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Ugly Feelings

Disruptive performances of race and care during the pandemic

AMANDA STUART FISHER

Describing how mood and atmosphere is encountered within a hospital, cultural studies theorist Ben Highmore describes 'the endless antiseptic hand-lotion dispensers' in the wards as an 'important prop' in a performance that serves to make us feel 'sensitised (and sanitised) to certain ways of being' (2017: 7). In 2020 however, as COVID-19 tightened its grip across the UK, the mood and feeling of the hospital ward had significantly shifted. As the daily death toll continued to rise and via our televisions and social media feeds, we saw critically ill patients flood into intensive care units, unable to breathe and isolated from loved ones, the hospital came to feel not so much a 'sanitised' site of 'antiseptic' protection, but rather a place framed by a mood of fear. My use of the term 'mood' here does not denote personal or psychological responses to the pandemic but rather, as I argue in this article, it points instead to the affective dimension – where 'moods and feelings' are, according to Highmore, *'historical'* and '*social'* (2–3).

For many National Health Service (NHS) staff, the hospital at the height of the pandemic resembled something of a 'war zone' in which they were positioned as 'cannon fodder' (Siddique and Marsh 2020). Caring for others within this context of fear and anxiety was therefore framed by various degrees of risk taking. Yet this feeling of care as risky and precarious was at odds with the public mood and a prevailing ideology of care at the time, which directed the public's attention on the affecting qualities and moral dimensions of care, drawing attention to the personal sacrifices NHS staff were making by going into work every day. This ideology of care, focused on NHS staff and nurses in particular, was arguably emblematic of how care in general came to be imagined and conceptualized during the height of the pandemic and was promoted by the government through various forms of public messaging. The concept of care as a form of selfless sacrifice and solicitude was evident, for example, in a speech made by the Prime Minister, Boris Johnson (2020b), when thanking NHS staff for saving his life, having just being discharged from hospital where he had been seriously ill with COVID-19. In his speech Johnson chose not to address the professional skills of the NHS staff who cared for him but instead commended the 'devotion', 'duty' and 'love' they exhibited. Similarly, it was the moral virtues of care and the affecting qualities of caring for others that inflected the discourse around nurses working in the NHS who were presented as 'super heroes' who were risking their lives to help other people (Stokes-Parish *et al.* 2020). This sense of sacrifice and the call for gratitude it precipitated was also present in the community arts practices that produced the brightly coloured NHS rainbows, which appeared on many windows of houses and then on buildings and roads. It also led to the weekly 'Clap for Carers', an initiative that was originally developed in Europe and that ignited households across the UK from 26 March to 28 May 2020. Initially inaugurated by Annemarie Plas, 'Clap for Carers' in the UK saw 'neighbours stand on their doorsteps every Thursday at 8pm, banging pots and pans, sometimes accompanied by supportive police sirens and flashing lights' (Wood and Skeggs 2020: 641). This community-led action sought to present a 'united public affection' for front-line NHS workers who were saving lives at the height of the pandemic (ibid.).

However, notwithstanding the outpouring of public gratitude for the NHS and its staff, this focus on the love, devotion and duty of professional carers concealed a far more complex and troubling aspect of this ideology of care. First, by focusing on the more affecting elements of inter-human care, it became possible for the government to side-step the more political

