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Nigel Rapport

# *The informant as anthropologist. Taking seriously “native” individuals’ constructions of social identity and status*

## 1. Introduction

This article examines the way in which “classiness”, as an aspect of identity and social relations, is conceptualised and spoken about and enacted in a large Scottish hospital. The chief protagonists are hospital porters, those who are responsible for moving patients and other *matériel* across the hospital plant, and who find themselves at the base of a hierarchy of medical enskilment. The article is an account of the way in which porters themselves understand class and recognise someone as having “class”.

This is largely an ethnographic account. It is also a case-study in “anthropology at home”: the field site, “Constance Hospital” in “Easterneuk” (the names are pseudonyms), lies 13 miles north of where I live. The main pertinence I would claim for the article, as a reflection of anthropology’s changing relation to “the field” and changing ethnographic practice, lies in its understanding of authority. The article would afford individual informants the power to author their own accounts of their lives and to be the final arbiters of the truth of their experience. Is the porters’ sense of Constance Hospital that of an exploitative institution and of themselves as an exploited class? Here is how the porters understand the hospital to be an hierarchical and complex organization; here is how the porters construe the hospital to be an institution that is located in a wider urban and indeed existential context. My work as an anthropologist is here to demonstrate the porters’ own “anthropological” expertise: they are methodologists of their own understandings, experts in their own intelligent lives and self-conscious actors in social spaces.

My ethnographic knowledge of the porters derives from a period of participant-observation field-work which I conducted in Constance Hospital in 2000-2001 during which I both worked as a porter (ten months) and interviewed other hospital employees (two months) (see Rapport 2009). I found myself in an institution organised to deliver highly skilled medical expertise: according to a managerial logic, portering work is low in status and deserving of poor financial rewards. But is this a necessary

estimation? I recall a celebrated discussion by E. P. Thompson, as he considered the self-consciousness of “the English working-class”:

[C]lass happens when some men, as a result of common experiences (inherited or shared), feel and articulate the identity of their interests as between themselves, and as against other men whose interests are different from (and usually opposed to) theirs. The class experience is largely determined by the productive relations into which men are born – or enter involuntarily. Class-consciousness is the way in which these experiences are handled in cultural terms: embodied in traditions, value-systems, ideas, and institutional forms. If the experience appears as determined, class-consciousness does not. We can see a logic in the responses of similar occupational groups undergoing similar experiences, but we cannot predicate any law. Consciousness of class arises in the same way in different times and places, but never in just the same way (Thompson 1972: 10).

Key to Thompson’s conception are a number of elements. Class is neither a structure nor a category but a relationship that changes over time: “something that happens in human relationships”, to “real people and in a real context” (1972: 9). To the productive relations in which people involuntarily find themselves they react, with agency and activity, so as to transform their shared experiences into a class consciousness which identifies and articulates their common interests. Hence, the working class is “present at its own making” (1972: 9). But there is no law that determines how that consciousness of common productive relations, the experience of working-class inequality and exploitation, will express itself, if at all; in different times and places working-class consciousness eventuates in different traditions, ideologies, values and institutions. My intention in this article is to bear this provocative conception in mind as I reflect on the situation of the porters at Constance. I seek to identify the porters’ “class consciousness” of productive relations at Constance Hospital – should this exist – through

their own discoursing.

The article presents its ethnography largely in the form of conversations witnessed during my period of participant-observation. I begin with a brief account of how other workers at Constance see class as impinging upon the institution, before turning to the porters themselves. One porter in particular, Mick Hanrahan, will figure as a central protagonist. For Mick Hanrahan is a “class act”. Mick’s “classiness” demonstrates the way in which class exists as a discourse for the porters, as a means by which they place medical specialism in the wider context of a healthy, universal masculine body at large. To be a “class act” is to execute certain bodily performances with style before a “universal” audience of family, friends and strangers, and by means of such classiness porters accrue to themselves a positive evaluation of their status and role that transcends the narrow bounds of the institution.

## 2. Constance Hospital

Constance Hospital is the major medical facility within “Easterneuk University Hospitals National Health Service Trust”: the state-sponsored body responsible for providing acute medical services for a population of approximately 470,000 in east-central Scotland, a geographical area of some 3,175 square miles. During 2000-2001, the Hospitals Trust employed around 7,600 staff, and annually received some £190 million in public funds. It represented the major health-service provider in this part of the United Kingdom, and, through its connection with the Easterneuk University, a significant centre for medical, nursing and midwifery education and research. The Hospitals Trust represented one of the largest employers in Easterneuk, an area of high unemployment and post-industrial decline, providing almost 10% of all local jobs. (Across Scotland as a whole, the National Health Service represents the largest employer, with a workforce of 136,000 people.)

