

ABSTRACT

Neoliberalism, health and illness are all vast topics that range from global to local, personal to political. Critical realism offers valuable concepts, which help to extend and deepen analysis of these large, complex research areas. These include attending to unseen causal influences, absence, values, power, interests, structure and agency and morphogenesis. The four planes, which connect all interrelating forms of social being, provide a framework for managing large, wide-ranging and inter-disciplinary research data and for contextualizing small studies. Critical realism is contrasted with paradigms such as positivism, realist evaluation and actor network theory. This paper is based on a 20-hour generic course about critical realism for doctoral students, initiated by Roy Bhaskar. It uses the example of neoliberalism, health and illness to illustrate how useful critical realism can be as a research resource. The paper is also about the importance of understanding contemporary health in the context of neoliberalism.

KEYWORDS:

[Democracy](#)[political economy](#)[randomized controlled trial](#)[realist evaluation](#)[structure and agency](#)[theory](#)

Introduction

The topic of health, illness and neoliberalism feels overwhelming, too vast, diverse, political, controversial and alarming to address usefully in a journal paper. Unsurprisingly, the average health and illness paper deals with far smaller, more manageable, and seemingly apolitical and neutral matters that attract research funding, such as evaluating a healthcare programme in a randomized controlled trial (RCT). However, the social RCT literature and research methods are political. They align with the neoliberal position that individuals are responsible for health – therefore they can be blamed for illness – and these individuals can be randomised and therefore assessed. They deflect attention away from powerful social, political and economic structures, which are too large and omnipresent to be evaluated through random allocation (Stein, Cunningham, and Carmody [2021](#)).

Relations between health and neoliberalism are further complicated as a topic for journal papers in being largely invisible, denied in most public and open policy debate, and discouraged as topics in academic and commercial research. Even the existence of ‘neoliberalism’ is questioned, and therefore banished from the mainstream research world of evidence based medicine and demonstrable proof. Although there is much good research that addresses the political economy of health (Bambra [2019](#); Marmot et al. [2020](#)), nevertheless, as Porpora ([2015](#)) concludes, the research could be even better if informed by critical realism. This brief review of critical realism as a research resource is written mainly for readers who are new to critical realism. It draws on my recent book (Alderson [2021](#)), which is based on the 20-hour reading group course for doctoral students initiated by Roy Bhaskar in 2006. Very sadly, Roy died in 2014. I continued convening his course, which changed from being mainly philosophical to being mainly about critical realism applied to social research. This paper briefly considers how critical realism offers theories that assist analysis of health and neoliberalism by attending to unseen causal influences, absence, values, power, structure and agency and morphogenesis. The critical realist concepts of the four planes that connect all interrelating forms of social being offer frameworks to connect and manage the enormously diverse yet related concerns relevant to health and neoliberalism.

Health and neoliberalism: unseen causal influences, absence and power

John Bellamy Foster ([2019](#)) opens his short paper on neoliberalism with absence and invisibility:

“... the cleverest ruse of the Devil is to persuade you he does not exist!” I will argue here that this is directly applicable to today’s neoliberals, whose devil’s ruse is to pretend they do not exist. Behind this particular devil’s ruse lies a deeply disturbing, even hellish, reality. Neoliberalism can be defined as an integrated ruling-class political-ideological project, associated with the rise of monopoly-finance capital, the principal strategic aim of which is to embed the state in capitalist market relations. Hence, the state’s traditional role in safeguarding social reproduction—if largely on capitalist-class terms—is now reduced solely to one of promoting capitalist reproduction. The goal is nothing less than the creation of an absolute capitalism. All of this serves to heighten the extreme human and ecological destructiveness that characterizes our time.

Secrecy and denial have been central to the international infiltration by neoliberalism since the 1930s through private meetings and opaquely-funded think tanks. It is an ideology, a thought collective and a political movement. It has come to dominate all university economics (and all other) departments, the discipline of economics, and most current politicians’ and journalists’ aims and values (Mirowski [2014](#); Mirowski and Plehwe [2009](#)). Repeated public claims that neoliberalism serves the public interest are denied by the actual neoliberal policies and outcomes, including the hidden privatizing of the NHS, considered later.