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question of how poorly it was looking after its own healthcare and social care staff, who were being put at risk on a daily basis as a result of inadequate personal protective equipment (PPE). Second, it conceptualized professional health care as constructed around universal and homogenous experiences of care giving and care receiving. This homogeneity was troubled by the lived experience of Black and Global Majority staff both in the NHS and beyond, who found themselves being forced into far more risky situations than many of their white counterparts. As *The Guardian* journalist Haroon Siddique (2022) points out, 'the fact that the first 12 doctors to die of coronavirus were people of colour was an alarm bell signalling unequal risks' and these inequalities were later evidenced in research that revealed that 'ethnic minorities in England [were] dying in disproportionately high numbers compared with white people' (Barr *et al.* 2020). This disproportionality was also reflected within the reports of COVID-19 related deaths in hospital staff, for as Chaudhry *et al.* point out, 'analysis of deaths of NHS Staff during the pandemic shows that 64% of those who died belonged to BAME background' (Chaudhry *et al.* 2020). It soon emerged that one key reason for the higher mortality rate among Black and Global Majority NHS staff was that staff in this group more often found themselves being deployed 'in areas with higher potential for exposure to virus' (ibid.), such as front-line services. Furthermore, long-standing structural inequalities within the NHS meant that 'minority ethnic groups [were] systemically over-represented at [a] lower level of NHS grade hierarchy' (ibid.) and therefore were more likely to be engaged in patient-facing work. It was these groups of staff, as Chaudhry *et al.* argue, who found themselves at the 'front door' of NHS services as opposed to their white colleagues who occupied 'non-medical and managerial' positions (ibid.).

In this sense, while the pandemic exposed some specific risks confronting Black and Global Majority carers and patients, this only served to amplify other more enduring racial inequalities. It was these inequalities and the ongoing, systemic racial discrimination encountered by Black and Global Majority NHS staff on a daily basis that the Old Vic and Talawa Theatre sought to address in a series of digital theatre performances that were screened in 2020, at a moment when theatres had had to close their doors to audiences as a result of the UK's national lockdown. While very different in form and content, these performances examined how race re-shapes the experience of giving and receiving care, and – I argue – demonstrated how the racialized labour of care disrupts conceptualizations and performances of the ethics and aesthetics of care, which have become prevalent recently in theatre studies and beyond (see Thompson 2020, 2022). In Talawa Theatre's *Tales from the Front Line… and other stories* six digital monologues documented 'the contribution of Black workers at the front-line of the COVID-19 crisis' (Talawa 2020), drawing attention to the disproportionate risks taken by Black and Global Majority front-line workers during the pandemic. Similarly, in *The Greatest Wealth*, which was curated by Lolita Chakrabarti and directed by Adrian Lester to commemorate the seventieth birthday of the NHS, five out of nine monologues commissioned were written by Black or Global Majority writers and focused on the experience of racialized NHS carers and the racism they encountered while caring for others.

By placing the lived experiences of Black and Global Majority NHS staff centre stage and focusing in on the racism that shaped their encounters with care giving and care receiving, these performances disrupted and troubled the ideology of care that dominated at the time. In the second monologue of Talawa's *Tales from The Front Line,* audiences encountered the specific risks experienced by a Black mental health NHS staff member during the pandemic and how this increasingly precarious form of care impacted on her mental health and well-being. Similarly, in *Rivers* by Meera Syal, one of the monologues in the Old Vic's *The Greatest Wealth* series, a midwife reflects on how her experience as an NHS nurse is framed by the racism of the political context of Britain in the 1960s and the Commonwealth Immigrants Act 1968.

Many of the Black and Global Majority NHS staff depicted in both the Talawa and Old Vic monologues, are women who are also from low socio-economic backgrounds. In this sense,

[1] The acronym BAME (Black, Asian and Minority Ethnic) is a term that was first used in the UK in anti-racist campaigns in the 1970s. However, in recent years there have been calls to 'ditch the term' because it is reductive and overlooks pluralistic, multiple racial identities by establishing a label that only denotes skin colour (see Okolosie, Harker, Green and Dabiri 2015). Therefore, in my own discussions in this article I have opted instead for the term Black and Global Majority because this is a term that points not to a sense of minority but to a collective majority. It also does not denote identity in relation to whiteness, thereby contributing to a decentring of discourses of race. However, when I am discussing other theorists who have used the term BAME (Black, Asian and Minority Ethnic), I have used the same language as the authors I have cited, so as not to confuse the reader.

these performances examine how giving and receiving care is experienced at the intersections of gender, race and class. In this way, the performances highlight an observation made by care ethicist Joan Tronto, that care is always 'gendered, raced, classed' (2009: 112). While each of these monologues focus on very specific encounters with different types of professional NHS care, taken together they invite audiences to think about care differently and to reflect on how racialized caring labour troubles and disrupts assumptions about the universality of the caring encounter. Rather than viewing care solely as a positive, affecting and nurturing encounter, I argue, these performances reveal what might be described as the *ugly feelings of care*. My use of this phrase is informed by Sianne Ngai's theorization of negative feelings in her book *Ugly Feelings* (2005), which I import and adapt in my reading of these plays.

