



‘An outpouring of love’: A psychosocial analysis of the NHS ‘Big Tea’ fundraising appeal

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ABSTRACT

This article reports on a case study of charitable fundraising for the UK National Health Service (NHS) and examines its role in managing emotions and shaping our relationship with state-funded health services. Twitter data, images and fundraising materials were collected under the #NHSBigTea hashtag, which coordinates and celebrates annual fundraising events by NHS charities across the UK. Targeting existing affective attachments to ‘our NHS’, nationalistic rhetoric and the imperative to ‘give something back’ after Covid are shown to be part of wider feeling rules which create the NHS as an idealised object requiring performative displays of gratitude and positive affect. Discursive positioning of fundraisers and NHS staff as heroes becomes problematic in an affective economy where national calls to “be there” and show our love for the NHS set unrealistic demands and obscure existing deficits and existential threats to the NHS. Drawing on psychoanalytic perspectives, the article shows how, in times of crisis, displays of gratitude, love and positivity may defend against ambiguous feelings and intense fears of losing the NHS. These difficult emotions and anxieties must be acknowledged to avoid dangerous idealisations and allow a different relationship based not on gratitude but emotional and material investment.

1. Introduction

The UK National Health Service (NHS) continues to face unprecedented challenges and an uncertain future with a record 7.57 million people in England currently on waiting lists for routine hospital treatment (Triggle, 2024). The NHS (2024) staff survey from 2023 showed that 42 % of respondents reported to have felt unwell because of work-related stress in the past year, while only 32 % said there were enough staff at their organisation for them to do their job properly. Ongoing wage disputes by nurses and junior doctors have highlighted real-term pay cuts and staff shortages, while NHS England (2024) has estimated a financial cost of £1.5bn as a direct result of strike disruption. Meanwhile, the latest BSA survey (King’s Fund, 2024) showed that only 24 % of the UK public were satisfied with how the NHS is currently run, the lowest level since the survey began in 1983.

Despite being a state-funded health service providing universal care free at-the-point-of-use, there is a long history of charity and voluntary activity in and around health care in Britain (Stewart et al., 2024). Yet, charitable giving for the NHS has only caught widespread public attention following a national Covid-19 appeal which raised over £150m

for NHS charities. The story of Captain Sir Tom Moore, a 99-year-old veteran who helped raise £38m by walking laps around his garden, received global media coverage while the NHS ‘One million claps’ campaign was widely shared on social media and contributed to the success of the national appeal together with a novel crowdfunding strategy (Stewart et al., 2022). There are now over 230 NHS charities for whom the national membership organisation NHS Charities Together (NHCT hereafter) provides training and networking opportunities alongside grants which fund a range of services and projects. These are often described as additional ‘extras’, such as hospital improvements, staff wellbeing initiatives and amenities and other ‘comforts’ for patients (Abnett et al., 2023). With its rapid growth and expansion following the success of the Covid appeal, NHCT is following an ambitious strategy for growth and building a ‘distinct’ identity by claiming a ‘special position’ and ability to support the wellbeing of NHS staff (Möller and Abnett, 2023).

Analysis has shown that expenditure by NHS charities in England and Wales has become “supplementary to and substitutive of government service provision” (Abnett et al., 2023, p. 373) in the absence of clear legislative or policy guidance. At the same time, there is

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considerable inequality in distribution of charitable income between geographical locations and NHS sectors: For specialist NHS Trusts for example, which include cancer and heart care, this amounted to between 1 % and 10 % of total income between 2019 and 2020 (Bowles et al., 2023). So, while charitable funds still only account for a fraction of the overall NHS budget, in the current financial climate “even apparently-marginal additions of resources may be of considerable value” (Bowles et al., 2023, p. 2) to some institutions. As a further limitation, ‘philanthropic particularism’ means that donors favour causes which directly affect them or their families, while identification with beneficiaries through emotional connection is crucial for continued support and decision making (Mohan and Breeze, 2016). However, contributions to the crowdfunding appeal by NHSC during Covid (Stewart et al., 2022) consisted of largely impersonal performances of general gratitude for the NHS in response to feelings of anxiety and powerlessness during the pandemic. This suggests that appeals which coordinate local and national fundraising in digital spaces may employ different means and strategies of targeting donors’ emotions.

As part of a larger study of contemporary fundraising for the NHS, this article reports on a case study of the NHS ‘Big Tea’, which was first launched in 2018 to coincide with the 70th ‘birthday’ of the NHS and has since become an annual fundraising event for the NHS, raising over £500k in 2021 and £175k in 2023. Given that in 2023 alone, NHSC (NHSC, 2024a) distributed another £15m from the Covid-19 Appeal that had raised £162m, the income generated from the ‘Big Tea’ can be seen as secondary to its symbolic function, described by NHSC (cited in Stewart et al., 2024) as a ‘gratitude event’. During the event, members of the public are asked to host their own ‘tea parties’, either online or in person, and collect donations which are then re-distributed to local charities by NHSC. In addition, in-person events in hospitals are supported by NHSC by providing a wide range of fundraising materials and branded assets to raise the profile of the national campaign and public awareness of local NHS charities more broadly. NHSC (2023) marked the 75th anniversary of the NHS with a big social media campaign and royal support from The Prince and Princess of Wales as well as corporate support from the UK supermarket giant Morrisons.

This case study of the ‘Big Tea’ considers the affective dimensions of fundraising by exploring how nationally coordinated efforts and community-based events create distinct ‘affective atmospheres’ (Anderson, 2009) conducive to charitable giving. Following a brief review of affect studies and recent applications to social media, a critical psychosocial perspective is introduced to account for unconscious desires, inner conflicts and ambivalent emotions in fundraising. Social media analysis of the #NHSBigTea campaign on X (formerly twitter) then explores how the NHS was constructed and celebrated by NHS charities in emotional appeals to national unity while creating public displays of gratitude as a tribute for care received during the pandemic. Drawing on psychoanalytic perspectives, I will argue that the intense idealisation of NHS ‘heroes’ upholds a feel-good fantasy of the NHS (Hunter, 2016). Compulsive outpouring of love and positive affect here points to deep anxieties and ambivalent feelings which cannot be spoken about in the affective economy of an NHS facing multiple existential crises. Adding to debates about boundaries between charitable and state-funded provision (Möller and Abnett, 2023), psychosocial analysis turns to these other stakes involved in becoming subjects of charity. Finally, I will conclude by proposing a different relationship with the NHS which is not based on gratitude but the acknowledgment of ongoing conflicts and complex emotions.