A vital challenge for health researchers is to study the workings and effects of neoliberalism on the health and illness of everyone in the world. The critical realist three levels of reality assist here, illustrated with the example of research about weight reduction programmes, see Table 1.

Table 1. Three levels of reality and weight reduction.

A. Empirical	Changing records, perceptions and experiences of body weight, diet, exercise, daily routines
B. Actual	Actual body weight, diet, exercise, daily routines that may confirm or differ from those in level 1.
C. Real unseen causal mechanisms	Big Food and Pharma industries; trade, investment and subsidies in unhealthy food production and consumption; advertising; inequality and poverty affecting lifestyle and diet in countless ways; neoliberalism; many other unseen political, economic and social pressures. Personal subjective interests, values, motives, reasons, relationships.

As already mentioned, the demands of evidence-based medicine divert most healthcare researchers into measuring observable examples of health, illness, treatment and deliberate preventive care such as weight reduction programmes. These are all at levels A and B in Table 1, and they only consider effects and correlations. They are unable to consider the underlying causal mechanisms, found at level C, which can be surmised but not directly measured.

RCTs attempt to construct closed systems, with a single causal influence. RCTs randomize comparative groups so that they are similar in every respect except the one intervention being

tested. This works very well in clinical RCTs that test medicines. Yet in social RCTs that test, for example, training programmes on losing weight, the findings are less reliable. Critical realism recognizes that everything social occurs in open systems of many interacting influences, including political economies such as neoliberalism, which cannot be randomized or controlled. Critical realists refer to many interacting ‘causal mechanisms’ instead of attempting to isolate a specific ‘cause’ (see Table 1(C)). Level C is generally avoided by RCT researchers who view it as ‘political’, open to bias, and therefore irrelevant to the work of an objective, value-free, detached scientist. Yet, their choice to avoid this topic is as political as their choice to research other topics. Critical realism could enrich research about weight reduction in political and policy directions.

Another limitation of insistence on ‘evidence’ is that research is reduced to collecting, counting and measuring evident data, with rejection of things that cannot be seen or measured. Yet the greatest research discoveries address the invisible level C causal mechanisms, many of which cannot ever definitely be known or proved: gravity and evolution through natural selection, for example. William Harvey conceptualized the working of the cardiovascular system through imaginative retrodution or inference, which connects two previously completely separate things, the heart and a pump, to understand the causal mechanisms of circulation of the blood.

The UK Government has virtually nationalized academic social health research, since government departments and research councils offer <100% overheads, so that universities discourage their health researchers from applying elsewhere for funds (long personal experience). Typically, our research centre raises £millions annually for government-sponsored evidence-based RCTs and systematic reviews. These examine correlations but not causes such as Government policies (Table 1(C)), and so they end, at least implicitly, in supporting neoliberal policies by omission. A significant influence on health research has been the ‘inward gaze’ directed by successive governments upon the characteristics and health behaviours of people in disadvantaged communities (Popay et al. [2020](#)). Critical public health researchers, like critical realists, examine these unseen, causal, prior or ‘upstream’ influences on later ‘downstream’ effects. They call for more politically-engaged health promotion if change is to be achieved, but they have less funding and political support than mainstream researchers (Marmot et al. [2020](#)).

A further limitation in mainstream research is when absence is excluded as too non-existent and invisible to count as empirical evidence. In critical realism, however, absence is ‘the simplest and most elemental concept of all’ (Bhaskar [2008](#), 239). Absence and negativity are so immense that the positive is ‘a tiny but important ripple on the surface of a sea of negativity’ (Bhaskar [2008](#), 5). Absence, all that is not present, everything that ever was, or will be, or might be, is a powerful force, constantly pulling us out of the past and pushing us into the future. One noted example is the monsoon that did not occur (Bhaskar [2008](#), 48) so the crops fail, with the enormous potential effects of disease, dehydrated and dying humans and animals, violent conflict over scarce resources, and migration, all to do with loss and absence.