Of Constance’s thousands of employees some 137 are porters (all but two being male) ranging in age from 17 to 64. Porters are not medically trained, however, being involved in tasks calling for physical stamina, even strength, more than other criteria. They ferry patients (and sometimes visitors) across the hospital, in wheelchairs, beds and trolleys; they deliver mail within the hospital; they carry body parts and samples of bodily substances (“specimens”) between different parts of the hospital complex; they transport dead bodies from hospital ward to mortuary; and they act as security personnel, policing the boundaries between hospital and outside world. Much of the operation of

Constance is organized hierarchically – the hospital has “military” echoes (Sinclair 1997) – with porters engaged in routine practices officially regarded as less skilled and less prestigious than those of doctors (consultants, surgeons and students) and administrators, nurses and laboratory technicians, clerks and carpenters. This lowly status is reflected in the portering wage: the minimum wage as designated by the British government. His status is also something that the porter wears, the uniform of blue canvas trousers and blue or yellow polo shirt with name badge and title – “Support Services” – ironed on, immediately and irrevocably identifying him as he traverses the hospital space juxtaposed against the medical-ward staff (in white) and the operating-theatre staff (in green) and the administrators (in suit and tie).

Official status, however, is not my focus here; rather, how is it expressly enunciated as discourse? More precisely, in E.P. Thompson’s terms, how did the porters, as occupants of a status in the working relations of the hospital that may be deemed especially unrewarding and unrewarded – as minor participants in the hospital’s production of healthy bodies – come to be present in the making of their own identity? Was this a “class” one? If so, how did a class consciousness come to express itself?

Let me first say that “class” as a term, as an item of explicit description or discussion, came to figure only very rarely in my ethnographic reportage. It was commonly suggested, by those better placed, that porters were rather put upon within the hierarchy of the hospital: poorly paid, not recognised to their full potential, leading hard lives generally. As one Consultant Anaesthetist put it to me, in terms combining at once hospital and class and ethnic hierarchies: the infrastructure at Constance likely reflected a socioeconomic one, and so “as you go down the social scale in the hospital so you will find more proportion of Scots - with the porters being mostly Scots, if not entirely”. Nevertheless, only on three occasions did I find the term “class” expressly deployed as an explanation and description of behaviour and character, and only one of these speakers was employed in a portering capacity. Once, Simon Williams, a nurse from England who had worked at Constance for some years, explained to me:

What I feel is distinctive about health in Scotland, Nigel, is that neighbours look after each other. It’s a part of their working-class culture. There are grounded working-class communities in Glasgow or Easterneuk – as there are in Newcastle or Sunderland. These are local or regional identities more than Scottish ones, and this gives health-care a distinctive identity. So not only the porters



and domestics but the nurses and the doctors in the hospitals tend to be the same class as the patients. And come from the same local areas. It's the same with universities: people associate with their locality and stay there. People in Scotland are also less in competitive search of individual excellence; there is a sense of it almost being malicious to be different from the community. In Tottenham, you know, I was the only nurse who was a local; in Bridgetown, Glasgow, where I was before here, all the nurses are local, all trained at the Royal Victoria Hospital.

On another occasion, a senior physiotherapist at Constance, also originally from England, Roderick Patterson, recounted:

I am going out for dinner tonight with Pat McK-inley, the back surgeon. It's his last evening here: they've failed to keep him – because Constance is so bankrupt. So sad, so sad. And without even applying, Pat was approached by four other hospitals! So he's leaving for Bradford. Pat is working class: from a very poor background, you know. But he's a very popular surgeon, too – so I'm not surprised, Nigel, you saw that notice up in the ward inviting everyone out for a night on the tiles with him before he goes!

The third occasion concerned a conversation I had with Jim Macey, an experienced porter "dedicated" (in the Hospital terminology) to the Accident and Emergency Ward. That is, "A & E" was apportioned Jim's regular station – he did not patrol the hospital more widely and loosely as did most porters – and as such he had more regular contact with a particular team of (non-portering) medical specialists: the nurses and doctors and "professions allied to medicine", such as physiotherapists, whose expertise was accident-and-emergency.

When this conversation takes place Jim and I are on night-shift together: since his regular partner is on holiday leave I am covering for him. We are sitting in the cosy porters' "buckie" (lodge) in the A & E Department, awaiting calls to work. The radio is on, and local newspapers and coffee cups bestrew the tables:

JIM: I'm not a crabbed old man or hard to get on with, but I know the procedures, Nigel, and I'll stand by them.