2. Feeling rules and emotional affordances in digital spaces

This section does not aim to provide a comprehensive review of the rapidly expanding literature on affect and the governance of emotions but instead gives a selective and purposive summary of useful concepts and contributions from sociology, cultural studies and social psychology which, despite their many epistemological and disciplinary differences,

can enrich empirical analysis. Responding to calls to bridge the gap between the sociological and psychological, individual and the social, internal and external, I will then propose a psychosocial perspective where affect is always “social and material, as well as psychic” (Ahmed, 2009, p. 254).

Rustin (2009) shows how, historically, the study of emotions in the social sciences has been marginalised in favour of privileging rationality and theories which maintain the image of a rational actor. Citing examples from classic sociology, he puts the more recent turn to affect into historical context and points to increased recognition that, rather than located in individual minds, emotions are constructed through social rules and conventions. Citing Reddy’s influential work on “regimes of emotion”, Rustin distinguishes between societal (macro), organisational (meso) and interactional (micro) levels where emotional regimes act as “a set of rules or conventions which lays down what feelings are allowed to be expressed, by whom, in what places and at what times” (Rustin, 2009, p. 29). As some expressions of emotions become fully regulated over time, they effectively become invisible and normalised as the new rationality. Offering additional insight into the workings of these regimes at social and institutional levels, for Burkitt (2009), emotions are always embodied, already discursive and always part of social relations so they cannot be separated from power. Drawing on Foucault’s notion of governmentality, he stresses the importance of emotion in directing public conduct and shaping conditions of possibility through their capacity to “incite, induce and seduce” (Burkitt, p. 160) with material effects. This is echoed by other recent contributions in governmentality studies and attempts to reconcile the discursive and affective turns by grounding them in strict materialism (Lemke, 2021) and an extended notion of social constructionism (Greco and Stenner, 2008).

Existing literature often disregards how emotional regimes rely on sustained work by individuals to cultivate emotional responses according to pre-existing rules, where Hochschild (2003, p. 3) has filled an important gap in her work on ‘feeling rules’ and emotional labour as “the management of feeling to create a publicly observable facial and bodily display” where “emotional labor is sold for a wage and therefore has exchange value”. While focusing on paid rather than voluntary labour and charitable fundraising, her influential work brings attention to the public face and gendered nature of ‘display work’ and its productive effects. This understanding of feeling rules has important implications for subjectivity where “a role establishes a baseline for what feelings seem appropriate to a certain series of events” (Hochschild, 2003, p. 74).

“Rules as to the type, intensity, duration, timing and placing of feelings are society’s guidelines, the promptings of an unseen director. The stage, the props, and fellow members of the cast help us internally assemble the gifts that we freely exchange.” (Hochschild, 2003, p. 85)

In the context of public fundraising, this raises crucial questions about how social media is used and managed as a stage to direct our gift giving and how these practices are shaped by wider feeling rules. For Hochschild (2003, p. 57), these rules can be identified by “by inspecting how we assess our feelings, how other people assess our emotional display, and by sanctions issuing from ourselves and from them”. There is, however, a danger of locating a ‘directing’ role in invisible social forces or distant institutions, as well as drawing strict lines between public and private displays (Burkitt, 2009). Social psychological work has instead stressed the performativity of emotions (Belli, 2023) and the role of language in discursive-affective practices (Wetherell, 2012) as always social, material and semiotic and therefore not easily divided into different levels. While these perspectives bring attention to the discursive and interactional dimensions of emotional affordances, the concept of affective atmospheres has been proposed as a “felt space as something humans do” (Bille and Simonsen, 2021, p. 304) to account for their social and material elements.

Belli (2023) develops these ideas further to consider the role of ‘emotional affordances’ in social networks and how these shape new norms for appropriate feeling rules. With hashtags often targeting

positive emotions and experiences, expression of any negative emotions is commonly seen as more 'intimate' and personal. This is not to suggest that negativity cannot be expressed, with social media being notorious for offering spaces for toxic and hateful exchanges between strangers. However, the available affordances of the hashtag (and the ability to like and retweet content) offer a limited space for interaction and communicating within a shared 'emotional dictionary' (Hochschild, 2019). In the context of personal relationships, Belli (2023, p. 25) concludes on an optimistic note where digital spaces may "offer important emotional resource" and "these spaces afford certain behaviours that can aid in managing mood by being designed for action that are favourable". Social media therefore give space to new affective communities (Matley, p. 248) with their stance-rich affordances which constantly "encourage the expression of feeling and evaluation" often neglected in social research. This raises important questions about the quality of space and emotional expressions afforded by digital fundraising, as well as what is rendered invisible or cannot be felt.

3. A psychosocial perspective

Psychosocial perspectives promise to bridge some of these gaps and challenge an artificial divide between the social, material and psychic by maintaining a strictly relational understanding where neither element can be studied, or indeed exist, in isolation. Sara Ahmed (2009) presents one such account where affects are not located inside objects or minds but remain an effect of circulation. Despite considerable diversity and ongoing debates over what constitutes the relatively new field of psychosocial studies (Frosh and Young, 2017), these share some common assumptions of a divided and defended subject where the analytic goal is neither to capture 'real' experience in narrative form, nor to offer 'truthful' analysis from a position of expertise. Rather, research is to maintain a subversive and critical potential by acknowledging the central role of conflict in social and psychic lives where some experiences are too painful to bear and cannot be thought (Hollway and Jefferson, 2013) but make themselves felt in other ways. Unlike other social science approaches, it is always attentive to these unintended effects beyond rational or unmediated insight into lived realities and tries to limit "itself to asking some provocative questions, ensuring that emotion and irrationality are included" (Frosh, 2010, p. 6). At their best, psychosocial perspectives take power dynamics seriously and aim to unsettle established norms so that something new can emerge. Previous research has further shown how affective modulation (Martínez-Guzmán and Lara, 2019) guided by positive psychology specifically focuses on the avoidance of unhappy states and the maximisation of positive feelings and capabilities which are conducive to fundraising (Möller, 2022). In the context of the current study, this raises questions about what remains absent, what is denied and left unspoken in the 'activation' of affective states in fundraising for the NHS and how new technologies and modes of communication change the relationship between donors, fundraisers and charity organisations.

Psychoanalytic perspectives applied in empirical settings 'outside the clinic' (Frosh, 2010) are committed to a non-representational epistemology (Greco and Stenner, 2008) where the aim is not to capture or represent authentic experience in coherent narratives but to remain open for multiple readings "so that the subject can never be fully known or fixed, but remains resistive" (Frosh and Young, 2017, p. 130). Research of this kind tries to identify different repertoires of affective-discursive practices and available 'feeling positions' (Calder-Dawe and Martinussen, 2021) across empirical materials to consider their wider power effects and what remains absent or unspoken. Fundraising materials and strategies can then be considered as emotional affordances that make available certain affective-discursive positions and coordinate conduct through direct or indirect appeals to emotion.

