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Getting On: Ageing, Mess and the NHS

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Abstract

This article examines the feminist foundations, style and performances of key writer-stars Jo Brand, Vicki Pepperdine and Joanna Scanlan in the BBC sitcom *Getting On* (2009-12). Paying close attention to the ‘life experience’ of these women it aims to think through the multiple, acute politics of representation that the show offers up, suggesting that sex, class and age operate as key emotional loadstones. Examining the hierarchical interactions between medical staff, this article also argues that the minutiae of social exchanges made visible in the sitcom reveal the sickness of the NHS to be connected to new managerialism and male privilege.

Keywords

Feminist television; politics; ageing; NHS; *Getting On*; Jo Brand.

This article reflects on Series One and Two of the critically acclaimed British BBC sitcom *Getting On* (BBC 4, 2009-12), written by and starring Jo Brand, Vicki Pepperdine and Joanna Scanlan. Thinking through the ways in which the serial set in a National Health Service operated ward brings to bear on the problems of ageing or getting on (in years), I want to consider the importance of the feminist foundations of the text (both in terms of authorship and acting), suggesting that the frequently undervalued, messy, behind-the-scenes work of women within public institutions, requires more sustained critical attention in order to achieve a ‘clean bill of health’. Assessing the style of the serial, this article also seeks to consider the politics of its representation of healthcare and class and the purpose (and potential pleasures) of its humour.

Politics, Ageing and Care Work

In the run up to the 2010 general election in Britain, all major parties focused on healthcare, making the National Health Service (NHS), its policies and its politics, a if not the key item on the national agenda. Alongside immigration and the economy, the focus on the NHS and

its desired survival was, arguably, indicative of a concern to represent the nation (and thus the parties supporting it) as ethical, interested and indeed invested in the care of all British citizens whatever their social class, race, religion, sexuality, age or economic status. In this way support for the NHS also came to represent an ethics and politics of equality as well as a national promise of care from cradle to grave. While the cost of NHS care for children was unquestioned, the cost of caring for the elderly and in particular the sick and elderly was placed quietly yet clearly on the national agenda. As noted in a 2010 parliamentary document:

10 million people in the UK are over 65 years old. The latest projections are for 5½ million more elderly people in 20 years' time and the number will have nearly doubled to around 19 million by 2050 [...] Much of today's public spending on benefits is focussed on elderly people [...] Growing numbers of elderly people have an impact on the NHS, where average spending for retired households is nearly double that for non-retired households (Parliamentary Document 2010).

This voicing of concern regarding the elderly as the major recipients of British benefits and healthcare resources was noteworthy both for its content and the care by which the issues were conveyed. Expressing unease about how this care would be paid for and by whom was a political balancing act and it was a balancing act that, with women living longer than men, also had to take the significance of gender into account. Over and above the financial concerns of an ageing population, another point of tension in parliamentary discussions was by whom these people would be cared for when they were no longer capable of looking after themselves—feeding, toileting, bathing and so on. While the national newspapers printed stories of care-home abuse and hospital neglect (see, Swinford 2011; Cohen and Brown 2013), three women, Brand, Pepperdine and Scanlan, responded by writing before starring in the television sitcom, *Getting On*.

The first series of *Getting On* aired in 2009 on BBC Four as three half-hour long episodes. Interestingly, *Getting On* was framed from the start as a text interested and invested in the politics of ageing and positioned as part of the BBC's self-effacingly titled, *Grey Expectations*, strand of programmes dealing with the supposed 'joys of ageing' (BBC 2009). While its status as a key text within this strand and its generic description as a sitcom pointed toward an identity focused on humour and/or a text relatively 'light' in tone, *Getting On* was, I contend, weighty, substantial and radical. Rather than depicting the joys or pleasures of

