and their experiences are unique and discoverable (Burr, 1995), rather, I take up a position of curiosity and not knowing (Anderson and Goolishan, 1992), deviate from the theories and models which attempt to make sense of data and strive simply to illuminate the presence or absence of discursive patterns in an attempt to understand how a particular reality has / has not been constructed.

In order to identify key discourses within the text, I read and reflected upon the articles several times. In doing so, I identified and underlined discourses within the texts (what had been said), taking note of discursive trends; namely, when something had been repeated throughout the text and across different data sets (intertextuality). These were then categorised and understood to represent the emergence of a significant discourse and signifier of meaning. See appendix A for an example of the preliminary analytic process. I took note of when a particular utterance in relation to healthcare professionals was repeated over and over again, thus had become a discourse and, constructive of reality and truth at a particular time and context. For example, healthcare professionals were repeatedly talked about in a context of war. This implied the emergence of a discursive trend which signified meaning and a socially constructed reality accepted by subjects as a truth in particular epochs and social spaces. The more these discursive trends appeared within the data and across data sets (intertextuality) (Woods, 2006), the stronger the discourse was understood to be and therefore these formed what I categorised as a 'discourse' within the findings.

Critical appraisal of papers

The applicability of quality criteria within qualitative research has been disputed (Lachal et al., 2017). Increasingly researchers are appraising the credibility of studies as part of meta-syntheses (Hannes & Macatis, 2012) to enhance rigor (Tong et al., 2012; Atkins et al., 2008). It is important to note that lower scores on appraisal tools may be influenced by word count limitations rather than rigour and credibility (Atkins et al., 2008). Given this, the appraisal had the aim of understanding the strengths and weaknesses of the studies rather than as a tool for exclusion. I appraised studies systemically and critically using the Cochrane recommended CASP checklist, which is a tool for addressing principles and assumptions of qualitative research (Noyes et al., 2019). Within the checklist there are ten evaluative questions, which assess design, recruitment, data collection and analysis, rigour, credibility, usefulness, reflexivity, and ethics. The findings of the appraisal are discussed qualitatively, as recommended by the Cochrane collaboration (Noyes et al., 2019).

Results

Study Characteristics

A total of nine studies were included (see table 1). Six contribute to the archaeology as were undertaken in the context of Covid-19 from a range of geographical locations; these were, Canada (Boulton et al., 2021), Sweden (Skog & Lundstrom, 2022), UK (Mroz et al., 2021; McKay et al., 2021), Canada, UK and USA combined (Mohammed et al., 2021) and international online sources (Bengnini et al., 2021). The remaining studies contribute to the genealogy as were undertaken in a context of SARS in Canada in 2008 (McGillis Hall et al., 2003); a UK Clostridium Difcile outbreak in 2003 (Burnett et al., 2014); and a high-profile wrongful nurse arrest in the USA in 2017 (Guo et al., 2019). Five studies sought to explore discourses in relation to nurses (Boulton et al., 2021; Bengnini et al., 2021; Mohammed et al., 2021; Guo et al., 2019; McGillis Hall et al., 2003), one was in relation to General Practice (Mroz et al., 2021); one focused on the NHS (McKay et al., 2021) and the remaining two focused on moralising discourses (Skog & Lundstom, 2022) and construction of identities (Burnett et al., 2014). All studies used media sources as their sample data set; six were from news sources (Boulton et al., 2021; Skog & Lundstrom, 2022; Mroz et al., 2021; Mohammed et al., 2021; Burnett et al., 2014; McGillis Hall et al., 2003), one was a collection of (commercial, news, social) media images (Bengnini et al., 2021), and two were from the social media platform Twitter (McKay et al., 2021; Guo et al., 2019). Sample sizes varied considerably, one study only used six media images (Bengnini et al., 2021), others drew upon

a range of newspapers (Boulton et al., 2021; Skog & Lundstrom 2022; Mroz et al., 2021; Mohammed et al., 2021; Burnett et al., 2014; McGillis hall et al., 2003) and tens of thousands of tweets (McKay et al., 2021; Guo et al., 2019).

Table 1. *Study characteristics of the nine studies included in the systematic review*

Study	Aim	Methodology	Context	Data set
Boulton et al., 2021.	To examine discourses of care within nursing.	Foucauldian discourse analysis.	Covid-19 Canada, March 1st to June 1st 2020.	50 newspaper articles from 4 newspapers.
Skog & Lundstrom 2022	To analyse how moralising discourse was employed in media narratives about risks and responses to public health issues.	Discourse analysis.	Covid-19, Sweden, February to May of 2020.	Newspaper/ Media articles from variety of political orientations
Bengnini et al., 2021	To analyse the visibility of nurses through media images.	Cultural image analysis/ discourse analysis (Foucauldian)	Covid-19, international March, and May 2020	6 media images from 6 media sources.

Table 1.
(Continued)

Mroz et al., 2021	To explore narratives of remote general practice in mainstream media.	Narrative analysis using Burke's Pentad	Covid 19, UK, March–May and 30th of July–12th of August 2020	36 Newspaper articles from 10 newspapers
Mohammed et al., 2021	To explore the effects and implications of media representations of the hero discourse.	Poststructuralist discourse analysis	Covid-19, Canada, USA, UK, March 1st to August 1st 2020	71 international media sources
McKay et al., 2021	To investigate narratives relating to the NHS and Covid-19 during the first lockdown in the UK	Content analysis (Bengston, 2016)	Covid-19, UK of March - 29th of June 2020	123,880 tweets, from relevant hashtags
Guo et al., 2019	To analyse perceptions of nursing through a twitter analysis following to a high-profile nurse arrest	Twitter analysis and thematic analysis	Wrongful arrest of a nurse, August 31 to 10th of September 2017	56931 tweets from relevant hashtags
Burnett et al., 2013	To explore how a Clostridium difficile outbreak in the UK was represented in the media.	Descriptive interpretative thematic analysis (Ritchie & Spencer 1994)	UK Clostridium difficile 12 June–3 July 2008	28 newspaper articles from 8 newspapers
McGillis Hall et al., 2003	To explore nursing work life issues as portrayed by the media	Descriptive content analysis (Sandelowski, 2000)	SARS in Canada March 26th to May 12th 2003	23 local and 12 national news documents

Quality assessment

Employment of the CASP tool identified presence of methodological or reporting limitations across the board of studies synthesised. Eight described appropriate data collection methods (Skog & Londstrum 2022; Boulton et al., 2021; Mroz et al., 2021; McKay et al., 2021; Guo et al., 2019; Burnett et al., 2013; McGillis Hall et al., 2003). One study had a very small sample (six images) and there was a lack of justification as to why they had chosen them (Bengnini et al., 2021). No studies mentioned data saturation and only one described theoretical saturation (Mohammed et al., 2021). Two studies indicated the role of reflexivity in obtaining their findings (Mohammed et al., 2021; McGillis Hall et al., 2003). All studies used media data which was obtained from the public domain, meaning that ethical concerns were less salient, however, only two mentioned ethical approval (Mroz et al., 2021; Bengnini et al., 2021) or stated it was not necessary (Mohammed et al., 2021; McKay et al., 2021).

Eight studies used appropriate methods to analyse; these were, discourse analysis (Boulton et al., 2021; Mohammed et al., 2021), media/ cultural analysis (Bengnini et al., 2021); narrative analysis using Burke's Pentad (Mroz et al., 2021); content analysis (McKay et al., 2021; McGillis Hall et al., 2003), thematic analysis (Guo et al., 2019) and descriptive interpretative thematic analysis (Burnett et al., 2013). Two studies did not fully describe the analytic process and it was not clear what the theoretical underpinning was (Guo et al., 2019; Skog and Lundstrom; 2022). Of the eight studies which used written text to evidence their findings, seven presented verbatim quotes to evidence the analysis (Skog & Lundstom 2022; Mroz et al., 2021; Mohammed et al., 2021; McKay et al.,2021; Guo et al., 2019; Burnett et al., 2013; McGillis Hall et al., 2003), one was lacking in this (Boulton et al., 2021).Whilst there was evidence of rigour, credibility and usefulness in all of the studies, none indicated or discussed contradictory findings.

Synthesis of findings

The following discourses were identified in relation to the heroism of healthcare professionals/ the NHS: the healthcare hero, the idyllic hero, the war hero and finally, the good citizen and the villain. The analytical process in which these themes were developed followed a phased method. This began with familiarisation and immersion with the data in which I carefully read and re read articles. Subsequently, I generated initial codes and applied them to meaningful units of text. From the codes generated, I then developed 'discourses' based on similarities and differences between them, which I then reviewed, defined and named.

The healthcare hero

Healthcare professionals and the NHS were discursively constructed as heroes, meaning that they were referred to as 'heroes' or 'heroic' in eight studies, six of which were in a context of Covid-19 (Boulton et al., 2021; Skog & Lundstrom, 2022; Bengnini et al., 2021; Mroz et al., 2021; Mohammed et al., 2021; McKay et al., 2021), two of which were from historical contexts of a nurse arrest (Guo et al., 2019) and a SARS outbreak(McGillis Hall et al., 2003). One study found converse depictions within the media, namely, clinical staff were constructed as villains, and were clustered with other professionals who were felt to be responsible for the Clostridium Difficile outbreak in the hospital (Burnett et al., 2013). All the studies bar one, which also examined a post peak crisis period when life was returning to normal (McKay et al., 2021) examined the early critical period in which each crisis occurred. The exploration of discourses post Covid-19 found a decline in heroisation, and presence of a discourse related to 'a new normal', which also meant 'not in need of support', the authors felt this indicated that heroisation had functioned performatively or as a distraction (McKay et al., 2021). Others suggested that the discursive trend which attributed the hero subjectivity to nurses was the cultural and social reward for the work, which was shown to be self-attributed as well as attributed by others; for example, "This (reward) trajectory was conveyed through news headlines that described how nurses moved from being "un- sung" and "every- day" to temporarily replacing "sports idols" and even "holding the torch of freedom" (Mohammed et al., 2021, page 6).

The idyllic/ idealised hero

The idyllic/ idealised hero was a frequently reoccurring explicit narrative which appeared to be central to the aforementioned healthcare hero construction. Namely, it included a fuller operationalisation of the healthcare hero through positive, idealised, and romanticised descriptions of professionals, for example, that they were brave, exemplary, dutiful, caring, dedicated, self-sacrificing, moral, and so on. The inference of the idyllic hero was explicitly present across eight studies in the archaeology in a context of Covid-19 (Mroz et al., 2021; McKay et al., 2021; Boulton et al.,2021; Skog & Lundstrom, 2022; Bengnini et al., 2021; Mohammed et al., 2021 and two from the genealogy namely, the nurse arrest (Guo et al., 2019) and SARS context (McGillis Hall et al., 2003). For example, "The hero discourse often characterized nurses as outstanding moral subjects, who often placed their commitment to patients, public safety, and professional duty over their fears of personal safety and anxieties over constrained clinical resources" (Mohammed et al., 2021, page 4). Similarly, "She is presented as being a "vital cog" for preventing infection, together with other volunteers and assistants that are called "superheroes". In other accounts of healthcare professionals, they are commonly presented as highly devoted to their work, and as motivated both by personal character traits, as well as a high sense of duty, rather than material needs" (Skog & Lundstrom, 2022, page 5).

The function of the discursive pattern of health care professionals as idyllic heroes was understood to inspire other professionals to act under risk (Bengnini, 2021), as justification for working in difficult contexts (Mohammed et al., 2021), as a distraction from mistreatment from the government for example, 'Feelings of betrayal and anger were expressed at the NHS, and the workers within, being let down by the government with the clapping used as a distraction' (McKay et al., 2021, page 5)*;* and to reassure the public, for example, *"*Hospital units were more rigidly isolated from public scrutiny than usual, so these reports had the potential to reassure citizens by highlighting extraordinary efforts to contain the virus (McGillis Hall et al., 2003 page 4) and as a contrast to individuals who do not engage with restrictions (Mohammed et al., 2021).

It was suggested that these discourses were exacerbated and normalised by social and cultural expectations cultivated within the media but also due to the social and cultural, history within the caring field, in particular nursing (Boulton et al., 2021). Several of the studies described a counter discourse that heroising and hero worship was corrupt and may have impacted

professionals' ability to maintain their safety. Authors often cited how this was in direct conflict with a discourse of victimhood and vulnerability, such as work overload, concerns over PPE, uncertainty, emotional distress, and stigmatisation from the public (Boulton et al., 2021; Skog & Lundstrom, 2022; Mohammed et al., 2021; Guo et al., 2019; McGillis Hall 2003; Mckay et al., 2021), which was present in both a covid-19 context and in previous historical contexts. For example, "reports offered a counterbalance to the religious imagery: "Please don't call me a hero. I am being martyred against my will" (Mohammed et al., 2021, page 4).

The War Hero

In eight studies discourses were deeply and explicitly embedded within metaphorical language and rhetoric of war, six relate to the archaeology as were in a context of Covid-19 (Boulton et al., 2021; Skog & Lundstrom, 2022; Bengnini et al., 2021; Mroz et al., 2021; Mohammed et al., 2021; McKay et al., 2021) and two were from the genealogy and historical context of SARS (McGillis Hall et al., 2003) and Clostridium Dificile (Burnett et al., 2013). Linguistic devices typically located the crises as within a context of battle and war, which was a central discursive pattern. Idealistic discourses of defence and counterattack related to war and battle were used metaphorically to depict fighting the enemy (Mroz et al., 2021 Burnett 2013; McGillis Hall, 2003), for example, "A military theme depicting a country (and, more specifically, NHS) under heavy and sustained attack from a dangerous enemy (the new coronavirus SARS-CoV-2) runs through many of the articles in our period 1 dataset" (Mroz et al., 2021, page 3).

There were recurrent militaristic depictions such as soldiers or troops on the frontline in battle (Bengnini et al., 2021; Mroz et al., 2021; Mohammed et al., 2021; McKay et al., 2021) receiving commands from those higher up in the military hierarchy, for example, "Individual actors in this narrative include GPs, portrayed as frontline soldiers whose contribution will help 'fight the spread of coronavirus' and as receiving commands from higher up the 'military' hierarchy' (Mroz et al., 2021, page 4). This was in concert with symbolic language of nationhood and acting/ defending the greater good of the country (Mohammed et al., 2021; McKay et al., 2021). Specific symbols of war were invoked, for example, in Covid-19 Captain Tom Moore (McKay et al., 2021) and the Blitz (Mroz et al., 2021) and in the C Dificile crisis, that the hospital had been built for potential victims of a nuclear war (Burnett et al., 2013).

The Good Citizen and the Villain

Five studies presented a description of the ways in which the public were constructed in relation to the heroes, four of which were from the archaeological Covid-19 context (Skog & Lundstrom, 2022; Mroz et al., 2021; Mohammed et al., 2021; McKay et al., 2021), one of which was from the genealogical SARS context (McGillis Hall et al., 2003), these can by and large be divided into the good citizen and the villain. Good citizens were individuals who engaged with a specific set of social practices, such as, engaging with heroising, follow guidelines and feeling outrage disobedient citizens (villains) (Skog & Lundstrom, 2022; Mohammed et al., 2021). The villains were those who posed a risk to both society and the healthcare heroes due to behaviours which were viewed as high risk such as carrying on as normal, for example, "Portrayals of alpine travellers constitute a major news theme in March, heavily marked by moralising discourse, highlighting their decadence and carelessness" Skog & Lundstrom, 2022, page 7). Similarly, "(a) discursive technique emerged in the mass media where nurses, positioned as hardworking and productive subjects, were contrasted with "harmful" individuals and groups that denied the severity of the pandemic or resisted public COVID-19 measures" (Mohammed et al., 2021 page 6).

It was suggested that media characterisations of subjects as good citizens or villains converged to render specific limitations on the behaviour of citizens (Skog & Lundstrom, 2022; Mohammed et al., 2021). One study described how the media was used to convey commands about social practices such as not attending GP surgeries, which was felt to be highly reminiscent of government guidance during world war two for example "articles in our dataset were directed at patients, conveying commands to them about what to do in the crisis, the style resonates somewhat with government advice given to civilians during the World War two which emphasised staying at home and contributing in small and prescribed ways to the war effort (Mroz et al., 2021, page 4). A social practice related to engaging with the heroising was identified in the discursive pattern of commendation and declarations from the public and of collective clapping (McKay et al., 2021; Mohammed et al., 2021). The clapping and protecting the NHS was defined as representative of community, belonging, pride, nationhood, from which social actors got enjoyments, but also as problematic, for example, "media reported that rituals such as clapping and pot banging were not only intended to honour nurses but had performative benefits to participants" (Mohammed et al., 2021, page 7).

Discussion

This integrative review is the first to systematically synthesise literature pertaining to discourses of heroism in healthcare and furthermore provides valuable insight into the archaeology and genealogy of healthcare heroism. Six studies provided insight into the archaeology of healthcare heroism as they examined the context of Covid-19, three others provided insight into the genealogy of healthcare heroism as they examined a context of SARS in 2003, C Difficile in 2008, and a high-profile arrest of a nurse in 2017. Heroism of healthcare professionals was present in all studies bar one (Burnett et al., 2013), in which they were villainised. All studies which were from a range of geographical regions, healthcare settings and crises, found media representations of war to set the scene and ascribe meaning to subjects and events, suggesting an acceptability and universality of war discourse.

In studies where healthcare professionals were heroised, they were commonly constructed as idyllic heroes, but equally and paradoxically as victims, which served different purposes. Idealising was argued to inspire other professionals to act under risk (Bengnini, 2021), as justification for working in dangerous and uncertain contexts (Mohammed et al., 2021), to distract from mistreatment from the government (Mckay et al., 2021), to reassure the public (McGillis Hall et al., 2003) and guide public behaviour (Mohammed et al., 2021). Heroes were positioned in relation to the public, who as a result, took on subject positions of 'good citizens' or 'villains', this was understood to be a discursive tool which facilitated control and compliance amongst the public (Skog & Lundstrom, 2022; Mohammed et al., 2021). One anomalous study found healthcare professionals to be villainised and blamed for the Clostridium Difficile outbreak in the hospital (Burnett et al., 2013). Thus, whilst healthcare professionals tend to be cast as key characters, they can be signified in distinct and opposing ways (hero/ villain) depending on circumstance and moreover the social, political and fantasmatic conditions, which render discourses acceptable.

Though this review is novel and provides insight, it is important to be aware of its limitations. Most of the studies examined heroism in a context of Covid-19 and so the archaeological contribution is far greater and more robust than the genealogical, thus it is unclear as to whether the findings can be readily transferred to other historical contexts and crises. This review was also limited to nine English and peer-reviewed studies and is subject to the methodological weaknesses identified within the studies, thus the findings ought to be interpreted with caution due to small sample size.