4. Method

4.1. Data sources

For this case study, a total of 2716 tweets under the #NHSBigTea hashtag were collected between May and July 2022 through the Twitter API using TweetArchivist. 679 images tweeted under the hashtag were downloaded and after removing duplicates, 582 images and 1648 tweets were imported into NVivo. Tweets were imported using the survey data preset, which allowed auto-coding text fields, usernames, URLs and location. Publicly accessible fundraising assets were downloaded from the national campaign website, including a Welcome Guide for 'tea hosts', posters, and stock images.

4.2. Procedure

Tweets, images and fundraising assets were imported and coded in NVivo to identify different constructions of the NHS and the Big Tea across the dataset and the discursive positioning of donors, fundraisers, NHS staff and volunteers. Retrievals and coding queries then allowed comparisons between positions and within and across corpora to explore variation of constructions and available affective-discursive positions. Coding queries allowed text searches and frequency counts within text fields and metadata provided by the API, including the most active users, most retweeted tweets and related hashtags and shared URLs. Word frequency queries, keywords-in-context searches and word clouds in NVivo then gave insight into how the NHS was talked about under the hashtag. Analysis focused on words immediately surrounding 'NHS' and other frequently occurring terms like 'nation', 'support' or 'local' and their use in context. As is common in psychosocial studies, this article combines elements from critical discursive psychology (Wetherell, 2012) with established psychoanalytic concepts and techniques which share an interest in the productive role of language and a relational understanding of affect as situated and performative. For visual data, Rose's (2022) framework for visual discourse analysis was followed and 187 images from the events were coded to identify present objects, actors and symbolic elements. Detailed discursive analysis of retrieved image segments then compared the variation in constructions and visibilities to consider what emotional affordances are made available, or what can be said, felt, experienced and done, but also what may remain absent, unspoken or invisible at the events.

4.3. Reflexivity and ethics

Stressing the importance of the researcher's own subjectivity, reflexivity in psychosocial research (Frosh, 2019) recognises the dangers of 'wild analysis' where the application of psychoanalytic concepts should be grounded and maintain some degree of modesty while still aiming to produce surprising or 'unsettling' findings. Without offering expert or 'secret knowledge' of universal psychic processes, discursive approaches in social psychoanalysis (Wetherell, 2012) advocate close analysis of everyday affective practices, which were also the focus of this study. Another key ethical issue is the relationship between researcher and participants including "how we recognise their existence as 'subjects', how we acknowledge similarities and differences, what agency we ascribe to them" (Frosh, 2019, p. 104). This includes challenging familiar (and easily romanticised) notions of individual agency by making subjectification itself the focus of analysis without privileging either psychic or social processes. However, the use of pre-existing social media data brought some limitations and maintained analytical distance, which I return to in the conclusion. As a non-British citizen but long-term UK resident, I approached the data as an outsider and maintained a record of my own affective response to national symbols and rhetoric, which further shaped the analysis. Guided by these ethical considerations, the reporting avoids the reproduction of images, individual names or local charity organisations and ethical approval was

granted by the School Ethics Conveners (SEC) within the School of Social Work & Social Policy at the University of Strathclyde.

5. The #NHSBigTea

5.1. #NHSBIGTEA: celebrating the NHS

Between 16/05/22 and 13/07/22, the hashtag included 2716 tweets (n = 1617 excl. RTs) from 1257 accounts (n = 699 excl. RTs) and created 9,778,192 impressions (total number of times a tweet was delivered to timelines). 705 images were tweeted, 582 of which were unique images. Of the 1257 accounts involved, 480 accounts (38 %) sent only a single tweet and 98 (7.8 %) sent only 2 tweets. 705 images were tweeted, 582 of which were unique images (n = 97 duplicates removed, 26 image URLs were no longer available). Of the 582 images, 187 were of in-person fundraising events (mainly in hospitals), 220 were graphics, posters and banners, 108 were of tea party events (incl. displays of food), 49 were stock photos (provided mainly through NHSCT) and 18 were “other” images (e.g. local venues, facilities or selfies without context). The five most active users (including retweets) were NHSCT (70), their CEO (135), followed by three large hospital charities with between 20 and 30 tweets each. The most frequently linked hashtags were #nhsbirthday (337), #nhs (291), #nhs74 (86), #thankyou (36) and #nhscharity (35). Shared URLs almost exclusively pointed to the central NHSCT Big Tea website with links to members’ microsites for donations on JustGiving accounting for less than 10 tweets each.

While the frequency counts below provide a descriptive overview of the hashtag, subsequent sections will take a more discursive approach to examine dominant constructions of the NHS and the language used to create distinct emotional affordances under the hashtag.

The NHS was mentioned in close connection with personal pronouns: It was “My NHS”, “Your NHS” (4) sometimes “our fabulous NHS” (3), “our amazing NHS” (13) or “our beloved” NHS but most commonly “Our NHS” (63). The use of first-person possessive pronouns creates a sense of ownership but also of a responsibility to take care of “our NHS” and thereby tries to create an instant emotional connection with potential donors. The NHS was often praised and celebrated as “wonderful” (20), “amazing” (13) or “incredible” (4) and the object of help and support (21) and celebration (28). Mentions of “Local NHS” (10) allowed mobilising support for local NHS charities, often seen as a more effective fundraising strategy (Möller and Abnett, 2023) when appeals make direct reference to local causes and include hospital name or specific cause. Among unique tweets, there were 263 references to “staff” described as “hardworking” (3), “wonderful” (11), “brilliant and kind” (3) but also as needing support and often mentioned in relation to their own “wellbeing” (11). Under the hashtag, charities mainly promoted their fundraising activities and baking skills to convey a sense of closeness and support calls to host similar tea parties.

Despite frequent calls to support and help the NHS, the exact nature of the need remained undefined with vague references to “times of need” (13) or ‘still’ needing support. In fundraising materials, constructions of need similarly centred around vague “extra support” for NHS staff, volunteers and patients with very few specific examples of “things like a place to rest during a long shift, counselling for exhausted staff or training for community volunteers”.

The language of praise clearly fits with the celebratory atmosphere of the events but also constructs the NHS and positions its supporters with wider discursive effects:

“Our NHS is amazing, but it can’t face every challenge alone.”

The conjunction “but” signals that the ‘amazingness’ is conditional on constant work and fundraising efforts and at the same time humanises and turns the NHS into an object that cannot be left alone. The only presented way to be there for the NHS is through donations, yet it remains unclear what the ‘challenges’ entail or what caused them. This is in line with other fundraising strategies which construct vague notions

of need but thereby naturalise and de-politicise structural deficits by making it seem as if they were the results of a natural disaster rather than human and political action (Möller, 2022). Indeed, there was no mention of any crises, specific problems or failures related to the NHS across the Twitter corpus.

