



## Editorial

# The case of the Trump regime: The need for resistance in international nurse education



## 1. Introduction

In July 2016 doctors and nurses protested against Candidate Trump in Cleveland, Ohio ([Cleveland.com](http://Cleveland.com)), and currently the US Facebook group 'Nurses Resisting Trump' is building up its members. Why should this trouble or be of interest to nurses and nurse academics in the rest of the world? If the answer is not immediately obvious, this signals a problem. The issue is not a conventional one of political differences between health care professionals based on old differences between republican and democrats, or conservatives versus progressives. The fact that nurses in the US protested against a candidate and now against the President, his Republican Administration and what this stands for internationally, is pivotal.

The inauguration of Donald Trump was greeted with mass citizen protest throughout the world. Yet, despite losing the popular vote, he gained office because enough American citizens believed the *narrative* he voiced. Clearly, those citizens are not all racists, homophobes, misogynists, or climate change deniers, and this has to be remembered when we critique and call for international resistance of nurse educators to the Trump regime.

Trump repeatedly stated very clearly what many politicians are conspicuously silent about: 'wealth buys influence' ([Ornitz and Struyk, 2015](#)). In this context, he asserted time and again that there are losers as well as winners in the globalisation game. This narrative resonates disturbingly with the many on the left, and should do so with all nurses and their educators internationally who subscribe to supporting and valuing cultural diversity and difference ([Bach and Grant, 2015](#); [Grant and Goodman, in press](#)).

It will of course be argued that there are of course always legitimate political differences and values in the world of international politics, and these do not ordinarily overflow into the lifeworlds of nurses and their educators. But the case of the current Republican Administration is crucially different. The magnitude of global issues, such as climate change and its implications for health, and continuing inequalities in health, require far more intelligent and human responses than those associated with Trump and other authoritarian populists internationally, such as Putin, Erdoğan, Modi and their associates ([Garton Ash, 2017](#); [Varoufakis, 2016](#)).

## 2. The Banality of Evil

We believe that resistance to the Trump-led Republican Administration should include careful thought and action by health care professionals, and nurse educators who should now stand up to be counted. Otherwise, we are likely to be accused by future generations of nurses

as supportive of what Hannah Arendt (1963) described as the 'banality of evil'. By this she meant the fact that *doing* evil signals a bureaucratized absence of goodness, with mass participation by otherwise ordinary people in direct or complicit acts that later attract retrospective social and cultural condemnation.

This does not imply an essentially wicked character on the part of most people involved, more that such participation is a constant possibility for many ordinary people. Arendt argued that this is because of a tendency for 'thoughtlessness' (e.g. talking in clichés, a complete lack of critical reflection and reflexivity), to become institutionalised in a vast scale. In her terms, thoughtlessness is a kind of routinized inability or unwillingness to think critically about an issue, which serves the interests of instrumental rationality. In a circular way, instrumental rationality is characterised by unquestioning adherence to cultural rules, expectations and goals ([Grant, 2016](#)).

What relevance does Arendt's work have for the Trump regime? The international liberal press reports that the regime is currently targeting journalists for not adhering to alternative fact reporting, and is building up a shadow security service — essentially a private army. High profile people who stand in the way of the regime are sacked, or vilified, or both. The current Republican Administration has removed references to civil rights, Native American rights and climate change from Whitehouse websites. Trump's inner circle appears united in its fascism, racism, xenophobia, homophobia, anti-intellectualism, anti-science, pro-corporate wealth accumulation and misogyny.

The extent to which Trump is securely at the helm of the regime, and will remain so in the future, is moot, given the alt-right, religious fundamentalist and imperialist associations and aspirations of some of its key players (e.g. Steve Bannon). However, as the regime's current role model *supremo*, Trump's moral and ecological lack of integrity is on universal display. He has been seen to use and abuse women as sex resources and trophies, and is on record for stating that climate change is a 'hoax' perpetrated by China. We have little reason now to believe that this was mere electioneering.

In our view — an informed and sophisticated one ([Grant et al., 2008](#)) — Trump the man demonstrates the characteristics needed for a cognitive behavioural formulation of narcissistic psychopath. Many others agree with this view, but we anticipate that the liberal anti-diagnosis/anti-stigma lobby in nurse education and beyond will continue to object to this being stated publicly. We accept the legitimate concerns expressed by these groups about associating 'badness' with diagnostic labels, thus feeding into stigma. However we rebut such objections, because in describing Trump as a psychopath we are not conferring a psychiatric diagnosis, or doing so from afar. We are instead making formulation-based sense of publicly observable and reported trends in his repeated

behaviours and emotional reactions. We are also of the view that health and mental health educators are still not up to speed with the difference between, now scientifically discredited, psychiatric diagnosis, and psychological formulation (Grant, 2015; Smith and Grant, 2016).

### 3. The Bigger Picture

With the current US Republican Administration a safe contender for the current position of world's most dangerous regime, international attempts at diplomacy are deeply problematic. As regime head, Trump has repeatedly proven himself incapable of rational, nuanced and thoughtful dialogue. Moreover, the universal context in which the Trump Administration is currently at play offers little comfort. Atkinson and Mitchell (2017) paint this as a rather bleak picture in 'Fracturing Societies':

'The world feels like it is falling apart, and maybe it really is. Maybe the weight of human misery, the collapse of civil societies, ethno-national tensions and divisions, political exits and polarization and the accelerating ecological crisis, maybe all of this make things different this time.'