Absence explains an alternative history of the world. Instead of recording successions of monarchs, and the progress of civilizations, the people’s history traces how, ever since agriculture began to yield surplus harvests from around 5000 BCE, these have been appropriated by the elite (Harman [2008](#)). The surplus has been spent mainly on war and luxuries. Today’s version is the UK prime minister’s penchant for nuclear arms and costly wallpaper. This involves depriving the majority, the working people, by absenting from them the means of healthy, sustainable living (Standing [2019](#), [2021](#)). Through millennia, this has led to the repeated collapse of regimes, with health-related problems of destitution, plague, rebellion or conquest by younger healthier regimes until they in turn squeeze and absent such

great resources from their workers and slaves that they too fall. Neoliberalism continues this history and rewrites it into the aim that everything serves absolute capitalism (Foster [2019](#)). Profit is the final motive to be accrued by ever smaller elites. Nothing else matters in the great absence of their concern for the people's social, political, moral and physical health. Neoliberalism destroys and absents in self destruction. By 2017, eight men owned as much wealth as half the people in world possess (Oxfam [2017](#)). Before COVID-19, over three billion people did not have access to organized healthcare, and their plight is now far worse (WHO [2017](#); Berkhout et al. [2021](#)). Yet in leading democracies, the US, India and the UK for example, the majority are persuaded to vote against their own interests and elect neoliberal leaders who enrich the rich and impose austerities on the rest. Hollow democracies can no longer be relied on to promote sense, truth and justice.

Critical realism usefully distinguishes between creative liberating power¹, and destructive oppressive power² (Bhaskar [1998b](#)), which is currently flooding into the public spaces being vacated by democratic power¹. To retain power, rulers are moving towards far-right neo-fascist and neo-Nazi politics (Foster [2019](#)). They divide and rule by diverting public anger and fear about austerities and absences away from the government policies that create these problems, into inciting unhealthy hostile public divisions (Standing [2021](#)). This absents the post Second World War spirit of everyone contributing to national health and welfare services as security for whenever they are in need. It is increasingly replaced by the kinds of neo-fascist inequalities and divisions incited during the 1930s (Foster [2019](#)). Critical realism assists in analysing these trends through its theories of structure and agency.

Structure, agency and values

Neoliberalism raises important questions about its great influence on individuals and societies. What are the relationships between neoliberal political economic structures and the human agents who comply with them or reinforce or resist them? How conscious, informed and willing are the individuals within the elite and disadvantaged groups who together drive this international programme and deal with its effects? Porpora's ([1998](#), 339–355; [2015](#), 96–128) four concepts of social structure and agency have been adapted here (Table 2). The first three concepts attempt to collapse or conflate agency into structure, which the fourth critical realist concept shows is impossible.

Table 2. Four concepts of social structure and agency.

1 Strong structures of law-like regularities that govern behaviours of relatively weak agents
2 Structures as patterns of relatively strong agents' aggregate behaviours that are stable over time
3 Structures as rules and resources that structure agents' behaviour in a conflation of structure and agency
4 Strong structures existing through agency as systems of human relationships among social positions

In the first concept, agency may appear to be collapsed into strong structures of law-like regularities that govern and determine individuals' conforming behaviours. In the traditions of Durkheim and functionalism (assuming that all society functions to everyone's advantage) this concept is favoured in positivist and quantitative research and analysed in RCTs as variables. Structures of neoliberalism may be assumed, with little comment, as the current version of inevitable capitalism, the assumed norm and set of values, even the moderate

reasonable centre of the shifting Overton window in being the only guarantee of national prosperity within international competition (Ashford [2019](#); Solnit [2021](#)).

In the second concept, relatively weaker social structures may be abstracted from or appear to be collapsed into behaviours and agency. In much interpretive research, structures are assumed to be stable patterns formed from innumerable activities and regular aggregate behaviours of agents over time. In economics theory, assumedly selfish individuals sustain and regulate markets by their values of self-interest and pursuit of profit. This links to Margaret Thatcher's neoliberal view that 'there is no such thing as society', only individuals and their repeated behaviours.