Suppositions from the Problematisation

A genealogy of the NHS implicates its heroic discursive origins in a historical period of significant socio-political and emotional transformation. The post-war era in which the NHS was inaugurated represented a fantasmatic time of hope for better things to come, societal salvation and moreover liberation from the preceding elite ruling classes; this may be deeply embedded within discursive constructions of the NHS. The archaeology suggested that the surge in NHS heroism during the lockdown, may have been linked to a need for social compliance and control from the public as demonstrated in political and policy documents. This was further demonstrated in the archaeological and genealogical contribution, which found dominance of not only healthcare heroism but also, discourses related to expectations of the behaviours of the public namely good citizenship which involved individual responsibility, self-discipline, and compliance with measures in support of or in protection of NHS heroes. This suggests that political mobilisation of heroic discourses within the NHS can both draw upon pre-existing social and emotional myths, narratives, and signifiers. For example, signifiers of hope, salvation and heroism can facilitate maintenance of power, control, and compliance with expectations, rules and regulations informed by a philosophy individual responsibility.

1.7 Research Questions

Returning to the social practice of heroising the NHS during a context of Covid-19, the systematic literature review, and the archaeological and genealogical problematisation leads to several questions to be explored in the thesis:

1. What social practice/s were related to the heroization of NHS staff and how can they be characterised?
2. How was heroisation of NHS staff hegemonically and politically instituted?
3. What influenced the grip or force with which the narrative took hold?

Chapter Two: The Method

2.1 Overview

This chapter presents and discusses the methodology employed in the present study, to outline how the research question surrounding NHS hero discourse was addressed. This chapter is divided into four parts; firstly, the philosophical foundation of the study, where I report upon ontology and epistemology; secondly, the theoretical framework, where I report upon post- structuralist discourse theory; thirdly, the method, there I describe the logics approach, which includes, problematisation, the logics and the process of articulation; and finally, I outline the empirical setting, which includes the research context, the empirical materials, the search criteria, the research process, analysis and ethical considerations.

2.2 Part One: Philosophical Basis

Research philosophy comprises the ontological and epistemological basis and assumptions within which research is located, these philosophies guide and inform this enquiry about the NHS hero discourse. A philosophical basis can be explicit, implicit, or outside of one's awareness (Creswell & Poth, 2018). Ontology is concerned with the nature of reality and epistemology is concerned with assumptions about knowledge and how it should be acquired and accepted (Grix, 2019). Both converge to create an understanding of the nature of the world and within research can facilitate formulation of philosophical framework, which influences the research question and the appropriate selection of methods (Berryman, 2019). An ontological and epistemological position is fundamental within legitimate research, in particular, it aids in ensuring methodological consistency with the assumptions of the overarching framework (Connolly, 2006; Hay, 2006). Failure to consider and report upon one's philosophical framework can significantly impact the quality and rigor of the research (Easterby-Smith et al., 2012; Holden. & Lynch, 2004).

2.2.1 Ontology

Ontology is a branch of philosophy which is concerned with metaphysics, namely, the study of being, existence and reality (Hofweber, 2020). Ontological considerations are focussed upon whether the external world, or rather, reality as we see and know it has a pre-determined structure and nature or not (Grix, 2019). Ontological schools of thought exist within an ideological spectrum of assumptions about reality (Pathirage et al., 2007). Whilst realists posit that external reality has a predetermined nature and structure (Sexton, 2004), idealists'

postulate that there is no external reality composed of energy and matter, rather there is only the reality which exists in our minds and thus that reality and truth can vary across person, place, and time (Collins, 1983). This study uses the logics approach whose ontological position that is neither realist nor idealist. Whilst there is an acceptance of a physical reality, for example, there is a physical NHS and a physical Covid-19 Virus, reality is understood to be socially constructed by people through language (Berger, 1966) rather than held in their minds. Namely, that the NHS is the NHS, that Covid-19 is the Covid-19 virus and that the NHS were talked about as heroes, occurred because of and through language, which allowed objects and subjects to be signified and thus the experienced "reality" of hero NHS narrative occurred through and because of discursive social practices.

Ontological Assumptions within the Research

The logics approach has several core ontological assumptions about the nature of reality (Glynos & Howarth, 2007). To begin with, all behaviour, social practices and regimes are understood to be discursively constructed, namely, language constructs systems of meaning which converge to form definitions, classifications, characterisations, and identities which make up reality (Glynos & Howarth, 2007). Without language, objects, or subjects, for example healthcare workers and the public have no definition or identity, and so discourses are necessary to create meanings and thus a reality (Jorgensen & Phillips, 2002). Through language a particular thing can have many meanings and significance depending on place, culture, and time, for example, the NHS and its workers have taken on many meanings over time, from being demonised to valorised. It is important to note that, there is a concrete reality, abstract ideas about reality and a third order, the symbolic, which mediates between the two (Deleuze, 2004). For example, there is the concrete reality of the National Health Service, a national provider of free health care at the point of access to the masses, there are abstract ideas about the NHS (heroic, useless), and there is the symbolic third order elements, which is what the NHS and its workers signifies, (a sort of constant reassuring presence) and this determines the nature of beings and objects which come to realise it.

The ontology is informed by radical contingency and structural incompleteness of reality; this means that discursively derived identities and practices are intrinsically unstable and unfixed, thus a complete identity can never be fully realised and is vulnerable to change (Glynos & Howarth, 2007). Within the logics approach, reality is constructed through four dimensions; the social dimension, in which social actors are immersed and engaged in social practices; the

political dimension in which radical contingency (that the world can never be fully fixed and is open and vulnerable to modification and transformation) may be actively drawn upon to reinforce, modify or contest social relations and practices; the ideological dimension, which serves to facilitate engagement with social practices which are politically informed; finally, the ethical dimension, in which social actors become observant of the social practices with which they are engaged (Glynos & Howarth, 2007). In relation to the NHS hero narrative, the social dimension refers to the everyday and ordinary social practices associated with the discourse, the political dimension refers to the cultivation, justification, defence, or contestation of the idea that the NHS is heroic, and the ideological refers to the fantasy element which reinforced them through affective appeal.

2.2.2 Epistemology

Epistemology is a branch of philosophy which is concerned with understanding the nature of knowledge, for example, the nature, derivation, and scope. It strives to apprehend what can be known and how we know it (Grix, 2019), thus we might ask, what can be known about the NHS and its personnel and how can it be known, for example, what bodies of knowledge exist to facilitate an understanding of the NHS as heroic or not. Epistemological positions broadly speaking exist on a spectrum, at either end of which are two profoundly distinct and opposing schools of thought, these are, positivism and social constructionism (Easterby-Smith et al., 2002). Positivism, which is derived from the study of the natural sciences posits that the social world exists, and its properties can and should be measured through objective means. Conversely, social constructionism postulates that reality is not objective, real, exterior, rather that it is constructed and given meaning by people through language (Burr, 2015). Thus, the NHS was not understood to be inherently and measurably heroic during the context of Covid-19. There is a rejection of the idea that features, or characteristics of NHS heroism could be measured through objective and statistical means. Rather, a position is taken up that the NHS was talked about in such a way (as heroic) that allowed them to be understood and operationalised in this way at the time.

Moreover, people are defined as conscious, purposive social actors with ideas about the world, which are historical grounded and radically contingent (never permanently fixed and open to change) and are in a continual and evolving process of ascribing meaning, for example about the NHS and its personnel (Robson, 2002). Whilst positivists use deductive reasoning (top-down logic), in which they make inferences based upon verification of ideas,

which are understood to represent truth (Gill & Johnson, 2002), the logics approach (which is informed by social constructionism) uses a retroductive mode of reasoning, in which discovery and explanation/ justification (for example existing theories or evidence bases) are separated. The empirical material is interpreted through a process of oscillating back and forth between the phenomena in question (NHS heroism) and various working explanations, thus explanation is intimately linked to active discovery (Giese & Schnapp, 2021; Glynos & Howarth, 2007).

Epistemological Assumptions within the Research

Within the logics approach, there are several epistemological assumptions about the nature of knowledge and thus what knowledge can be derived from the research and its findings. Knowledge like reality is understood to be discursively constructed, namely, it is through language that meaning forms and objects, or subjects can be known and comprehended (Jorgensen & Phillips, 2002). Knowledge is also understood to be radically contingent, meaning that it is unstable, changeable, and incomplete. Thus, contingency means that a true or full account of the phenomena explored within this study can never be realised (Glynos & Howarth, 2007) which is important to consider in relation to the findings in order that ontological consistency is maintained. Rather than an attempt to derive knowledge-based truths, this research aims to describe and characterise aspects of the social world in relation to the NHS hero discourse and articulate the particular logics which informed it.

2.3 Theoretical Framework

2.3.1 Post-Structuralist Discourse Theory

This thesis draws upon the logics approach which is informed by post structuralist discourse theory (PDT). PDT posits that culture and society is structured and modelled through language and thus discourse is at the heart of society (Newham, 2020). It is through discourses and their meanings that subjects experience and understand themselves, others, knowledge, and reality. Discourses can be understood to be "systems of meaningful practices that form the identities of subjects and objects" (Howarth and Stavarkakis, 2002).

Within post structuralism there is no distinction between discourse and social practice; talking, doing and being are informed by meaning made from language and simply put it is neither possible to act nor be without meaning nor possible to create meaning without acting or being (Van Dijk, 1997; Newham, 2020). Therefore, there are no non-discursive elements

to society; for example, becoming unwell with a novel coronavirus or a pandemic are as discursive as what is written in a newspaper article or said in a political debate. Similarly, social actors and subject identities are discursive, rather than characteristics being internally (belonging singularly and wholly to an individual) or externally driven (influenced by environment), identities are composed of multitudinous converging flowing and fluctuating intersubjective societal discourses (Howarth & Stavarkakis, 2002).

Given that discourse is understood to comprise all aspects of reality and knowledge, such as, objects, subjects, beings, and practices, post-structuralists neither seek to nor view it philosophically possible to explore cause and effect. If there is no distinction between A and B, A cannot cause B and vice versa. Rather, they seek to understand relationships and interconnections; if A is a part of B, how are they related or connected? Furthermore, it seeks to explore how A and B have been connected in the past and considers radical contingency, context, and power in the formation of the social world, as flows of power are understood to reconfigure discursive connections (Glynos & Howarth, 2007).

2.4 Part Two: The Method
2.4.1 The Logics Approach
This thesis draws upon the logics approach for the analysis of the empirical materials. The logics approach is a post-structuralist critical explanatory framework developed by Glynos and Howarth in 2007. It follows the ontological and epistemological suppositions described thus far, with radical contingency and the structural incompleteness of all social systems and relations at its core (Glynos and Howarth, 2007). The logics approach was chosen for the purpose of this research because the heroisation of the NHS and the accompanying social practices were understood and observed to be discursively informed. Moreover, the novelty of the phenomena clearly indicated the ontological and epistemological suppositions of radical contingency and structural incompleteness which underpin the approach, deeming the method an appropriate and good fit. Moreover, the research described sought to examine the social practices surrounding the heroisation of the NHS. This fits with the logics approach which begins with observation of everyday social practices and seeks to explore how they were politically and ideologically informed.

Furthermore, the aim of the approach is to critically explain how social practices or regimes of practices (processes of collective mobilisation) are transformed, stabilised, contested,

which I sought to uncover, both in terms of what were the practices of collective mobilisation in relation to NHS heroism, and how were they were maintained or rejected through the process of conducting this research. The approach is characteristically problem driven. Unlike research, which is method or theory driven, it begins with identification of a puzzling social phenomena. In this case the heroisation of the NHS, which it seeks to characterise. This process begins with a problematisation, (archaeology and genealogy), which is the process of identifying a problem/ puzzle and considering how it formed because of, and, in relation to another concern (Howarth, 2013). Three core logics, (social, political, fantasmatic) constitute the rules and conjectures which make practices or regimes possible, comprehensible, or vulnerable and unconceivable are then drawn upon to make sense of the empirical data. Overall, the process of critical explanation within the logics approach involves an articulation and critique of findings, which follows a retroductive mode of explanation, which I will explain further.

2.4.2 Problematisation: Archaeology and Genealogy

Problematisation is a critical thinking process which strives to de-mythicise common or taken for granted knowledge or truths about social phenomena in the world (Foucault et al., 1988; Crotty, 1998). Moreover, knowledge or reality itself is understood to be a problem, which ought to be considered to allow for new levels of consciousness, alternate perspectives, and possibilities for action to emerge (Crotty, 1998). The development of problematisation as an object of enquiry and form of critical analysis, is greatly influenced by the work of Foucault, with the practice serving as the overarching concept in his 'history of madness' (2001). Foucault's work can be divided into the earlier archaeological and later genealogical phase, both of which comprise aspects of problematisation within the logics approach (Glynos & Howarth, 2007).

Archaeology can be defined as the rules and systems which determine whether statements can be accepted as meaningful and true at points in time (Foucault, 1970). Namely, it is concerned with the contextual structure of regimes of knowledge which determine whether things are true or false and can or cannot be said in particular epochs. Genealogy, on the other hand, is concerned with history and provides a way of investigating the origins of an object of enquiry or puzzling phenomena to expose operations of power by identifying patterns of

connection between discourse, institutions, establishments, and devices of domination (Howarth, 2002). This is predicated by the notion that discourse and knowledge and power, which are viewed as one and the same are intimately linked (Foucault, 1991); furthermore, that through discourse, power can be made, transferred, reinforced or undermined (Foucault, 1990). Archaeology, genealogy, and application of the logics which I will go on to describe, are used to illuminate hegemonic processes and shifts in power through an examination of divisions (equivalences and differences) within the social space (Howarth, 2002). Given the emphasis on hegemony and power relations, there is a requirement from the researcher to evaluate and critique the devices, practices, and establishments which possess power in relation to the genealogical work.

2.4.3 The Logics

Three interrelated explanatory logics underpin the approach which seeks to make sense of discursive practices in the social world; these are the social (what were the everyday social practices related to NHS heroism), the political (how were these practices mobilised) and the fantasmatic (why did they have a grip or hold on the population) (Glynos & Howarth, 2007). The social logics refers to a characterisation and articulation of social practices and regimes, namely, the everyday, ordinary, uncontested practices which comprise discourse (Glynos & Howarth, 2007). The social logics occur along a synchronic axis, as they are concerned with social practices and regimes which occur at a particular point in time.

Political logics are informed by the characterisation and articulation of processes of collective mobilisation with the aim of illuminating how discourses such as NHS heroism emerged, formed, was defended and naturalised or alternatively was interrupted, contested, or rejected over time (Howarth & Stavarkakis, 2000). In this way, the political logics are diachronic in nature, which means that there is an emphasis on linguistic historicity and the change in meaning of words over time. More specifically, political logics are understood to comprise logics of equivalence and difference, an idea which originated from the work of Laclau (see Laclau, 2005). Logics of equivalence and difference concerned with the dynamic process in which political boundaries are constructed, maintained, or fractured (Laclau, 2005). Whilst logics of equivalence entail the creation and privileging of antagonistic relations, logics of difference function to break down these chains of equivalences (Glynos & Howarth, 2007). Logics of equivalence does not necessarily mean that groups have the same vested interests in

common but can be united (equivalent) in relation to a common enemy (De Cleen et al., 2018), which can be seen to occur within populism (Speed & Mannion, 2020).

The fantasmatic logic refers to the affective hold, grip, and force which energises discourses and feeds into symbolic third order constructions inflected at the political level (Laclau, 2005). The fantasmatic logics then explicates the speed and direction of discursive shifts, for example, through the element of enjoyment of engagement with NHS heroism from social actors. They operate at the conscious or unconscious level and are typified by an idealistic fantasy logic which serves to conceal the reality of uncertainty, or rather, radical contingency in the world (Glynos, 2011). Significant fantasmatic logics which drive discourses are the beatific, (a sense of idealism, omnipotence, and control, once an implied obstacle is overcome), and the horrific, (a sense of inevitable catastrophe if the obstacle is not overcome) (Glynos, 2011).

2.4.4 Articulation

Within the logics approach, 'articulation' is a method of articulatory practice employed throughout the research process (Howarth & Torfing, 1999). Articulation involves providing an account of and explanation of the problematised NHS hero phenomena through articulation of archaeology, genealogy, and the logics and, moreover, the relationship between them (Glynos & Howarth, 2007). In line with the core ontological suppositions about the nature of all things, the articulatory process is understood to be contingent. Furthermore, the researcher is encouraged to be aware of, and include contingency in the process, which relates to the retroductive mode of reasoning. Retroductive reasoning is the process of observing or studying objects of enquiry, then developing a theory or explanation for them (Giese & Schnapp, 2021). The logics approach takes this one step further. Here retroductive reasoning is dynamic and circular in nature; namely, it involves the continual process of oscillating back and forth between the empirical materials and possible explanations in a process of ongoing discovery (Glynos & Howarth, 2007).

Given this, the researcher is required to be reflective, reflexive, curious, critical, and purposively immersed in the discursive field within which the object of investigation sits. The researcher is tasked with making sense of the empirical material and articulating a persuasive

and valid account of the issue. An articulation of an account would not be understood to be generalisable or predictive, as in other research methods, due to the emphasis on radical contingency. Rather the focus would be on how intelligible it is in line with an ontological and epistemology framework (Glynos & Howarth, 2007). Articulation was developed to prevent methodological deficits rejected by discourse theory related to approaches which draw upon a mechanical process whereby researchers apply 'theories' to understand 'events/ phenomenon'. Whilst existing knowledge bases and theories are considered as part of the process, they are understood to provide a limited or singular view / understanding of the object of study (Howarth & Torfing, 1999). The final stage of articulation involves providing a discussion and critique of findings (Glynos & Howarth, 2007).

2.5 Part Three: Empirical Setting

2.5.1 Research Context

The object of enquiry within this study are discourses related to the NHS, in particular, the NHS as heroic. This was developed in response to an observable process of collective mobilisation in which the NHS were valorised as heroes as Covid-19 emerged during the first lockdown. The main contextual focus of the study, then, was the first lockdown during covid-19 in the UK, which was from the 23rd of March to the 4th of July 2020.

2.5.2 Empirical Materials

The empirical data was secondary and real-world, was comprised of political and media sources. Specifically, this included spoken political debates which were conducted in the house of commons and written newspaper articles from the Sun and the Mirror. A mixture of both political and media texts were selected to widen data sources employed to deepen the trajectory of the analysis (Seale, 1999). Political debates were selected as data because they offer direct access not only to discourses about NHS heroism within society in a particular time frame, but also because they represent political voices which can illuminate political logics, for example, struggles for power and the manifestation of political will, through language, into social practices (Shaffner, 2010), which I sought to explore within this thesis. Media data obtained from the popular press was used because it offers access to a wide range of heterogenous discourses and accompanying language, meaning and identities about NHS heroism, both from the voices of the authors but also from the voices of the public which are

included within the articles. The popular press is increasingly recognised to be a rich course of information about a wide range of subjects and one of the most effective means of exploring narratives and representations, such as NHS heroism, which are circulated throughout society (Bingham, 2012). This has increasingly become the case with the digitisation of the press meaning that it can be readily accessed and interpreted by the public, which both informs and represents social practices and constructions of reality. Additionally, both the political and media data had the advantage of being readily and rapidly available for the purpose of analysis from keyword searches (Bingham, 2012). Moreover, the use of these forms of secondary data had an advantage over that which can occur in interview methods, namely, it was not influenced or biased by the researcher (Cheng & Phillips, 2014).