ageing, the sitcom worked in opposition, making visible the difficulties associated with 'getting on'. The sitcom also had a deliberate and dominant focus on female nurses and patients, suggesting an alignment between women in society and expectations around care work. As Beverley Skeggs notes in her work, this alignment has been historically established, by Nead (1988) and Finch (1993), amongst others, and converted into contemporary cultural currency, in which 'respectability [equalling responsibility] is one of the most ubiquitous signifiers of class' (Skeggs 1998: 1). In addition to signifying social class, respectability has long been associated with ideas about 'proper femininity', particularly in Britain. As Skeggs argues in this regard women carers 'operate within a dialogic form of recognition: they recognise the recognition of others [...] and live their social locations with unease' (1998: 4). I want to argue that one of the central socio-political points of *Getting On* is to demonstrate this dialogic in relation to female care workers and to display or make visible the labour that is required of women workers in order to perform the female and/or feminine self as 'caring'. Yet, while the focus on care work in the sitcom may be understood as indebted to and indeed a comment on the problematic ideals of women's work and 'femininity', the labour undertaken in *Getting On*, particularly by the female nursing staff is clearly very manual, often involving the heavy lifting of patients and the moving of beds and trollies, as well as the cleaning-up of vomit, urine and faeces. In this sense *Getting On* complicates a tradition or expectation concerning women's work as embedded in the domestic and indeed in the non-physical. In addition, it is important to note that the female staff in *Getting On* are not represented as saintly paragons of compassion but are generally distanced from the emotions and situations of their patients. This is not to say that these women workers do not display kindness, but rather that in general they have a more functional attitude towards their work and recognise it as labour rather than seeing it as a natural inclination or extension of their female identity. I want to suggest that part of the reason for this is because what the sitcom aims to show both through its characters and its style is an insider's perspective of the labour of the NHS, in particular the messy, ugly and yet crucial work of its women. Again, in this way *Getting On* can be differentiated from slightly earlier medical shows that aimed to dramatise medical stories in sensational and non-realist ways such as *Cardiac Arrest* (BBC, 1994-1996), *ER* (NBC, 1994-2009) and *Chicago Hope* (CBS, 1994-2000). Speaking of these shows in his useful text *Body Trauma TV*, Jason Jacobs noted what he described as the 'fast-paced explicit depiction[s] of injury and illness and detailed attention to the [...] personal lives of medical professionals' (2003: 1). In opposition to these bright, breakneck, new and youthful representations, *Getting On* was tired, slow-paced, washed out and unenthused. Like

the working-class women at its centre, it appeared to lack energy and middle-class ambition and yet this seemingly banal style was purposeful, pointing to a serious and productive political discussion about ageing, the NHS, social class and women's work and place in a Conservative-led society.

Feminist Foundations and Jo Brand's Body of Work

Jo Brand's role in *Getting On* is particularly significant in that her background as an NHS psychiatric nurse allowed for an understanding of the realities of working in the NHS instead of a purely fictional depiction of it. In addition, Pepperdine's parents had both worked in the NHS (her mother as an occupational therapist and her father as an administrator) throughout her childhood. Though Scanlan did not have a health service background, her professional life had involved her being typecast as a mid-wife or nurse since a 1997 role in *Peak Practice* (ITV, 1993-2002), a representation she attributed to her body shape and sex noting that: 'as a fat actress I have played 15 nurses [...] fat reads as unthreatening and warm' (cited in Lusher, 2010). In *Getting On*, background, body shape and sex are intertwined with issues of authenticity, ageing and social class. James Donaghy noting the cultural significance of the show as an 'antidote to youth', suggested in *The Guardian* that *Getting On* was a programme 'written with life experience' (2010), thus locating age and more specifically middle-age experience with a significant cultural value. Brand herself commented in an interview with Tim Lusher on the experiential emphasis of the sitcom as offering an alternative perspective to long-running medical television shows such as *Holby City* (BBC, 1999-present) and *Casualty* (BBC, 1986-present) 'where everyone has got so much make-up on and they do nursing care for about 20 seconds then go and have an affair with a surgeon. In [reality] the sad fact of the NHS is that it's almost entirely populated by women, yet all the bosses tend to be men' (2010). This highlighting of the frequently fake televisual appearance of the work of women on screen and the troubling gender imbalance of power in the NHS in reality, are both issues that permeate not only the primary text but also, arguably, the British television industry itself. As such it is perhaps doubly interesting that Brand, Pepperdine and Scanlan chose the arena of television (one that is, as Matthew Pateman reminds us, a distinctly 'political medium' (2012: vii)) to highlight the problems of gender, class and age inequalities.