The third approach treats structures as rules and resources, on which individual agents draw fairly freely to structure or generate systematic patterns of relations, values and behaviours. Giddens's structuration theory is one example (Giddens [1998](#)). Structures as rules are seen as internal to agents and inter-subjectively shared (Porpora [1998](#), 346–7), so may appear to be conflated with agency. Giddens was a proponent of the Third Way, an attempt to reconcile left- and right-wing policies, favoured by the Blair and Clinton governments. They emphasized equal opportunities through personal responsibility to reward merit, but not higher taxes with redistribution of resources to promote actual equality (Sayer [2005](#)). They invested in human development and valued promotion of 'human capital', an economic approach to quantifying human worth (Table 3(B)). They aimed for balanced budgets and promoted public-private partnerships. These included, in Britain, privatizing parts of the NHS and the public-private finance initiative (PFI), enormously costly ways for private companies to build and hire out hospitals to the NHS, which submerge health authorities under severe debt (Lewis and Surender [2004](#); Pollock [2004](#); Leys and Player [2011](#); Davis, Lister, and Wrigley [2015](#)). The Third Way has been criticized as effectively being neoliberalism (Romano [2006](#)).

Table 3. Four planes of social being: neoliberalism, health and illness.

1 Strong structures of law-like regularities that govern behaviours of relatively weak agents
2 Structures as patterns of relatively strong agents' aggregate behaviours that are stable over time
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Another version of this third concept of structure and agency is the realist evaluation CMO complex of context, mechanisms and outcome (Pawson [2013](#)). CMO confuses structures with agents when it is not clear which is the primary force in context and mechanisms. Realist evaluation was claimed to be informed by critical realism, but the two paradigms are very different (Porter [2015](#); Alderson [2021](#)). Margaret Archer ([1988](#)) also criticizes the reduction of structure into culture, the actual source of rules, values and resources, and contends that this reduction, in a further error, conflates structure with practices, so that structure, agency and culture all become one (Archer [1995](#)). Porpora ([2015](#), 110–111) notes that this third concept neglects research about how resources are distributed, fitting the neoliberal research agenda that ignores inequality.

One example of structure-agency conflation is post-human actor network theory. ANT 'attends to multiple interacting factors that produce any given event including the causal

contribution of non-human beings and objects and larger social powers, processes and influences' (Elder-Vass [2019](#)). Like the uncertainty in quantum mechanics between the particle or the wave, the object or the activity, ANT recognizes how human agency is fluid. Agency is greatly influenced by numerous external forces and presented as being composed of them in assemblages. Yet ANT reduces the person to the assemblage (the particle to the wave). It overlooks distinctions between social and natural, between human and non-human. It attributes intentions to inanimate objects and so undermines understanding of human conscious intentional agency (Elder-Vass [2019](#)).

Latour's ANT theory 'paves the way for dispensing with the social altogether' when it claims there are no causal types and each assemblage is new and unique without transferable identifiable knowledge about it. 'If there are no causal types, then social scientists can never use their knowledge of how other members of a type behave to help them explain the causal contributions of objects to events,' Elder-Vass ([2019](#)) contends. He concludes that social scientists need the post-positivist realist sociological tradition that recognises the interacting causal contributions to social events made not only by material objects and people, but also by social structures. They need a tradition that recognises the distinctiveness of the causal capacities of human individuals and the roles that culture and social structure can play as a result of those distinctive capacities. They need a tradition that recognises that every event is brought about by a unique configuration of causal forces but also that many things fall into causal types and that this is what makes it possible for researchers to analyse causal forces in the first place. Neoliberalism can appear to overwhelm human individuals, groups and nations, but the only hope of moving to alternative political economies is through independent critical human understanding and agency.