In her book, Ngai examines what she describes as the 'affective gaps and illegiblities, dysphoric feelings, and other sites of emotional negativity in literature, film, and theoretical writing' (2005: 1). Contrasting these minor 'ugly' feelings with the more dramatic feelings to which Aristotle refers in the *Poetics*, Ngai turns away from the 'grander passions' of fear and pity and instead explores what she describes as 'generally unprestigious feelings' (66), such as envy, irritation, paranoia or anxiety. These minor negative feelings, Ngai argues, are symptomatic of our current age and contain 'a certain kind of historical truth' (5). Rooted within 'predicaments posed by a general state of obstructed agency with respect to other human actors' (3), the ugly feelings Ngai is interested in ultimately have an antagonistic or oppositional potential. For the sense of 'obstructed agency' that Ngai describes in relation to these inertial, negative feelings derives ultimately from a sense of powerlessness and frustration that is symptomatic of 'capitalism's classic affects of disaffection' (4). As such, Ngai positions ugly feelings as being framed by a criticality that ultimately tells 'us something about the moment in which we find ourselves' (Shimakawa 2007: 93).

There is a profound resonance between the negative feelings described by Ngai, in her book, and the ugly feelings and situations described by the Black and Global Majority NHS staff who populate the performances discussed in this article. The feelings of anxiety and stress and the anger and frustration experienced in the face of enduring racism, for example, finds a clear parallel in Ngai's theorization of obstructed agency. For these negative feelings are presented as constant and unwanted interruptions within the caring encounter itself: they serve to disempower, delimit and dehumanize the care giver and care receiver. In this sense, my use of the phrase the 'ugly feelings of care' in this context not only refers to the ugliness of racism itself that emerges as something that imprints itself on the caring encounter, diminishing the carer's sense of agency and selfhood, but it also refers to the prejudicial structures of state organized care, which at the height of the pandemic revealed a chilling and ugly carelessness towards Black and Global NHS staff. By drawing on Ngai's theorization of 'ugly feelings' I seek then to highlight both the unequal risk taking placed upon Black and Global Majority carers during the pandemic and the impacts of the ugliness of racism as experienced within the caring encounter. By positioning care giving as possessing a potentially negative and ugly dimension, these plays, I suggest, trouble the assumption that the caring encounter is always affirming, nurturing or aesthetic. While James Thompson's account of the aesthetics of care seeks to connect the intimacy of caring with an 'affective solidarity and a felt sense of justice' (2020: 38), in these plays the affect of care, I suggest, is more akin to a felt sense of injustice. This is not to overlook the importance of Thompson's argument that art making can be a form of care, or that caring for others can be an aesthetic and artful practice (Thompson 2022). However, by refocusing attention onto the ugly feelings of care and racialized caring labour, I am seeking instead to reconfigure how we think about the politics of giving and receiving care and who are valued as carers. By drawing on a negative aesthetics of care and examining the risks confronting Black and Global Majority care givers, these plays, I suggest, not only disrupt the ideology of care as loving, devoted and aesthetic but also reveal how, as Parvati Raghuram has argued,

'race reshapes care as practice, and therefore its ethics' (2019: 616). It is this reshaping of care, through its intersections with race, that I will now move on to consider. Through my analysis of these performances and the ugly feelings they depict, I will examine how these productions decentre our conceptualization of the caring encounter, opening up new and critical engagements with the giving and receiving of care.

