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“Orthodoxy whether of the right or of the left is the graveyard of creativity.” – Chinua Achebe, ‘Anthills of the Savannah’ (Achebe, 1988, p. 100)

What did nursing do in the great Culture Wars?

An iconic 1915 propaganda poster shows a little girl asking her guilt-ridden father, who clearly has not enlisted, “Daddy, what did YOU do in the Great War?”. Would today’s poster ask every nurse and nursing academic, “What did YOU do in the great
Culture Wars?”. Culture Wars between social groups for moral and epistemological ascendancy pose threats to academia and human progress. In this paper we outline some of these threats and their potential impact upon nursing and nurse education.

In times of increasing disharmony and division, we seek not to stoke, but to help end the Culture Wars and to reclaim scholarly dialogue. In restating the importance of academic freedom, reason and evidence, we are acutely aware that the Culture War’s trenches show the damage already wrought. The intellectual life of much of the world is a quasi-wasteland, razed by the narcissistic individualism of ‘identity politics’, that in the late Mark Fisher’s phrase, “is driven by a priest’s desire to excommunicate and condemn, an academic-pedant’s desire to be the first to be seen to spot a mistake, and a hipster’s desire to be one of the in-crowd”.

https://www.opendemocracy.net/en/opendemocracyuk/exiting-vampire-castle/

**Defending academic freedom in nursing**

Freedom of thought and expression are cornerstones of the academy and central to nursing scholarship. Nurses have a professional responsibility to raise, discuss and challenge new and existing ideas, “without constriction by prescribed doctrines” (http://portal.unesco.org/en/ev.php-URL_ID=13144&URL_DO=DO_TOPIC&URL_SECTION=201.html), yet creeping restrictions are a growing concern. Academic freedom has never been absolute and clear limitations rightly exist (see eg:

https://publications.parliament.uk/pa/jt201719/jtselect/jtrights/589/589.pdf (p.49). While academic freedom is largely respected and valued, conflicts with popular social attitudes are not merely hypothetical. Nursing has never been ‘apolitical’ and
many agree that that the profession should become more visible and prominent in
public discourse and affairs. When “facts become secondary to feeling; expertise
and vision to ersatz emotional connection” (Smith 2016),
https://www.theguardian.com/commentisfree/2016/nov/25/pedlars-fake-news-
corroding-democracy-social-networks (Accessed 3rd July 2020), it is even more
important that nurses can freely explore tensions between truth and ideology without
fear of reprisal. Further, it is unacceptable that ‘political nurses’ must hold only
prescribed beliefs, and that either ‘right wing’ or ‘left wing’ nurses can be justifiably
pilloried and their resignations or de-registrations demanded. Now however, driven
by ideology and righteous anger, people have been ‘deplatformed’ and sacked
(Singal, 2016), not for fraud or assault, but for criticism of, or adherence to particular
views. This development has created a climate of fear where it has become difficult
to express, agree or disagree with certain ideas. It is time to re-state the importance
of nursing and the academy in defending academic freedom and challenging the
erosion of this most valued academic principle.

Silencing inside the ‘digital thunderdome’

The social media era is marked by seemingly endless ideological battles where
tribalism and intolerance have displaced nuanced discussion and collegial debate.
Threats and organised boycotting associated with ‘cancel’ or ‘call out’ culture have
direct personal and professional consequences for many,
(https://www.theguardian.com/education/2020/jan/14/sacked-silenced-academics-
Freedom of thought and expression are endangered by rapid dissemination and
amplification of ‘outrage’ by actors from all political persuasions. Academics now risk
remaining silent or acting in what Sartre termed, ‘Bad Faith’ (Roberts, 2016); adopting false values and identities to conform to social pressure, stifling not only knowledge but progress. When careers and reputations are threatened for mentioning, discussing, teaching or researching issues deemed by some to be ‘phobic’, where even a ‘like’ or ‘retweet’ is evidence of thought crime or ‘hate speech’, and when routine advice is offered on handling ensuing ‘mobbing’, ‘doxxing’ and even how to ensure personal and family safety, several Rubicons have been crossed.