5.2. Banal nationalism and rebuilding the NHS after Covid-19

Although NHS charities are a very diverse group with significant regional differences (Möller and Abnett, 2023), appeals directly addressed ‘the nation’ as a single entity:

“So, whether at home, in the office or in school, we’re asking the nation to pop the kettle on, grab the biscuits, and raise vital funds to help the NHS go further this July.”

“On 5 July, the #NHSBigTea brings the nation together to celebrate the birthday of our beloved #NHS.”

Donors were thereby positioned as part of “the nation” and offered the opportunity to perform their nationality through participation in the event. The NHS is again humanised as an object of love, creating a sense of closeness to a loved one celebrating a special birthday. In an otherwise divided nation, the love for the NHS is what brings unity and as an active subject, the #NHSBigTea has a collectivising function which erases difference and only accepts ‘togetherness’ as a possible solution, thereby avoiding conflict. Appeals to the nation and national action in vocative cases were also made to tea party hosts:

“Can you hear the faint clatter of teacups across the nation?”

“We want the entire nation to be awash with tea in July, which is when we’re asking you to hold your NHS Big Tea party.”

Reaching out to the whole nation shows the wide scope and ambition of the fundraiser, but it also acts as an interpellation of donors who are directly addressed and called to action (“we want”) and asked to perform their national duty.

“Led by NHS Charities Together on Tuesday 5th July, the NHS Big Tea brings the nation together to celebrate the birthday of the NHS and give thanks to the workforce, while raising funds to provide the extra support needed for staff, patients, and volunteers.” (Fundraising materials)

“The NHS knows how to heal the nation.”

The nationalistic rhetoric was closely linked to constructions of need following the Covid pandemic. The quote above attributes exclusive knowledge to the NHS and thereby anthropomorphises it as a wise person who deserves our attention. Wounded during Covid, the nation now needs healing and appeals to one collective entity leave no space for different notions of nationhood or citizenship while erasing colonial legacies of the NHS as an imperially resourced health service (Fitzgerald et al., 2020). Moreover, the nationalist rhetoric disregards how austerity measures had imposed limits and charges for migrants’ access to the NHS and contributed to the ‘hostile environment’ (Shahvisi, 2019) where feelings of belonging and attachment to ‘our NHS’ remain reserved for British citizens. The healing powers of tea ‘washing’ across the nation draw on a culturally more widely available and familiar iconography typically associated with a sense of hospitality, community and tradition. Drawing on Barthes, Chatterjee (2022) demonstrates how the ‘gastromythology’ of Victorian tea culture was gradually “augmented from an imperial commodity to a modern gastromyth” whereby its myth work “assigns historical values to assembled aspects of nature, parading those values as universal values in a given cultural context”. This myth work makes tea parties and the NHS into signifiers for English national identity: In the extract above, the ‘healing knowledge’ mystifies the NHS as a symbol of national purity offering comfort and orientation in times of crisis. Yet, showing the ideological functions of myth as ‘depoliticized speech’ (Barthes, 1973), this distorts the

historical origins of the NHS along with government failures and responsibilities, where it is NHS staff who need healing from secondary trauma (Taylor et al., 2024).

Some fundraising materials included direct quotes from the NHS Chief Executive at the time, giving authority to the campaign:

“No one in the country has been untouched by the events of the last two years and NHS staff along with our wonderful volunteers, workers who kept our shops and public services running and those who kept schools and offices open across the country are no exception.” (Fundraising materials)

The impact of the pandemic on the population is presented as universal despite being highly unequal, ignoring also existing inequalities in the delivery of NHS care (Hirst et al., 2024) along with spatial differences in charitable income generation for the NHS (Mohan and Clifford, 2024). Reminding us of the accomplishments and sacrifices of health workers here reinforces a moral indebtedness and need to reciprocate by returning the love received. The appeal continues by tasking local communities with a national rebuilding effort:

“The effects of the pandemic are still being felt even as the NHS and the country now looks to recover and rebuild, so the continued support of local communities remains as vital as it is hugely appreciated.”

“The NHS Big Tea is an excellent opportunity for communities to come together and pay tribute to brilliant staff and volunteers, who have gone above and beyond during the pandemic to keep us and our loved ones safe.” (Fundraising materials)

The rhetoric used here signals a turn from previous use of war metaphors during the national Covid appeal (Stewart et al., 2022) toward a post-war period and thanking health workers as war veterans who must be honoured. A national rebuilding effort is a powerful metaphor as it again mobilises a collective spirit and civic duty but leaves open what is actually being rebuilt or how. Volunteers and staff are praised as those who kept us safe, further reinforcing the debt owed with familiar metaphors which shift responsibility to health workers when it was mainly adherence to public health measures which helped reduce infections. Donations were further constructed as opportunity to “pay tribute to brilliant staff who have gone above and beyond during the pandemic to keep us and our loved ones safe”. There is a double-responsibilisation at work here: On one hand, it was the job of NHS workers to keep us safe (rather than a public responsibility) and now the public’s duty is to pay tribute through charitable donations. Although the current use of ‘tribute’ demands visible forms of praise, its original meaning as payment or price of protection further adds weight to the moral obligation to repay an owed debt. The use of “opportunity” is also notable, not forcing communities but setting normative expectations to convey a sense of national duty and performance of citizenship where “being there” for staff requires public displays of gratitude and visible performance as ‘tribute’.

The use of national symbols and emotive language are central to what Billig (2015) has termed ‘banal nationalism’, emphasising the role of (digital) media in providing a sense of belonging through repeated use of everyday symbols and subtle images. The use of personal pronouns (“our NHS”) and offered subject positions of members of a healing nation were vital to create a sense of unity, as were the appeals to ‘come together’ as one collective group of potential donors. The urgency of the need to rebuild after the pandemic and care for those who protected us shows important affective dimensions of a nationalism (see Miltitz and Schurr, 2016) which binds fundraisers and coordinates their embodied action and emotions (Ahmed, 2014), as the following section will explore further.

5.3. Local fundraising and tea parties: the NHS as a gift

Around half the images tweeted under the hashtag show local

fundraising events and tea parties in hospitals or other health settings, mainly charity stalls where tea and cake are served. They are festively decorated using the ‘Big Tea’ branded bunting, balloons and other materials provided by NHSC. Captions on Twitter focus on birthday messages for the NHS, often combined with appeals to host a tea party or donate to the local NHS charity. Many of the charity stalls are set up in hospital foyers and near entrances where tea and cake are served next to the charity’s banners, posters and donation boxes or buckets (“We can do more when you donate”) but often without use of NHSC materials or visible reference to the Big Tea. Tea is served on hospital trolleys by nurses, an opportunity to move around and raise awareness of the charity among patients. Some stalls include raffles and games like guessing the number of tea bags in a jar. Most events, however, made extensive use of the national fundraising materials and decorations: With the ‘pouring’ of tea as central theme, a range of stock images show diverse groups of different ages and ethnicities coming together for tea parties with appeals to “join the brew crew” by signing up to host a tea party. Member charities were able to customise these stock images by placing their own charity logo and slogans on them, which allowed adapting appeals to local needs and calls to support and “help your local NHS charity do more for people in your area”. Fundraisers were positioned as “hero hosts”, offering emotional proximity and identification with the ‘actual’ NHS heroes.