Political debates were obtained from Hansard online, which is a digital parliamentary service that publishes 'substantially verbatim' accounts of what has been said in parliament online and is readily available and accessible by the public (Hansard, 2023). Parliamentary debates as obtained through Hansard was opted for because debates include discourses from a wide range of political positions and ideologies. The selection of newspapers was done with the intention of matching them as much as possible across variables (both tabloids, similar number of relevant articles, similar in terms of circulation and popularity), aside from political orientation, where there was a deliberate attempt to select papers which would represent distinct ideologies, namely the broadly right-wing conservative Sun and broadly left-wing socialist Mirror. They were also chosen because they were amongst newspapers which have the highest circulation, popularity and reach and thus interaction and influence of the public (Watson, 2020). Newspaper articles were obtained from LexisNexis advance online, which is an online database where newspaper archives can be systematically searched (LexisNexis, 2023); this was accessed through the University of Essex library portal.

2.5.3 Search Criteria

Searches were completed on both Hansard and Lexis Nexis simultaneously on the 1st of December 2022. Both databases allow for selection of specific time frames and key word searches. Each database was searched during the first UK lockdown period from the 23rd of March to the 4th of July 2020. The key term word search was 'NHS hero', which yielded all debates or articles in which the terms NHS and or hero occurred. Aside from time frame, there was no exclusion criteria for the political data, for example, searches were completed of debates from both the house of commons and the house of lords, however, the output only

yielded debates from the house of commons. For the newspapers, articles were excluded if they were not national editions and / or online articles, as these were deemed to have the highest reach, however, although there were some differences, local editions (Irish, Welsh, Scottish) tended to repeat or duplicate national or online articles.

2.5.4 Research Process and Analysis

The research process was informed by the methods set out in the logics approach. Analysis included the problematisation and the analysis of the empirical (media and political) data sources gathered for the purpose of the study. In terms of problematisation, the search was widespread; as well as completing a systematic literature review and meta- synthesis, I searched a range of other databases for complementary information. I used the University of Essex library database and Google to search for academic texts, political and policy documents, and debates, and nexislexis to explore newspaper articles relating to the problematisation of the NHS as heroes; this included looking at documents pertaining to the context of covid-19 lockdown and the NHS at the time as well as historical resources about the heroisation of the NHS. These materials were interpreted and analysed using the discourse theory as described above.

The research process and analysis of the empirical data gathered within the study culminated to articulate the critical logics of explanation pertaining to NHS heroisation. The articulation of the findings drew upon the systematic search of the empirical materials during the lockdown period. Debates and articles were downloaded and carefully read. Heroic content, (where the word 'hero' occurred) was recorded, categorised, and tallied into an excel spreadsheet to produce an account of when, how, how often, and in relation to what, heroism had occurred. I did this both in relation to the NHS, and when other groups/ individuals had been referred to as heroes. This provided an account of the frequency and rate of heroic discourses and, the rise and fall of this construction of reality, which could then be compared across sources and time periods.

I then analysed the data according to the logics approach. This involved a process of complete immersion with the data, reading and re-reading it over time in relation to the political, social, and fantasmatic logics. I looked for discursive patterns across the data, this included discerning when something had been said over and over to provide evidence, and presence of each of the discourses and the accompanying logics, see appendix B for example

of the preliminary analytic process. For example, in relation to the social logics, I examined the data sets to look for evidence of everyday social practices, (what people were doing) which were taken to be ordinary, normal, and taken for granted at the time. When a particular social practice was repeated over and over across the data sets, this took the form of a 'social logic'. With regards to the political logic, I looked for occurrences of equivalences or differences within the data, which again occurred over and over, thus becoming accepted truths, this took the form of political logics. Finally, I looked for evidence of beatific or horrific fantasy processes which were repeated across tests, this then took the form of the fantasmatic logics. In doing so, I developed a characterisation and articulation NHS heroism, which was felt to be the most persuasive and intelligible at the time.

2.5.6 Ethical Considerations

Ethical approval was requested and obtained from the University of Essex Research Ethics Committee; see Appendix C. All data used within the study is publicly available and did not involve interaction with human participants and thus the research is exempt from ethical risks of harm.

Chapter Three: Results

3.1 Chapter Overview

This chapter presents the findings of the analysis of the empirical materials. It includes an articulation of the critical logics of explanation namely, the social logics, the political logics and fantasmatic logics.

3.2 The Social Logics: Logic of Compliance

I begin by articulating the social logics, these are the everyday practices which appeared natural, uncontested, and normal within the context of the first Covid-19 lockdown. Namely, practices of collective mobilisation which the population were ordinarily engaged in.
The overarching social logic identified across the empirical data was compliance, this can be regarded as a nodal point and unifying privileged signifier of meaning around which social practices were organised and constituted.

In articulating this logic, I describe three interlinked social practices of compliance which were identified due to their dominance within the empirical materials; these were, the everyday practice of talking about the NHS as heroes; the practice of clapping for the NHS heroes and the practice of adhering to lockdown laws and guidelines, such as social distancing and socially isolating. Whilst the guidance was in part enshrined in law and governance, they also came to be embodied norms within society and were understood to be discursive social practices.

The prominence and recurrence of these social practices served to maintain and fortify a 'truth' that the NHS workers were heroes, which in turn reinforced subjugation to the discourses through compliance. Namely, the relationship between discourses of heroism and compliance on subject identities was dynamic, connected, reinforcing, and circular, both heroism and compliance fed into one another, i.e., the NHS are heroes, I need to be compliant; I am compliant; therefore, the NHS are heroes and so on. More specifically, figure one shows how the social logics / everyday practices, namely, talking about the NHS as heroes, clapping for the NHS and following guidance, were all interlinked in that each practice reinforced and facilitated the other, and were all located on a key signifying nodal point of compliance which provided meaning and structure to these practices. Compliance as

a means of protecting and supporting the NHS heroes was ethically, morally, and bodily constituted. Specifically, obedience which was morally inferred (doing the right thing for the NHS and for the population) occurred through self-regulation and management of one's own body (clapping, staying indoors, keeping a distance from others, and wearing a mask).

Talking about the NHS Heroes

Nodal point of compliance

Following rules and guidance

Clapping for the NHS
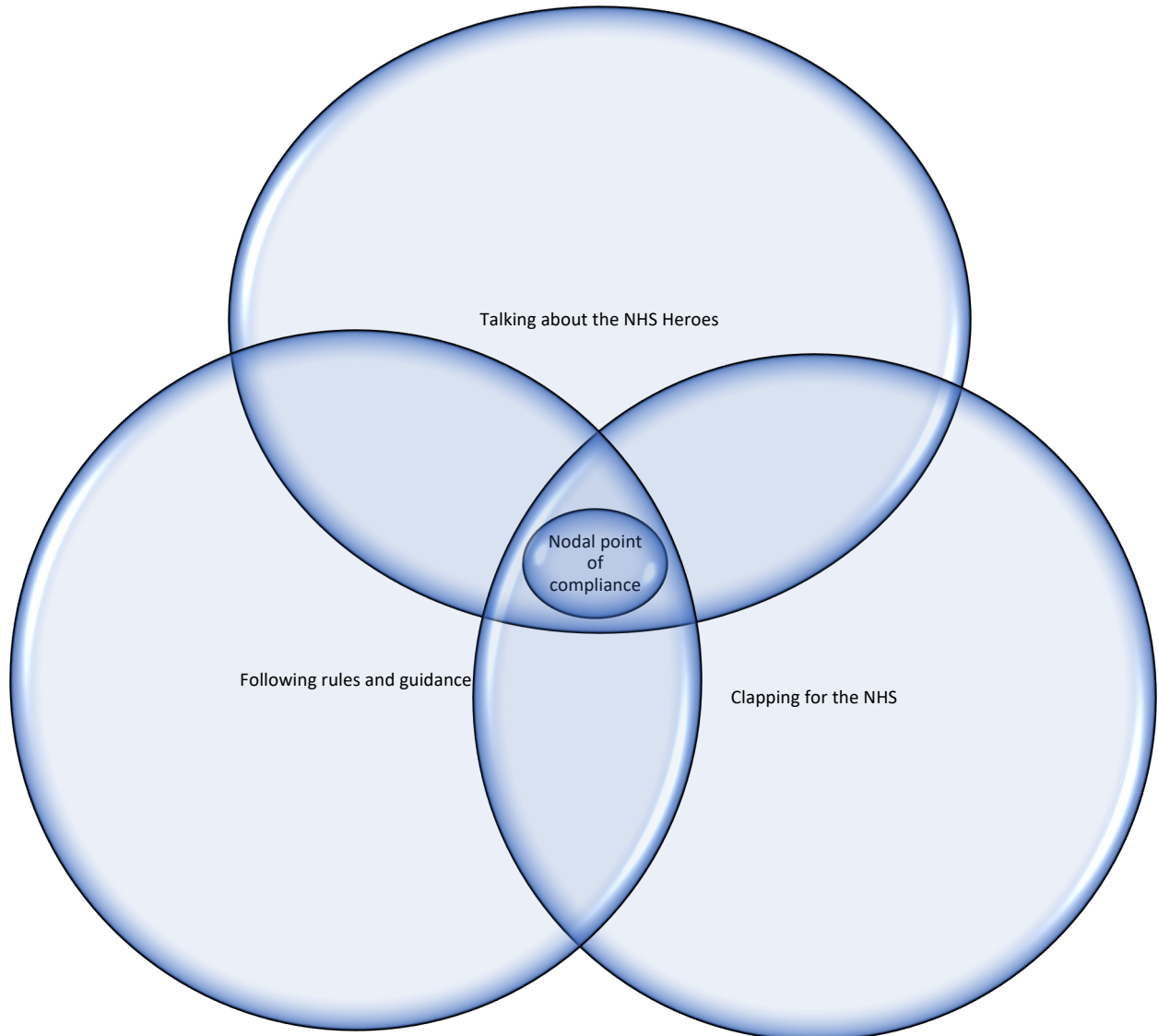
Figure one: The dynamic and interconnected relationship between discursive social practices located on a signifying nodal point of compliance.

3.2.1 Talking about the NHS as heroes

The social practice of talking about the NHS as heroes was evident across the empirical materials; in particular, it was present amongst the wide range of voices in the media, including both authors and voices of the public. Furthermore, it is evidenced in the recurrence of the phrase 'NHS hero' within the data. In the articles examined for the time frame, the phrase appeared 496,336 times in the Sun newspaper and 310,157 times in the Mirror newspaper. Talking about the NHS as heroes mirrored the dominant hegemonic rhetoric of 'stay home, protect the NHS, save lives', thus was a practice of compliance.

3.2.2 Clapping for the NHS Heroes

The second social practice signified by the nodal point of compliance was the weekly national clap for the NHS heroes, which represented an instituted discursive practice of submitting to heroising. The clapping commenced on the 1st of April 2020, which was five days after the lockdown was introduced. This was also the period when 'NHS hero' language peaked, demonstrating the clear link between the nodal point of compliance and the social practices of talking about the NHS as heroes and clapping for them. The clapping as a collective social practice of mobilisation was evident across political and media domains. Political voices described personal and national participation in the clapping, "I have clapped for our carers. As a community and a country, we have expressed our gratitude to our NHS heroes and all our key workers (Stephanie Peacock, Labour MP, Testing of Health and Social Care Staff, page 19). Similarly, "Over the past few months, our nation has come together to save the NHS from being overwhelmed, but it has also united every Thursday with its clap for carers". (Peter Gibson, Conservative MP, Health and Social Care Workers Recognition and Reward debate, page 6).

The social practice of clapping was also evident in the media:

> "Millions of Brits united to 'clap for carers' once again tonight as they paid tribute to NHS workers battling the coronavirus pandemic. Whether it was applauding on their doorstep or balcony, the country grinded to a halt at 8pm to take a moment to thank nurses, doctors and other health workers who are tirelessly tackling the Covid-19 outbreak" (Jamie Hawkins, The Mirror, April 16th, 2020).

Here the entire country is described to have come together and halted to engage in the practice.

Similarly:

"The NHS means so much to us as a family, it really does - and it's something the entire nation is proud of. The current situation has really shone a light on what these amazing people - the doctors, porters, and nurses - do for us every single day. Us all coming together to appreciate them has been such a fantastic moment, and we are out clapping every Thursday night at 8pm for the heroes" (Benjy Potter, The Sun, 25th of May 2020).

The clapping was explicitly presented as an act of solidarity, gratitude and as a reward to the NHS heroes for their sacrifice; the implicit consequence however was compliance, both in the way the public conformed with the act, but also in the way that it represented a collective need to obey the lockdown rules and guidance for the heroic NHS workers.

3.2.3 Following the Rules

The social practice of following the rules and abiding by lockdown guidance is evidenced in the recurrent discourses related to them within the empirical materials. This included descriptions of the public following them, for example, "most of the country is doing its bit by social distancing" (Fiona Parker, The Mirror, April 23rd, 2020); "Downing Street praised the nation for sticking to social distancing rules and largely observing the lockdown. (Ben Glaze and Tom Parry, Mirror, March 31st, 2020); (people are) "following the social distancing measures by and large" (The Sun, Rachel Dale, Tom Newton Dunn and Sarah Ridley, April 13th, 2020).

It is also evident in depictions of behavioural practices and events which emphasised or described modifications to adherence with the guidelines, for example, "We all had to rehearse at a real distance, so we weren't contravening the social distancing rules" (Rob Pattinson, Robin Perrie, Andy Jehring, The Sun, May 9th, 2020).

"I WANT to thank everyone coming into my shop who have been so patient with the social-distancing rules. We've never had anyone moan or groan about queueing and when we are having a bad day, which can happen sometimes, people just pull together. It makes things that bit easier" (Voices of the Public, The Sun, May 10th, 2020).

Similarly, "I used to enjoy rambling in my spare time. Now, in my time off work, in line with social distancing, I have had to adapt to short walks to my local park." (Siobhan McNally, May 2nd, 2020, The Mirror).

3.2.4 Following Rules Whilst Clapping

The connection between the social practices of clapping and obeying guidance is evident in the recurrence of language in which the two were presented together and thus intimately linked. For example, an article reports upon commentary from firefighters:

> "We hope others will instead choose to show their support and gratitude to key workers in other ways such as clapping from their homes, placing decorated signs in their windows, donating whatever they can to worthy causes, and of course, staying safely at home." (Joe Duggan, April 16th, 2020, The Sun).

Similarly, "People are now asked to go to their front doors or windows - while maintaining social distancing rules - and clap for a minute each Thursday" (Rachel Dale and Matt Wilkinson, The Sun, April 3rd, 2020).

> "The events will reach a climax with a nation-wide clap at 5pm on Sunday when people are being asked to come out again on their doorsteps or stop what they're doing following social distancing rules to applaud and then spend some time with neighbours and friends to reflect on those connections that continue to strengthen our communities as we move into the next stage of the crisis" (Jamie Hawkins, The Mirror, July 4th 2020).

Likewise, in an article a celebrity talks about participating in the clapping, which she then follows up with a video about following the rules:

> "The former I'm A Celebrity star cradled her son as she captioned the video: "I don't know if you can [hear] but the whole street is clapping, and I had to stop the camera because I was about to burst into tears." She followed-up the video with another clip, in which she hailed her family as they respected the lockdown rules and stayed indoors." (James Brinsford, The Mirror, March 27th, 2020).

3.2.5 Inferences from the Social Logics

Within the empirical materials the social logic of compliance was identified through the everyday practices of talking about the NHS as heroes, clapping for the NHS heroes and following the explicit and implicit rules of the lockdown and adapting one's behaviour in accordance with these, for example, staying at home, socially isolating and distancing. This logic was inflected by a range of voices who both described and emphasised compliance with these core practices.

3.3 The Political Logics: The Political Logic of Equivential Heroisation

Political logics aim to capture and explicate processes of collective mobilisation. Namely, I seek to identify what were the political logics that informed and expounded the naturalisation of the everyday social practices inferred by the social logic of compliance. Political logics may comprise logics of equivalence and difference, logics of equivalence occur when organisationally grounded linguistic tropes are used to draw uniformities between components, groups, or social actors, typically by appealing to an existing social norm; logics of difference on the other hand occur when there is an attempt to break down these chains of equivalences by drawing or highlighting disparities between component groups. Within the empirical materials a political logic of equivential heroisation as a hegemonic discursive process was identified; namely, heroisation itself was a politically and organisationally grounded trope used to create equivalences between social actors, which included both the NHS and the public, this was present within both political and media data. As well as illustrative examples, which I will later go on to describe, this political logic can be evidenced through a discursive analysis of heroism, namely an exploration of the incidence and frequency of hero language during the lockdown period in the political field and in the media.

3.3.1 Evidence of the Political Logic of Equivential Heroisation from the Discursive Analysis of Empirical Materials

3.3.1.1 The Political Field

The keyword search of 'NHS hero' in Hansard for the lockdown period yielded four debates; these were Public Health; Covid-19; Testing of NHS and Social Care Staff and Health and Social Care Workers: Recognition and Reward. Table three demonstrates that in the Public Health debate, the working public were heroised on two occasions by members of the Conservative party. In the Covid-19 debate, the working/ volunteering public were heroised by the Conservative party on two occasions, by the Labour party four times and by the Scottish National party (SNP) once. In the Testing of Health and Social Care debate the NHS were heroised four times by the Labour party and the Conservative party and once by Crossbench political members and there was one occurrence of heroising care home staff by the Conservative party. In the Health and Social Care Recognition and Reward debate the NHS were heroised six times by the Conservative party; NHS and social care staff were together heroised three times by the Conservative party, twice by the Labour party and on one occasion by the SNP. Porters, cleaners, allied health professionals and volunteers were heroised by the Labour party once; carers were heroised by the Conservative party once and all those who exceeded their job expectations were heroised once by the Democratic Unionist party (DUP). These findings demonstrate evidence of heroisation of both the NHS and the public and on a lesser scale some secondary groups of people such as social care staff and carers, during the time frame and across a range of political positions.