Fourth, in the Marxist tradition, critical realism analyses social structures as powerful, objective, enduring material relations and resources among social positions and constructs. Structures exist in and through human social relations. For example, social classes with their relative health or ill-health are defined in relation to one another: those that own the means of production versus those that do not, the rentiers versus those who pay to use their amenities (Harvey [2005](#); Porpora [2015](#), 96–128). Structural relations exist between those who plan, manage, fund, provide and sell health services and those who use them and who work for them. Structures, values and relations in commercial health services differ from those in state-run services as a comparison of US and UK services shows. Structures far precede and outlast agents, who do not individually construct them. Yet agents constantly confirm and reproduce structures (morphostasis) or resist or modify them (morphogenesis) through their interactions with them (Archer [1995](#)). Bhaskar's ([1998b](#), 36) TMSA, transformational model of social activity, traces how agents constantly interact between being socialized through their contact with society and, as individuals, working to reproduce or transform society. Giddens ([1979](#), 16) warned against dualism in his conflation of structure and agency. However, critical realism analyses interactions (or dialectic) between the two dualities, the distinct entities of structure and agency, like the river and the landscape constantly shaping and reshaping one another (Alderson [2021](#)). Critical realists recognize the great power of enduring material structures. Yet they also recognize the reality that structures can only exist and endure in and through human agency, and that over time with much collective effort agents can change structures.

Although neoliberalism has great influence on individuals, structure and agency have been defined by Archer ([1995](#)) as being distinct from each other and irreducible to one another. The mutual dependence of structure and agency lends itself to show cause and effect of agents' actions, which shows duality rather than a collapse. Rules can be recognised as objective circumstances that are external to agents. Objective influences are passed to agents by shaping situations that agents live with, or might confront agents. Thus, structure can be

an objective impingement on agents who subjectively respond (Archer [2007](#)). Therefore, agents may not respond as a collective in some instances due to personal power. We must consider reflexivity that enables agents to determine a response to some structured circumstances, and in some instances, rise up against perceived constraints. (I am grateful to one of the anonymous reviewers for making these points.)

Scambler ([2018](#), [2018a](#)) combines critical realism with Habermas's ([1987](#)) concepts of the formal system (states, markets, formal relationships) and the lifeworld (informal voluntary association and private life). The system is colonizing the lifeworld. More parts of our lives in daily physical and mental healthcare, childcare and eldercare, in births, marriages and death, once largely provided within families and other informal relationships, are now largely organized by states and markets. The seemingly most human and least commercial act, reproduction, is increasingly performed by *in vitro* fertilization or surrogacy markets all reducible to monetary valuation and transactions. For over 70 years the NHS has existed between the system (bureaucratic, state-funded and led, and run with army-like discipline) and the lifeworld (dedication and vocation of staff, trust and gratitude of patients). Now it is increasingly colonized and privatized by the market systems and values.

Relations of competition or cooperation work within different supporting social structures and power relations, that may be win-win (everyone gains) or zero-sum (the more one side gains, the more the other side loses, the usual economics model). Neoliberals see healthcare as an expensive zero-sum burden, better sold through markets for profit than provided free by the state. Others see healthcare as providing among the greatest benefits for all of society (health, wellbeing), and preventing the greatest ills and costs for all society (the shared burdens of all forms of illness and their effects).

Structures are understood in critical realism at the empirical, actual and especially the unseen real levels. These tend to be ignored in two main ways in positivist and interpretive research: in their concern with visible evidence in events and people's responses to them; and in supposedly value-free or relativist ideologies, which try to ignore the ethics and politics central to social structures and social relations.

Critical realism offers valuable insights for analysing agency. For example, Archer ([2000](#)), Smith ([2010](#)) and Haley ([2019](#)) examine what it means to be human. Archer shows how we draw on structures to reflect on our agency, values and decisions through our internal conversations (Archer [2003](#)). Bhaskar ([1998a](#), xiii–xiv) considered that our reasons and intentions count as real causal mechanisms. Sayer ([2011](#)) considers how our values and our healthy concern with dignity and flourishing are at the centre of human life. All these insights assist research about neoliberalism and health to extend from global structures to individual people, from the political to the personal.