Valuable academic feistiness and nursing resilience, risk being supplanted by a:

“culture of victimhood in which individuals and groups display a high sensitivity to slight, have a tendency to handle conflicts through complaints to authorities and other third parties, and seek to cultivate an image of being victims who deserve assistance”. (Campbell & Manning, 2018, p. 11)

Such preciousness is often misattributed solely to younger people, but the Culture Wars battlefronts show this mantle of slighted injury being donned by the most senior, privileged and powerful in society, whose articles of faith are questioned.

The implications of institutionalised silencing for nursing education and practice are too profound to ignore. What is at stake is not only faculty and student safety, but the very nature of degree education. Perhaps most chilling is the prospect that, if there are some topics which cannot be discussed, or ideas that cannot be challenged, nurses cannot fulfil their professional obligation to offer the best in evidenced based care to patients.
‘How did we ever get to such a place?’ is a question easier to ask, than to answer. Culture Wars are a longstanding feature of 20th and 21st Century society, often viewed as a struggle between traditionalists and progressivists, for example, the teaching of evolution vs creationism. Censorious culture is now so successful that there is no common language available to frame or discuss issues that will not be deemed an offensive, exclusionary or provocative microaggression to one side or another. Linguistic polarisation is all-pervasive, with totalitarian orthodoxy distorting reality; narrowing the scope of what is sayable and ultimately, limiting learning. Tribalistic dismissal of; ‘TERF’, ‘Karen’, ‘Snowflake’, ‘Redneck’ or ‘Gammon’ views is linguistically lazy, deeply uncritical and unworthy of nursing scholarship and values. Nursing must understand and explore these tensions, not reinforce them or exacerbate divisions. Good education teaches how to think rather than what.

The Culture Wars have even conscripted COVID-19. Virology, public health and epidemiology have been weaponised by the forces of ‘Are you sheeple dupes of government, big pharma and the plandemic hoax?’ or ‘money-grabbing, anti-lockdown, granny-killers’? Conspiracy theories and fantastical misinformation abound (Naeem, Bhatti, & Khan, 2020) and unbelievably, even face masks have been politicised (Rutledge, 2020) to the point where infection control takes a back seat to ideological signalling. In Weiss’s “digital thunderdome”

https://www.bariweiss.com/resignation-letter (Accessed 25th July 2020), endless “whataboutery” (Little & Rogers, 2017), confected controversy and performative outrage are heaped one upon the other in an attempt to dominate discourse through appeals to emotion at the expense of critical thought.
The danger of unsafe ‘safe spaces’

‘Safe spaces’ in higher education, with their lack of clear, shared understanding, have their own front in the Culture Wars. Universities must be ‘safe spaces’ where students can enjoy campus life and learning, free from abuse, harassment, rape, or assault. A second meaning has, however, insinuated itself into ‘safe space’ discussions – the notion of individual ‘comfortableness’. This “concept creep” (Lukianoff & Haidt, 2018, p. 34) additionally suggests that students should never be challenged, questioned or otherwise confronted academically, lest this make them feel uncertain, uneasy or ‘invalid’. Again, context seems crucial. A teacher who enjoys shaming, humiliating or demeaning students to display their own imagined superiority has no place at all in education. There must, however, be a recognised difference between such a bully and the educator, not prepared to simply hold a mirror up to students, allowing them to bask in the validity of their own reflections and to inhale their own ideological carbon monoxide.

Why nursing and education must ‘go there’

Superficially, nurse education may have avoided the worst excesses of cancel culture that have riven many humanities and social science faculties worldwide. Perhaps this is not because nursing has been especially skilled in this area, but because many faculty and students have intentionally ‘kept their heads down’ and avoided any engagement with ‘contentious issues’ that could blow up in their faces. We have been warned by colleagues over the years, that if you value your career and your future, just ‘don’t go there’, for fear of what Lewis (2020) calls “the lightning strikes” of “woke capitalism”, where people are summarily sacked and sacrificed by
institutions desperate to virtue signal to the social media fight-cage, rather than acknowledge and change their own complicity and oppressive power (Lewis, 2020).

How nursing or education could avoid complex, contentious issues, even if it should, is a mystery. Nursing and midwifery will always be involved in; women’s health, child development, surgery, science and evidence, pathophysiology, ethics, social justice, health inequity, sexuality and more. Nurse education cannot possibly avoid discussions around biology, sexual health, racism in health care and caring for trans people and other members of a diverse social world. How this can be achieved without appeasing or stoking the Culture Wars is critical for nursing.

