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

Introduction

In July 2016 doctors and nurses protested against Candidate Trump in Cleveland, Ohio (Cleveland.com), and more recently 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 one of conventional 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, and what he stands for, is pivotal.

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

Key to this editorial call is the fact that Trump repeatedly stated very clearly what many politicians are conspicuously silent about: ‘wealth buys influence’ (Ornitz and Struyk 2015). In this context, he pointed out 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 nurses and their educators 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 that these do not ordinarily overspill into the lifeworlds of health professionals and their educators. But the case of Trump as US President, and what Trump represents in and for the world, 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 that brought forward by Trump, and other authoritarian populists such as, Putin, Erdoğan, Modi and their likeminded politicians in other countries (Varoufakis 2016, Garton Ash 2017).

Ordinary evil

We think that resistance to the Trump Presidency should include thought and action by health care professionals, and nurse educators should stand up to be counted. Otherwise, we are likely to be accused by future generations of nurses as complicit with what Hannah Arendt (1963) described as the 'banality of evil', mediated by 'thoughtlessness' **alec expand ordinary.. rule following**(Grant 2016).

What are the current, observable characteristics of such ordinary evil? Journalists are being targeted for not adhering to alternative fact reporting. Trump is building up a shadow security service - essentially a private army. He sacks, or vilifies, or both, anyone who stands in his way. His inner circle are united in their fascism, racism, homophobia, anti-intellectualism, anti-science, pro-corporate wealth accumulation and misogyny. As role model-in-chief, he uses and abuses women as sex resources, or trophies. He reportedly removes references to civil rights, Native Americans and climate change from Whitehouse websites. He is on record for stating that climate change is a 'hoax' perpetrated by China. We have little reason now to believe this was mere electioneering.

In our view, which is an informed and sophisticated one (Grant et al 2008), he 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 and mental health nurse education and beyond will 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. But we rebut these objections because in describing Trump as a psychopath we are not conferring a psychiatric diagnosis from afar. We are instead making formulation-based sense of observable 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).

The bigger picture

With Trump currently as a safe contender for the current place of the world's most dangerous man, international attempts at diplomacy are misplaced because he has repeatedly proven himself incapable of rational, nuanced and thoughtful dialogue. Moreover, the universal context in which the Trump regime is currently at play offers little comfort. Rowland Atkinson and Don Mitchell in 'Fracturing Societies' (2017) (date, page no) paint a rather bleak picture:

'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, we both personally struggle to see liberal-humanist positivity. Rockstrom et al's (2009) paper on the 'safe operating space for humanity' Jared Diamond (2005) in 'Collapse' and Wolfgang Streeck (2016) on the 'post capitalist interregnum' indicate the enormous scale of social, political and ecological challenges we face, that civilisations are far from indestructible, and signs of collapse can easily be discerned. Of course, and acknowledging our confirmation bias, there are many pessimistic voices. One might say that ever since the rise of capitalism in its various guises there have been jeremiads – we know

Comment [BG1]: It has no page as it is on the web page.

Comment [A2]: Benny, could you offer brief, one sentence, explanations for all of these, for readers.

who they are – and the optimists can always say with hindsight that the jeremiads ‘were proved wrong’.

However, the optimistic response depends on faith in an inductive logic that focuses on too small a time frame. The pessimists might be seen to have been wrong in another 100 years, but it is clear today that the antecedents for dangerous global events are there to see for all. Progress enjoyed by Europeans and Americans might be easily swept aside by events we are currently not aware 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 Trump’s authoritarian populism in the US and the UK Brexit debacle. Successive governments have made slow progress, in this context, on reducing inequalities in health which have social and political determinants. It is true that certain health indicators (life expectancy, under 5 mortality rates) are improving *globally* and 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 and yet fares relatively poorly for 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 paradoxically those lower down in the socio-economic scale and because of the social gradient in health (Marmot 2010) will experience rates of premature death and fewer disability free life expectancy years than their more affluent compatriots. We have little faith that Trump’s approach is rooted in a keen understanding of the social and political determinants of health, and his climate change denial also ignores its serious health impacts. It is the poor, children, pregnant women, older adults who will bear the brunt (EPA 2017).

Comment [A3]: (e.g. Indur Goklany, Daniel ben-Ami, Martin Wolf

Comment [A4]: Benny, I took these names out as I don’t think they add anything to the general point made, and may dilute it – with readers wondering what these people have to say, and the space needed to explain this. If you disagree with what I’ve done, please re-insert, but I think you’ll need to spell out their optimistic contribution to the dialogue.

Comment [BG5]: Fine by me.

Comment [A6]: Benny, I think this ‘inner contradictions’ section is the place (for you if you wouldn’t mind) to mention poverty and health, as Billy wants, maybe linking it to the Trump ‘winner-loser’ binary (there’s got to be losers. Losers aren’t winners), the inequality picture in the work (Wilkinson and Pickett)?