“Come together on this special day by hosting tea parties and inviting your friends, colleagues or classmates. This special occasion allows us to come together and say an enormous thank you to our NHS whilst raising funds to support 1.5 million NHS staff, patients and volunteers.” (Fundraising materials)

Such calls to show gratitude, come together and celebrate the NHS centred around creative displays around the 74th birthday of the NHS, including home-baked birthday cakes and handwritten birthday messages on cards or posters. Messages of love were printed on bunting (“I ♥ the NHS”) and there were recurring national symbols, including Union Jack napkins and some outdoor tea parties with red, white and blue bunting. One hospital information board was repurposed and decorated with balloons, birthday cards and handwritten text with facts and figures telling an origin story (“The NHS is one of our Nations greatest achievements”) with reference to the George Cross being awarded to ... by the Queen in 2021 as “the highest award for gallantry available to civilians [...] bestowed for acts of great heroism or courage”. Elsewhere, collected birthday messages from patients and staff were displayed on a hospital wall, including many “Thank you” messages and “We’re lucky to have our NHS” and “We are lucky now – I remember when the NHS wasn’t around”.

Described by NHSC (cited in Stewart et al., 2024) as a ‘gratitude event with symbolic functions beyond fundraising, the Big Tea makes the NHS into a national gift and something to be grateful for. In her work on economies of gratitude, Hochschild shows how gratitude works through different frames of reference, including a moral frame which leads us to ask “how lucky” we are compared to existing cultural codes and expectations, while a historical frame invites comparisons with other cultures or the past. For Hochschild (2003, pp. 117–118), “the gift is a profoundly social affair” and “we feel grateful for what seems to us extra” but this gratitude must be constantly performed and renewed through emotional display work. The personification of the NHS discussed in previous sections can also be seen in the writing of birthday messages and dedication of cakes projecting human qualities of care and duty (similar to a monarch) onto the NHS, but these erase more complex histories of its emergence and ongoing political struggles over its survival (if the NHS was ‘born’, it can also die).

“Calling all tea lovers! When you head to your local @Morrison’s café this Tuesday 5 July, you’ll receive a free cuppa to celebrate the NHS’s birthday. Morrison’s will also make a donation for every cup brewed to help us support the people of the #NHS. #NHSBigTea”

UK supermarket Morrisons was the main sponsor of the Big Tea and some charities were actively fundraising in stores, usually by standing near the exit or café with collection buckets and familiar calls to “Help the NHS go further” on posters and boards. Some fundraising materials were branded with the Morrisons logo (“Poured with support from Morrisons”) and hospital staff were often seen receiving crates filled with donated tea and coffee (“Donated with love by your local Morrisons”). Aside from announcing their headline sponsorship of the events, Morrisons did not actively tweet under the hashtag but were occasionally thanked for their contributions and the opportunity to host stalls in store.

6. Discussion

The imperative to show gratitude for the NHS underlying the #Big-Tea campaign was shown to be tied to wider feeling rules in ‘economies of gratitude’ (Hochschild, 2008) where emotional labour is sustained and constantly performed through ‘display work’, both online and in community settings. These effects of fundraising practices in relation to positivity discourses are significant because they intensify demands on our emotional management with individualising effects on possible failures (Calder-Dawe et al., 2021). As an ‘affective happening’ (Gemignani and Hernández-Albújar, 2022) and collective resistance against isolation during lockdown, clapping for the NHS has been shown to have similar subjectifying effects by reproducing neoliberal discourses in individual and symbolic acts while diverting attention from structural deficits and various failings in crisis management by the UK government.

There are notable parallels here with previous research on emotional branding in marketing and advertising (Powell, 2009, p. 100) which seeks to shape individual consumer choices by creating intense idealisations with products where “goods are marketed in terms of the emotional fulfilment they can provide”. Powell (2009) sees symbolisation through brands as a form of transference whereby we transfer our unconscious wishes and desires into ‘real’ external objects and hence invest them with emotional significance. Recognising the NHS as a powerful brand (Möller and Abnett, 2023), campaigns by NHSCT build on feel-good phantasies of the nation and metaphors of post-war rebuilding efforts which offer new affective positions with instant emotional gratification, but this myth work also acts as defence against deeper anxieties around the NHS which cannot be spoken. Such affective regulation through gratitude functions as a strategy of governmentality (Shoshana, 2022) where public affection and gratitude for the NHS becomes commodified with the help of corporate sponsors. When we are grateful, we are less likely to make demands but more likely to accept and excuse shortcomings and failings of an NHS facing multiple crises.

At the same time, successful fundraising typically relies on identification with the beneficiary through emotional connection and closeness (Mohan and Breeze, 2016) where the myth work of tea ‘healing the nation’ offered emotional affordances to display affinity and ‘be there’ for NHS staff whose actual needs remained unspoken. With their winter appeal, NHSCT (2024) recognised that “staff wellbeing is no longer a ‘nice to have’” given the “pressures of being stressed, overworked and understaffed” and significant grants have been allocated for improvements to staff facilities and training. This seems to contradict the observed narrative around ‘extra’ support, pointing to an affective dilemma (Wetherell et al., 2020) where donors can feel that the NHS is both ‘fantastic’ and in crisis but without space for expressing this ambivalence publicly. Moreover, evaluations of wellbeing interventions in the NHS (Taylor et al., 2024; Teoh et al., 2023) have emphasised the need to address staff wellbeing as a “systems issue” with organisational and workforce-oriented interventions shown as more effective than those focusing on individual health workers. Fragmentation of different interventions is another issue (Taylor et al., 2024), despite NHS charities claiming to be better placed to provide immediate support based on local needs (Möller and Abnett, 2023). The focus of the ‘Big Tea’

remained on individual contributions (including donations to JustGiving microsites for member charities) as opposed to a multi-level systems approach that is needed for effectively addressing psychological ill health among the workforce (Taylor et al., 2024).