The line graph figure two shows that there was an exponential increase in the frequency of 'hero' content and thus heroisation from the start to the end of the period in which the debates covered (May 4th to June 25th, 2020). It is of note that whilst the heroisation of the NHS increased over time, there was an inverse process by which the heroisation of the working people (the public) decreased over time, see figure one, which may represent shifts in political goals, namely an increased need for compliance as opposed to an active workforce. For example, in the debates which were made earlier in the lockdown (May 2020), there was a lack of explicit heroic discourses in relation to the NHS, rather, what dominated were discourses related to going to work, volunteering, and 'doing your bit', which was present from both Conservative and Labour members. In the debates which were later in the lockdown (June 2020), there was a discursive shift, emphasis was relocated from 'the

everyday person doing their bit' to those in frontline roles, in particular, the NHS and social care were heroised, which was evident across party lines, but overall, this process occurred most consistently from Conservative voices.

Debate	Date	Identified hero	Political party	Total
Public health debate	4th of May 2020	Everyday people going to work	Conservative	2
Covid-19	11th of May 2020	British people in the community across a range of professional backgrounds (health and social care, technical, essential) volunteers and so on.	Conservative	1
Covid-19	11th of May 2020	Key workers in public sector	3 Labour, 1 SNP	4
Covid-19	11th of May 2020	Working class people	Labour	1
Covid-19	11th of May 2020	people who go to work, who help neighbours to do their shopping	Conservative	1
Testing of NHS and social care staff	24th of June 2020	NHS	2 Labour, 3 Conservative, 1 crossbench	7
Testing of NHS and social care staff	24th of June 2020	NHS Efforts to prevent critical care beds being overwhelmed	Labour	2
Testing of NHS and social care staff	24th of June 2020	Care home staff	Conservative	1
Testing of NHS and social care staff	24th of June 2020	NHS testing lab staff	Conservative	1

Health and social workers recognition and reward	25th of June 2020	NHS and social care staff	Labour 2, Conservative 3, SNP 1	5
Health and social workers recognition and reward	25th of June 2020	NHS staff/ migrant NHS Staff	Conservative	5/1 (6)
Health and social workers recognition and reward	25th of June 2020	Porters, cleaners, caterers, HCA's, allied health professionals and volunteers	Labour	1
Health and social workers recognition and reward	25th of June 2020	Carers	Conservative	3
Health and social workers recognition and reward	25th of June 2020	all those who went above and beyond their job descriptions	DUP	1

Table 3 Hansard 'NHS hero' search during the lockdown
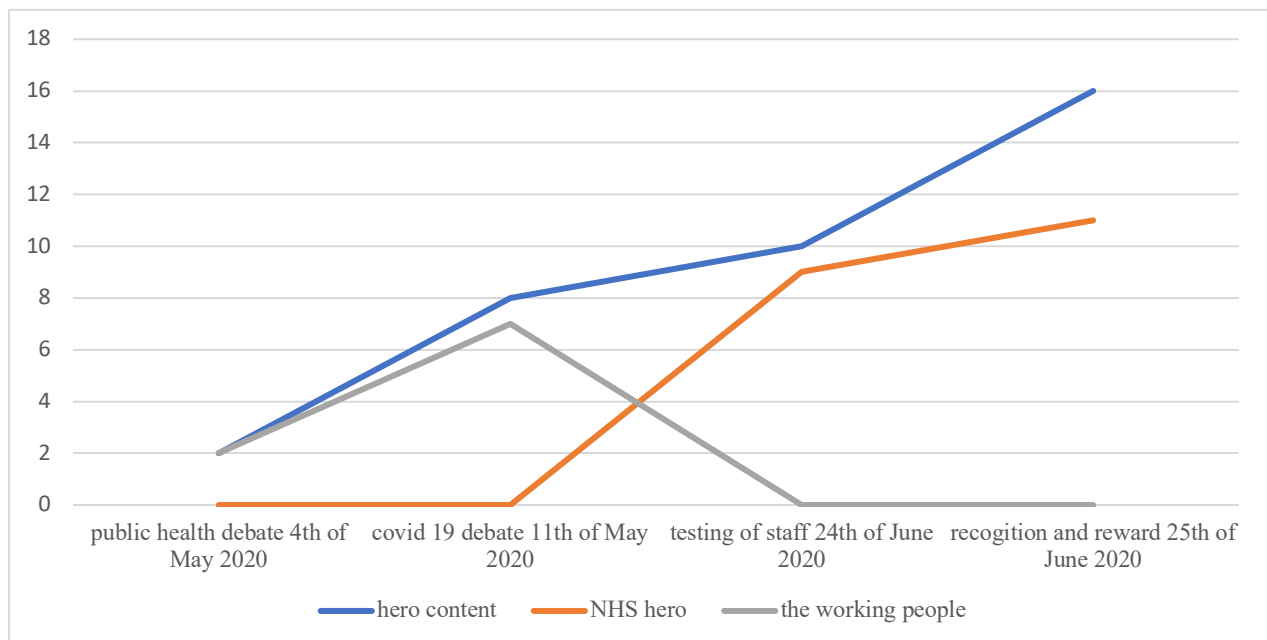
Figure Two. Temporal hero discourse trends within the political debates

3.3.1.2 The Media

Table four shows the findings of the analysis of the Sun Newspaper during the lockdown period. In the Sun there were 553 references to the NHS as heroes in total over the lockdown period. In March there were twenty-seven heroic references, which increased in April to 339, then decreased in May to 103 and further in June/ July to only twenty-four mentions, demonstrating an increase and decrease related to the timeline of the lockdown enforcements and hegemonic drivers to public compliance. This pattern was mirrored for frontline workers, in March there was twenty-one heroic mentions, which rose to thirty-eight in April and declined to sixteen in May and zero in June/July, and, for veterans and war heroes, in March there was two heroic mentions, in April there was 165, in May there was sixty-five and in June/ July there was only one mention. There were 234 total references to armed forces/ veterans as heroes; primarily, war heroes were described to be helping roles or in support of the NHS heroes, thus they were discursively linked.

Acts such as gifts or donations to NHS charities followed a similar but more stable pattern, travelling from one mention in March, to twelve in April and eight in both May and June/July. There was little change in the heroisation of celebrities, but there was a slight decline and increase over time which reflected the increase in heroisation of the NHS during the height of lockdown period. The public were heroised more in the earlier months of March and April, with nineteen then eighteen mentions, which declined in May to six mentions and again in June/ July to only three mentions. Similarly, volunteers were heroised more in the early months, with ten occurrences in March and fourteen in April, which declined in May (six) and again in June/July (one mention). Carers were not heroised in the early months of March and April but were on seven occasions in May and once in June/July.

Table five shows the findings of the analysis of the Mirror newspaper during the lockdown period. There were 535 references to the NHS as heroes, an almost identical quantity to the Sun. There were eighty-two occurrences in which the NHS were heroised in March, which was three times as many as in the Sun, this rose to 245 in April, then declined to 148 in May and 60 in June/July. Whilst both newspapers showed a similar temporal pattern, there was a sharper incline and decline in the Sun as compared to the Mirror in which heroism was more constant. There was similar but less dramatic temporal pattern for frontline workers, namely, in March there was four mentions, which rose to fourteen in April, sixteen in May and then

declined to five in June/July and for veterans and war heroes, for example, one mention in March rising to nine in April and May and declining to two in June/ July.

There was only twenty-one mentions of war heroes and veterans in the Mirror, suggesting less of a discursive link than in the Sun. Acts such as gifts or donations to NHS charities followed a similar but more stable pattern, travelling from no mentions in March, to eight in April, six in May and three in June/July. The heroisation of celebrities remained largely constant, from zero in March to three in April and four in both May and June/July. Conversely to the Sun, the public heroisation increased over time, with five mentions in March, which rose to twelve in April and May and rose again to twenty-two in June/July. There was little temporal change in the heroisation of volunteers, there was three mentions in March, one in April, three in May and none in June/ July. Carers were not heroised in March, but this increased to seven mentions in April and four in both May and June/ July. Distinct from the Sun, there was heroisation of scientist/ experts in the Mirror, which occurred on two occasions in April, and of migrants which occurred once in April and once in May.

Comparing both newspapers then, the process of and political logic of heroisation of the NHS, frontline workers, and the public as heroes was mutually dominant. However, they differed considerably in terms of reference to armed forces/ veterans as heroes, with it being far greater in the Sun. It is also important to note that frontline workers were at times a vague concept, sometimes authors explicitly referred to non-NHS public sector essential roles such as teachers, police, carers, bin men, bus drivers and so on, but at others, also implicitly suggested the NHS. Considering this, the three most distinct and dominant discourses of heroism were, the NHS, everyday people, and the armed forces/ veterans, the first two of which mirrored those found in the political debates.

Identified hero	March	April	May	June-July	Total (lockdown period)
NHS/ NHS worker	27	339	103	24	553
Sportsmen	4	2	1	4	11
Everyday people/ the public/ the community	19	18	6	3	46
Volunteers	10	14	6	1	31
Frontline public sector key workers	21	38	16	0	75
Veterans and armed forces (war hero's)	2	165	65	1	234
Gifts, donations, charities for the NHS	1	12	8	8	29
Carers	0		7	1	15

Table 4. Content and frequency of heroic discourses during the lockdown period in the Sun

Identified hero	March	April	May	June-July	Total (lockdown period)
NHS/ NHS worker	82	245	148	60	535
Sports/ music legends	0	3	4	4	11
Everyday people/ the public/ the community	5	12	12	22	51
Volunteers	3	1	3	0	7
Frontline public sector key workers	4	14	16	5	39
Veterans and armed forces (war hero's)	1	9	9	2	21
Gifts, donations, charities for the NHS	0	8	5	3	16
Carers	0	7	4	4	15
Scientists/experts	0	2	0	0	2
Migrants	0	1	1	0	2

Table 5. Content and frequency of heroic discourses during the lockdown period in the Mirror

The line graphs shown in figures three and four show that within both newspapers there was a discursive trend in which there was an increase of 'NHS heroes' from March with a peak in April then a decline towards the end of the lock down, however, within the Sun newspaper this process was mirrored by discourses of military heroism. It is also of note, which is shown in figure three, that there was a sharper incline, greater peak, and sharper decline of the NHS hero discourse within the Sun as compared to the Mirror which had a steadier rate of decline. It is worth considering that March 26th was when the lockdown was legally enforced, by April 16th it was extended for 'at least three weeks' and it was not until May 10th that the prime minister announced a conditional plan for lifting lockdown, which suggests that the peak of the NHS hero discourse represents the political logic of heroisation which informed the social logic of compliance as it mirrored the height of the temporal rate of lockdown enforcements and emphasis on compliance and control.
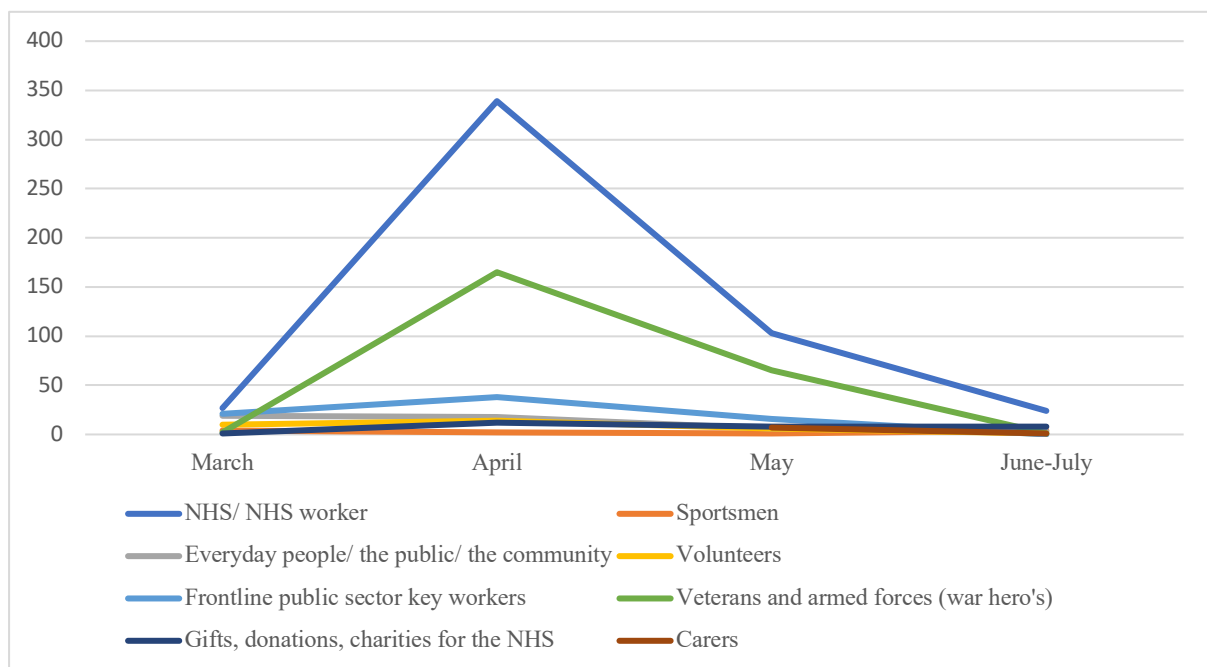
Figure three. Discursive hero trends over time in the Sun
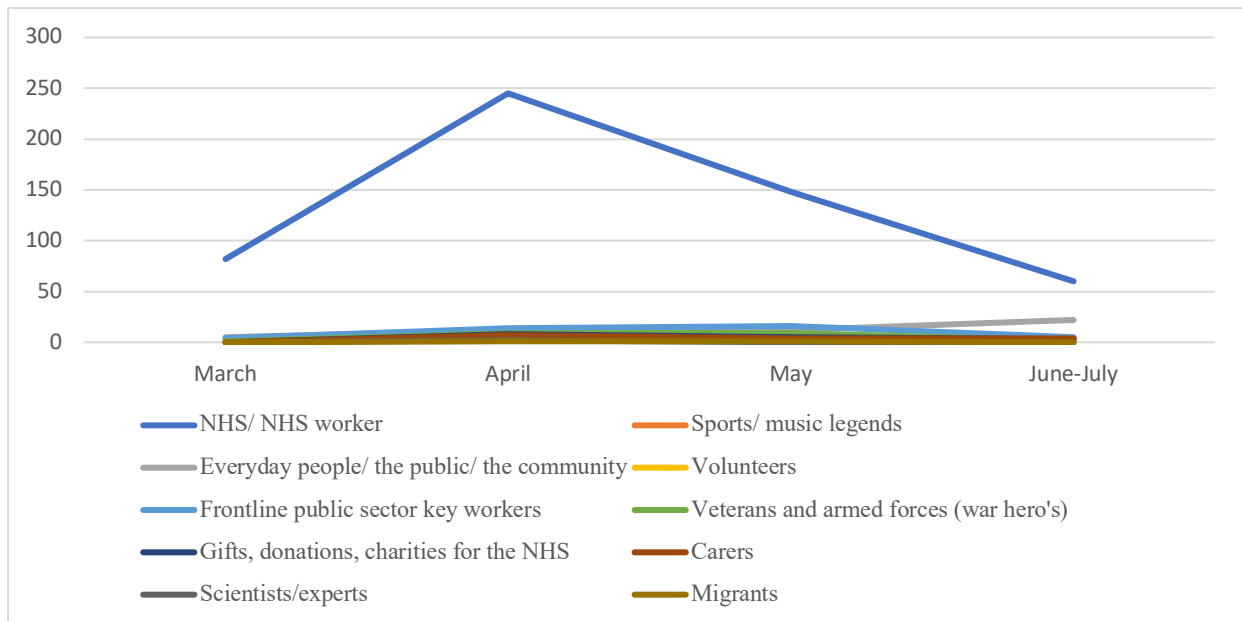
Figure four. Discursive hero trends over time in the Mirror

3.4 Illustrative Examples as Evidence of the Political Logic of Equivential Heroisation

As described, "heroisation" was a politically and organisationally grounded rhetorical trope used to cultivate equivalences amongst social actors, not only the NHS, for example, "We should never tire of saying that our NHS and care workers are true heroes and that we are incredibly grateful for their skill, dedication, selflessness, and sacrifice" (Rushanara Ali, Labour MP, Health and Social Care Workers: Recognition and Reward, page 13), but also within the population at large:

> "In the past few weeks, the darkness that has engulfed us all has been emotional, economic, and extensive, but it has been illuminated by a million points of light: the response from the British people has been immense. People in all our communities have performed selfless, heroic acts—stoic, disciplined, kind—from, now, Colonel Tom to our health and care workers, our scientific and tech community, businesses, those who came out of retirement, critical workers, volunteers, and the public who through their resolve have reduced the rate of infection and sent this virus into decline"(Penny Mourdant, Conservative MP, Covid-19 debate, May 11th).

> Similarly:

"Of course, there are many unsung heroes, from the people who go out to do their job to keep everything going, to the people who go out to help their neighbours do their shopping. We must not forget them when we come to commemorate those who have steered us through this outbreak". (James Watling, Conservative MP, Covid-19 Debate, 11th of May 2020).

Thus, there was a political logic of heroisation in which the NHS and the public were discursively constructed as heroes; the use of 'heroes' appealed to a pre-existing socially accepted norm linked to virtue and good citizenship, this informed the collective mobilisation of social practices signified by a nodal point of compliance. Consequently, complying with talking about the NHS as heroes, clapping, and subjugating to rules and guidance was informed by a political logic of heroisation in which equivalences were made amongst the NHS and the public and "heroes". In this way, the NHS were constructed as heroic in their plight against Covid-19, therefore, there was a need to comply, and the population was/ had the potential to be heroic if they complied.

The political logic of heroic equivalences constructed and privileged antagonistic relations; namely, a collective uniform national British struggle against a common evil, the Covid-19 virus grounded on a philosophy of individual responsibility. Furthermore, it served to produce a universal form of nationalism which operated as a common and collective reference point for compliant social practices within society, maintaining social control and order, irrespective of differences of inequality such as, race, socio-economic status, and health factors, which meant that people were affected differently by the varying health and economic impacts of Covid-19 and the lockdown.

The relationship between the political logic of heroism and the social practices of compliance can be clearly evidenced through the empirical materials. For example, the recurrent ascription and labelling of NHS workers as heroes and the way in which the 'NHS heroes' were cited as urging or inviting public compliance, for example,

"NHS heroes have one message for the public -stay at home and save lives. They urged the public to follow the rules and make sure they were socially distancing -only going out for essentials or for exercise once a day and making sure they stayed at least six feet from each other. Dr Hepburn said: 'Please please listen to gov advice about staying in. Don't pop to the corner shop to get some milk, please, please listen to the

advice because ATM we have things just about under control but if infections rise even further it will be very frightening". (Jane Lavender, April 7th, 2020, The Mirror).

Similarly,

> "The biggest support we can all show our NHS heroes is by following that crucial government advice on social distancing, self-isolating, hand hygiene and using tissues to catch, kill and bin coughs and sneezes." (Paul Jiggins, The Sun, March 25th, 2020).