Speaking of the area of television comedy, Brett Mills and Sarah Ralph note that 'critics and creative workers have recently highlighted the lack of women working in British television comedy' (2015: 102). Moreover, when interviewing key female television comedy writers such as Kay Stonham, they cite her 2013 acknowledgment that, 'My view of the

world is just radically different to the view of the world of the gatekeepers [...] And it's different because of gender and it's different because of class. And now it's different because of age. Because I'm an older woman writer – even worse!' (2015: 106). This recognition of British institutions and industries' multiple inequalities, including issues of class as well as gender and age, are significant here in that it is these three primary areas that *Getting On* works to make visible. These feminist concerns, foundations and politics are positioned and embedded at the heart of *Getting On* and yet the sitcom does not depict them melodramatically, but as part of everyday experiences in which the women, in particular working class women, work to 'get on' or at least 'get by'.

The subject of 'getting by' is particularly relevant in relation to the lives of working class women as Lisa McKenzie testifies in her 2015 book of the same name. She notes:

'Getting by' comes in different forms, from where you can buy the cheapest chicken, to how you might handle the various government agencies you have to deal with, often on a daily basis. As a woman [...] it is important to know 'what to say' and how to answer a question – answering a question 'wrongly' can have steep penalties (2015: 48).

Though McKenzie is referring specifically here to women living on a council estate rather than the low paid women hospital workers in *Getting On*, I want to suggest that the politics that govern these women are in fact remarkably similar. As will be discussed later, in *Getting On*, the low ranking female nurses are viewed from a similar moral high ground by those with power within the NHS, be it by the (male) matron in charge of the ward, Hilary Loftus (Ricky Grover), or high ranking NHS Consultant Dr. Peter Healy (Peter Capaldi), who uses his extensive old boy network not to get on, but to get up – both professionally and sexually. Indeed, in difficult circumstances the nursing women often use humour to get through, to get by or to get on and yet, their humorous responses in the face of their own 'poor' treatment are often subject to punishment and bureaucratic as well as economic 'penalties'. In addition however, the moral high ground is also wielded by one key female character in *Getting On*, geriatrician consultant Dr. Pippa Moore (Vicki Pepperdine). This characterisation is interesting as it demonstrates that women in the NHS are not homogenous or represented as 'sisters', but that at times, class privilege and organisational hierarchies allow and perhaps insist that 'successful' women eschew the existence of gender inequalities altogether. Though I want to argue that Dr. Moore's gender is in fact seen to negatively impact her promotion

opportunities, it is significant that as an upper-middle class female character, she constantly works to deny this.

Despite these difficulties in *Getting On*, the primary agents of pleasure are the key hospital workers themselves rather than the patients. While this focus on hospital staff rather than patients is not dissimilar to other UK hospital based television texts such as *Casualty*, or US based texts such as *ER* (NBC, 1994-2009), *Getting On* is different in that crucially, it is not a text that centres on the cross-class camaraderie of working in a hospital, on what Jacobs refers to as ‘body trauma’ (2003), or on physical beauty or the drama of death. Instead, *Getting On* is a text that places front and centre the surety of death and the struggles and labour of ordinary women in their work. This political act of making ordinary women central and visible underscores the feminist foundations of the sitcom in which its writers Brand, Scanlan and Pepperdine are also its primary actors playing Nurse Kim Wilde, Sister Den Flixter and Dr. Pippa Moore respectively.