In fact, these feeling rules render negative emotions unproductive while setting impossible expectations to be visibly grateful, thereby carrying hidden costs and compounding extensive physical and emotional pressures in health settings including burnout and ill health among nurses (Kirk, 2024). The emotional labour performed by ‘surface acting’ and adopting a ‘work persona’ through emotional regulation may contribute to a ‘cheerful’ work environment but remains uncompensated and often unacknowledged (Huynh et al., 2008) with costs to the individual in exhaustion or becoming out of touch with their authentic emotions. The scripted nature of digital fundraising adds another dimension of ‘deep acting’ (Hochschild, 2012) where showing happy faces and colourful celebrations can result in ‘moral injury’ (Kirk, 2024) as ‘negative’ emotions like frustration, powerlessness and even grief remain suppressed. Ahmed (2010, p. 590) points to similar emotional costs when “happiness can also work to conceal the causes of hurt” and difficult or ambivalent feelings and traumatic experiences cannot be faced because they are too painful to bear (Bion cited in Hollway and Jefferson, 2013). There has been a long history of psychoanalytic contributions to understanding the ambivalence of love and hate (Ahmed, 2009) where love is central to the formation of identities, but any ‘outpouring’ brings dangers of failing the ideal and creating new exclusions. As a form of love, identification “involves the desire to get closer to others by becoming like them” (Ahmed, 2014, p. 126). A strong desire to “be like them” could be seen in the intense idealisation of ‘hero hosts’ joining the NHS heroes in their daily fights. As others have argued (Cox, 2020; Mohammed et al., 2021), the idealisation of health workers as heroes and soldiers on the frontline is highly problematic and creates new inequalities, disregards vulnerabilities and sets unrealistic expectations.

While rarely explicitly acknowledged in fundraising materials, a narrative of urgent need (often humanised in the form of nurses ‘fighting’ on the front line) is central to this idealisation of the NHS but closely connected to the fear of loss. Ahmed (2014, p. 137) demonstrates how “a narrative of loss is crucial to the work of national love: the national ideal is presented as all the more ideal through the failure of other others to approximate that ideal”. So, the further we get from having the ideal NHS, the more intense the need becomes – and with it the compulsion to face failure through compulsive celebration of its greatness and reaffirmation of national pride for collective idealisation of the NHS as a national symbol. Elsewhere, psychosocial perspectives have raised similar concerns about dangerous idealisation of the NHS as a comforting ‘feel-good fantasy’ (Hunter, 2016, p. 173) and “point for manic investment in an object as a singular thing in itself” when reality is much more complex. Without a space to confront ambiguous feelings, an intense splitting and idealisation of the ‘good’ occurs which denies the ‘bad’ in the face of multiple crises and intense anxieties about losing the NHS.

However, to Frosh (2011, p. 44) the acceptance that love and loss, good and bad, must go together, is “a marker of someone who can confront reality without pretending things are better than they are [...] with the hope that something might be learnt, that creative, reparative acts might be worth engaging in”. Relational psychoanalysis may offer some ways forward in recognising the importance of internal conflicts and stakes in ‘deep acting’ by centring the quality of relationships to make reality more bearable. In Kleinian perspectives, reparation refers to “the variety of processes by which the ego feels it undoes harm done in phantasy, restores, preserves and revives objects” (Klein, 1975, p. 133). A revival of the NHS as an object of public investment then requires much more than an outpouring of gratitude and symbolic acts of support. It needs to acknowledge not only our own anxieties in times of crises but the harm done to health services during the austerity of the 2010s (Darzi, 2024) where NHS funding had ‘flatlined’ and remained

well behind the EU average per capita (Rebolledo and Charlesworth, 2022), leaving the UK so ill prepared for the pandemic.

To form a meaningful and mature relationship and become more deeply invested in a valued object in times of crisis and difficulty further means that feeling sad is *exactly* what is required “when bad things happen” and an important “part of the process of integrating these lost elements into our own psychic space” (Frosh, 2011, p. 45). Loss (past, present or impending) must be acknowledged so that the object can be valued and actual identification, not idealisation, becomes possible. Valuing the NHS then means that different affective and material investment can happen with room for ambivalence and complex emotions, not as an outpouring of love based in phantasy, but as relational engagement with emotional and material needs in the present.

7. Conclusion

At a time when the NHS continues to be under immense pressure, NHS charities have developed a national profile through the work of NHSCT where the ‘Big Tea’ has developed into an annual event as both a national fundraiser and ‘gratitude event’ (NHSCT cited in Stewart et al., 2024). By considering the affective dimensions around the online campaign, this study has shown how affective-discursive repertoires of positivity (Calder-Dawe et al., 2021) shape these contemporary fundraising cultures through affective governmentality which seeks to maximise positive feelings and visible outputs. The nationally coordinated ‘outpouring of love’ for the NHS with corporate and celebrity support was examined as part of an affective economy where displays of positivity and gratitude create a myth of national unity. The financial success as a fundraising event has been secondary to the symbolisation and idealisation of the NHS as an object of national love and powerful brand (Stewart, 2023), requiring constant attention and steady outpouring of positive affect. This gamification of emotions (Belli, 2023) in digital fundraising offers new affordances to quickly like and share content to accumulate affective value but brings new dangers of reinforcing existing inequalities and side-stepping larger debates about charitable funding for the NHS and where its boundaries should be. The examined affective atmosphere of fundraising for ‘our NHS’ does not allow such debate, but risks compounding the personal costs of emotional labour (Kirk, 2024) performed by health workers.

Drawing on a mixed corpus from the #NHSBigTea, an important limitation of this study is the focus on the site of production (Rose, 2022) and circulation of fundraising materials and images without claiming direct or unmediated ethnographic insight. Analysis has raised further questions around the affective investment in fundraising as a discursive position (Hollway and Jefferson, 2009) where participation is not simply about choosing to become fundraisers but part of an affective investment which is shaped by personal histories and unconscious desires. Further research could examine how these investments are negotiated in local contexts, but also targeted through large charities and national fundraising appeals. More research is also needed on the gendered dimensions of emotional labour (Meier et al., 2006) in charity organisations and how these shape experiences of fundraising.

Finally, the critical potential in psychosocial studies lies in disrupting the normalisation of feeling rules which demand emotional tributes and create normative expectations for what can be felt and expressed publicly. The object of critique here is not the #NHSBigTea campaign or any charity organisation but the cultural dominance of positivity discourses and how affective governmentality constantly seeks new “means to modulate and control affective experience beyond consciousness” (Martínez-Guzmán and Lara, 2019, p. 352). Critical awareness for the emotion work in fundraising can then open up new possibilities for forming a different relationship with the NHS and other public services beyond gratitude and nationalist rhetoric.