Four planes of social being

The four planes of social being assist research about 'the extreme human and ecological destructiveness that characterizes our time' (Foster [2019](#)). The COVID-19 pandemic and the climate emergency demonstrate how closely human and environmental health or sickness are related. Neoliberal industries' disregard for health are shown in how they exclude and ignore the costs and dangers they create, such as pollution, as 'externalities' for others to cope with and pay for.

The overall cost of obesity in US is US\$92 billion per year, which is equivalent to 5% of total adult health expenditure. In the UK the direct cost of obesity was £3.23 billion per year, consuming 4.6% of NHS total health expenditure. (Aljunid [2021](#))

Neoliberalism is assumed by most health researchers to be too large and possibly irrelevant a topic to refer to in their work. Critical realism, however, can show how studying neoliberalism is necessary and central to understanding health and illness. The four planes of

social being (Table 3) offer ways, even in small studies, to organize and connect the related large topics and data sets.

COVID-19 has shown how everything relates to health, as well as exposing the need for wide-ranging interdisciplinary research and real understanding. The four planes help to connect and explain interdisciplinary methods and findings. The first plane of social being, bodies in material relations with nature, could be confined to studies of embodied health and illness, diet and other human physical matters. For example, evidence-based researchers have counted numbers of patients, deaths and vaccinations during the COVID-19 pandemic. Interdisciplinary critical realists, however, would also search for the usually unseen causal mechanisms: the invisible zoonotic virus and how it is transferred from dwindling natural habitats (Table 3(A)) through international travel and human networks in dense urban areas (Table 3(B)), through social, political and economic structures (Table 3(C)) and how people's beliefs and motives affect their observing or breaking of lock-downs, or their willingness to be vaccinated (Table 3(D)). At the social planes of interpersonal relationships and of inner being, neoliberalism purports to explain how human life and society work and how to bring about an ideal future. It works for the economization of everything, to convert non-economic domains, activities and subjects into economic ones. It extends market metrics and practices to all human life; political, cultural, personal, vocational and educational (Brown [2017](#), [2019](#)). Neoliberalism not only turns everything into a tradable commodity, it also 'thoroughly revises what it means to be a human person', always calculating and self-interested, 'infinitely flexible and responsive to the changing needs of the market, an entrepreneur of the self' (Ball [2021](#)). When all human activities are reconfigured as rational self-investment and entrepreneurship, everyone needs to be 'malleable rather than committed, flexible rather than principled – essentially depthless'. Ball ([2021](#)) continues: 'Public choice' theory has undermined trust in public institutions and public services by claiming that people 'are primarily driven by venal self-interest ... [wanting] to control others and take away their resources' and viewing 'government as an unfortunate necessity that needed to be constrained at all costs'. 'New public management' has imported the methods of private business into the sphere of public services, including greater competition and an insistence on explicit standards and measures of performance in the interests of output control.

The stark differences in Table 3 between neoliberal ideology and majority public interest, health and wellbeing raise research questions about why any seemingly democratic public would elect neoliberal leaders, since this requires that they must vote against their own best interests. Again, there is the need to look beyond obvious evidence from questionnaires and focus groups to examine less visible influences working at Table 3(B,D) levels. These include 'nudge' tactics that move beyond people's conscious reasoning and influence their subconscious impulses and behaviours (Marteau [2018](#)). Social media and 'fake news' undermine public trust (Ball [2017](#)). They are deliberately used by political parties (Wylie [2019](#)) and increase scepticism and cynicism about genuine news, for example about lethal climate change (Marshall [2014](#)). Electorates are persuaded to vote for impending disasters. 'As inequality and insecurity have festered, democracy and solidarity have been eroded, and unrestrained markets have hastened environmental disaster' (Moss and Fielding [2021](#)). 'If the 2008 financial crisis failed to make us realise that unfettered markets don't work, the climate crisis certainly should: neoliberalism will literally bring an end to our civilisation' (Stiglitz, Fitoussi, and Durand [2019](#)). These authors are not critical realists but are cited to suggest work that needs to be deepened and expanded by critical realist analysis.