TALES FROM THE FRONT LINE… AND OTHER STORIES BY TALAWA THEATRE

Described by *The Guardian* newspaper theatre reviewer Arifa Akbar as a performance that examines both 'a person and a life', providing 'a depth of meaning to the high rates of COVID-19 related deaths among people of colour in Britain' (Akbar 2020), *Tales from the Front Line… and other stories* was produced by Talawa Theatre, the UK's primary, Black-led theatre company and screened in 2020 at the height of the pandemic. The series of six digital monologues were created using verbatim material gathered by interviewing Black and Global Majority front-line staff, such as teachers, railway workers and mental health NHS staff. It was developed from an initiative led by Talawa's artistic director, Michael Buffong, who wanted to create 'a historical record of the contribution of Black workers at the front line of the COVID-19 crisis, demanding change from society' (Talawa Theatre 2020). This aim is reflected in the dramaturgy of each of the monologues, which are political in tone and critique the structures of racism Black and Global Majority front-line staff were forced to operate within during the pandemic. In the second film in the series, directed by Kwame Asiedu, we meet an NHS mental health worker played by the actress Sapphire Joy. Through the course of her monologue the film examines the racism she encounters within the mental health setting in which she works and her experience with 'obstructed agency' (Ngai 2005). This emerges most clearly when she describes working within a health care system that treats Black patients differently to white patients, where caring encounters are systemically framed and thus limited by racist attitudes and unconscious bias. As a consequence, her agency as a mental health worker is foreclosed as her endeavours to call out racism and improve the quality of care in her mental health NHS service go unheeded and Black male mental health patients continue to endure inadequate care. The protagonist's narrative also examines some of the 'ugly feelings' of her own fear, anxiety and risk taking that she must negotiate when working in front-line services at the height of the pandemic, risks that she statistically disproportionately encounters, as she is a Black NHS staff member.

Beginning with an empathic account of what it means to care for people who are living with poor mental health, the mental health worker's monologue commences with an examination of the fear of working in front-line services without adequate PPE during the pandemic. As she lucidly explains:

> Like, you're already dealing with people at their most distressed points in life. Whether that means they're, like, confused or they're aggressive … And then on top of that you've got, you know … There's this invisible virus that's killing people … You don't have PPE. Like, it… it just felt, it literally felt like a horror film. (Talawa Theatre 2020)

As the monologue continues, we see filmic images of COVID-19 public safety signs such as 'keep your distance' and 'stay safe' as well as Union Jack bunting inscribed with the words 'UK COMBATING CORONAVIRUS'. This ideological form of messaging with its emphasis on communal and universal care giving stands in contrast to the isolation this young woman describes experiencing at work and the very specific risks that she is being forced to take on a daily basis, while conscious that 'Black people are the highest at risk in terms of being hospitalised' (Talawa Theatre 2020). The personal costs of these risks emerge most viscerally when she describes becoming so fearful of passing the virus onto others that she decides to move out of her home into temporary accommodation, because she 'wouldn't be able to get over' or 'forgive [herself]' if she infected someone in her family. Her encounters with risk taking and the fears associated with this are explored most directly when she describes being allocated to work on the COVID-19 ward, a

decision over which she has no agency:

> We had, like, a part of the ward that was specifically for Covid Patients. So it just felt like Russian Roulette, like, who's gonna work the Covid ward today? Everyone's looking to the manager like, who's she gonna send there? That was hell, man, that shit was hell. (Talawa Theatre 2020)

This examination of the fears, anxieties and precarity associated with caring for patients with COVID troubles the ideology of care as an affirming inter-human encounter rooted in duty, devotion and self-sacrifice. It also exposes the differences between professional care and care undertaken as an act of volition or love.