Arguably, Brand in particular is synonymous with a feminist politics of performance. In the mid-1980s her stand-up comedy act known as *The Sea Monster*, was renowned in the UK for its overtly political substance. Speaking to Brand in 2009, Nigel Farndale summarised her act in *The Telegraph* as: ‘a Doc Marten-wearing, spiky-haired, overweight, alternative comedian who, with her aggressive, scatological, gynaecological and, generally, feminist comedy, delivered in a bored monotone, scared the bejesus out of a generation of men.’ While this description is problematic in several ways, it is useful here in drawing out various elements that Brand arguably transfers and adapts in her authorship of and performance in *Getting On*. In essence what Farndale seems to be pointing to in his summary of Brand’s stand-up work is what Kathleen Rowe (1995) might call her ‘unruliness’ as a woman. For Rowe this unruliness often takes the form of resistance to the idealised appearance and actions of women. Noting American television comedy writer and actress Roseanne Arnold (nee Barr) as an exemplary ‘unruly woman’, Rowe argues that ‘it [wa]s Arnold’s fatness, and the looseness or lack of personal restraint her fatness implies, that most powerfully define her and convey her opposition to middle-class and feminine standards of decorum and beauty’ (1995: 60). It is no stretch in light of Farndale’s view of Brand to recognise that in various cultural quarters, Brand was seen similarly. Both in her stand-up, her earlier television shows such as *Through the Cakehole* (Channel 4, 1994-1996) and in her role as nurse Kim Wilde in *Getting On*, Brand’s body, her age, her clothing, her lack of make-up, lack of apology for being a non-ideal woman, are addressed directly. Indeed, speaking of Brand, Jane Arthurs argues that her style is ‘autobiographical’:

Brand's comic persona is entirely dependent on her body; its size is the fact from which all of the performance ultimately derives, both in her use of the body in performance and the jokes she tells. Hers is the 'stunted' body of the passive female grotesque who transgresses in her being, the abject body of the fat woman who is the repository of projected shame and guilt. [Brand] avoids being perceived as a powerless victim [...] through a refusal of the social norms of femininity, a display of female exceptionalism (1999: 151).

While Brand's role as Nurse Kim Wilde is perhaps a little more subtle than Arthurs' description suggests, it is, for me, no less effective or exceptional than in her stand-up. Though a key difference is of course the point of delivery (as Arthurs notes, Brand performs her stand-up from a 'male point of immobility' [1999: 152] – a stability that operates in contrast to her movement in *Getting On*), the deliberate slowness of her performance, in particular her unenthusiased and exhausted walks from one patient to another, points to a deliberate act of resistance or revolt. Unlike the agile mobility of the male characters in the sitcom and indeed the frequent and keen movements of Dr. Moore, Brand, as Wilde, moves warily and sluggishly around the confines of the ward. This mobility of 'slowness', indicating an aged tiredness, is also something that is at times mirrored by the camera itself.

Style, Pace, Performance and Dead-Pan Dialogue

The focus on and social anxiety about ageing women's bodies is signalled from the off with the first image proper of the series being a shaky pan up a lady's right hand and arm showing up close her lines, wrinkles, the thinness of her skin and her multiple age spots before her cotton night dress comes into view laying against a white hospital sheet. The camera then moves to her face where it lingers. Her eyes are closed, her skin sallow, puffy and deeply lined. Her colour and stillness is unsettling and the camera moves away from her face and shakily down toward her other hand that is being held by another female. This fills the screen. This act of tenderness is simultaneously set up and shattered by the quiet yet distinctly audible beeping of a mobile phone on which a hand is seen texting before the camera pulls back revealing the gentle laugh and face of Sister Den Flixter. As the single camera again moves back across the old lady's still face, it rests for a moment on her bedside table, which reveals a dry and brittle looking birthday cake with an iced message that reads 'Happy Birthday Lily'. Age candles adorn the top indicating that she is 87 years old. Sister Flixter

can again be heard texting before she is shown glancing at Lily, taking Lily's hand in both of her own, feeling for a pulse, and on finding none, looking at her fob watch, silently recording the time of death on Lily's chart and gently removing the two pillows out from below her head. Death here is not rendered dramatic, but as inevitable and expected.