Critical realist concern with agency (Table 3(B,D)) helps to explain political power beyond the seemingly impersonal motiveless Foucauldian power. For example, though renowned for his philanthropy, Bill Gates was among the leading opponents of suspending patents to allow low-income countries to make their own COVID-19 vaccines. Healthcare experts argue that

suspending patents is by far the best way to reduce the pandemic. Gates's opposition can be traced to his reasons, motives and interests, his investments and vast profits from the vaccine industry. As a neoliberal he cannot countenance commercial gifts and has to support patents (Savage [2021](#)). Similarly, why would the leading US healthcare provider, Simon Stevens, take a huge pay cut when he returned to work for the British NHS? In the long-term, Stevens can expect to make much larger profits through splitting and selling the NHS to US companies (Player [2021](#)).

The three main UK 'independent healthcare think tanks' or 'charities' on which politicians, the public, the BBC and other mass media rely for background information are the Kings Fund, the Nuffield Trust and the Health Foundation. Far from being neutral, they all have origins in or close associations with profit from private healthcare. The 'Big Four' neoliberal accounting companies, Deloitte, Ernst & Young, KPMG and PwC are paid £millions for advising the NHS on economics and management. The leading *Health Service Journal* identified Stevens as 'the most important figure in NHS history since Aneurin Bevan' (McLellen [2021](#)). The Journal omitted to note the difference: Bevan helped to found the NHS whereas Stevens is helping to destroy it. He has constantly forced the US Managed Care model or ICS (integrated care systems) onto the NHS as in the Health and Care Act 2021. These facilitate the private-sector contracts now speeding ahead (Federal Trade Commission [2021](#)). Stevens was a founder member of the US Alliance for Healthcare Competitiveness, which lobbies to open up state-run health systems around the world to US corporations (Federal Trade Commission [2021](#)).

The importance of the NHS is that it is free at the point of need but, even more vitally, it is the single state provider of healthcare. Once there are two or more providers, competition, profit, and cost-cutting set in. The US ICS model of many providers 'systematically profits from the denial of care to patients, particularly the most vulnerable sections of the population' (Feldscher [2018](#)). Companies compete to obtain contracts to supply per capita state-funded services, and then profit by providing the lowest possible level of service. In the resulting two-tier system, wealthier groups pay for prompt private care while the neediest groups suffer diminishing failing services, as the US amply demonstrates. 'In 2016, the U.S. spent nearly twice as much on health care as other high-income countries, yet had poorer population health outcomes' (Feldscher [2018](#)). And each year the problems increase. Patients and, if they have them, their funders such as the state or insurance companies, also lose and are exploited when they are over-charged for treatments for unnecessary, futile and at times dangerous treatments are over-prescribed. One example is the Oxytocin addiction epidemic (Radden Keefe [2021](#)): 'the many tentacled mess of profit incentives, political apathy, and astoundingly callous greed underlying the business of opioids, which poured millions of pills into overwhelmed towns while netting pharmaceutical companies billions of dollars' (Horton [2021](#)).

The NHS was designed as part of a state welfare programme for everyone 'from cradle to grave'. The state gains, as noted earlier, when preventive healthcare increases the nation's health and reduces the costs of illness and disability. However, private healthcare systems, the health industrial complex, profit from illness and lose income when health levels rise. Their 'dark incentive' during the COVID-19 pandemic was profit (Lewis [2021](#)) including their campaign to retain patents on vaccines.