Later in the monologue the mental health worker turns her attention to more directly focus on how professional care is re-shaped by race and the inequalities experienced by Black and Global Majority carers and patients, particularly during the pandemic. This is explored in her monologue when she describes witnessing her colleagues placing a Black male patient in 'seclusion' because his behaviour was deemed to be 'escalating'. Refuting that such an intervention was necessary, she argues that minutes earlier she had been playing a game of cards with this patient and he had been fine. This leads her to reflect on the inequalities within NHS mental health care, for, as she points out, Black men are disproportionately represented within mental health wards and 'ten times more likely than white men to experience [a psychotic disorder]' (Institute of Race Relations 2022). Yet despite these statistical inequalities, in her monologue she reflects on how difficult it is to observe prejudice and discrimination within the care of Black mental health patients and how unsupported and alone she feels when having to call out prejudice and racism. She says:

> I definitely feel there's … a fear around Black people. There's a fear of them being violent and them being at risk, I found it really hard witnessing it a lot of the time. And then when I speak about it and people looking left and right, I'm like, 'When we see it, shall we say something maybe?' That would be good. Having to always feel like I'm the one mouthing off. It's a lot of work being Black in Britain. (Talawa Theatre 2020)

This sense of 'obstructed agency' and frustration reflects what Ngai describes as the sense of 'passivity' or disempowerment that reflects 'one's perceived status as a small subject in a "total system"' (2005: 3). While the mental health worker takes centre stage in the film, her monologue attests to her experience of being without agency, finding herself disbelieved or silenced when trying to fight for better care for her community.

Later in the film, this feeling of passivity and disempowerment is further examined in relation to the *Clap for Carers* initiative. Initially, Clap for Carers was perceived as a positive, collective action, demonstrating communal support for the NHS. However, it was halted by Plas in May 2020 because she felt it had 'become politicised' (Plas quoted in PA Media 2020). It was also criticized by many health professionals, including nurses, who argued it was a 'hollow gesture', calling instead for 'the public to campaign for fair pay for nurses' (Mitchall 2021). Along with the other aesthetic celebrations of NHS care, such as the NHS rainbows mentioned earlier in this article, the Clap for Carers initiative was also indicative of the way carers in general and professional NHS carers in particular were positioned during the pandemic as self-sacrificing heroes. Rather than acknowledging the difficult labour of care undertaken by front-line NHS workers at this time, the dominant ideology of care focused on care as a normative concept with NHS staff presented as carers who were driven by love or a sense of vocation. The denigrative impact of this narrative was identified by nurses who argued it 'undermined professionalism', reinforced the idea that carers comprise primarily 'a feminized, gendered workforce' and '[served] to disempower and silence nurses' (Stokes-Parish *et al.* 2020: 2). While Clap for Carers began with good intentions at its heart, it unwittingly became part of this ideological formation of care. The ideological framing of this initiative became all the more evident when it was co-opted by the Prime Minister, Boris Johnson, who publicly joined in the ritual clapping despite the fact that the Conservative Government stood accused of underfunding the NHS for the best part of a decade. The government's endorsement for Clap for Carers also appeared to overlook the 'appalling treatment' that 'vital immigrant NHS workers' had been subjected to and the

government's continued failure 'to protect [NHS staff] with testing and adequate PPE' (Saner 2020). In her narrated account of her experience of Clap for Carers we witness the mental health recovery worker's politicization as she critiques the government's mishandling of the pandemic and questions the political allegiances of those who took part in the Clap for Carers' performance. She says:

> Then the fucking claps started … then I was like … I love the vim. But how many of you voted Conservatives? … So all of you out your windows doing your cute claps, shut up. Shut up! … And now you can see the after-effects. They took the pay rise for the NHS staff to Parliament. 13 people showed up and the vote didn't go through. So we're not getting any pay rises, and they're also considering privatising and selling off assets to the Trump agenda. So it's like, all those claps were a load of shit. In the most polite way possible. (Talawa Theatre 2020)