The above sequence is stylistically typical of *Getting On*, with the camera working to stress the naturalism and perhaps social realist roots of the serial. While similar to *The Royle Family* (BBC Two, BBC One, 1998-2000), another British sitcom heavily interested in age, social class and, arguably, the work of women, *Getting On* functions differently. As Kristin Thompson writes on *The Royle Family*: 'It's style vaguely recalls the cinema verité television documentaries that plant cameras in real families' homes [...] It confines itself to the interior of the Royle house, playing out each 28-minute episode in continuous, real time' (2003: 136). While in *Getting On* the show is dominantly confined to Ward B4, the serial does not operate in real time, but moves forward at a deliberately reluctant pace. Rather than denying the pleasures associated with audience immediacy however, *Getting On*'s lethargic pace arguably affirms them, providing pleasure through a focus on textual and temporal depth. Akin to *The Royle Family*, *Getting On* is a sitcom that can stand and indeed embrace the slow pace of ward life, bringing out the acute and critical details - hospital administration, power structures and policies and procedures. The reason for this is because, as Andy Medhurst has so cogently argued of *The Royle Family*, it is 'committed to depth, not breadth [in which] what might be called a demographic of deep narrowness, is both reinforced and facilitated by the styl[e] of the series' (2007: 147). Indeed, the unconventional shooting style of *Getting On* plus its atypical televisual attitude towards care work was important in establishing and shaping its naturalistic appearance. Stylistically the look of *Getting On* – sober, unsentimental, fatigued yet jerky and roaming - echoed that of political satire *The Thick of It* (BBC 4 and BBC2, 2005-2012), which was unsurprising considering that *Getting On* was directed by *The Thick of It*'s star, and ex-colleague of Joanna Scanlan, Peter Capaldi. Noting the importance of the show's style Adam Sweeting of *The Telegraph* wrote in 2010:

Capaldi has applied the reality-drama technique developed by *The Thick of It*'s creator Armando Iannucci, in which the action is captured by a couple of freely roving lightweight cameras as if they're simply eavesdropping on real life. There's no background music, and natural light is used wherever possible. Capaldi has also facilitated the trio's [Brand, Pepperdine and Scanlan's] use of improvisational techniques.

The ad-libbing employed by Brand, Pepperdine and Scanlan referred to above ensured that *Getting On*'s dialogue also appeared naturalistic, providing continuity between the visual and aural style. This naturalism can be attributed to both what was said and how it was said in *Getting On*, to the acutely observed conversations between the characters and the powerful rhythms of natural speech as they are performed. The look and sound of the sitcom then was earnest in its verisimilitude, but also worked to mine humour through omission, by showing and rendering audible the gaffs in speech and the gaps between speech.

While at times the humour in *Getting On* is up front and bawdy, for example the deliberate naming of Brand's character as Kim Wilde – a visual joke that seeks to contrast Brand's character's appearance against the glamorous 1980s pop star of the same name – for the most part, the humour is located in the awkward pauses and/or linguistic gaffs that render meanings absurd. These pauses and gaffs are dominantly based on class difference and frequently circulate around the language and life-style differences between Dr Pippa Moore, Sister Den Flixter and Nurse Kim Wilde. Pauses provide space and time to see and understand reactions of characters to each other. In 1: 2 for example, Dr Moore and Nurse Wilde have the following exchange:

Pippa: 'Do you have kids at all?'

Kim: 'Five.'

Pippa: 'Have you? Do they play anything?'

Kim: 'Truant, mostly.'

Pippa: 'Oh, my daughter plays the piano.'

Kim: 'Oh, does she?'

Pippa: 'She's a bit stuck over the fingering sometimes – because that's quite awkward.'

Kim: 'Quite hard work, fingering.'

Often, as here, the humour is verbal and composed around syntactical and lexical jokes and double entendres. Indeed, the mess referred to in the title of this article functions on many levels, one being, as argued by John Wright, that such techniques stimulate and encourage the 'messing around of meaning' (2006: 97-195). In *Getting On* it is frequently this messing

around of and with meaning that serves to underscore not only the humour, but also the politics of language and the language of politics.