There were also campaigns within the media backed by politicians which were informed by a logic of heroisation, these strengthened equivalences which constructed the NHS as heroic, for example, the George Cross campaign; this was an initiative related to the provision of a medal (such that soldiers in a war might be awarded) for NHS workers.
In the Sun newspaper the public were repeatedly invited to sign a petition calling for the NHS to receive a medal for heroism; the following was embedded in a high proportion of their articles:

> "Join our George Cross campaign for NHS staff. SUN readers are today urged to sign a petition calling for our NHS staff to be awarded the George Cross. Yesterday, we backed a proposal by Lord Ashcroft to honour our health heroes with the gallantry gong given for acts of bravery that did not take place in battle" (Les Steed, March 30th, 2020, theSun.co.uk).

Articles in the Mirror also included descriptions of the NHS as heroic and the need for a medal as a reward. In the following Mirror article Lord Ashcroft talks about a medal as an appropriate reward for NHS service:

> "Today we face a new and unprecedented crisis in the form of coronavirus, or Covid-19, and our heroic 1.2 million-plus NHS workers and many others have not been slow to step up to the plate. As our medical teams and others risk their own lives to treat tens of thousands of Covid-19 sufferers, we once again need to respond in terms of finding an appropriate way of rewarding exceptional service and, in some cases, outstanding bravery. Indeed, working in the face of a lethal virus, in cases without

sufficient protection, is nothing but exemplary courage". (Lord Ashcroft, April 2nd, 2020, Mirror.co.uk).

The political logic of equivalence which informed practices of compliance can be further understood to have been informed by biopolitical philosophies of individual responsibility and competition. Subjects were individually responsible (and heroic) for the outcome of the pandemic and the NHS heroes through their compliance. Heroic equivalences led to subjects becoming competitive commodities of compliance through obedience, namely, self, and other surveillance and vigilance, who could be the most heroic or who could support the heroes the most, for example "Everyone should be doing their bit for this common enemy" (Rosaleen Fenton, March 23rd, 2020, The Mirror). Competitive compliance and individual responsibility took various forms, such as presence at clapping and vigour of clapping, keeping away from passing civilians and staying indoors and at a secondary level, the widespread mobilisation to action in the form of volunteering and raising money for the NHS, for example:

"UP TO 250,000 NHS volunteers are being sought to help about 1.5million people self-isolating to shield themselves from coronavirus because of underlying health conditions. Health Secretary Matt Hancock says that heroes volunteering to help others during the pandemic are working in the national effort" (Debbie White, March 24th, 2020, TheSun.co.uk);

"From the herculean efforts of Captain Tom, to clapping for our NHS heroes, to the sea of community volunteers that's arisen in recent weeks, millions have played a role in helping the nation get through these tough times" (Sarah Arnold and David Wooding, May 31st, 2020, the Sun) and in returning to work in the NHS, "Nurse Ella Clarke-Billings writes that 'she could not "sit and watch" as former colleagues and friends put their lives on the line. The NHS is like a family, I need to go back and support them because I'm part of that family". (Emily Retter & Matthew Young, March 25th, 2020, theMirror.co.uk).

Equivalences, individual responsibility, and competition led to conforming heroic good citizens being positioned/ self-positioning as superior to non-compliant individuals who were a threat, this will be further described in the fantasmatic logics. Thus, heroic compliance comprised a neoliberal element of competitive social stratification in relation to others which further optimised social control, order, and the maintenance of power by hegemonic forces.

3.4.1 Logic of Difference

Though the previously described the political logic of heroic equivalences was dominant within the empirical materials, there was also a logic of difference, whereby there was an attempt to break down this chain of equivalences by presenting an alternative common enemy. This included fuller and descriptively thicker operationalisations of the 'NHS hero' to include facets of vulnerability, for example, risking their lives without proper protection,

> "Hundreds of thousands of doctors, nurses, healthcare assistants, carers and so on are risking their own lives treating patients with coronavirus and they deserve our respect and absolutely deserve a medal to heroes NHS, Boris Johnson needs to prove he is fully in support of our NHS staff by providing each and every one of them with the appropriate PPE and ventilators - and then give them all a medal." (Fiona Parker, April 1st, 2020, The Mirror).

Additionally, differences of risk due to race and ethnicity were talked about, for example, "We also know about the high death toll among BAME NHS and care workers, and the Government's own enquiry has highlighted the wider inequalities that my hon. Friend the Member for Mitcham and Morden (Siobhan McDonagh) talked about. We know about the different kinds of family structures—intergenerational families—among BAME health staff, those with higher health inequalities and health risks, which means they face additional challenges" (Rushanara Ali, Labour MP, Testing of Health and Social Care Staff, page 31).

Similarly, Jennifer Hawkins a mental health nurse and clinical lead of the Hyde Foundation (a charity to support NHS staff), attempted to disrupt heroic equivalences, by individuating staff as human beings with fears and worries and talks about the implications of heroism:

> **"**While NHS staff appreciate the support of the public and weekly claps, for many being labelled a 'hero' can put them under great pressure. She said: "The clapping has undoubtedly raised morale, but they don't really want to be called heroes. "It's important to remember that they are human beings, with the same fears and worries as everyone else. "It's very difficult for them to live up to those expectations of being a hero (Martin Fricker, Matt Roper & Adam Aspinall, May 15th, 2020, TheMirror.co.uk)

This logic of equivalence can also be seen from the voices of NHS staff, who critiqued the NHS hero trope and the social practices informed by it, for example:

"Kate deemed it ridiculous how nurses are just expected to sacrifice their lives for the greater good and for close to minimum wage. It's a terrifying time for us all, where even the most experienced of us are learning something new. This time last year, nurses were on strike to no avail. This year, we are being deemed heroes. Anxious Kate, of Dublin, seemed humble as she spoke on behalf of the nurses: We don't want you to call us your heroes. We don't want you to clap for us on your doorstep. We want you to fight with us, to ensure that nurses, student nurses, carers, and anyone else in a nursing profession gets the treatment and the pay that they deserve". (Phoebe Eckersley & Matthew Dresch, April 7th, 2020, the Mirror.co.uk).

Similarly, attempts to sever the chain of heroic equivalences and create a logic of difference and the accompanying social practices was evidenced in a protest conducted by doctors at Downing Street, for example:

"Doctors not martyrs. As Britain Clap for Carers: Millions of Brits applaud NHS heroes for what could be final event in the tenth 8pm Clap for Carers yesterday, the doctors showed their own support for the over 200 NHS staff who have died from coronavirus so far. In recent weeks, the ritual has been criticized by some for becoming 'politicised', while others, including NHS staff, have pointed out the hypocrisy at play. Some people who take part in the clap then willfully ignore the plea to stay at home and avoid gatherings in an effort to ease the strain on the healthcare system. Metropolitan Police Commissioner Dame Cressida Dick was filmed leading dozens of officers in the weekly applause for key workers on a crowded Westminster Bridge" (Ryan Merrifield, May 29th, 2020, Mirror.co.uk).

3.5 Inferences from the Political Logics

Within the empirical materials there was a battle between logics of equivalence and difference to dominate the discursive field. Heroic equivalences included both constructing the NHS staff as heroes and the public. This served to construct and privilege antagonist relations amongst social actors, to create a uniform and collective British struggle, against Covid-19 the common evil which facilitated compliance, order, and control. Conversely, there was an alternative counter logic of difference, predominantly inferred by left wing voices which attempted to break down these chains of equivalences, cultivating an alternative common enemy, the status quo and hegemony, which highlighted disparities and vulnerabilities and were critical of the dominant Conservative regime.

3.6 Fantasmatic Logics

The articulation of the social logics of compliance and the political logic of equivalence provided an explanation of the practices and the rules which underpinned the NHS hero discourse during the lockdown period, this is the what and the how. The fantasmatic logics takes the explanation one step further and provides insight into the energy invested into compliant social practices, which were informed by the political logic of heroising. Namely, the fantasmatic helps us to understand the why; why was it that discourses of heroism informed by a logic of equivalence were able to grip so powerfully and effectively the public and facilitate compliance, obedience, and control. More specifically, the fantasmatic refers to a collective fantasy and illusory element that structured conscious and unconscious enjoyment in the heroic discourse and contributed to the emotional grip or hold it represented within society. The fantasmatic can be broken down into the beatific and the horrific, which exist at opposing poles. The Beatific sits at the perfect and idealistic end of fantasy ideals, and is typically related to promise of social harmony, cohesion, and a false and imagined sense of security, safety, and predictability about the social world and reality, simply put the fantasy that if X happens everything will certainly be okay. The horrific fantasy, on the other hand, sits at a sinister, insidious, and terror driven end of the illusory and fantasy spectrum; it relates to threatening conscious and unconscious collective fantasies, such as, social disarray and chaos, failure, annihilation, and death, for example, if Y happens disaster will be imminent and inevitable.

3.6.1 The Beatific

The beatific fantasy refers to the idealised and illusory fantasy that heroes, either the NHS and or the public, would be victorious in getting us through the pandemic, that the virus would be overcome and that everything would be okay in the end. Moreover, the beatific fantasy promise relates to the inevitability of success, and this fed into the affective appeal, excitement and grip of political heroism and compliant social practices. Within the empirical materials the beatific hero fantasy was deeply embedded in pre-existing discourses of war, bravery, sacrifice, nationalism and defeating an enemy (Covid-19) which may have facilitated the power, success, and recurrence of the beatific fantasy, for example:

> "We have been fighting a war in Rother Valley over the past few months. Our enemy has been the coronavirus and we have all made great sacrifices. No one has sacrificed more than our incredible health and social care workers, who have put everything on the line to defeat this terrible virus" (Alexander Stafford, Health and Social Care Recognition and Reward Debate, Conservative MP, 25th of June 2020).

> "The metaphor of this pandemic as a war against coronavirus has been used, and the courage and duty demonstrated by all those working with those who are infected is the same as going into battle. Many will have seen their friends fall ill. Some will have seen their colleagues die. And they will have headed back into the danger zone, day after day". (Penny Mourdant, Conservative MP, Covid 19 debate, May 11th).

The beatific fantasy was also inflected by voices from NHS staff who talk about determination and victory, for example:

> "Senior nurse practitioner Nathan Aycee, 34, from Birmingham, says: "Every day that passes is another day closer to victory. I keep saying we're definitely going to beat this thing." And Luke adds: "We've got to go headfirst into this, and we've got to tackle it. "We won't be beaten by this. We won't stop. We won't give up." (Sophie Jane Evans, May 6th, 2020, TheSun.co.uk).

It was also inflected by the public, for example, the discursive transformation of NHS staff into angels:

"Speaking from her home, an emotional Ruth paid tribute to the "wonderful, selfless" health care workers who treated her. 'INCREDIBLY OVERWHELMED'. Ruth told the NHS angels: "I am incredibly overwhelmed" (Joe Duggan, April 20th 2020, TheSun.co.uk).

The beatific fantasy can also be seen in the way that the public talked about how the country would collapse and be ruined *without* the NHS heroes, for example:

"A third person added: "Mr Dennison you and all the NHS staff are heroes." The country would be finished without you. I think you are an amazing man." I hope and pray your son will recover and we all get through this awful thing very soon." Another person added: "Bravery comes in many forms but your acts are immeasurable. Thank you for your service and I hope and pray your son gets to see his superhero father soon " (Rosaleen Fenton, March 23rd, 2020, The Mirror).

This fantasy fed into the enjoyment and emotional grip of compliance, competition and the heroism that sustained it. The beatific fantasy was structured around feelings of responsibility, social coherence and the shared imagined goal of safety and certainty in an impossible and contingent world and Covid-19 context. The collective affective appeal, undercurrent of sensationalism and a competitive spirit can also be seen in the way in which different social actors (doctors, the public, politicians, celebrities) are described to be complying with the clapping:

"Doctors at the new Nightingale hospital in East London clapped for other frontline workers. People blew whistles, beeped horns, and even set off fireworks to show their support for the NHS. In a street in York a man announced the clapping was starting by playing a trumpet. Buildings across London were lit up with the NHS symbol to show support, while minister Dominic Raab and other staff members were shown outside the Foreign Office presenter Kate Garraway joined in the applause too and thanked the NHS for "keeping my Derek alive". The Good Morning Britain star, 52, said her husband-of-15-years, Derek Draper, was still fighting for his life in intensive care after being diagnosed with Covid-19. Theo Woods took part in a 12-hour clapping marathon yesterday outside his home in Hartlepool". (Matt Wilkinson & Emma James Lkinson, April 24th, 2020, the Sun).

3.6.2 The Horrific

The horrific fantasy relates to fears that failure or lack of compliance was a threat to coherence and would lead to complete social collapse, for example of the NHS, of society, death, annihilation. Non- compliance was associated with feelings of guilt, shame, blame and culpability about the functioning of NHS itself, the struggle of NHS workers and deaths within the population.

A common discursive trend was the horrific fantasy that failure to comply would lead to the collapse of the NHS due to being overburdened and overwhelmed with patients with the Covid-19 virus, meaning new patients would be unable to be treated and excessive deaths would be inevitable. For example, in an article entitled 'Coronavirus: Dr Rosana Allin-Khan's A & E diary as staff fear they will be overwhelmed' Dr Khan writes the following:

> "It's vital that people practice social distancing measures properly - crowded areas will only add to the number of cases, and the number of people being admitted into hospitals across the country. In the coming days and weeks, difficult decisions will be made by my colleagues in ICU about who gets a ventilator - it's that serious. Midday - Resus overwhelmed. The whole of resus is full of patients with respiratory problems - this is the part of A&E where the sickest patients go. Patients are arriving breathless, with crackles so fine in their lungs, you can hardly hear them. Their X-rays show white lungs where normally, they would look clear and black, full of air. Major trauma, such as heart attacks and victims of car crashes, are now being moved into paediatric A&E. The situation around Covid-19 is clearly getting worse by the day. The talk amongst the team is that we feel that we will be overwhelmed in the coming days. I'm going for a refresher course on ventilators for staff - they're also training new staff on how to use ventilators. The talk is, of course, feeling quite bleak as the day goes on." (Dr Rosana Allin-Khan, The Mirror.co.uk, March 23rd, 2020).

Similarly, the horrific fantasy was also exemplified through the emphasis on the importance of compliance, often positioned against morbid, horrifying, gruesome depictions, for example those which emphasised and described excessive deaths, morgues, and infectious bodies, which represented promise of obliteration and disaster. This fantasy is evident across the empirical materials and is cited both in the Sun and the Mirror for example:

"She urged the public the stay at home, saying she was desperate to "go back to my old life." "The staff are so overwhelmed with deaths that they can't cope. 2 large fridges have been placed in the carpark because the mortuary is full" (Max Jeffrey, April 7th, 2020, The Sun).

"Miss Goodright urged people to "do the right thing" and stay at home to prevent the spread of the virus, save lives and ease pressure on overwhelmed healthcare workers. In her post, she wrote: "After the morning delivering urgent care to diabetic patients I was asked to join a team to help out the staff in the mortuary at West Mid Hospital. The staff are so overwhelmed with deaths that they can't cope. 2 large fridges have been placed in the carpark because the mortuary is full. "So along with 2 Podiatric Surgeons, a Podiatric Professor, 2 Audiologists and myself we were asked to ferry 40 bodies from the morgue to the fridges. "The fridges are situated the other side of the hospital, so we had to work in pairs to get the heavy, bulky trolleys across." All of the dead were still infectious so full PPE was needed, it was hot and sweaty but being fully aware of how important the PPE is we had to persevere for hours on end" (Chris Kitching, The Mirror.co.uk, April 7th 2020).

The horrific is also exemplified in discursive constructions of non-compliance. Specifically, non-compliant individuals were villainised, they became the 'bad citizens' who posed a threat to social harmony and liberation from Covid-19. For example, a doctor talks about how people must be compliant, or people will die imminently:

"Bottom line. Socially isolate or people die in two weeks. As the Virus spreads Mr Dennison, who works at Frimley Park Hospital in Surrey, will be treating the sickest patients. Now he has described the personal sacrifices that many other NHS heroes in a bid to save lives. It seems the public health message is not getting through." Let me be clear. A lot of people are going to die. "They will mainly be 70 years plus but be in no doubt, 30–40 year-olds will die too. "Pubs have been busy, offices open, social events happening, kids' parties etc. It all needs to stop." Infected people shed virus and it must be everywhere by now. "It is your social responsibility to engage in social distancing." Actions NOW can prevent further disease transmission, ICU admissions and deaths in 10-20 days." (Rosaleen Fenton, March 23rd, 2020, The Mirror). "

The horrific is further demonstrated in discourses about the behaviour of depraved non-compliant citizens, who are frequently described as 'covidiots', for example, "Scores of covidiots travelled miles to visit beaches and beauty spots as temperatures hit 19C (66F)" (Mike Sullivan, April 26th, 2020, the Sun).

Similarly, "It comes as shocking photographs showed hundreds of Brits congregating in parks over the weekend -despite advice to remain two metres from people outside". (Rosaleen Fenton, March 23rd, 2020, The Mirror).

> "Yes, a bunch of irresponsible idiots think they're invincible and are choosing to flout the rules. Flocking to beaches and parks to sunbathe in large groups is plainly not sensible. Despite dire warnings that we are only a fortnight behind Italy where so many have died, large numbers of people here are still not getting the message. Most Brits are keen to do what's right. But if not enough of us take heed, then we face restrictions the like of which have never been seen before (Anonymous, The Sun, March 23rd, 2020)

> "To be fair, I didn't take this virus very seriously until I saw this this morning. There will be two morgues here. If you're not taking it seriously like I, wasn't you really need to start. Because they're preparing for a high death toll here." (Ellie Cambridge, The Sun, March 28th, 2020).

3.6.3 Inferences from the Fantasmatic Logics

Throughout the empirical materials, there was evidence of both beatific and horrific fantasy logics, which informed the political logic of heroisation and compliant social practices. The NHS heroes were persistently described to be in a context of war and battle, this fantasy was discursively maintained through employment of military language, metaphors, and symbols. The beatific facilitated a belief in the inevitability of success in beating the imagined enemy of Covid-19 through heroism which informed compliance. The horrific facilitated compliance through threats of death, annihilation, failure and through demonisation of non-compliant citizens who posed a threat to society. These fantasmatic logics served to conceal feelings of guilt and shame in relation to deaths and cultivated an illusion of safety through the obscuring of risks, which placated collective existential anxiety at a time of considerable uncertainty and contingency and thus explains the affective investment and grip of heroic discourses.

3.7 Summary of Findings

The analysis of the empirical materials led to the identification of the overarching social logic of compliance; this was a key nodal point and unifying privileged signifier of meaning around which the three dominant and interlinked social practices of: 1. talking about the NHS as heroes, 2. clapping for the NHS heroes, and 3. following rules were located, constituted, and operated during the first lockdown of Covid-19. This logic was inflected by a range of social actors through voices that both described and emphasised compliance with these practices. The prominence of these social practices served to maintain and fortify a contingent and partially fixed truth and reality that the NHS workers were heroes, which in turn reinforced subjugation to the discourses through compliance. Namely, there was a circular and reinforcing relationship between discourses of heroism and compliance on subject identities, for example, the NHS are heroes, I need to be compliant; I am compliant; therefore, the NHS are heroes and so on.