NIGEL: Right.

JIM: Like a nurse came in here once and screamed: "I need the wire-cutters: Now! Get them from the front desk!" [he looks into the middle distance, remembering] And I didn't move – 'cos of her tone, like – and just said she'd have to

phone up for them; they would not release them otherwise; and anyway I was not going up there without her phoning 'cos usually the wire-cutters are gone somewhere else, like. And the nurse just stood there screaming: "Go! Now!". Finally I went – but walking, not running. So she went to complain about me to a senior nurse – who said I was right; my procedure was the right one. But would she come to apologize?! No way!

[I tell Jim about a story of my own in which a young doctor had not known the correct procedures for sending specimens to the laboratories but had still made me feel responsible and lacking]

JIM: Aye, well, I remember walking through Ward 29 with specimens, once, and this doctor says to me, "Here, take these too". And I stop, and I'm just in the process of saying "Fine, but you'll have to phone the "Front Door" first, to check someone isn't already coming down for them". And before I can get the words half out the doctor says: "Oh! I'll take them myself!" [...] You know this is the only place I've worked where there's been a class system! Never worked anywhere like it, Nigel. The porters are at the bottom: they're nothing, rubbish. Or that's how the doctors and nurses think of them. Those at the top are okay. But it's like any class system: the middle classes wanna be like the upper classes, and tread on the working classes, and look down on them, so as to get up themselves. (The nurses also wanna get up and be like doctors.) No other place I've worked has been like this. Like, you hear the nurses say: "Oh, such-and-such doctor is on today in A & E: 'Dave'"; and they simper up to him, and you think: "Why are you doing that? Act better than that". And I hate groups of student doctors standing together, too: treating you like dirt ... After working in the Pharmacy, I worked in the Stores for a bit (before coming here), and I wore a white coat, 'cos my job was to refill the medical supplies in the Clean Disposal Rooms for the nurses. (The nurses don't know themselves what they use or need in there; they just expect to put their hands down and find what they need. But that's another story.) So, once, I'm in the room, with my white coat, and a nurse comes up and asks me something and says, "Doctor"; so I explain I'm in Pharmacy, and a porter, and she just turns on her heel and marches off without a word. Now, like, she won't even give me the time of day! Snooty bitch.

NIGEL: Sounds familiar. Is it any better down here? I would have thought it was.

JIM: Well, at nights here, there definitely is a feeling of camaraderie, but I stay in my buckie. I



know all the nurses and the doctors – and I like them, and get on with most of them – but I still want to stay in here. They give me cakes, and pavlova, and things ...

NIGEL: That's nice ...

JIM: Yes, it is, but I usually say, "No".

NIGEL: 'Cos its like, charity.

JIM: Yes, it's too much like charity. And you know that however nice they've been, as soon as there's an alert they will come in here and say: "Porter? Now!" ... A kind of line will come down [Jim draws a hand down before his face], a fence. And you know all this "Jim This" and "Jim That", before, had not been real. That's why I wouldn't feel comfortable joining them in the dining room – and they have invited me – 'cos I'd know that some there would be thinking: "What's a Porter doing in here?" ... The chief consultant here, McIlvray, is a young man. Forty. Maybe less. And he still walks past me without noticing me or recognizing he knows me; and I've worked here since A & E opened. I mean, some of the other consultants are okay, but still...

NIGEL: Is this is the only hospital you've worked in?

JIM: Aye. But I've done loads of other jobs before. Not being boastful, like. I was in the Navy for 13 years, before I went onto the rigs. Then I was there, too, for 13 years – not as much as some, maybe, but still something. I'm not saying all this to boast, you know, but I've done lots of things – not like some of them in here – and I've known nowhere like this place ... I'm 50 now and I've been everywhere in the world; a few times over. And I've been here since I was 40. But some people have been here all their life – in this rubbish job! Like Fred Williams: here since he was 23!

I find it significant that Jim's "dedicated" portering role brings him into more routine contact with non-porters than is usual. Also that he distances himself from many of the other porters who have known no other work-place but this, and who have not had his experience of working in very different parts of Constance – such as Pharmacy and Stores. I mean that Jim seems marginal to a widespread portering discourse which, as we shall see, does *not* expressly use "class" in this way at all. Talking social class in such a way as to hierarchicalize members of Constance according to their behaviour, culture, identity and background – class as group signification – as we have heard from Jim and also Simon and Roderick above, was not the porters' way.

### 3. "A Class Act"

There were seven occasions during my year of participant-observation when I heard the porters use class as a signifier among themselves. I shall list them. In each case class designates a kind of excellence: "Pure class!". It is excellence that is distinct from socioeconomic position or relations of production, excellence that more concerns a presentation of self: the achievement of an aesthetic style.