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Declaration of competing interest

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References

- Abnett, H., Bowles, J., Mohan, J., 2023. The role of charitable funding in the provision of public services: the case of the English and Welsh National Health Service. *Pol. Polit.* 51 (2), 362–384. <https://doi.org/10.1332/030557321X16764537061954>.
- Ahmed, S., 2009. The organisation of hate. In: Harding, J., Pribram, E.D. (Eds.), *Emotions: A Cultural Studies Reader*, first ed. Routledge.
- Ahmed, S., 2010. Killing joy: feminism and the history of happiness. *Signs: Journal of Women in Culture and Society* 35 (3), 571–594.
- Ahmed, S., 2014. *The Cultural Politics of Emotion*, NED-New edition, 2. Edinburgh University Press. <https://doi.org/10.3366/j.ctt1g09x4q>.
- Anderson, B., 2009. Affective atmospheres. *Emotion, Space and Society* 2 (2), 77–81. <https://doi.org/10.1016/j.emospa.2009.08.005>.
- Barthes, R., 1973. *Mythologies* (47. [print.]). Hill and Wang.
- Belli, S., 2023. *Critical Approaches to the Psychology of Emotion*, first ed. Routledge. <https://doi.org/10.4324/9781003247999>.
- Bille, M., Simonsen, K., 2021. Atmospheric practices: on affecting and being affected. *Space Cult.* 24 (2), 295–309. <https://doi.org/10.1177/1206331218819711>.
- Billig, M., 2015. *Banal Nationalism*. SAGE Publications Ltd.
- Bowles, J., Clifford, D., Mohan, J., 2023. The place of charity in a public health service: inequality and persistence in charitable support for NHS trusts in England. *Soc. Sci. Med.* 322, 115805. <https://doi.org/10.1016/j.socscimed.2023.115805>.
- Burkitt, I., 2009. Powerful emotions: power, government and opposition in the ‘war on terror’. In: Harding, J., Pribram, E.D. (Eds.), *Emotions: A Cultural Studies Reader*, first ed. Routledge.
- Calder-Dawe, O., Martinussen, M., 2021. Researching identities as affective discursive practices. In: Bamberg, M., Demuth, C., Watzlawick, M. (Eds.), *The Cambridge Handbook of Identity*, first ed. Cambridge University Press, pp. 120–143. <https://doi.org/10.1017/9781108755146.008>.
- Calder-Dawe, O., Wetherell, M., Martinussen, M., Tant, A., 2021. Looking on the bright side: positivity discourse, affective practices and new femininities. *Fem. Psychol.* 31 (4), 550–570.
- Chatterjee, A.K., 2022. The gastromythology of English tea culture: on the UKTC’s advertisements and making tea a “fact” of English life. *Can. J. Hist.* 57 (1), 47–80. <https://doi.org/10.3138/cjh-57-1-2021-0091>.
- Cox, C.L., 2020. ‘Healthcare Heroes’: problems with media focus on heroism from healthcare workers during the COVID-19 pandemic. *J. Med. Ethics* 46 (8), 510–513. <https://doi.org/10.1136/medethics-2020-106398>.
- Darzi, A., 2024. Independent Investigation of the National Health Service in England. Department of Health and Social Care. <https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf>.
- Fitzgerald, D., Hinterberger, A., Narayan, J., Williams, R., 2020. Brexit as heredity redux: imperialism, biomedicine and the NHS in Britain. *Sociol. Rev.* 68 (6), 1161–1178.
- Frosh, S., 2010. *Psychoanalysis outside the Clinic: Interventions in Psychosocial Studies*. Bloomsbury Publishing.
- Frosh, S., 2011. *Feelings*, first ed. Routledge. <https://doi.org/10.4324/9780203854914>.
- Frosh, S., 2019. Psychosocial studies with psychoanalysis. *J. Psychosoc. Studies* 12 (1–2), 101–114. <https://doi.org/10.1332/147867319X15608718110952>.
- Frosh, S., Young, L.S., 2017. Psychoanalytic approaches to qualitative psychology. In: Willig, C., Rogers, W.S. (Eds.), *The SAGE Handbook of Qualitative Research in Psychology*. SAGE Publications Ltd, pp. 124–140. <https://doi.org/10.4135/9781526405555.n8>.
- Gemignani, M., Hernández-Albujar, Y., 2022. Neoliberal and pandemic subjectivation processes: clapping and singing as affective (re)actions during the Covid-19 home confinement. *Emotion, Space and Society* 43, 100882. <https://doi.org/10.1016/j.emospa.2022.100882>.
- Greco, M., Stenner, P., 2008. Introduction: emotion and social science. In: *Emotions: A Social Science Reader*. Routledge.