These social logics were informed by political logics which explicate the process of naturalisation of compliant and obedient collective mobilisation. Political logics of heroic equivalence were identified in which heroisation itself was a hegemonic discursive process, namely a politically and organisationally grounded trope, which functioned to inform the uptake of everyday and ordinary compliant social practices. More specifically, the political logic of heroic equivalences constructed and privileged antagonistic relations; namely, a collective uniform British battle against a mutual evil, the Covid-19 virus rooted in a philosophy of individual responsibility, competition, and compliance. Heroic equivalences were created between social actors, including both the NHS but also the population at large to facilitate compliance, namely, to be heroic was to be compliant. A political logic of difference was also identified within the empirical materials in which there was an attempt to disrupt and break down this chain of equivalences, specifically, critiqued the hero trope and presented an alternate common enemy (hegemony).

Whilst the articulation of the social logics of compliance and the political logics of equivalence provided an explanation of the rules and grammar which underpinned the NHS hero discourse during the lockdown period, the fantasmatic logics further elaborated upon this by illuminating why energy was collectively invested into compliant practices. The beatific fantasy, which was deeply embedded in discourse and imagery of war and battle,

demonstrated an illusory fantasy that heroes, either the NHS and or the public would be victorious in overcoming Covid-19, this promised social coherence, which in turn generated enjoyment and investment in the practices of compliance and the heroism which sustained it. Conversely, the horrific fantasy related to the fear of failure and annihilation and death. As part of this, non- compliant citizens were villainised as they posed a threat to society and social harmony. These fantasy logics concealed feelings of guilt and cultivated an illusion of safety by obfuscating risks and served to pacify collective existential anxiety thus explaining the affective investment and grip of heroism.

These results along with the findings from the archaeology and the genealogy which comprise the problematisation, will now be discussed together in the final chapter to summarise and critique the research.

Chapter Four: Discussion

4.1 Chapter Overview

This chapter provides a discussion of the findings derived from this enquiry into the discursive heroisation of the NHS and additionally the public during the first Covid-19 lockdown. I revisit and discuss the key arguments developed within the thesis. I begin by revisiting, rearticulating and discussing the core findings from the problematisation and the empirical analysis. I then reflect upon the thesis itself, namely, the approach and its application here, considering strengths and limitations, possibilities and avenues for future research, and issues of reflexivity.

4.2 Revisiting the research origins

The research began with some initial instances of puzzlement and curiosity about the emergence of a seemingly dominant NHS hero narrative. This enquiry arose from my own experience of being situated in the UK and working in the NHS during Covid-19. I was observant of how reality and knowledge was being constructed in a novel way, namely, an emergent accepted and largely uncontested "truth" that the NHS were heroes. Also, through my own experience of working in an NHS context, moreover, of being personally heroised – despite not working with Covid-19 patients, in healthcare, or physically being on the 'frontline'.

Whilst the heroic "truth" about the NHS appeared to be constructed in a celebratory and sensational fashion amongst the population at large, this thesis took a critical position and demarcated the heroisation as problematic. Namely, it hypothesised that discourses of heroism were used by the government to mobilise the popular response to Covid-19. Thus, the investigation sought to shed light on the discursive process of 'heroisation' and drew upon the critical logics approach, with the intention of illuminating in what way (social logics), how (political logics), and why (fantasmatic logics) the public were collectively mobilised through heroism.

4.3 Reviewing the research

This thesis began by setting the scene in relation to the research background, framework, and approach, emphasising the discursive, rather than experiential nature of the enquiry into the NHS heroes. After which, a problematisation (including an archaeological and genealogical inquiry) was conducted. An archaeology is a critical thinking process used to consider and deconstruct taken for granted truths (the NHS are heroes) in the social world (Foucault et al., 1998). Problematisation was used to shed light on the relationship between discourse, knowledge, and power (Foucault, 1991). It was also used to illuminate the conditions and contexts which facilitated social reality and space (Howarth, 2002) in relation to the NHS hero phenomenon. Therefore, the findings from the problematisation were used to critically expound how and why the identified social practices and accompanying logics were dominant. As well as de-mythicising the taken for granted and widely accepted 'truth' that the NHS were heroes, the problematisation viewed the heroisation as a problem.

The archaeology involved approaching NHS heroisation during the first Covid-19 lockdown contextually and examining the conditions, rules and systems which determined that a statement that the NHS was heroic could be accepted as meaningful and true. Given that Covid-19 was a novel phenomenon, the epistemological construction of discourses through policy documents and political discourses could be tracked over time. It was discovered that the early composition of Covid-19 related discourse created by the UK government was one of low risk and well-preparedness, power here was used to implicitly and explicitly infer to social actors that everyday social and cultural practices (working, going out, spending money and so on) which prioritised the economy should continue as normal.

However, as Covid-19 cases increased, a discursive trend informed by the rules and grammar of individual responsibility emerged, social actors became individually responsible for the spread of the virus. Individual responsibility was not only seen to remove responsibility from the state and onto the individual, but also served as a disciplinary system which was informed by a language of regulation and vigilance (of self and others). By March 2020, the virus began to grow exponentially in the UK. In concert with this, the national lockdown was introduced, and, the NHS and NHS heroism was brought into the fore of the discursive

domain, further emphasising the ideological stance of individual responsibility. Here the public became responsible for the NHS and its 'heroic' personnel.

As part of being individually responsible for the protection of NHS heroes, social actors began to be linguistically categorised into morally and bodily inferred groups by institutions of power. Namely, the good, sacrificing, vigilant, and compliant citizen (who behaves according to rules and expectations in support of the NHS heroes and thus the country) and the bad disobedient oppositional citizen. An archaeological examination of the research literature supplemented the findings obtained from policy and political documents. It also indicated heroism was a key feature of the discursive construction of healthcare workers during Covid-19. Furthermore, the positioning of social actors as either good or bad citizens in accordance with behavioural practices was also evident.

On the one hand, the archaeology indicated a shift away from the dominant model of neoliberalism (in asking people to stay at home) (Briggs et al., 2020). On the other, it reinforced it by placing accountability on individual actors, therefore renouncing governmental responsibility (Andreouli & Brice, 2021). Political discourses also encompassed a fantasy element with substantial affective appeal. Namely, the public as well as the NHS became heroes, all of whom had the potential to save society. This was reinforced by nationalistic linguistic devices, which may explain the grip of discourses informed by individual responsibility, for example, Boris Johnson said, 'unless we make the heroic and collective national effort to slow the spread – then it is all too likely that our own NHS will be similarly (to Italy) overwhelmed' (Johnson, 2020c).

The taken-for-granted archaeological rules and systems which informed the early discursive construction of Covid-19, the lockdown, and the NHS were underpinned by a philosophy of individual responsibility. This privileged and constructed a good citizen whose social practice was based upon submission, accountability, surveillance, and punishment and shifted liability away from the ruling regime. Moreover, knowledge bases in the form of political policies and announcements activated self-discipline, self and other surveillance, and subjugation in response to discourses, which created a culture of the panopticon model (Foucault, 1977); these were constructed as norms and reality, which research has demonstrated that social actors feel compelled to comply with (Bernauer & Mahon, 1994).

The genealogical enquiry involved a historical analysis of NHS heroism with the intention of exposing operations of power in relation to discourse and establishment over time (Howarth, 2002). This enquiry revealed that the NHS was inaugurated in 1948 by the Labour party in a post war context. Specifically, World War two which indicated that war is and has remained intimately linked to the discursive conception of the NHS. Furthermore, the genealogical work implicated the heroic discursive origins of the NHS in a historical period of significant socio-political and emotional transformation. Namely, the post-war era in which the NHS was inaugurated represented a fantasmatic time of hope for better things to come, societal salvation and liberation from the preceding elite ruling classes, which may be deeply embedded within discursive constructions of the NHS.

At the end of the second world war, there was a shift away from the preceding Conservative values of empire, colonisation, godliness, and the notion that heroes were prominent and elite figures (Boorstin, 1992). Instead, socialist and collectivist values informed by a nationalistic and populist logic which characterised the war as 'the people's war' became prevalent. It was the ordinary, everyday, working-class people who were characterised as heroic and had saved the nation, despite the elite who had almost led it to ruin (Calder, 1992).

Thus, the end of the war comprised a post-heroic era in which who and what could be constituted as a hero was discursively redefined. A novel and contemporary category of hero was generated to suit the context and the dominant hegemonic socialist ideologies of the times (Ziolkowski, 2004; Best, 2011). In concert with this social, political, and ideological shift (Panitch, 1971), the welfare state underwent several developments and reformations, including the creation of the NHS (Taylor, 1965). Therefore, the genealogical work underscored that the discursive construction of the NHS is rooted in a substantial history of socialism, nationalism, celebration and most notably heroism, which then may have facilitated acceptance of heroic discourses applied to the NHS during the context of Covid-19.

Following the archaeological and genealogical problematisation of NHS heroism, a critical analysis of NHS heroism during the particular time frame of interest, the first Covid-19 lockdown in the UK was conducted and articulated. The empirical materials used for this

analysis were newspaper articles from the Sun and the Mirror and political discourse obtained from debates spoken within parliament. Three core logics, the social, political and fantasmatic, were used to critically explain NHS heroisation. This led to the identification of a social logic of compliance which was a nodal point and unifying signifier of meaning around which the core and prevailing social practices of:

1. Talking about the NHS as heroes.
2. The practice of clapping for the NHS heroes.
3. The practice of adhering to implicit and explicit to lockdown laws and guidelines.

The prevalence of this social logic (everyday social practice) was then critically explained through the political logics of equivalence and the beatific and horrific dimensions of the fantasmatic logics.

Articulation of the social logics involved the characterisation of commonplace, routine, and everyday collective social practices that took place during the first Covid-19 lockdown, evidenced through repetition and dominance within the empirical materials. These social practices served to sustain and reinforce a 'truth' that NHS workers were heroes, which in turn reinforced subjugation to the discourses through compliance. Compliance as a means of protecting and supporting the NHS heroes was ethically, morally, and bodily constituted. Specifically, obedience which was morally inferred (doing the right thing for the NHS and for the population) occurred through self-regulation and management of one's own body (clapping, staying indoors, keeping a distance from others, and wearing a mask).

Previous research has not explicitly explored compliance in relation to heroism. However, several studies have described how social spaces and practices in a context of Covid-19 became morally and ethically inferred. For example, it has been found that social actors were categorised as good citizens, these were those who were acquiescent or, villains, who were not compliant (Skog & Lundstrom, 2022; Mroz et al., 2021; Mohammed et al., 2021; McKay et al., 2021) and SARS (McGillis Hall et al., 2003), which reinforces the findings described here.

Moreover, in concert with the findings described in this study, previous research has also found compliance involved following a specific set of social practices. In particular,

compliance included participating in heroising (talking about healthcare professionals as heroes and clapping for them) and following rules and guidelines (McKay et al., 2021; Skog & Lundstrom, 2022; Mohammed et al., 2021). Distinct from this study, which explored social practices as a societal level, previous research has suggested that heroism was a tool to facilitate compliance amongst healthcare professionals, namely, to continue working in challenging and dangerous contexts (Bengnini, 202; Mohammed et al., 2021), which would be important to explore further in future research.

The political logics captured and explicated the collective mobilisation to compliant social practices through hegemonic forces of power and domination. Within the empirical materials a political logic of equivential heroisation was identified. Heroisation (of the NHS and the public) acted as an organisationally grounded hegemonic and political tool which facilitated compliance in accordance with the wishes and needs of the dominant regimes. Heroisation (the act of creating heroes) served to create and privilege antagonist relations amongst social actors, to create a uniform and collective British struggle against Covid-19, the common evil which facilitated compliance, order, and control.

Whilst previous research similarly has identified that healthcare professionals and the NHS have been discursively constructed as heroes in varying contexts for example, Covid-19 (Boulton et al., 2021; Skog & Lundstrom, 2022; Bengnini et al., 2021; Mroz et al., 2021; Mohammed et al., 2021; McKay et al., 2021), during a wrongful nurse arrest (Guo et al., 2019), none have attempted to uncover political logics which may have contributed to the process. However, it has been suggested that heroism may function performatively, as distraction from mistreatment from the government (McKay et al., 2021), as a social reward (Mohammed et al., 2021) and to reassure the public (McGillis Hall et al., 2003), all of which may facilitate compliance to a hegemonic regime, which is consistent with the findings described here.

For example, social actors are more likely to be compliant if they are less focussed on mistreatment from those in power, if they feel they are being socially rewarded and if they feel reassured, which is indicative of heroism as an equivential political tool. Previous findings (McKay et al., 2021; Mohammed et al., 2021; McGillis Halls et al., 2021) may in fact be directly linked to the results described here, as they appear to be located on a nodal

point of compliance and influenced by a political logic of heroism. These nuances would be important to explore further in future research.

Fantasmatic logics illuminated the collective unconscious affective appeal of NHS heroisation. Furthermore, why energy was so vigorously invested into the compliant social practices, which were informed by a political logic of equivential heroisation. The fantasmatic logics which were identified within the empirical materials were both beatific and horrific. Moreover, relating to and reinforcing both a beatific and horrific fantasy, the NHS heroes were consistently discursively constructed as within a context of war and battle, which is consistent with the findings of previous research (Boulton et al., 2021; Skog & Lundstrom, 2022; Bengnini et al., 2021; Mroz et al., 2021; Mohammed et al., 2021; McKay et al., 2021; McGillis Hall et al., 2003; Burnett et al., 2013). For example, previous research has also found militaristic fantasy depictions of hero soldiers or troops on the frontline in battle who were acting/ defending the nation and the greater good of the country (Bengnini et al., 2021; Mroz et al., 2021; Mohammed et al., 2021; McKay et al., 2021; Mroz et al., 2021).

The beatific fantasy facilitated a belief in the inevitability of success in beating an imagined enemy (the Covid-19 virus) if compliance was maintained. Beatific fantasy related to overcoming an enemy in a context of war has been evidenced in previous research which has found idealistic and fantasy discourses of defence and counterattack have been used to depict fighting and overpowering an enemy (Mroz et al., 2021 Burnett 2013; McGillis Hall, 2003; Mroz et al., 2021, page 3). The beatific fantasy of the perfect idealised NHS heroes who would save us all was prevalent within previous literature which found characterisations of them as brave, exemplary, dutiful, caring, dedicated, self-sacrificing, moral, and so on (Mroz et al., 2021; McKay et al., 2021; Boulton et al.,2021; Skog & Lundstrom, 2022; Bengnini et al., 2021; Mohammed et al., 2021; Guo et al., 2019; McGillis Hall et al., 2003). The horrific fantasy facilitated a belief in the inevitability of death, failure, social collapse in the absence of compliance. The horrific fantasy is less evident than the beatific fantasy in previous research. However, the horrific fantasy can be seen in studies which characterised non-compliant social actors as villains. Namely, as found in this study, non-compliance and 'carrying on as normal' was linked to a horrific fantasy of social collapse, death, and danger (Skog & Lundstrom, 2022; Mohammed et al., 2021). These earlier findings then, strengthen and reinforce the fantasmatic logics described here.

4.4 Implications of the findings

In line with the theoretical position of this work, it is important to note that the articulation of the key arguments and findings reported upon within this thesis is not intended to be a statement of 'truth', rather it is an attempt at making the empirical material intelligible (Glynos & Howarth, 2007). Furthermore, this thesis draws upon social constructionism and views the identity of the NHS and the public during the first Covid-19 lockdown as neither internally nor externally driven. Instead, identities are viewed as composed of countless dynamic and converging intersubjective collective discourses (Howarth & Stavarkakis, 2002), in which individuals are conscious purposive social actors with ever-changing and evolving ideas about the world and for example the NHS (Robson, 2002).

In line with this, it is also important to recall that this thesis holds the ontological and epistemological suppositions of radical contingency and structural incompleteness at its core. Namely, this thesis views all objects and subjects such as the NHS and the public as shaped by social, cultural, and historical contexts (Gergen, 2014), which can never be permanently or entirely fixed (Laclau & Mouffe, 2014), thus the findings are not viewed to necessarily be enduring and/or applicable to other contexts. This thesis does however consider that partial fixation of meaning can occur through flows of power rooted in dominant and perceivably immutable hegemonic discourses which structures the social world at particular points in time and place (Laclau & Mouffe, 2014), which this thesis aimed to capture.

These findings should then be interpreted as a valid explanation of NHS heroism during the particular time frame and context examined (the first Covid-19 lockdown), and should not readily be generalised to other contexts, for example, different countries, healthcare settings or social/heath crises in which heroism emerges/ has emerged. Whilst the findings articulated here may relate to the aforementioned, the core notion of structural incompleteness and radical contingency which emphasises the open and ever-changing nature of reality (Glynos & Howarth, 2007), predicates that an analysis of specific empirical material and a rearticulation of the logics would be necessary to come to a valid conclusion and comparison.

As articulated, this thesis identified a core social logic of compliance. The public were collectively engaged in acquiescent everyday social practices, such as following rules and guidelines and engaging with heroising, which was reinforced by previous research (Skog &

Lundstrom, 2022; Mroz et al., 2021; Mohammed et al., 2021; McKay et al., 2021; McGillis Hall et al., 2003; Bengnini et al., 2021). This thesis found that compliance was informed by a political logic of equivential heroisation, in which those in power essentially transformed everyone (NHS / public) into heroes on the basis that they were obedient and compliant. Furthermore, it was found that compliant practices were morally, ethically, and moreover bodily inferred. For example, the identified social practices of heroising, clapping, socially distancing and socially isolating for the good of the NHS heroes and the country.

Whilst previous research has not directly explored the political logics of heroism, a consistent finding has been that heroism tends to function as a tool (rather than being a true characterisation of action/ behaviours of social actors). For example, it has been suggested that it may be a tool to detract from government failings/ mistakes (McKay et al., 2021) and to reassure the public (McGillis Hall et al., 2003) and as a social reward (Mohammed et al., 2021). This thesis found compliant social practices and political heroisation to be reinforced by beatific and horrific fantasies situated in a context of war related to success, survival, overcoming an enemy vs failure, death, and annihilation, which was evident in previous studies (Boulton et al., 2021; Skog & Lundstrom, 2022; Bengnini et al., 2021; Mroz et al., 2021; Mohammed et al., 2021; McKay et al., 2021; McGillis Hall et al., 2003; Burnett et al., 2013) and was a dominant theme in the archaeological (historical) investigation.