#### I

I find Colin Murphy and Dwayne Bruce in the locker-room, changing into their portering uniforms as I prepare to leave (and put on my thick blue pullover with reinforced shoulder and elbow-pads). There is an excitement and intensity in Colin's voice as he reveals to Dwayne:

I really look forward to showing you my new army jacket, Dwayne. It's brilliant. Pure class! It's got these silver, large buttons and epaulets. I can't wait to go hill-walking again this summer, you know: that's what the jacket's really for. (You only need your fleece too when it gets really cold.) [...] I love that kind of jumper of yours, too, Nigel. Pure class. Very warm.

#### II

Old Fred McKechnie happily leaves the buckie having clocked out for another day. As he departs he jokes with a dour Johnstone Lamont:

FRED: I'm off to Handy Andy's now. None of these 50p-a-pint places for me: beer for peasants! JOHNSTONE: Aye, right. You meet a better class of drunk at Handy's!

#### III

Mick Mitchell and Oliver Munro are in the porters' buckie discussing the pub-crawl they recently indulged in. They agree that the women in the Final Refuge were "dogs":

MICK: Aye, I'll not be going there again in a hurry. OLIVER: And the toilets were about four-foot square! Hardly room to turn around in! MICK: A sure "high-class" place the Final Refuge is! OLIVER: Real high class! [they chuckle]

IV

Albert Forrester was an immediately recognisable porter with his beard and his long greying hair tied in a ponytail. A heavy smoker, he also supplied the porters with counterfeit CDs and DVDs. His temperament was a relaxed one and one day I find him joking with "Big" Tim Knox, another voluble, larger-than-life character:

ALBERT: You're a first-class lazy bastard. D'you know that, Tim?

TIM: Look who's talking!

ALBERT: I'm a self-confessed lazy bastard. There's a difference. You're a first-class lazy bastard.

TIM: No doubt you'll be going for a "smoking break" after your "coffee break", Albert?

V

Friday evenings after work are often an occasion for the porters to play five-a-side football in a nearby Community Centre. One Friday lunch-time I find Alastair Dent, an experienced, jocular and popular porter, criticizing Oliver Munro in a paternal fashion for not going regularly enough to "fives": a means both to keep fit (after all the boozing) and to maintain porterly camaraderie. Oliver, who frequently plays on his cheeky youthfulness, replies:

I only go occasionally these days, Alastair, you see. Once a month. Or else my skills and class are wasted.

VI

We are on the coach for the porters' annual day out at the Scottish Grand National horse race. The journey from Easterneuk to Ayr takes some hours, so together with plentiful supplies of food and alcohol, "Big" Tim Knox has prepared for our listening pleasure some tape-cassettes: "Big Tim's Mixes", as he names them. "I wanted a mix", Big Tim explained to me, "because I knew there were older people on the bus. Well, not old people but people whose tastes spanned the '60s, '70, and '80s. Because my dad has a large collection of CDs and tapes". His tapes play loudly throughout the journey, but not all are always pleased with the selection. Leslie Dee complains that one track in particular should have been left off because "it sounds like what my grandpa listens to!". At which point a senior and older Mick Hanrahan corrects him:

No way, Les! You need to learn about the difference between "old stuff" and Sinatra! Frank Sinatra is a class act!

VII

A while later on the same journey – now on our way home again after a long day's betting and drinking – Mick Hanrahan and Dick Hart are remembering a certain Karl Power who came to prominence in 2001 for a series of daring pranks involving barging in, uninvited, to televised sporting events (Wimbledon, Silverstone, Headingly). (*Wikipedia* has now a page devoted to Karl Power, "a prankster from Droylsden, Manchester" and an unemployed labourer, nicknamed "Fat Neck".) On April 18, 2001, Karl had managed to gatecrash the Manchester United team photograph, on the pitch at Old Trafford, before a Champions League match against Bayern Munich. Even at the expense of a life-time ban from Old Trafford, it was Mick's and Dick's laughing judgment on the coach that: Karl Power was indeed a "class act".