Management Speak, Sex and Class

Politically correct language or management speak is, within the diegesis of *Getting On*, a key indicator of power and status. Throughout the sitcom, Nurse Wilde's character and indeed the interactions between her, Sister Flixter, Matron Loftus, Dr. Moore and Consultant Peter Healey demonstrate both the pervasiveness of this political language in the NHS and its alienating effects which, coupled with a culture of sexism, serve to undermine the cohesiveness of the ward team and the care that they are able to provide to patients. In Pilot (1: 1) for example, it is made clear that Nurse Wilde is returning to nursing after a 12 year gap, in which time much has changed in terms of protocol, policy and 'customer care'. For example, after Wilde discovering one of her patients has defecated on a ward chair, Sister Flixter informs her that she cannot refer to the stool as 'a shit', but instead 'faeces'. In addition, rather than being able to dispose of it herself, Wilde is told that she must file a report describing its colour, consistency, shape and detail when and where she found the stool so it can be taken away by a special 'waste' team in line with new health and safety procedures. This long and drawn-out process dominates much of the first episode. In authoring the detail of this unsavoury event, Brand, Pepperdine and Scanlan simultaneously mine the comic ground and language of toilet humour and call timely attention to the tragic, unworkable, and in the words of Wilde 'shit' nature of new procedures. Such a focus on the gentrification of language also highlights the disconnection between those making policy and those who have to enact them.

As suggested above, in addition to the new policies, a new management discourse and attitude, particularly from those not doing the nursing groundwork is also evidenced in *Getting On*. Matron Loftus is an excellent example of this. The language of Loftus, like that of the other powerful male figure to feature in the first two series, Consultant Peter Healy, is exposed as spin and proven to be disingenuous, phoney and commercial rather than born from care and compassion for staff or patients. On first meeting Sister Flixter in the first episode Matron Loftus berates her for letting her ward get 'into a state': 'Can I tell you what happen to me when I walked into this ward? Can I tell you what came to mind? Does Mrs A live here? This ward's got superbug written all over it. MRSA.' This scare-mongering about and preoccupation with the (media) discourse of dirty hospitals and MRSA outbreaks points perhaps to where and indeed how Matron Loftus has found his managerial fit, despite his

soon proved incompetence at both supporting staff and managing patients. Indeed, Matron Loftus's professional ambitions clearly come before others, however his managerial discourse and faux body language implies a sense of care that doesn't exist. While able to 'talk the talk' he is unable to 'walk the walk', telling Sister Flixter when she sobs in her appraisal regarding her difficult year of debt and marriage breakdown to, 'Let yourself go. Breathe in the positiveness and let the negativity go', before ordering her to, 'Let go of my hand now, let go!' Patronising Sister Flixter in the next episode after she mentions to him a difficult patient on the ward, he says, 'Can I tell you something? I've never come across a patient that I haven't been able to work with.' Yet almost immediately he falls foul of Ivy (Patty Bee), the elderly female patient who, in response to him asking her to listen to him 'sharing his feelings and then share hers in return' shouts, 'What the fuck are you going on about? I don't understand', before branding him a 'fucking poofter, and a 'fat nance'. Rather than managing the situation and the patient, Matron Loftus exacerbates it. Breathing deeply, he says out-loud, 'I'm about 23 on my rage gage. Time out!' before leaving the ward. This reference to his 'rage gage' and 'time out' as his preferred methods of coping draw attention to both the ludicrous nature of new managerialism and his inability to cope with any 'real' problem or indeed 'real' person who is unwilling to defer to him. Later, in an effort to connect or show support for Matron Loftus, Nurse Wilde kindly tells him, 'I thought you did very well' before adding 'for a fat nance.' Rather than reading Nurse Wilde's comments as the intended message of support, Matron Loftus misinterprets her humour and punishes her by reporting her for homophobic behaviour. As a result, the next episode finds Nurse Wilde subject to a disciplinary procedure that could lead to her being struck-off. Matron Loftus's professionalism continues to be called into question (by the viewers rather than by diegetic officials) and, as Series One and Two continue, he enters into an abusive relationship with Sister Flixter, manipulating her into believing that he might love her in exchange for sexual favours. While never physically violent, his professional and emotional abuse of her is obvious.