Many nurses hold joint positions within service and education. Nursing is a practice discipline and nurses work with real people living real lives. Nurses will never have the privileged indulgence of ‘no-platforming’ patients or clients they disagree with or who challenge them. Nurses will be expected to have the skills and abilities to engage, hear, empathise with and sometimes respectfully disagree with and challenge patients as part of the negotiation of care. The parent who insists their child not be vaccinated, the person with newly diagnosed cancer demanding only ‘natural therapies’, the patient who ‘doesn’t want a black nurse’ – these, and a thousand other challenges to a nurse’s self and skills will be part of any nursing career. We cannot prepare nurses for the complexities and demands of nursing by providing an education that avoids contentious issues, lest someone feel ‘offended’ or ‘unsafe’. Tolerance may be a virtue, but it is not a blank cheque. As Karl Popper noted in his “paradox of tolerance”, “unlimited tolerance leads to the disappearance of tolerance” (Rijpkema, 2012, p. 93).
The costs of ‘cancel culture’ are too high for nursing and education to pay. We value nurses as critical thinkers, strong patient advocates and articulate health professionals, but to realise these ideals, we need nurses who can discuss, debate and engage with ideas, without fear of media or academic ‘pile-ons’, cravenly surrendered to by managers and organisations. When alt-right or self-identificarian provocateurs, shock-jocks or bilious ‘social commentators’ spout, there must be a more credible and effective academic response than; ‘don’t get involved’, ‘tolerate anything for a quiet life’, or ‘de-platform them’. As Nagle’s (2017) salutary warning noted:

“When Milo challenged his protesters to argue with him countless times on his tour, he knew that they not only wouldn’t, but also that they couldn’t. They come from an utterly intellectually shut-down world of Tumblr and trigger warnings, and the purging of dissent in which they have only learned to recite jargon” (Nagle, 2017, p. 112).

**Nursing’s inviolable mandate to engage with thinking and ideas**

Nursing education must challenge, unsettle, push and open new vistas of thinking and understanding, perhaps previously unglimpsed. This takes tremendous pedagogical skill, genuine humanity and the ability to create educational spaces and critical tools for students, to test their thinking, play with ideas and work out new concepts and understandings that never emerge perfectly formed and ideologically pure. They will be ‘works in progress’ all of their lives. No school of nursing or care setting can assure staff or students that they will never encounter views diametrically opposed to their own, nor should they. Nurses are consistently voted the world’s most trusted and honest profession (Reinhart, 2020) for good reasons. Nurses blend
caring, empathy, intelligence, advocacy, good sense and knowledge. Nursing education would be foolish to squander this capital by uncritically accepting all views merely to avoid conflict. Do we simply accept as ‘equally valid perspectives’ that, for example, vaccines are part of a global conspiracy, black people are genetically less intelligent than whites or that COVID-19 is a hoax?

Evidence and science may be contested and evolving (Fausto-Sterling, 2020), but they are not merely other voices in the room. Personal beliefs or ideologies may be passionately held, but they do not negate nor equate to sound science. Something seen on Facebook does not ‘balance out’ a systematic review. The world once witnessed the ‘Lysenkoisation’ of science (Dejong-Lambert & Krementsov, 2012) where muddled thinking, personal belief and ideological dogma converged to debase knowledge and policy. Claiming that something is ‘your truth’ seems dangerously similar to a Trumpian galaxy of ‘alternative facts’. People have a right to hold whichever views and perspectives they choose, but they do not have a right to insist that others must accept or agree with them.

A world of conspiracy-driven paranoia is already “threatening not just individual facts, but the idea that empirical truth exists at all”

https://www.theatlantic.com/shadowland/ (Accessed 15th July 2020). Nursing must not become a neutral observer in the Culture Wars, unable or unwilling to contribute collegially to difficult or contentious discussions or debates, fearful of ‘offending’, or ‘saying the wrong thing’, or of personal, professional or organisational punishment. There is too much at stake here for nursing not to ‘speak truth to power’, regardless of where such power lies.
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