These social, political and fantasmatic logics then heavily implicated the body within the political field, which is in line with the findings of Foucault, who has described how power relations maintain a direct hold on bodies (Foucault, 1987; 1994). Thus, the political logic of equivential heroisation inferring compliance can be understood to be an implicit disciplinary practice which occurred through the subjugation of bodies which are part of a system of subjection to a political regime (Foucault, 1994). Foucault depicted how subjugation may be direct, physical, and forceful, yet is rarely obtained through enactments of violence and enforcement; this was evident within the empirical materials and the context of the Covid-19 lockdown, in which political heroisation correlated with widespread compliance in the context of minimal overt enforcement and policing. Rather, ethically, and bodily inferred submissive and compliant social practices, were subject to a sort of implicit political disciplinary power. Namely, discourses of heroism facilitated by panoptical organisation of institutional spaces and society, which involved self and other regulation and surveillance techniques led to significant compliance (Foucault, 1987).

Collective mobilisation to compliance through equivential heroism demonstrated the way in which the human body became a part of a machinery of power, that disarticulated and rearticulated it to generate new ways of being and behaviours in accordance with the desires and needs of the political and hegemonic regime (Foucault, 1987, 1994). These discursive mechanisms of power explicated the ways in which bodies were governed and facilitated compliance in accordance with a political ideology of individual responsibility, in which the public becomes individually responsible for the country.

The way in which power travelled through discourses and into bodies can be seen within the empirical materials. Namely, early discourses included a prioritisation of the economy, emphasised the heroic as those maintained employment, bodies were mobilised to go to work and carry on as normal. Later, when the priority shifted to staying indoors, equivential heroism shifted to those complying with the rules of socially isolating and distancing in support of the NHS heroes. This demonstrates two alternate and opposing bodily constructed rules of organising society through heroisation in close succession, further emphasising the findings that heroism was used as a political tool to mobilise the popular response to Covid-19. Furthermore, substantiating how discourses driven by powerful institutions such as the government or the media may minimise or exaggerate aspects of 'reality' for particular gains (Di Maggio, 1997; Bingham, 2012; Block, 2013).

It is also important to consider how some discourses often termed master narratives carry more weight in terms of how acceptable and sustainable they are, often in relation to social and cultural histories (Somers, 1994; Berger, 1997; Loseke, 2007). Discourses of heroism and the NHS described in the empirical materials contain long standing socially circulating and formulaic narrative scripts about plots, expectations, meaning and identity which can be usurped in differing contexts within the social world (Alexander, 1992). For example, the NHS represents a collective heroic reimagining for a sustainable welfare state for everyone (Stewart, 2016).

Thus, whilst 'scripts' are not static and can be rejected and revised (Hilgartner & Bosk, 1988), they comprise long standing and taken for granted signifiers of meaning which informs their sustainability and places boundaries upon social actors (Lamont & Virag, 2002). Considering this, the overarching acceptance and success of the political logic of

equivential heroisation as a hegemonic tool may be especially and essentially linked to the fantasmatic logics, because of the myth and social narrative of the hero, but also the idealisation of the NHS is such a profound and widely accepted historical and contemporary narrative script (Kelsey, 2015). Furthermore, the success of the political logic of equivential heroism and the fantasmatic investment may have been related to the ways in which myths compress and simplify complexity and performative contradictions of reality, presenting a crude and often uni-vocal story (Bell, 2003), for example, a collective and equal struggle against a common evil which tended to de-emphasise stories of difference and inequality.

4.5 Application of approach: Strengths and Limitations

The research conducted here was informed by discourse theory and the critical logics approach. The logics approach offers a pragmatic method of analysis, which facilitates the identification and articulation of the most intelligible and persuasive explanation of phenomenon at hand (Howarth, 2007). The logics approach was selected because NHS heroisation and the related social practices were observed and comprehended to be particularly discursive. Moreover, this research sought to examine social practices related to the heroisation of the NHS, which further fits with the logics approach, which begins with observation of everyday social practices and seeks to explore how they are politically and ideologically informed (Howarth, 2007). Additionally, the novelty of the NHS hero phenomena signified the ontological and epistemological suppositions of radical contingency and structural incompleteness which underpin the approach. This together with the aforementioned deemed the approach apposite, goodness of fit then being a strength within this study. Additionally, this study is the first to explore the NHS hero discourse using a discursive logics approach and thus this study makes an original contribution.

The logics approach was particularly useful as it allowed for close attention to be paid to complex processes of collective mobilisation and how they were informed by political and ideological forces of power. However, limitations of the method have been previously highlighted (West, 2011). Specifically, it has been suggested that the seemingly singular characterisation of the social logics within the approach may marginalise or fail to attend to nuances and the potential minutia of multifarious and complex social practices (West, 2011). Whilst it should be considered that the employment of the logics approach may have led to an interpretation and articulation of the social logics which reduced complexity, the social logic of compliance was underscored because it was a prevalent within the empirical materials.

Considering, this it may have been particularly enlightening to have completed ethnographic work to examine social practices in situ, though this would have been unrealistic and demanding in terms of resource needed and Covid-19 restrictions. Furthermore, whilst other social practices may have occurred, examination of the social logic of compliance facilitated a critical explanation of the perceptibly most dominant and problematic aspect of heroism, which presented itself as benign, within the constraints (timeframe and length) of the research.

A further strength of this research was the empirical materials used. These were everyday commonplace discourses obtained from real-world secondary data in the form of political debates and newspaper articles, thus there was no interference or influence within the data from the researcher, which may have biased the findings (Potter & Hepburn, 2005). The employment of a mixture of both political and media texts was advantageous as it had the capacity to widen and deepen the trajectory of the analysis (Seale, 1999). In this way I was able to evidence discursive processes occurring at different levels from distinct voices and in different contexts, which bolstered persuasiveness of the results.

The use of data obtained from debates in parliament was particularly beneficial in effectively elucidating the political logics, as they provide rich representations of a range of political voices, positions, and capture the manifestation of political will (Shaffner, 2010). The use of media data was also valuable as it provided a vast and rich source of wide ranging heterogenous discourses about NHS heroism. Furthermore, the popular press is a highly effective means of exploring social practices, narratives and representations which are circulated throughout society (Bingham, 2012). With regards to newspapers, a broadly left wing (The Mirror) and broadly right wing (The Sun) paper was chosen to reflect different political stances, furthermore, there was an attempt to match them across variables (both tabloids, similar number of relevant articles, highest circulation, and popularity) which strengthened the findings.

Despite this, it is worth considering that this study was limited in that it only drew upon two newspapers. Use of more may have led to discursive saturation, illuminated nuances, or added another dimension to the findings (Bingham, 2012). Furthermore, drawing upon tabloids and not broadsheets may have limited the results to discourses representative of a particular demographic. For example, the reading age of the Sun and the Mirror is on average

eight, to compete for the greatest levels of readership (Johansson, 2007). This may suggest that the findings were more characteristic of those from a potentially lower educational and income background. However, it is important to note that preliminary analyses indicated prevalence of NHS heroism across both broadsheet and tabloid newspapers. Nonetheless, analysis of broadsheets, as well as a larger number of newspapers may be an important target for future research to develop the findings reported here.

Moreover, the findings are limited due the use of only newspapers as media data sources. The study excluded social media, for example, Twitter, Facebook, Instagram, and podcasts, which are also rich sources of data. Social media may have added an extra layer to the analysis in terms of direct engagement with public discourses (Bouvier & Machin, 2018). Social media is readily available on the internet and provides researchers with a window into people internal and external worlds and the discourses which emerge in relation to this (Fusch, 2013). Whilst there were direct quotations from the public within the newspaper articles, they were curated. Newspapers may have chosen to include or exclude comments based on particular political agendas (Machin & Polzer, 2015). Whilst this may strengthen the political logics identified, it is also possible that something was missed. Social media on the other hand provides a wide array of publicly disseminated and available narratives and discourses directly from 'the horse's mouth' so to speak (Fusch, 2013).

Internet social media sources and their accompanying discourses are in a constant flux of being updated and revised (Picard, 2014). These discourses then can be understood as acting in competition with traditional journalism and news production (Picard, 2014). Furthermore, there is a blurring of boundaries between recipient subjects and journalist authors, namely, recipients can become authors (Carlson & Lewis, 2015). It has been suggested that as a result of the blurring of boundaries, there has been a shift in how power operates, away from journalists and into individual subjects meaning that social media itself has become a principal source of news context (Hermida, 2012) leading to a drop in interest in mainstream news (Picard, 2014). It has been argued that social media, in particular Twitter, has become a part of news productions infrastructure. Namely through social media, news can be disseminated, but also, journalists can find, monitor, and copy stories (Paulussen & Raymond, 2014).

Therefore, within social media discourse, the relationship between language, ideology, and power, and, between author and recipient is modified (Bouvier & Machin, 2018). The use of social media data then, may have elucidated instances of how discursive flows of power operated at a subdominant level. This may have led to greater levels of counter discourses and logics of difference (opposing heroism), which functioned to contest the dominant discourses promulgated by the prevailing hegemonic forces. Furthermore, the use of social media which offers direct insight into public discourse. This may have provided greater depth into the fantasmatic logics about why people engaged with and were so gripped by NHS heroism. Given the aforementioned, a limitation of the study described here was the non-inclusion of social media, which may have strengthened or interrupted the findings reported here and would be an important development for future research in relation to this study.

This thesis drew upon linguistic data in the form of written texts. Though less present within the data, imagery during the first Covid-19 lockdown, for example rainbows, contributed to discursive social logics. Namely, the way in which rainbows emerged up and down the country in people's windows, can be understood to have reinforced heroism in concert with what was written and said at the time, which contributed to the construction of the heroic reality. In this way discourses can be understood to be multimodal (Bouvier & Machin, 2018). Furthermore, social media is often multimodal as it typically includes smaller chunks of texts combined with an array of imagery which contributes to the strength, stabilisation, or dislocation of discourses (Bouvier & Machin, 2018). Therefore, as well as the inclusion of social media within future research, it would be advantageous to explore imagery and how this contributed to the emergence, stabilisation, or destruction of heroic discourses.

Qualitative research habitually draws upon interview data, which allows for the self-interpretations of participants to be analysed, this has been critiqued for issues of bias related to the role of the researcher (Potter & Hepburn, 2005). In relation to my study, this would have involved interviewing NHS personnel, the public, and politicians and capturing and analysing their views about NHS heroism, not doing so could be regarded as a limitation, as it may have provided supplementary data to strengthen the findings (Godin, 2004). However, this would have to have been completed at the specific time point examined for the findings to be reflective of logics which occurred during the first lockdown. This was unfortunately not practically possible due to implications of Covid-19 restrictions and the timing of the development of this project.

Nonetheless, had it been practically possible, interview data may have provided further insights to the findings, most notably perhaps to the fantasmatic logics, namely, why individuals engaged with social practices. However, the fantasmatic largely operates at an unconscious level (Glynos & Howarth, 2007), thus social actors may not have been fully aware as to why they participated in compliant social practices. Furthermore, this study sought to examine socially constructed social, political, and fantasmatic logics at a collective macro level rather at an individual meso level, hence the interview method being less consistent and appropriate to the aims and methodology employed here.

Whilst this research benefited from use of empirical materials which were secondary and thus naturally occurring representations of social practice in the 'real world'; the role of the researcher needs to be considered in terms of potential for biases in the interpretation, analysis, and articulation of the data (Cheng & Phillips, 2014). Furthermore, whilst the logics approach offers a pragmatic methodology, the researcher develops their analytic judgment through experience and engagement with the data set and the theoretical concepts. This was my first experience of using the logics approach, which inevitably influenced both the analysis and the articulation of the findings. However, this thesis was supported by my supervisors, both of whom have considerable experience and expertise in the field of qualitative research, discourse analysis and in application of the logics approach, which strengthened this research. Nonetheless, it is important to re-emphasise that these findings should be considered as preliminary and tentative, rather than conclusive statements of truth or reality about NHS heroism.

4.6 Future Research

There are several avenues for future research which would be valuable to conduct in relation to this thesis, which has in part been highlighted in the above section (4.5). With regards to developing and strengthening this investigation, interview data may supplement the findings. It would be essential however, to obtain interview data from social actors (the public, NHS personnel, politicians) from the time frame of interest, this would mean the data would be secondary and it would not be possible to personally conduct and standardise interviews, which could pose problems. What would be feasible however, would be to expand and elaborate upon the findings reported here by widening the data set to include; broadsheets and

tabloids, a greater variety of newspapers, social media sources and imagery. This may lead to illuminating nuances, adding another dimension to the findings and data saturation which would increase the persuasiveness of the results. Given the findings from the systematic review indicated the process of heroisation existed outside of the UK context, it may also be interesting to conduct a cross-cultural global study to examine the presence of the logics identified and their relationship to discursive processes and political and hegemonic priorities, which may strengthen the findings reported here. Finally, it would be interesting and beneficial to track heroic discourses over the course of Covid-19, not just the first lockdown. Future research could examine whether, and if so, how, the logics shifted, whether they were maintained, rejected, or re-emerged over the sequence of events which took place in relation to Covid-19, during which there may have been different social and political priorities and transformations of power.

4.7 Reflexivity

It is important to consider reflexivity. As the researcher I am part of the research process, meaning that my experiences, assumptions, and beliefs in relation to the NHS will influence the process. Whilst the approach recognises that I am part of the social world that I am investigating and thus cannot be fully removed (Glynos & Howarth, 2007), it is important to be able to interrogate oneself reflexively. This research emerged from my own experience of being situated within the UK during Covid-19 and the first lockdown. Moreover, whilst not working in physical healthcare, I was employed by the NHS as a Trainee Clinical Psychologist and have worked in the NHS for the past eight years. Though naturally at a seemingly lesser degree than those directly working in Covid-19 clinical settings, I experienced the heroisation investigated here, which I viewed critically and problematised.

Having worked within the NHS for many years, and, perhaps due to my Clinical Psychology training, where there is an emphasis on interrogating taken for granted truths; I feel that I am somewhat removed from a position of readily viewing the NHS in heroic fantasy terms. Furthermore, I did not engage with the social, political and fantasmatic logics identified here. Instead, I view NHS clinicians as ordinary citizens drawn to working in a particular role which often involves looking after/ providing care for others, which within the UK typically means that they will be working in the National Health Service. Additionally, whilst this thesis problematises NHS heroism, to critically explain it, I don't personally view NHS heroism entirely critically. Whilst there seemed to be many problems during Covid-19 in

relation to the discourse, it did also facilitate mobilisation within the NHS to access greater pay. Here the logic of equivalence between the NHS and heroes was favourable.

I am a 33-year-old British citizen; I have been a recipient of the NHS from the very beginning of and throughout my life. My perceived personal experience of the NHS overall (in this moment, time, and context) has felt to be a good experience, neither outstanding nor atrocious, which might have led to particularly strongly held views about the NHS and the heroism which took place. Nonetheless, with regards to reflexivity, it is important to note that is *has* been a good experience, that it has *been there* for me, my family, and friends, in particular those who have or have had significant health problems. I suppose to me the NHS is a constant reassuring presence, which matches overarching societal discourses (Stewart, 2016). On many occasions the NHS has been lifesaving, whilst on others, on reflection, it has felt lethal and there has been a feeling of being let down. Perhaps even through my own experience, I can see how 'the NHS' can become a vessel or rather empty signifier through which complex experiences can be simplified to be understood and made sense of (Bell, 2003). For example, 'the NHS is amazing, they saved her life!' Or 'the NHS is useless and are to blame for his death!' Here the fantasmatic logics can be seen.

My sense is that one cannot readily escape the affective impact and fantasy element of significant experiences such as those pertaining to life and death, which are more often than not located in NHS settings and was very much the case during Covid-19. Nonetheless, perhaps in part due to my training in clinical psychology, I have tended to conceptualise when 'things have gone wrong' as more of a socio-economic problem, rather than a problem located within individual clinicians. Simply put, that the supply significantly outweighs the demand, meaning that lapses in care tend to be related to being overburdened and a lack of resources, driven by austerity and neoliberal ideologies. (Prowle and Harradine, 2014). Whilst I am not an overtly political person, my grandparents and parents are first- and second-generation working and middle-class immigrants from Cyprus, Germany and Malaysia and hold socialist ideologies. It is important to note the ways in which this may have influenced and affected my thinking, for example, in terms of being critical of right-wing agendas.

Given the aforementioned, it is important to be mindful that this research emerged from personal engagement and immersion with the phenomenon I have described and critiqued

here, which may have influenced the ways in which I interpreted the empirical materials. However, in line with the theoretical and philosophical positioning of the research, I dealt with these reflexivity issues by aiming to actively maintain a neutral, self-reflective, and reflexive stance and position in relation to the research. This involved distancing and re-engaging with the data and being observant of my own self. This was bolstered by my research supervisors who offered a secondary and external observation of the research process which enhanced reflexivity.

4.8 Conclusion

With regards to the work of NHS clinicians both during and outside of Covid-19 contexts, the intention within this thesis was not to critique or devalue the contribution of those ascribed as heroes in their plight. They certainty seemed heroic, courageous and all too often sadly were sacrificing, both in terms of loss of life and the impact on their emotional and physical well-being. Similarly, the intention within this thesis was not to reduce social actors (the public, NHS personnel, and politicians) to being merely agents of the state ruled solely by hegemonic forces of present and preceding power and domination. Rather, to develop a meaningful explanation of collective processes of mobilisation in relation to a practice of heroism and furthermore to explore how and why the NHS was discursively constructed as heroic.

My own view of the clinical work of the NHS and the NHS as a body, is that it remains an important and integral part of British welfare state. Nonetheless, I feel that it is important to consider the multifaced and complex ways in which the NHS can be used as a vessel by politicians or forces of domination and power to mobilise responses (passively or actively) by the public, as this may happen again given the societal value of the NHS, for example, as new crises emerge. I feel there is an ongoing need for critical reflection about these issues, which would be helpful to be disseminated within society to allow for greater thinking and freedom in terms of practices engaged in by the masses which are hegemonically informed, rather than for the assumed greater good of themselves, the NHS, and the country. Furthermore, though not directly explored within this thesis, this research may support the plight of NHS workers in improving pay and standards through the evidencing of heroism as an empty political tool. Finally, whilst I have clearly described that this thesis is tentative, preliminary, not to be

taken as a statement of truth and would benefit from future and further developments, I hope that it is a valuable and original contribution to the field of NHS research.

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Appendices

Appendix A: Example of Research Paper and Preliminary Analytic Process within Literature Review

a counterpoint to the nurse as hero discourse. In addition to our main analytical framework of poststructuralism, we drew on performative allyship as a concept to examine instances in the data in which the hero discourse was used to conceal the preservation of dominant discourses and potentially harmful relations of power (Kalina, 2020). Theoretical saturation was achieved when the research team determined that there were no new theoretical insights gained through the analytical process (Charmaz, 2006).