4. Discussion: Class consciousness of porters at Constance Hospital

What do these utterances point to? (What do they tell, if anything, about class consciousness among a group of workers in a complex organization whose collective status and rewards are poor?) An argument might be made that talk of "class", as a discursive item, discloses nothing at all of the "traditions, value-systems, ideas, and institutional forms" (Thompson 1972) through which the porters at Constance choose to express a class identity: that their consciousness of class is not in their talk of "class" but, say, in their mutual support for one another – an unspoken empathy – or the pleasure they feel in one another's company, or a knowledge they share of one another's biographies and families. And yet I think there is something ethnographically significant in their talk. There is a distinctive way in which the porters are expressly adducing class and experiencing class – a way that sets them apart from the discursive usage we heard first, above, from Simon the nurse, Roderick the physiotherapist, and Jim the dedicated A & E portering assistant. We do not hear from the porters how class concerns a grounded working-class communalism (Simon), nor a background of working-class poverty (Roderick), nor a hierarchical institutionalism in which the workers at the base are deemed "rubbish", "nothing" (Jim). Rather, what we hear in these seven instances is classiness adduced as a style of individual being: a classy jacket; a classy pub; a classy drunk;

a classy laziness; a classy set of soccer skills; a classy singing; a classy prankster. Sometimes these adductions are ironic, tongue-in-cheek. Sometimes they are serious attributions of excellence.

But excellence in what, or as what? And it is here, I suggest, that the significance of these utterances resides: they do point up a kind of portering class consciousness. However, in contrast to an assignation of class as concerning relations of production and as deriving from location in a (hierarchical) mode of production, the porters adduce class – or “classiness” – in “*class acts*”. Here are styles of performance which are removed – sometimes consciously and ironically, sometimes not – from the world of work and from issues of wealth and status. The assignations of “classy” drunks, “classy” laziness and “classy” pranksters are, in part, cocking a snook at the so-called classiness of “honest diligence” and esteeming an opposite. And there is more again. Together with the “classy” skills of football and singing, and the “classy” clothing and drinking establishment, the assignations adduce a world of particular performance and value.

The class consciousness of the porters at Constance Hospital, I say, issues in an alternative institutionalization of class which concerns the way an individual carries himself and transacts and delivers. Class is a quality of execution of individual being. Let me elaborate.

### 5. *One real world*

I have argued elsewhere (Rapport 2010) that in the face of the expert medical staff at Constance and the Hospital’s specialised proceedings – a medical institutionalism that threatens to render porters liminal figures, more properly in place outside Constance on the streets of Easterneuk than inside – the porters deploy a particular discourse of *home-making* on the hospital site. In brief, the porters discourse as though Constance were part of their core home domain, and they make themselves core actors within it. The porters’ discursive work, in other words, is to deny that the hospital need be classified as an inevitably and solely *medicalised* space.

To elaborate a little more, the porters make it known to themselves that they are the ones properly at home in Constance, because even here they are intent on maintaining a sense of proportion, and connecting up the different parts of life into a whole. Work connects always to play; sickness connects always to health; tragedy connects always to comedy; professional efficiency and seriousness connects always to politeness and good humour. This they know. And *porters are whole men in this*

*interconnected world*: they are active, physical, fun-loving and independent-minded. They make homes for themselves at work in Constance Hospital by refusing its professionalism and specialism, its boundedness, and by connecting up the inside of the institution to all that exists outside: in particular the life of camaraderie, badinage and physical accomplishment that characterises the immediate neighbourhood of Braehead as well as the Eastern-euk city-centre where the porters reside, shop, eat and drink, play football and have sex. The porter becomes, indeed, the central actor at Constance – intrinsically at home there – for the way in which he is capable of seeing these continuities, declaring and living them. By contrast, the patient is a creature whom the Hospital reduces to body-parts, to passivity; while the doctors, nurses and administrators are equally dehumanized in their enthrallment to institutional procedures, differentiations, measurements, scales, routines and reiterations.

There is, in sum, one single real, connected-up world and the porter denies hospital distinction: its specialist claims, its dehumanizing classes and containments. The porter recognises himself as centrally engaged with a world of active, whole bodies, both inside Constance and out. This one single real world I would here characterise as the world of working-class identity. And what are the specific characteristics of this world’s “traditions, value-systems, ideas, and institutional forms” (to return to Thompson’s phrasing)? I shall elaborate further on these by way of the stylistic “executions” of one particular porter. Mick Hanrahan, I shall say, is a “class act” in portering terms, a personage of respect and popularity, even of heroism. There is something archetypal for the porters as a group in how this individual in their midst carries himself and transacts and delivers.