Her irritation at the public's non-critical engagement in *Clap for Carers* also exposes the critical potency of the ugly feelings of care in relation to her lived experience of being a professional caregiver at a time of great risk taking. As she suggests, in fact: while the government spoke of the love, duty and devotion of NHS staff, this rhetoric served only to conceal the carelessness with which they treated those carers who were operating in front-line roles, particularly the Black and Global Majority NHS staff who were more at risk than other groups. In this sense, for the mental health worker, the ugly feelings of care emerge through a sensation that might be described, following Ngai's reading of Paulo Virno, as 'sentiments of disenchantment' (2005: 4). By this I refer to a sense of 'radical alienation' (ibid.) experienced by the mental health worker where ultimately she becomes alienated from the labour of care itself, where care is not encountered through devotion or love but through precarity, riskiness, anxiety and poorly remunerated labour.

By shifting the discourse of care away from narratives of vocational self-sacrifice and heroism, the mental health worker stages an act of politicization that addresses the hypocrisy of the government. Her negative feelings of irritation and anxiety in this sense arguably also open up what, following Ngai, might be described as a '*critical* productivity' (3) and this leads the mental health worker not only to address the structural mismanagement of care but the governmental decisions that underpin this structure. It is a gesture that establishes a counter-narrative that speaks directly to the film's audience, bringing together the politics of care with the politics of party allegiances and voting decisions. Through her narrative, care itself is politicized and repositioned critically in relation to its ideological construction – experienced not so much as a virtuous or a moral practice but as a *professional* practice that is being threatened by a lack of resource and funding. In this way the film asks us to consider how 'we accommodate the failed promise of good care?' (Raghuram 2019: 631) and how we might conceptualize an understanding of care that takes account of who is doing the front-line work and what forms of justice might be required in order for these carers to feel safe and properly remunerated while doing their jobs.

UGLY FEELINGS OF CARE BEYOND THE PANDEMIC: *THE GREATEST WEALTH* (2020) BY THE OLD VIC

While Talawa's *Tales from the Front Line… and other stories* took audiences into the centre of front-line caring labour during the pandemic, in the Old Vic's digital production *The Greatest Wealth*, it is the history of the NHS and its position within the nation's psyche that is explored. Curated by Lolita Chakrabarti and directed by Adrian Lester, *The Greatest Wealth* originally streamed in 2018 when it comprised eight specially commissioned monologues written to commemorate the seventieth anniversary of the NHS. Each of the monologues in the series addressed a decade of the NHS, commencing with the 1940s and culminating with Evaristo's monologue *First Do No Harm*, which was written for the 2020s. Like *Tales from the Front Line,* some of the plays also directly engage with the racism experienced by NHS staff at various historical periods and the negative feelings that emerge within the intersections of care, gender and racialized labour. In *Rivers*, written and performed by Meera Syal and set in 1968, for example, we meet Mrs Rani

Kumar, an NHS midwife who is delivering a number of babies at an NHS maternity hospital in Wolverhampton. As Rani helps a series of agitated labouring women bring their babies into the world, we witness the bombardment of racist abuse she endures from the women she is helping. The figure of Enoch Powell and extracts from his 'Rivers of Blood' speech are interspersed within the scene, providing a chilling backdrop to Rani's own story of immigration and her arrival in Wolverhampton as a commonwealth citizen in the early 1960s. Rani's sardonic and witty response to the white women she is caring for generates a potent counter-narrative to the racism depicted in the scene, enacting a form of resistance to the disempowering racist diatribe she is being subjected to. Her responses to the women are humorous and sharp, countering the ignorance of their racism and re-centring Rani's own lived experience as a racialized carer. This depiction of a dissensual counter-narrative emerges perhaps most strongly at a moment in the monologue when Rani finds herself sprayed with faeces by one of the labouring mothers for which she is caring. Syal artfully uses this moment to expose and invert the power dynamics that frame the structures of care in the NHS in relation to racialized labour. Rani nonchalantly rebuffs the racist discourse of the women and exposes their ignorance, while simultaneously being covered in their excrement:

> Well clearly your enema didn't get rid of everything. Don't apologise Mrs Archer – I've been in Wolverhampton since 1963 and I'm getting worryingly used to eating shit… from India yes… well because I was invited… yes really, by your Conservative Health Minister… well because he realised there weren't enough people to help run your wonderful National Health Service… he sent out a special invitation to all Commonwealth citizens. No not especially the er… Coloured ones… the offer was also open to the Australians Canadians and South Africans but funnily enough not many of them wanted to do the jobs we're doing. (Syal 2018)

In her examination of the way that 'race reshapes care' Parvati Raghuram examines how the distribution of care is bound by colonial and postcolonial histories, arguing that 'in many societies slavery and colonialism defined who cared and who received care' (2019: 617). In this sense, Rani's monologue is interesting because it explores the junctures between Britain's colonial past and the formation of the National Health Service itself. The ugliness of the racism that is thrown at Rani, like the deluge of excrement she encounters from the women, becomes a means of critiquing Britain's colonial history and the contradictions and ugliness of the racism that permeates it.

The monologue viscerally depicts how race and racism re-shape the caring encounter, for here care and childbirth are not represented as affirming, aesthetic encounters with care; instead they emerge as abusive transactions in which the power imbalance between the white labouring mothers and Rani, their midwife, becomes a metaphor for Britain's colonial relationship with India. In this sense, arguably, the ugliness of the racism explored in the performance decentres the discourse of care ethics itself by drawing attention to how theories of care ethics have historically tended to exclude 'the experience of poor women and women of colour … many of whom are engaged in backroom, menial and manual tasks of care' (Raghurun 2019: 622). This conception of care as a menial and manual labour stands in contrast to the way care tends to be positioned in care ethics, where it is often theorized as being rooted in affirming, nurturing and feeling-orientated engagement between humans. However, as Raghurun points out when care is encountered in this way, it tends to be theorized through the experiences of white, middle-class women and, as she argues, 'when care is provided by upper-middle-class, ethnically European woman, it is cast as pure and as embodying the qualities (skills such as attentiveness and affect such as love and empathy)' (621). By focusing on care as a visceral labour that literally involves clearing up white women's excrement, Syal's monologue decentres the discourse around care with its focus on nurturance, and affect. Through its engagement with a negative aesthetics of care, the monologue exposes how racialized caring labour disrupts normative discourses of care, inviting audiences to think critically about who is caring for whom and the politics this relationship exchange reveals.

The question of who cares for whom and the value of NHS care is explored in *First Do*

No Harm, the final monologue in *The Greatest Wealth* written by Booker Prize winner Bernadine Evaristo. Set in 2020, some forty years after the scene depicted by Syal, this monologue also depicts the racialized labour of care. However, in Evaristo's text, the NHS, which is personified by the Black actress Sharon D. Clarke, is depicted as an entity that is fighting for its own survival amidst a social dissensus about its value and worth. The monologue begins with a preface of filmic images depicting the Black Lives Matter movement and clips of NHS doctors and nurses, dressed in full PPE, sitting exhausted and in despair outside intensive care units (ICUs) in the midst of the pandemic. Clarke begins her monologue in the darkness of the stage and as the lights come up, she emerges as a strong, defiant God-like figure who, in Evaristo's terms, embodies 'the NHS' while addressing 'a crowd who want to get rid of it' (cited in Akbar 2020).

Sharon D. Clarke performing *First Do No Harm* (Evaristo 2020). *Photo Manuel Harlan courtesy The Old Vic*

Despite the sounds of a baying mob who appear to be getting closer and closer to the edges of the stage, Clarke's character addresses the audience passionately and from a position of strength. Appearing to represent a potent symbol of eternal care, she reminds the audience of their dependency on the NHS midwives, nurses and other care givers, who sustain life and carry us all through adversity, as she states:

> I provide birth control, abortions – discreetly and safely and I will counsel you when you miscarry, I am the midwife and the gynaecologist and I was there to usher every one of you into this world and in my many guises I will support you for the whole of your time here. (Evaristo 2020)

Underpinning the monologue is a stark warning about the dangers of devaluing care by selling off NHS services to the 'highest bidder', allowing economics to prioritize over caring practices and thereby 'doing the dirty work of those who worship Plutus, God of wealth' (Evaristo 2020).