- Hirst, J.E., Witt, A., Mullins, E., Womersley, K., Muchiri, D., Norton, R., 2024. Delivering the promise of improved health for women and girls in England. *Lancet* 404 (10447), 11–14. [https://doi.org/10.1016/S0140-6736\(24\)01347-3](https://doi.org/10.1016/S0140-6736(24)01347-3).
- Hochschild, A., 2019. Emotions and society. *Emotions and Society* 1 (1), 9–13. <https://doi.org/10.1332/263168919X15580836411805>.
- Hochschild, A.R., 2003. *The Commercialization of Intimate Life: Notes from Home and Work*. Univ. of California Press.
- Hochschild, A.R., 2008. Emotion work, feeling rules, and social structure. In: Greco, M., Stenner, P. (Eds.), *Emotions: A Social Science Reader*. Routledge.
- Hochschild, A.R., 2012. *The Managed Heart: Commercialization Of Human Feeling* (Updated, with a New Preface). University of California Press.
- Hollway, Jefferson, T., 2009. Panic and perjury: a psychosocial exploration of agency. In: Sclater, S.D. (Ed.), *Emotion: New Psychosocial Perspectives*. Palgrave Macmillan.
- Hollway, W., Jefferson, T., 2013. *Doing Qualitative Research Differently: A Psychosocial Approach*. SAGE Publications, Ltd. <https://doi.org/10.4135/9781526402233>.
- Hunter, S., 2016. The role of multicultural fantasies in the enactment of the state: the English National Health Service (NHS) as an affective formation. In: Jupp, E., Pykett, J., Smith, F.M. (Eds.), *Emotional States: Sites and Spaces of Affective Governance*, 0 ed. Routledge. <https://doi.org/10.4324/9781315579252>.
- Huynh, T., Alderson, M., Thompson, M., 2008. Emotional labour underlying caring: an evolutionary concept analysis. *J. Adv. Nurs.* 64 (2), 195–208. <https://doi.org/10.1111/j.1365-2648.2008.04780.x>.
- King's Fund, 2024. Public satisfaction with the NHS and social care in 2023. https://assets.kingsfund.org.uk/f/256914/x/48c40ea52b/public_satisfaction_nhs_social_care_2023_bsa_2024.pdf.
- Kirk, K., 2024. Time for a rebalance: psychological and emotional well-being in the healthcare workforce as the foundation for patient safety. *BMJ Qual. Saf.* 33 (8), 483–486. <https://doi.org/10.1136/bmjqs-2024-017236>.
- Klein, Melanie, 1975. *Envy and Gratitude and Other Works, 1946-1963*. Hogarth Press and the Institute of Psycho-Analysis.
- Lemke, T., 2021. The government of things: Foucault and the new materialisms. In: *The Government of Things*. New York University Press.
- Martínez-Guzmán, A., Lara, A., 2019. Affective modulation in positive psychology's regime of happiness. *Theor. Psychol.* 29 (3), 336–357. <https://doi.org/10.1177/0959354319845138>.
- Matley, D., 2020. "I can't believe #Ziggy #Stardust died": stance, fan identities and multimodality in reactions to the death of David Bowie on Instagram. *Pragmatics. Quarterly Publication of the International Pragmatics Association (IPrA)* 30 (2), 247–276. <https://doi.org/10.1075/prag.18061.mat>.
- Meier, K.J., Mastracci, S.H., Wilson, K., 2006. Gender and emotional labor in public organizations: an empirical examination of the link to performance. *Public Adm. Rev.* 66 (6), 899–909. <https://doi.org/10.1111/j.1540-6210.2006.00657.x>.
- Militz, E., Schurr, C., 2016. Affective nationalism: banalities of belonging in Azerbaijan. *Polit. Geogr.* 54, 54–63. <https://doi.org/10.1016/j.polgeo.2015.11.002>.
- Mohammed, S., Peter, E., Killackey, T., Maciver, J., 2021. The "nurse as hero" discourse in the COVID-19 pandemic: a poststructural discourse analysis. *Int. J. Nurs. Stud.* 117, 103887. <https://doi.org/10.1016/j.ijnurstu.2021.103887>.
- Mohan, J., Breeze, B., 2016. *The Logic of Charity: Great Expectations in Hard Times*. Palgrave Macmillan UK. <https://doi.org/10.1057/9781137522658>.
- Mohan, J., Clifford, D., 2024. Spatial inequalities in charitable fundraising and income generation for NHS acute trusts in England. *Publ. Money Manag.* 1–10. <https://doi.org/10.1080/09540962.2024.2304541>.
- Möller, C., 2022. *Food charity and the psychologisation of poverty: Foucault in the food bank*. Routledge.
- Möller, C., Abnett, H., 2023. Strategic distinctiveness: Awakening the 'sleeping giants' of England and Wales's NHS charities. *Voluntary Sector Review* 1–19. <https://doi.org/10.1332/204080521X16901427738541>.
- NHS, 2024. NHS staff survey national results, national results briefing. <https://www.nhsstaffsurveys.com/results/national-results/>.
- NHS England, 2024. NHS England » Financial performance update. <https://www.england.nhs.uk/long-read/financial-performance-update-1-feb-24/>.
- NHSCT, 2023. NHSCT Patrons the Prince and Princess of Wales Surprise Health Workers with 75th Anniversary Party. NHS Charities Together. <https://nhscharitiestogether.co.uk/nhs-charities-together-patrons-the-prince-and-princess-of-wales-surprise-health-workers-with-75th-anniversary-party/>.
- NHSCT, 2024a. *Annual Report 2023*. <https://nhscharitiestogether.co.uk/wp-content/uploads/2024/09/NHS-Charities-AR-2023-RGB-AW-Spreads.pdf>.
- NHSCT, 2024. Winter appeal 2024. <https://nhscharitiestogether.co.uk/winter24/>.
- Powell, H., 2009. 'Count the beats of your heart not the fingers on your hand': the emotionalisation of promotional culture. In: Sclater, S.D. (Ed.), *Emotion: New Psychosocial Perspectives*. Palgrave Macmillan.
- Rebolledo, I., Charlesworth, A., 2022. How does UK health spending compare across Europe over the past decade? <https://www.health.org.uk/features-and-opinion/features/how-does-uk-health-spending-compare-across-europe-over-the-past>.
- Rose, G., 2022. *Visual Methodologies: An Introduction to Researching with Visual Materials*. Sage Publications, Fifth.
- Rustin, M., 2009. The missing dimension: emotions in the social sciences. In: Sclater, S.D. (Ed.), *Emotion: New Psychosocial Perspectives*. Palgrave Macmillan.
- Shahvisi, A., 2019. Austerity or xenophobia? The causes and costs of the "hostile environment" in the NHS. *Health Care Anal.* 27 (3), 202–219. <https://doi.org/10.1007/s10728-019-00374-w>.
- Shoshana, A., 2022. Affective governmentality through gratitude: governmental rationality, education, and everyday life. *Crit. Stud. Educ.* 63 (4), 436–450. <https://doi.org/10.1080/17508487.2021.1881914>.
- Stewart, E.A., 2023. How Britain Loves the NHS: Practices of Care and Contestation. Policy Press. <https://doi.org/10.51952/9781447368892>.
- Stewart, E., Cresswell, R., Möller, C., 2024. National charitable fundraising for the NHS, 1948–2023. *Social Policy & Administration* 58 (6), 960–972. <https://doi.org/10.1111/spol.13049>.
- Stewart, E., Nonhebel, A., Möller, C., Bassett, K., 2022. Doing 'our bit': Solidarity, inequality, and COVID-19 crowdfunding for the UK National Health Service. *Social Science & Medicine* 308, 115214. <https://doi.org/10.1016/j.socscimed.2022.115214>.
- Taylor, C., Maben, J., Jagosh, J., Carrieri, D., Briscoe, S., Klepac, N., Mattick, K., 2024. Care under Pressure 2: a realist synthesis of causes and interventions to mitigate psychological ill health in nurses, midwives and paramedics. *BMJ Qual. Saf.* <https://doi.org/10.1136/bmjqs-2023-016468> [bmjqs-2023-016468](https://doi.org/10.1136/bmjqs-2023-016468).
- Teoh, K., Dhensa-Kahlon, R., Christense, M., Frost, F., Hatton, E., Nielsen, K., 2023. *Organisational Wellbeing Interventions: Case Studies from the NHS*. SOM and Birkbeck, University of London, London, UK. https://eprints.bbk.ac.uk/id/eprint/53151/1/Organisational_Interventions_to_Support_Staff_Wellbeing_in_the_NHS%202023.pdf.
- Triggle, N., 2024. England's hospital waiting lists rise to 7.57m. <https://www.bbc.co.uk/news/articles/cn448j3z7ggo>.
- Wetherell, M., 2012. *Affect and Emotion: A New Social Science Understanding*. SAGE.
- Wetherell, M., McConville, A., McCreanor, T., 2020. Defrosting the freezer and other acts of quiet resistance: affective practice theory, everyday activism and affective dilemmas. *Qual. Res. Psychol.* 17 (1), 13–35. <https://doi.org/10.1080/14780887.2019.1581310>.