### 6. *Mick Hanrahan as hero*

Mick is a portering chargehand. This means that he wears a white shirt and tie in place of the porter’s polo shirt and that he is based in the porters’ main buckie – “Front Door” – while on duty; he sits behind the row of telephones and fields the requests for portering assistance from different parts of the hospital. A telephone will ring, Mick will write down the request in a log book and then turn and see who is available in the buckie among the other porters on duty – those not having a break or already away on an errand who can be sent on the new job. However, although being distinguished by the Hospital, Mick remains one of the porters, “one of us”. He is not a portering manager, closeted in another part of the



hospital complex, but the submanager who mediates between the porters and those more senior while maintaining porters' interests; he can be relied upon to cover for the porters when they have made mistakes, to lie on their behalf to the accusing voices on the telephone, also to ensure that porters' payslips and insurance lines are properly accounted for.

While more or less confined to the buckie during the working day, Mick is also a fit and energetic man: in his early forties but still the mainstay of the porters' football team. He appears always to have a lot of nervous energy to use up. Rarely does he sit at his desk for long. When awaiting jobs to parcel out he will pace, perch and snack. He fidgets a lot; he frequently scratches his bottom, keenly and unselfconsciously. Often he swings on the door jamb of the buckie, or stands in the corridor adjacent, hands on his hips: within reach of the telephones but also more able to assess the events of the hospital through the passing traffic, and ready for action. If he has a new drinking, footballing or fighting episode to recount he is quick to do so, and others look on slightly guardedly as the large circular scar on his throat (from a street fight with a bottle) begins to throb red with his story-telling exertions.

Let me use the porters' own words, and Mick's own, as expressed in the context of working days at the Hospital, to identify what it is in Mick that I feel manifests an archetypal version of portering working-class consciousness.

Mick is a very good supervisor, Bob Hulme informs me. You can appreciate it by contrast with Dave Hendry, who makes mistakes and has his eccentricities, or Henry Pauley who was totally the wrong man at the wrong time and place. Watching Mick wag his finger at a telephone and shout "Fuck off! Stop fucking ringing!" before finally picking it up and putting on a falsely polite, falsetto voice, I can guess what Bob means. There is a particular style with which Mick, as a chargehand, looks in both directions at work.

When looking out to the larger hospital and its demands, uppermost in his posture appears to be a sense of portering dignity and of what "we" are due. Mick is annoyed, then, at "that cheeky cunt ambulance driver" standing outside the buckie window. He is aghast that the "cunts" in A&E expect the front-door porters to go all the way down there just to push someone a few yards round the corner to X-Ray. (And if Rob McNab, the manager upstairs, demands it, then "let him work here a day and he'll see how it is!".) When the senior nurse from Ward 35 phones to request a couple of porters to move a piece of furniture, Mick refuses in annoyance and expostulates: "On a Friday! I told her I've got a list of 17 jobs to do and no one pres-

ent in the office". So far as I can judge, these latter statements are untrue – I am sitting bored, awaiting work, as are others – but what is more relevant is that that senior nurse is a known "cunt", and what she is asking can be regarded as beyond our duty to perform. It would set a bad precedent.

When looking not out to the wider hospital but inwards to the community of porters, Mick is equally distinctive and expressive. "McGrath has lost the baby again", Mick announces to the buckie one morning. This precipitates a general and heartfelt discussion among the men present: "a collection should be raised like the last time McGrath's wife miscarried"; "how much should people give?" "last time a fruit basket was bought"; "how awful, soul-destroying, it must be to lose a baby by miscarriage; maybe it's just not to be"; "by rights the father should have three or five weeks off to recover, on full pay, no questions asked"; "the baby was due in January this time – last time she miscarried just two weeks before birth"; "remember visiting the wife in the ward?" ... It is significant that this show of solidarity – which is in marked contrast to that ordinarily shown to stranger-patients in the hospital – was initiated by Mick's announcement, his seriousness carrying all before it.

Significant, too, is that Mick's own family is a feature of buckie life and an item of portering debate. Mick's wife, Irene, is an attractive woman who works at Constance too, in clerical records, and who often pops into the buckie to gossip, check domestic arrangements with Mick, even eat her lunch. They have not been long together but there is a little girl and baby boy in the family, too, who also appear in the buckie.

One lunchtime Irene is teased by Roy McMad-den about how Mick is always at her beck and call – even now fetching her sandwiches from his bag as she sits and relaxes:

ROY: You should at least buy Mick his Eastern-euk F.C. season ticket for next year as a thank-you.

IRENE: I do anyway! I hold the purse strings.

ROY: Is that true, Mick!

MICK nods and smirks.

ROY: Well, I better just shut my ... purse then!

MICK: Well, she did last year anyway, hold the purse strings – since we've known each other.

IRENE: What! We've known each other far longer.

MICK: I meant known each other intimately! [He leans over her and crudely bends his arm to signify sex, then hugs her]

IRENE (blushing): I'm a virgin!