In this context, and with particular regard to the case of the Trump regime, we both personally struggle to take comfort in liberal-humanist positivity. Such positivity is challenged by the work of Rockstrom et al. (2009) in the 'safe operating space for humanity', in Diamond's (2005) 'Collapse', and Streeck's (2016) 'post capitalist interregnum'. All this work argues that in the enormous scale of social, political and ecological challenges we face, civilisations are far from indestructible and signs of future collapse can easily be discerned.

Of course, we are not alone among the many pessimistic voices. Ever since the rise of capitalism in its various guises there have been jeremiads who, like us, link it to social catastrophe. And if as time passes the world doesn't fall apart, the optimists can always comfortably say with hindsight that 'the jeremiads were proved wrong yet again'. However, in the case of the Trump regime and its international equivalents optimism depends on faith in an inductive logic that focuses on too small a time frame. It is clear today that the antecedents for dangerous global events are there for all to see. The social and cultural progress enjoyed by Europeans and North Americans might easily be swept aside by events we are currently unaware of.

Globalisation already has inner contradictions, manifested in the contrasts between the Rust Belt and Silicon Valley in America, and between Sunderland and Surrey in England. On the political stage, these inner contradictions are playing out right now in the shape of authoritarian populism in the US and the UK Brexit debacle. In the face of this, successive governments have made slow progress on reducing the inequalities in health which have social and political determinants. It is true that certain health indicators (e.g. life expectancy, under 5 mortality rates) are improving *globally*, especially for 'developing nations'. Yet it remains the case there is a lack of global governance for health (Ottersen et al., 2014), and ideas such as universal health coverage might be seen to be an illusion (Horton, 2017).

It is a paradox that the US is the most affluent country in the world while it fares relatively poorly in measures of both social inequality and health inequalities (Wilkinson and Pickett, 2009). Many of those who voted for Trump in the Rust Belt and those who voted for UKIP/Brexit in places like Sunderland are also those lower down in the socio-economic scale. Because of the social gradient in health (Marmot, 2010), people in these places will experience higher rates of premature death and fewer disability free life expectancy years than their more affluent compatriots. We have little faith that the approach of the current Republican Administration is rooted in a keen understanding of the social and political determinants of health, and its climate change denial will also have calamitous health consequences. It

is the poor, the children, the pregnant women and the older adults of the world who will bear the brunt (EPA, 2017).

### 4. Black Swans

Some of us think we can just discern a Black Swan (or a bevy of them) on the horizon. Taleb (2007) argued that a 'Black Swan' is a highly improbable event with three principal characteristics: It is *unpredictable*; it carries a *massive impact*; and, *after the fact*, we concoct an *explanation*. We do this to achieve narrative coherence and narrative closure – to make the Black Swan event appear less random, less scary, and more humanly predictable than it actually was.

So we should all be on the lookout for what seems impossible right now, for what we *don't* as yet know. We need to raise our eyes from the particular to the general. Large events continue to surprise us because we are arguably looking in the wrong directions. In 2015, both Brexit and the Trump Presidency were Black Swan events that few predicted or took seriously. Now, after the event everyone is an expert. A few did warn us about dangerous shifts in political culture and society, including Zygmund Bauman, David Harvey, Slavoj Žižek and of course Nicolas Taleb. These people are probably not well known in nursing and nurse education, but nonetheless they have very useful things to say about the context that constitutes the wider determinants of health.

### 5. How should Nurse Education Resist?

What are we international nurse educators doing about this state of affairs in our universities? We may be so wrapped up in trying to solve technical questions and professional navel gazing, competing in a market for customers, and worrying about places in league tables, and poor student evaluation and survey results, that we have little time, space or energy for anything else. And those of us in the UK watch as our National Health Service lurches from one funding crisis to the next, feeling helpless at the probability of unsavoury health industry trade deals in our 'special relationship' with the Trump Administration.

It doesn't have to be that way. Both of us have maintained a sustained position in our writing – that the role of the academy is to support, nurture and encourage the development of nurse educators towards becoming what Gramsci (1975) described as 'organic intellectuals', using, in Mills' (1959/2000) terms, 'the sociological imagination' (Goodman, 2011; Grant, 2014; Grant and Goodman, *in press*). Nurse educators need to resist being too distracted by the nonsensical Research Exercise Framework and emerging Teaching Excellence Framework (or neoliberal-inspired corporate metric equivalents internationally). Mills (1959, pp. 187) argued that 'It is the political task of the social scientist – as of any liberal educator – continually to translate personal troubles into public issues, and public issues into the terms of their human meaning for a variety of individuals.'

If more of us accept this task, as nurse educators who are simultaneously social scientists and liberal educators, we need to do all we can to translate the personal troubles of nurses and those in their care, posed by the threat of the Trump regime and similar regimes internationally, into public issues. Specifically, we need to critically interrogate the actual, probable and possible cultural, social, structural, material and political fallout of such regimes. This will undoubtedly include explorations of the health problems that result in inequalities in income wealth and health, discussed above, reflected in the personal stories of the miseries experienced by the people we work with.

### 6. Challenging Knowledge

On the broader front, we need to be critical of power-imbued received wisdom. In line with Antonio Gramsci's notion of the purpose of the organic intellectual activist and Noam Chomsky's entreaty that it is the responsibility of intellectuals to speak the truth and expose

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