Arendt's ([1986](#)) view of public support for fascism helps to explain current public support for, or tolerance of, or at least lack of public opposition to current neoliberal and neo-fascist forces. Arendt saw three groups: the few brave protestors against fascism, the armies of perpetrators, and the great majority of silent bystanders. Today, the many do not necessarily support neoliberal policies that benefit the few, or inequalities that increase general physical and certainly mental ill-health. Yet the silent majority still tends to comply and conform with

neoliberal systems. The systems rely on thousands of workers to enforce the harsh health-related policies of universal credit, of deporting asylum seekers, or managing the largest prison population in Europe, or making people homeless. Critical realism's four planes of social being and interdisciplinary concerns can analyse these powerful influences on health levels that might not at first seem relevant, but are indeed central to health. One example is the part schools play in educating citizens.

The politics of education with the effects on public health and wellbeing urgently need this attention. For well over a century, business leaders have funded and promoted universal schooling (Gatto [2019](#)). The 'Bill & Melinda Gates Foundation ([2008](#)) invested more than \$1.7 billion to redesign and reform high school education by creating a set of innovative education options.' They aim to serve their businesses by promoting entrepreneurialism, avid consumerism, and compliance with authoritarianism in schools (Harvey [2019](#)). Gatto (2010) contends that the purpose of universal schooling is to prepare most people to become resigned to mindless boring low-paid work and to believe their reward is consuming junk food and entertainment that divert them away from critical political thinking. The education researcher Stephen Ball ([2021](#)) argued: 'neoliberalism now configures great swathes of our daily lives and structures our experience of the world – how we understand the way the world works, how we understand ourselves and others, and how we relate to ourselves and others'. Neoliberalism 'has reached deep into all sectors of education, to become the normal backdrop to life, appearing natural and self-evident' though unnamed and unrecognized (Moss and Fielding [2021](#)). Neoliberalism hollows out democracy by attacking its most foundational ideas and practices. Human beings are reduced solely to being market actors, and all activities, even human relationships, are seen as markets (Brown [2017](#), [2019](#)). School policies, such as 'zero-tolerance discipline' that demands unquestioning obedience from every student, need to be examined for how they punish free critical demands for justice, which safeguard democracy and public health.

Even in small research studies that concentrate on particular aspects of health and illness, such as the experiences of people with diabetes, the four planes of social being can help to broaden, explain and contextualize the research. The background and literature sections of research reports and PhD theses, used in later sections to discuss and explain the research findings, can refer to the influences and working of bodies in the material world, interpersonal relations, social structures from political economies to health services, and inner being. These can be shown to influence each person's health and illness in complex interactive open systems.

Summary

This paper is about basic critical realism. Although interactive dialectic is important in the basic concepts, I have not covered dialectical critical realism with the four stages of transformative change, analysis of process over time, and emergence that combines change with continuity (Bhaskar [2008](#); Norrie [2010](#)). All these valuable resources for health and illness research, and how they relate to specific research methods, are considered in my book (Alderson [2021](#)).

The aim in this paper is to show how basic critical realist concepts can extend and organize analysis of large topics, such as relations between neoliberalism, health and illness, which are both personal and political, invisible and absent yet present and all pervasive, as COVID-19 has shown. The health or illness and pathology of societies, and of all individuals, constantly interact and either reinforce or undermine one another.

Critical realism is concerned with flourishing and with Marx's view that no one can flourish until everyone flourishes. The same can be said of protection from the pandemic: no one can be safe until everyone is safe. Critical realism helps to make the crucial local to global

connections. Arendt's view about the majority of silent bystanders was mentioned earlier. It is relevant to researchers in how our work accepts, endorses or challenges local and global neoliberal influences on health and illness.

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Priscilla Alderson (PhD) is a Professor Emerita of Childhood Studies, UCL. She convened the fortnightly critical realism seminars initiated by Roy Bhaskar, who commissioned her two books on critical realism and childhood (Routledge, 2013, 2016). Her recently published book, *Critical Realism for Health and Illness Research: A Practical Handbook* (Policy Press, 2021) is based on the seminars. She is a member of the Children's and Parents' Consent to Heart Surgery research team, <https://www.ucl.ac.uk/ioe/departments-and-centres/centres/social-science-research-unit/consent-and-shared-decision-making-healthcare/heart-surgery>.

[Previous article](#) [View issue table of contents](#) [Next article](#)

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