ROY: If you're a virgin I'm a Dutch uncle!

Another lunchtime, as Irene sits in the buckie and eats, a porter arrives in civilian clothes, on his day off, to pick up an item. "Ian", says Irene, "Would you go visit my dad? He's in Room 6 and a bit miserable: he'd love the company". And when, later, I meet Irene on a staircase, she explains to me: "My dad's 'ok'. He's back in his residential home now. He recently had a colostomy and the bag doesn't fit properly, so we need to get that sorted. Also, he's got radiotherapy coming up. But Mick talks football to him all the time, so that cheers him up". There is a way in which news of Mick and Irene and their family becomes public property among the porters.

Irene also figures in the frequent tales that Mick has to tell of his doings outside the hospital and outside work. These characteristically concern heavy bouts of drinking, heavy bouts of fighting and heavy bouts of sporting activity. Here is Mick recalling a holiday:

But I found it incredibly annoying waiting for Irene to finish doing her hair! And there she was complaining that the drier was hardly working. So I had a beer on the terrace and she was still not ready. After an hour! Fucking hell [uttered with real venom]! Come on! Fortunately then the kid came in and whined, so I could say she was getting restless and I'd take her down! Fuck it. "Meet you down there". So I went down for a beer. Then: get in a corner and [mimes drinking] get a couple down!

And here he is recalling a drinking spree:

Was I on the sauce last night! I spent 70 quid! At least, this morning I woke up with nothing! Unless Irene dipped [pick-pocketed] me. I don't think so. We were down at the South End and it wasn't worth coming home so I bought 10 cans and a bottle of wine to watch the soccer with. But before that we went to the pub and got absolutely pished. We drank everywhere: "Why not try a drink here?" "Ok. Not been there for a while". We didn't care where we drank! All over town: went places we've not been to for years. Then we ended up at the Refuge, but I dunno when. Then, getting up this morning I felt fine, but now I'm exhausted. I'm off at 2.30 and I think the first thing I'll do is go home for a nap. Like my week-off again: pished every day! Brilliant! The only thing now is that we have a christening on Sunday in Church and I can't turn up there [he mimes being bleary-eyed and stumbling]. I can't have the wife elbowing me awake!

These are excessive tales, but they are also inclusive: both universally "all too human", and accounts of participation in a local working-class community that includes the other porters:

MICK appears at work with a large bruise and cut on his cheek.

DONALD: Been in the wars?

MICK: I hit my cheek on the ground with a smack; Irene actually pulled me over as she fell; I was half drunk before I went out. Then when she woke up and saw it on Sunday she was greeting [crying]! "Oh I'm so sorry". "It's my fault!" "What can I do for you?" "Iron your jeans?" "Don't you want to go out to pub for a drink?" I could have had anything off Irene yesterday!

SID: Aye! That's what women are like!

IAN: I saw you both earlier – about 4.30 p.m. – and you were already drunkish then. Now there you are with a bruise when you're meant to be setting an example to us youngsters!

PHIL: Anyone got a steak to put on his bruise?

OLIVER: But you know, it's gone down from yesterday, Mick. No longer black.

MICK: It felt like a golf ball was in there at first – my cheek bone! When I woke up on Sunday I was stuck to the pillow and I thought: "What the fuck is this!"

Mick is also prepared to admit being party to the seemingly lowest occasions of local life:

WALKER: The police said they had to take me in, after the wife beat me up, 'cos it was on CCTV. If it hadn't been they would've let me go. Then by the time the CCTV footage came in, and I was exonerated, I'd spent the night in jail. They asked if I wanted to press charges: "No". And there's this guy in the next cell banging on the wall and shouting [makes incoherent sounds] all night. "Oh, shut the fuck up, for God's sake!"

DESMOND: Jail is an awful experience.

MICK: Soul-destroying.

DESMOND: Four days I was there over a long weekend! And I lost weight 'cos I never ate the shite there. And ciggie breaks only every two hours.

MICK: And drinking water from the loo bowl ... I remember me and Alastair being in together. And its fun while you're drunk but then the drink wears off. And you ask someone what he's in for and he says "I murdered my mother". "I M-U-R-D-E-R-E-D M-Y M-O-T-H-E-R" [repeated in a robotic voice]. And you think: "What the fuck! Get me outta here!" And I'm banging on the cell-door and I'm sweating like a rapist... It's soul-de-

stroying.