As mentioned earlier, a second male character also demonstrates a lack of professionalism in the first two series by, like Matron Loftus, having inappropriate relationships with junior staff members (or at least we as an audience are strongly encouraged to infer this), as well as by deliberately manipulating female colleagues for his own ambitious ends. Boasting the highest professional position we see throughout the sitcom, Consultant Peter Healy is represented as privileged, egotistical and aloof and revels in his superior status. He is not like Dr. Moore a geriatrician, but instead a psychiatrist, a strand of medicine which

seems carry an elevated status. Called on to perform a psychiatric assessment of Ivy in 1: 2, he flirts shamelessly with Dr. Moore, before moving on to a young and beautiful registrar, Zarina (Sakina Hasta), inviting her for a coffee rather than completing his psychiatric assessment. In 2: 2, Healy, at an early morning meeting delayed by six minutes, notes that he has to attend a second meeting almost immediately, prompting Dr Moore to say: ‘We’re wasting valuable people’s time.’ Later when his suggested (and admittedly incomplete) diagnosis of a patient is queried by Matron Loftus, Dr. Moore says in a resolute tone that ‘Peter Healy is a psychiatrist.’ As she is, prior to the appearance of Healy, the highest-ranking in terms of professional status and power, her heralding of Healy as a ‘valuable’ clinician and obvious deference to him personally and professionally marks him out as eminent.

In addition, he tells Dr. Moore in 2: 6 that he’s late because he was the guest speaker at the Young Psychiatrist Council, where, and said with a straight face and serious tone, he had ‘to handle a lot of eager beavers.’ The potential honesty of this remark is lost on Dr. Moore, who congratulates him, after which Healy notes that he attended the General Medical Council dinner the previous evening and offers his sympathy to Dr. Moore regarding a failed promotion opportunity at another hospital, the result of which she was unaware. Keeping up appearances she pretends she knew and continues to idolise and elevate Healy, presumably in relation to his status and connections.

Dr. Moore’s increased deference to Healy following her failed promotion also perhaps indicates that top ranking career opportunities in the NHS (and indeed other public institutions and private industries) are primarily in the hands of privileged males and accessible through exclusive networks – who you know rather than what you know. Soon after telling her the ‘bad news’, Healy and Moore go for lunch. Leaving the ward, and perhaps trying to reassert some power, Dr. Moore notes to Nurse Wilde (whose husband, Dave, had after much semi-aggressive cajoling, fixed her porch lights) that ‘I’ll get your husband’s money’. Only for Healy to ask, ‘Was he unblocking your chimney?’ This offensive joke (essentially highlighting his own power by laughing at Dave’s supposedly inferior status as a manual labourer as well as the sexist double entendre) is shared with Moore at the expense of Nurse Wilde and her husband, but with Wilde and Sister Flixter in earshot. In response, Dr. Moore laughs and they go off to lunch at a chic French restaurant whose name arguably spells out her desire for Healy, ‘La Couchette’, leaving Wilde and Flixter to their ward labour. Unsurprisingly when Moore returns she has forgotten to withdraw the money and notes that she will get it the following week. Wilde initially concedes before changing her mind:

Wilde: Dr. Moore, I'm sorry that's not good enough. My Dave did a good job for a fair price. The least you can do is pay him.

Moore: No, I am going to pay him. It's not my intention not to pay him. I said to you, didn't I that I thought he'd done a jolly good job. I said that in front of...

Wilde: Yeah, but when will you pay him? I keep asking you. It's humiliating to keep asking you as if I'm some pauper coming to you with my hand out. I just want the money for a job that my husband's done. I keep asking you over and over again. It's embarrassing. And you never ever give it to me [...] I want that money today.