Black Swans

Some of us think we can just see perhaps a Black Swan (or a flock of them!). Nicolas 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, 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 Swans that few predicted or took seriously. Now, after the event everyone is an expert. A few did warn us about shifts in political culture and society, and included 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 is the 'wider determinants of health'.

How should nurse educators resist?

So what are we as nurse educators doing 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 our National Health Service lurches from one funding crisis to the next, and feel helpless at the probability of unsavoury health industry trade deals in our 'special relationship' with the Trump regime.

Comment [A7]: I've tried to make this bit less parochial, more international, Benny

It doesn't have to be that way. We maintain a sustained position – 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', and what Mills (1959/2000) called 'the sociological imagination' (Goodman 2011) Grant (2014/5) NET neolib paper; Grant and Goodman in press (CIPS 4th edn))). Nurse educators need to resist being too distracted by the nonsensical Research Exercise Frameworks and emerging

Teaching Excellence Frameworks (or the internationally equivalent neoliberal-inspired corporate metrics your University uses). Mills (1959, p187) 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.'

Comment [BG8]: Yes I have always had that query...!

Comment [A9]: Never too sure where to call him Mills or Wright Mills, Benny. Most stuff I read has him as Mills, since his surname wasn't hyphenated.

If we 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 cultural, social and political fallout of such regimes, and related, broader, structural transformations currently taking place. This will undoubtedly include explorations of health problems that result in inequalities in income wealth and health, discussed above, reflected in the personal stories and miseries as experienced by the people we work with?

Challenging knowledge

On the broader front, we need to be critical of power-imbued received wisdom. Following on from Antonio Gramsci's notion of the organic intellectual activist versus the traditionalist academic and Noam Chomsky's entreaty that it is the responsibility of intellectuals to speak the truth and expose lies, Brock (2014) argued the role of the social movement academic is to 'to debunk the knowledge on which the powerful rest'. There is clearly a place for Gramsci's organic intellectual activist within the corporate university. Too many nurse and other academics are obedient to the established order of the corporate university and the distorted systemic communication of the neoliberal imaginary (Goodman ref/s, Grant refs including in new CMHN book, Readings ref, Rolfe ref,).

Comment [BG10]: It's a web page with no number

Graham Scambler (2013) argues that academics can be, but generally are not, intellectuals. This is an important distinction, as the latter are so because in Scambler's terms:

- They possess an academically credible vision and pathway for a better state of affairs.
- They argue this in public.

- They are unwilling to compromise except in the ‘face of a better argument’.
- They reject sophistry and demagoguery in pursuit of their ends.

Basing his analysis on Burawoy’s (2005) ‘four sociologies’ – professional (the scholar), policy (the reformer), critical (the radical) and public (the democrat), Scambler adds a fifth: action (the activist) sociology. He argues that intellectuals may operate across all five types but there are few engaged in public and action sociology. To what degree we fulfil the tag of ‘intellectual’ is perhaps a moot point but is worth some critical reflection. We suggest that the environments within which nurse educators generally operate discourage their debunking, partly through immersing them in high impact publishing, research grants-chasing, and technical rational business as usual (Grant and Radcliffe 2015).

Brock (2014) suggests that to engage in the debunking, may require ‘intellectual craftsmanship’, ‘critical practice’ as critical analysis/action/reflexivity important for critical enquiry in the ‘paraversity’. This is because the ‘lifeworld of nursing’ can be colonised by dominant discourses including managerial rationality and discourses of risk, instrumental rationality, efficiency, effectiveness and economy denying nurses a language of solidarity and co-opting them into neoliberal projects through techniques of governmentality. To challenge discourses assumes that academics see themselves as a) intellectuals or b) engaged in critical transformative pedagogy with their students and communities, as much as some sociologists do. This latter is problematic as education may be overly reliant, in practice if not in espoused theory, on transmissive, competency, instrumentally based pedagogies (Grant and Radcliffe 2015). To counter this we propose an ‘Action Nursing’ (Goodman 2015). Action Nursing is a politically inspired project asking nurses, and other health professionals, to create and join ‘social movements from below’ (Cox and Nilsen 2014) in order to address social and health inequalities as a matter of fairness and social justice. Action Nursing therefore contests the ‘taming’ of nursing especially in the post-1970s neo-liberal era, including the shying away from arguing about contentious or ‘risky’ issues.

Comment [A11]: Expand on these a bit, Benny. And might this be the place to mention Action Nursing?

Conclusion

Summarise and....

If nurse educators fail to resist Trump and his international cronies through engaging in such strategies, we may play a key part in the first civilization to scientifically document our own demise.

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