While race is not explicitly addressed within the monologue, to some degree Sharon D. Clark's performance references many of the different forms of racialized labour that make up the NHS work force. As the narrative develops, her character appears to address the audience

on behalf of the '212 different nationalities represented across the NHS workforce' (Baker 2022) and for the many different migrant nurses who, like Mrs Rani Kumar, have taken great risks and crossed many borders to come and work in the UK. She says:

> Because I am the migration in immigration, the natural ebb and flow of people moving around the world since time began. I have welcomed everyone into my service since my first days. The best and hardest working come here from everywhere. The embodiment of the multiplicity of humanity. (Evaristo 2020)

It is in the final moments of the performance that Evaristo returns to address the pandemic directly and the labour of care undertaken by the NHS staff who looked after patients in their final moments at this time. Rather than framing these acts of care through a sense of mourning or self-sacrifice, Clarke depicts this labour of care by focusing on feelings of frustration and irritation, prophesizing that it is now 'too late' to save the NHS, warning the audience that everything could now be lost. In this sense, the performance returns us to the 'ugly feelings' associated with a sense of 'passivity' and 'obstructed agency' (Ngai 2005), as the narrator confronts the realization that the protestors will not listen and that time has now run out.

> Who looked after you when you were struggling to breathe during the plague of the twenty first century? Who offered your loved ones an iPad, connecting you to them when they were dying? Who held their hands and prayed, as they departed their bodies? … So be it. In years to come, you will regret your actions here today. But by then, it will be too late. (Evaristo 2020)

CONCLUSION

In each of the three plays explored in this article, the labour of care undertaken by NHS staff is interrogated and explored both in relation to the universality of the caring encounter but also in response to the ugly feelings of care that emerge as a result of the persistent devaluing of racialized caring labour. These ugly feelings, underpinned by emotions such as anxiety, irritation and frustration, capture a sensation of erasure and obstructed agency when carers are not listened to; they also expose the violence of prejudice and racism encountered by Black and Global Majority staff while caring for others and reveal the disproportionate risk taking these professional carers had to navigate during the pandemic. By examining these negative feelings in this way, *Tales from The Front Line – Part 2: NHS Mental Health Worker*, *Rivers* and *First Do No Harm* sought to disrupt the way care was ideologically framed as a result of the pandemic. In these performances, Black and Global Majority NHS carers are positioned as emblematic or symbolic of our changing understanding of care, interceding within the critical discourses of care while challenging audiences to recognize how the intersections of race and care require new ways of thinking about the ethics and politics of care. In this sense, these performances also de-centre the discourse of care ethics itself, because 'they dislocate care from the unnamed white body through which much care ethics is theorised' (Raghurum 2019: 619). By drawing on the experiences of racialized carers in this way, care is repositioned not as a concept rooted within love, devotion and self-sacrifice, but as a labour that is precarious and risky and that can also be ugly. In this way, the plays call upon audiences to think more critically and more politically about who is caring for whom and how the power dynamics and risk taking within the caring encounter are distributed. While during the pandemic care emerged as an ideology that was understood to be a galvanizing force for societal cohesion, it is clear that the reality of care giving exposed Black and Global Majority NHS staff to forms of risk taking that were highly perilous. By focusing not on the aesthetics of care but on the ugly feelings that can be part of the caring encounter, I have argued that these monologues potentially open up powerful new ways of engaging with discourses of care, inviting audiences to rethink what care is and how a more de-centred care ethics might be constructed by taking into account 'ugly' affects. As such, these performances both examine the experience of racialized caring labour while also challenging audiences to rethink their assumptions about the caring encounter itself and how the narratives of care prevalent during the pandemic erased and occluded the experience of Black and

Global Majority NHS carers and the risk taking they were compelled to undertake.

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