Moore: That's an absolutely ridiculous thing to say.

Wilde: I want that money now.
[She turns around to walk away and cries, silently.]

This emotional outburst is a key moment in the serial. In that, despite recurrent provocation, this is the first time we see Nurse Wilde respond to her poor treatment as a low-ranking working-class woman by a means other than through sarcasm, cynicism, humour or silence. Instead of 'getting on', she resists noting that the behaviour of Dr. Moore is unacceptable. Wilde also confronts head-on the class inequalities between the two, demanding respect (on behalf of her husband) for a job well done. As an audience, we are, I suggest, invited to find pleasure in Wilde's outburst. What Wilde does here is to make visible the emotional sense of her story and through doing so allows audiences to, as argued by Kristyn Gorton 'feel it' (2009: 76). In the public nature of her confrontation Wilde makes the personal political. While Dr Moore tries to counter by nominating Wilde and her emotional narrative as 'ridiculous', we as an audience have borne witness to her previously patronising and offensive behaviour. In Wilde then we find Skeggs's aforementioned 'dialogic form of recognition' (1997) in which Wilde experiences the negative judgements of others and lives her social location with unease.

Conclusion

Though it could be claimed that Nurse Wilde's emotional outburst is a sign of weakness rather than strength, I would like to suggest that the 'affective turn' demonstrates both the intelligence and the emotional depth of Nurse Wilde and indeed, reflects or highlights this potential for recognition in the viewers themselves. As Gorton (2009) reminds us discussing television audiences and emotion, the work of Purnima Mankekar argues that 'intense emotional involvement can occur simultaneously with a critical awareness that enable[s] some women to "see through" the narrative to the agenda of the state' (1999: 28). In *Getting On* the state is, I suggest, represented both via the upper echelons of NHS management, the men (and occasionally women) who get on through privilege, self-interest and an ability to make policy, and the middle-management who enforce ineffective policies, practices and discourse. Such new managerialism ensures that exhausted and low-paid women workers like Nurse Wilde are kept in their place. While age is a key aspect of this messy and political televisual fabric, I want to suggest, in line with the work of Jacobs that the preoccupation with ageing in *Getting On* functions as a social anxiety 'mapped onto the body' (2003: 7), alongside other important and emotional loadstones such as class and gender. This mapping of gender, age and class is political, and in this sense the sitcom arguably functions as a tangled web of cartographies made visible through its close attention to the deep lines, age spots, crows' feet, saggy jowls, rounded stomachs and grey hair of its characters. This close-up act of looking is not conventionally pretty, but it is provident, political, pressing and for me at least, pleasurable. Such looking is not only limited to the sight/site of its characters, but is also made visible structurally through its 'Ethno-methodology [an] examination of the minutiae of social exchanges' - a method that Brand noted 'fascinated her' when she studied her Psychology and Sociology degree at Brunel University and that influences her work (Lockyer 2015: 121). The critical significance and relative success of the serial, nominated by Deborah Orr of *The Guardian* as 'a radical, profound masterpiece' (2012), by Andrew Pettie of *The Daily Telegraph* as 'BAFTA deserving' (2012) and by Phil Hogan of *The Observer* as 'superbly measured' (2010), implies that its value and its cultural and political currency extends far beyond the televisual frame. It is a text that Brand notes she is 'most proud of' (Lockyer 2015: 124) and yet, while *Getting On* can be understood as judicious in relation to its feminist and class politics, it is arguably ambivalent about what will happen to the NHS as it ages. While the authorial 'life-experience' written into the text provides a clear critique of class and gender based codes of behaviour, a rigid hierarchy of care and of power is

maintained for the duration of the two series. While there is clearly a sentiment for the Left in *Getting On*, it could be suggested that the sitcom does not quite achieve it, instead showing the labour of women's work to be ineffective in the face of a gripping middle- and upper-class ambition for power. Personally, I'm happy to resist this tragic interpretation believing instead in the power and emotion of *Getting On*'s comedy to deliver the most acute of political and social critiques.

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