As part of methodological rigor, we promoted trustworthiness to ensure the study findings could be traced back to the theoretical perspective and data analysis strategies (Manning, 1997). The research team regularly met to discuss the quality of data analysis, emergent conceptual ideas, and the final study results. Since the researcher is the primary instrument in poststructural research (Mohammed et al., 2015), we reflexively considered how our own subjectivities as nurses, researchers, academics, and people who live in a geographic area with one of the highest COVID-19 infection rates in Canada impacted our relationship to the data. All members of the research team are nurses, doctorally prepared, have scientific training in critically-informed qualitative research, and are working as academics and researchers. Our interest in the research topic extended from our professional and personal concern with how COVID-19 impacted the well-being of nurses, the long-term implications of clinical work in the pandemic, and our assumptions about the value of heroism to nursing. As researchers using a critical perspective, we, therefore, developed a reflexive awareness of our positionality and our location within the very discourses (for example, nursing as a profession) that we were interrogating (McCabe and Holmes, 2009). Since the data is part of the public domain and people referred to in the presentation of findings have no reasonable expectation of privacy, our study was exempt from research ethics board review (Tri-Council of Canada, 2018).

5. Results

The 71 data sources included in our study are listed in Table 1. Types of media include newspaper articles ($n = 37$), news websites ($n = 16$), videos ($n = 6$), corporate websites ($n = 6$), magazine articles ($n = 4$), and medical information websites ($n = 2$). Geographic area of origin included USA ($n = 37$), Canada ($n = 17$), and UK ($n = 17$). All sources were from 2020, including the months of March ($n = 10$), April ($n = 27$), May ($n = 23$), June ($n = 5$), and July ($n = 6$). Although the majority of sources included high profile and well circulated news outlets/corporations, such as *The New York Times* and *The Guardian*, some less circulated local sources, such as *The Toronto Star* and *Richmond News*, were also included. Although all data sources were coded, analytically examined, and informed study themes, we present only representative quotes and segments of the data in the presentation of our findings for the sake of brevity.

The results of our analysis of the media suggest that there are three main elements of the hero discourse in COVID-19 that have unforeseen but potent effects on nurses: 1. Nurses as a "necessary sacrifice;" 2. Nurses as "model citizens;" and 3. Heroism itself as the reward for nurses.

5.1. Nurse as hero as a "necessary sacrifice"

Our analysis of nurse as hero revealed a discursive pattern that culturally positioned nurses as a "necessary sacrifice" to contend with the pandemic. Depictions in the media often drew on religious notions of martyrdom to describe nurses' selflessness in uncertain and, at times, dangerous conditions. For example, an American article highlighted Pope Francis' use of religious archetypes to describe how acute care nurses in Northern Italy were transformed

into "literal angels" after they died from exposure to coronavirus (Winfield, 2020, June 20). A *Financial Times* article mapped out the "cult of the medic" and noted that "the Christ who dies for our sins is the health worker" (Kuper, 2020, March 26). By using interviews with nurses who worked in highly impacted areas without adequate protective equipment, other reports offered a counterbalance to the religious imagery: "Please don't call me a hero. I am being martyred against my will." (Palus, 2020, April 23).

The valorization of nurses' sacrifices to work without proper equipment was additionally conveyed through symbols of war and nationalism. An editorial, written by a WWII veteran, employed the analogy of battle: "Those brave women and men who, when a code sounds in a hospital, run into battle with this vicious virus every day... And they do it bravely without even a guarantee of the supplies they need" (Maxwell, 2020, May 4). The militaristic-like sacrifices of nurses were publicly represented by "Operation America Strong," a Trump-endorsed display of fighter jets that flew over US cities most impacted by COVID-19 (Lamothe, 2020, April 22). Although publicly applauded for fostering national resolve, this militaristic spectacle was challenged by some nurses: "It makes it almost excusable, like we went to war and fought for you. But we went to war without a gun, and that's not what I was asking for" (Palus, 2020, April 23).

The hero discourse often characterized nurses as outstanding moral subjects, who often placed their commitment to patients, public safety, and professional duty over their fears of personal safety and anxieties over constrained clinical resources. A *Los Angeles Times* article, entitled "A Last Selfless Act," recounted the story of 61-year-old nurse, originally from the Philippines, who resuscitated a patient in respiratory distress despite not having access to an N95 mask (Karlamangla, 2020, May 10). The nurse later died in the same hospital where this heroic act occurred. Other articles described nurses' resourcefulness and ingenuity in the face of inadequate protective gear: "Supplies were so strained that nurses turned to menstrual pads to buttress the padding in their helmets" (Baker, 2020, March 11). Later in the article, the unit manager reported that rather than refusing to work because of risks, nurses have repeatedly said, "If you need me, I'm available" (Baker, 2020, March 11). For healthcare organizations and corporations, the growing visibility of nurses' sacrifices provided a window for nurses to enact moral values such as benevolence and justice:

> Despite the risks and unknowns, one thing is for certain: Nurses always show up to help provide safe, timely, effective and equitable healthcare. That is our legacy, our privilege, our honor. Now with the eyes of the world upon us, we have the opportunity for a defining moment...
> (Johnson and Johnson, 2020, April 1)

The notion of COVID-19 as a "once in a lifetime" opportunity for moral action and sacrifice circulated throughout the media coverage, which often reassured the public about nurses' professional commitment. For example, an intensive care nurse reported in *Glamour* magazine: "As nurses, we signed up for being there for our patients, their families, and the general public no matter what. We've been training for moments like this our entire careers..." (Moeslein, 2020, March 30).

5.2. Nurses as "model citizens"

The hero discourse often constructed nurses as "model citizens" in a rapidly evolving crisis that required responsibility, action, and, depending on one's political perspective, obeying public authority. Nurses were often depicted as compliant with their role as the "last line of defense" in pandemic management, particularly in the uncertain early phases of the crisis. For example, a nursing executive stated, "I've never had such respect for the profession as I

Table 1 (Continued).

Author	Title	Date	Source
Peter, M.	The nightly ovation for hospital workers may be New York's greatest performance	April 6, 2020	The Washington Post
Picheta, R.	'She is blown away': World leaders and families praise two nurses who cared for Boris Johnson in ICU	April 13, 2020	CNN
Simpson, J.	Migrants helped build our NHS	July 1, 2020	Eastern Eye
Sodha, S.	NHS heroes … and targets of racists	April 5, 2020	The Guardian
Temkar, A.	Coronavirus heroes: I thought Filipino nurses were 'sellouts.' I was wrong	May 27, 2020	USA Today
Thomas, T. & Greene, L.	Coronavirus nurse finally locates NYC firefighter who pulled her from burning building 37 years ago	May 26, 2020	New York Daily News
Time Magazine	Please, God, just cover me.' health care workers are risking their lives daily in the fight against coronavirus	April 9, 2020	Time Magazine
UW Health	Healthcare Heroes: Frontline Nurses	April 9, 2020	YouTube
Volmers, E.	Calgary singer-songwriter brings hope as he honours all the front-line workers	June 4, 2020	Calgary Herald
Wallis, H.	Nurses say they don't want to be called heroes during the coronavirus pandemic	April 28, 2020	Teen Vogue
Watson, C.	'Nurses are not heroes - they're just finally beginning to be recognized as they should'	May 12, 2020	The Telegraph
Winfield, N.	Pope hails Italy virus doctors, nurses as heroes at Vatican	June 20, 2020	ABC News
Xing, L.	1% pay increase under public-sector wage cap a 'slap in the face,' Ontario registered nurses say	June 11, 2020	CBC

do today, watching how our nurses have quickly adapted without question or hesitation to a rapidly changing healthcare landscape" (Hodge, 2020, May 7). As a counterbalance, other media accounts characterized nurses' uncertainty and ambivalence of being thrust into important but dangerous roles: "There's a narrative that says that doctors and nurses must 'answer the call.' That's why I'm uneasy about the nightly cheering sessions. Some of us don't feel like trying to become heroes" (Hamm, 2020, April 9).

A discursive technique emerged in the mass media where nurses, positioned as hardworking and productive subjects, were contrasted with "harmful" individuals and groups that denied the severity of the pandemic or resisted public COVID-19 measures. For example, The Lincoln Project (2020, April 24), an anti-Trump American political organization, produced the YouTube video "Two Americans" to emphasize the upstanding role of nurses: "There are two types of Americans that have emerged through this pandemic; Those who sacrifice and those who demand." The video begins with images of nurses in full protective gear, some comforting patients and appearing physically exhausted, and then cuts to images of anti-lockdown protesters, including those screaming in front of public buildings and brandishing guns (The Lincoln Project, 2020, April 24). During interviews, nurses reinforced the message of civic responsibility: "It's really upsetting to be driving to the hospital and see groups of people having picnics outside or getting their nails done at the local salon despite the closure of nonessential businesses" (Moeslein, 2020, March 30).

Our analysis suggested that the hero discourse and the model citizen subjectivity may not have been evenly applied to all nurses but appeared to be delineated according to the racialized, ethnic, and migrant identities of nurses. Widespread marketing campaigns in Britain to honor healthcare providers as heroes, sponsored by National Health Service (NHS), came under scrutiny over their lack of racial representation and authentic reflection of NHS staff. Some authors employed the term "white-washing" to suggest that the NHS purposefully excluded people of color from #ClapForCarers, a campaign focused on applauding healthcare workers as a public ritual (Morris, 2020, April 3; Butt, 2020, April 6). In another instance, Morris (2020, April 3) called attention to an NHS sponsored video to promote handwashing as a civic duty and build public solidarity that featured 20 health professionals who all were white. Other articles suggested that the lack of media recognition negates the 40 years of contribution that racialized and migrant nurses have played as "hidden architects" to the modern NHS (Simpson, 2020, July 1). In an editorial from The Guardian, Sonia Sodha (2020, April 5) described the double burden of racialized NHS nurses, who faced both heightened racism on the job and the policing of the acknowledgement of their contributions by "self-appointed white gatekeepers." Reflecting the divisiveness of the issue of representation, Sodha (2020, April 5) goes on to describe the avalanche of racist tinged backlash they received from readers after acknowledging the ethnic background of workers on a British news show.

5.3. Heroism itself as the reward for nurses

A discursive pattern in which the attribution of the hero subjectivity became a social and cultural reward for nurses, who were positioned by the media as a group whose contributions were unrecognized by the public before COVID-19, was also evident. The hero discourse was often characterized by a transformative process in which the public association with nurses and nursing work moved from the mundane and unappreciated to the exceptional and valorized. This trajectory was conveyed through news headlines that described how nurses moved from being "unsung" (Logan, 2020, July 19; Zielinski, 2020, May 5) and "everyday" (Leung, 2020, May 12) to temporarily replacing "sports idols" (Corbella, 2020, May 27) and even "holding the torch of freedom" (Maxwell, 2020, May 6).

The notion of hero worship as reconfiguring the gendered identities of nurses circulated throughout the media coverage. In an opinion piece, Bailey (2020, May 11) declares, "suddenly, I'm not 'just a nurse,'" but then later questions, "Why does it take a pandemic to recognize that nursing, a predominantly female dominated profession, is important?" In a USA Today article, Temkar (2020, May 27), describes their assumptions about mostly female family members who immigrated to the US from the Philippines to become nurses:

When I was growing up, if you had asked me what I thought about nursing, I might have said it was a "sellout" profession. A sellout, to a punk teenager like me, was the worst thing a person could be. Selling out meant that you lacked authenticity and imagination. You followed the herd. You were a cliché.

Later in the article, Temkar (2020, May 27) described how social media images of nurses "preparing resolutely to do battle on the front lines," people cheering, and "stories of nurses becoming like family to their isolated patients" initiated a transformative process in which they became proud of their nursing lineage. Other voices, such as an emergency room nurse from New York, offered a more skeptical take on the long term rewards of the public's shifting view of nurses: "I fear that once the worst is over, everybody is going to forget and go back on to life as usual" (Wallis, 2020, April 28).

Appendix B: Example of Preliminary Analysis of Newspaper Article

NHS coronavirus doctor's heartbreaking sacrifice as son, 3, battles cancer; Anaesthetist Nick Dennison who treats coronavirus patients has told how he is living....

NHS coronavirus doctor's heartbreaking sacrifice as son, 3, battles cancer; Anaesthetist Nick Dennison who treats coronavirus patients has told how he is living in a motorhome in order to protect his young son whilst he battles cancer

mirror.co.uk

March 23, 2020 Monday 11:33 AM GMT

Mirror

Section: UK NEWS; Version:1

Length: 917 words

Byline: By, Rosaleen Fenton

Body

A doctor who is treating the sickest coronavirus patients has revealed how he has made the ultimate sacrifice and chosen to help complete strangers over being with his three-year-old son as he battles cancer.

Nick Dennison's heartbreaking decision caught the attention of the nation after he wrote a viral post on Facebook detailing the "difficult choice" to stay with his son or treat the British public.

He said: "On a more personal level, my son turned three years old last week and is six weeks into a three year chemotherapy program for lymphoma.

"This virus is a big threat to his life and as I am going to be exposed this week doing my job, I can no longer live at home.

"I have had to make the difficult choice: to do my job and save lives of people I don't know, or to be with my son whilst he battles cancer.

"Alfie hopefully will survive his cancer and chemo, but many people will die from flu.

"My heart is broken making this decision, but I choose to save the lives of strangers and leave him in the care of my beautiful wife and family.

"Later this week I'll be moving into a motor home and will not be able to take any further part in his care for the next 6 months.

"Bottom line. SOCIALLY isolate or people die in two weeks."

[Handwritten annotations throughout the page include: "NHS", "heroic fantasy – responsibility, Doctors", "sacrifice", "Discursive reinforcer", "Individual responsibility for collective", "fantasy of doctors sacrifice = NHS = Heroes", "Horrific fantasy", "annihilation / death", "Non Compliance = death", "Presented by (hero) NHS Doctor"]

NHS coronavirus doctor's heartbreaking sacrifice as son, 3, battles cancer; Anaesthetist Nick Dennison who treats coronavirus patients has told how he is living....

As the deadly virus spreads, Mr Dennison, who works at Frimley Park Hospital, in Surrey, will be treating the sickest patients.

Now he has described the personal sacrifices that many other **NHS heroes** are also taking in a bid to save lives.

It comes as shocking photographs showed hundreds of Brits congregating in parks over the weekend -despite advice to remain two metres from people outside.

Mr Dennison has urged people to follow the advice as he outlined the devastating outcome facing vulnerable people who contract the killer virus.

He wrote: "I'm a consultant anaesthetist working in Frimley Park Hospital and this week all anaesthetists are being re-roled as intensive care doctors.

"We will be tasked with putting the sickest patients under anaesthetic and onto ventilators/life support machines.

"Each patient will require 10 days+ on a ventilator then may need a temporary tracheostomy to get them off the ventilator.

"The intensive care unit is already full of **COVID**-**19** patients on ventilators 12 with more requiring ventilation every day.

"My hospital usually has 4-10 patients on ventilators and is planning and EXPECTING 80 patients to require ventilation.

"It seems the public health message is not getting through.

"Let me be clear. A lot of people are going to die.

"They will mainly be 70 years plus but be in no doubt, 30-40 year olds will die too.

"Pubs have been busy, offices open, social events happening, kids parties etc. It all needs to stop.

"Infected people shed virus and it must be everywhere by now.

"It is your social responsibility to engage in social distancing.

"Actions NOW can prevent further disease transmission, ICU admissions and deaths in 10-20 days.

"Two of my anaesthetic/ICU colleagues in other hospitals are off work due to being infected doing ok.

"As health care workers, we are now EXPECTING to catch it despite PPE.

"This virus has been transmitted around the globe unchecked and will not stop until it has nowhere to go -social distancing/isolation Or patient death.

"Here ends my public health message."

Mr Dennison's post has been shared more than 75,000 times and attracted hundreds of comments.

Harvey Weinstein tests positive for coronavirus

IOC considering postponing Olympics as coronavirus crisis deepens

Another added: "Thank you and your colleagues so much for what you are doing for this country.

"When your son is older and truly understands, he will be so unbelievably proud of you."

NHS coronavirus doctor's heartbreaking sacrifice as son, 3, battles cancer; Anaesthetist Nick Dennison who treats coronavirus patients has told how he is living....

A third person added: "Mr Dennison you and all the **NHS** staff are **heroes**.

"The country would be finished without you. I think you are an amazing man.

"I hope and pray your son will recover and we all get through this awful thing very soon."

Another person added: "Bravery comes in many forms but your acts are immeasurable. Thank you for your service and I hope and pray your son gets to see his superhero father soon."

Over 12,000 people have commented on the post, with one well-wisher writing: "You Sir are a true hero. Respect to all the staff in the **NHS**. I wish your son health and happiness."

Another wrote: "Thank you you are our hero.

"I hope that you telling your story make the un responsible people think twice and change.

"Everyone should be doing their bit for this common enemy. We are so lucky to have the super heros like you!

"Your son will be so proud of you when he is well and old enough to recognise just what a great thing you did for us all."

It comes as the UK's death toll rose further this weekend to more than 280, with the deaths of another 37 patients in England, seven patients in Wales, a further three in Scotland and a second fatality in Northern Ireland.

In a statement, the **NHS** said all of the 37 people who died in England, aged between 18 and 102, were in vulnerable groups.

This weekend, a Cabinet minister warned that the government will consider "other options" if Brits fail to follow the advice on social distancing.

Communities Secretary Robert Jenrick said the public need to realise that it "isn't a game" after scores of people were spotted socialising outside this weekend.

He told Sky News's Sophy Ridge on Sunday programme: "It is very serious.

"People need to follow that advice.

"If people don't follow that advice then clearly we'll have to consider other options, but none of us want to go down that route."

Classification

Language: ENGLISH

Publication-Type: Newspaper; Web Publication

Journal Code: WEBDMI

Subject: VIRUSES (94%); CORONAVIRUSES (93%); CANCER (92%); INFECTIOUS DISEASE (90%); ANESTHESIOLOGY (89%); DEATH & DYING (89%); *COVID* CORONAVIRUS (78%); *COVID-19* CORONAVIRUS (78%); INTENSIVE CARE UNITS (78%); PHYSICIANS & SURGEONS (78%); CHEMOTHERAPY & RADIATION (77%); PUBLIC HEALTH (77%); LYMPHOMA (72%); INFLUENZA (71%)

Appendix C: University of Essex Research Ethics Committee Approval

University of Essex

29/09/2021

Ms Lois Sofocleous Khoo

Health and Social Care

University of Essex

Dear Lois,

Ethics Committee Decision

Application: ETH1920-1576

I am writing to advise you that your research proposal entitled "An exploration of the NHS heroes during Covid 19, a discourse analysis" has been reviewed by the Ethics Sub Committee 2.

The Committee is content to give a favourable ethical opinion of the research. I am pleased, therefore, to tell you that your application has been granted ethical approval by the Committee.

Please do not hesitate to contact me if you require any further information or have any queries.

Yours sincerely,

Dr Aaron Wyllie

Colchester Campus
Wivenhoe Park
Colchester CO4 3SQ

T 01206 873333

www.essex.ac.uk