Lastly, let me have Mick recount the episode of the fight that led to the scar on his neck. This comes amid a discussion in the buckie of fights in Eastern-euk, and how it is worst to have a scar on a facial area because this just leads to more trouble: other people take it as a sign of "hardness", and want to challenge you further. Mick explains:

A guy broke one of those old glass Coke bottles and rammed it into my neck. The doctor said how lucky it was that I didn't have time to turn towards him or I'd have got it in my jugular and died. See, I saw my brother over the road, in the centre of Easterneuk, getting hit over the head with a belt buckle. One of these big old heavy ones: someone took off his belt and swung it. So after a bus passed I crossed the road and helped him out. We saw off the attacker – two brothers, too, as it happened. Then we went to get a taxi ("cos my brother was still groggy) and next thing I know the two have come back: they've followed us, and I'm hit with the bottle. I thought at first I'd just been punched, but it felt different and I put my hand up and it was full of blood, everywhere. But I got the guy back. Outside court. The guy was fined 1000 quid – which was an awful lot then, must be 20 years ago. And when he came out of court I got him too. The police were annoyed with me – Why at least hadn't I waited till the guy was round the corner from the court? So I replied: "Look at my head!". But to give the police their due, they didn't interfere too quickly. Nor too seriously. I got 2,500 pounds. "Cos it's 40 pounds per stitch, and I needed 11, and more on my head.

Mick is a popular porter, with a ready and appreciative audience. Respected, he is also a man not to be messed with. He is a renowned sportsman, even at 42, excelling at football and golf. He is known for taking on the biggest in his fights, whether in pubs, on the streets of Easterneuk or at football games. He is proud to show off his bodily injuries in the buckie – whether from sporting entanglements or from drinking mishaps. His hard-playing alongside his hard-living and hard-drinking is said to account for his maintaining a fit, lean body despite his intake of alcohol and frequent eating. He gambles on his favourite local football team and has a season ticket to support them vocally and financially. He enjoys scurrilous matter downloaded from the Web and he eyes up the pretty women that pass the door of the porters' buckie ("Does Haley wear a thong? What a looker she is! Especially considering she must be 27, 28 and she's had two kids"). His prejudices – against English football ("Eng-

lish bastards! Who wants to watch that on TV?"), against high-profile (English) homosexuality ("I went right off Michael Barrymore when I discovered he was a poof"), against certain kinds of celebrity (English) masculinity ("I hate Hugh Grant so much I wouldn't piss on him to put him out!") – are deemed appropriate by his fellows. When I asked Mick if he was tempted to follow his cousin out to Australia – where, purportedly, the cousin had become a dollar millionaire – Mick replied that he did not think that he could go or that he would like it: "I'd miss my family too much".

## 7. Conclusion

What kind of "class identity" does Mick Hanrahan make manifest? In contrast to those earlier, non-portering voices (Simon, Roderick, Jim) who talked class in such a way as to hierarchalize members of Constance according to group significations, I feel Mick's way was both more universal and more individual.

Amid a family and before a community he performed a fulfilling individual identity upon which poverty did not supervene and where nullifying institutional stratifications were transcended. He possessed heroic dimensions because he consistently punched above his weight, literally and metaphorically. He was a class act because he drank excessively and pleased himself routinely despite his poorly paid and esteemed work; he continued to excel at sports despite his injured and ageing body; he acted the man to wife and family despite her earning more and holding the purse strings. The nervous energy which Mick exuded and expended – he was seldom stationary – bespoke the execution of a classiness that inhered in his own body: he would inhabit this body fully, towards the fulfillment of its capability to make him feel good – in fighting, drinking, sex, gambling, fathering and managing.

But this individual embodiment was also universal, in that it pertained to universal (masculine) bodies, beyond institutions. Mick could have begun again in Australia like his cousin. He chose not to because he discerned in Easterneuk a whole world: Eastern-euk was a world in which everything happened, a world of fullness and complexity. Here Mick had all the institutions that were significant to him: family and marriage, friendship, house and home, worksite, pub, sports field and links, television, radio and Web, holidays. The Easterneuk world spanned the divide between worksite and recreation, it incorporated a history, it was a source of value and an arena of virtue, of inclusion, sympathy and judgment. Easterneuk was the world that mattered.



As a relationship, wrote E.P. Thompson (1972: 9,11), class possesses a “fluency” which can be difficult to capture analytically since history cannot be vivisected; a “pure specimen” of class’s patterning of productive relations escapes “the finest-meshed sociological net”. Instead, “the relationship must always be embodied in real people”. Focusing on Mick Hanrahan in this article, how he carries himself and transacts and delivers, I have wanted to take Thompson literally, to identify working-class consciousness in the context of Mick Harahan’s life. Moreover, seeing that “consciousness of class arises [...] never in just the same way” (Thompson 1972: 10), it is to be accepted that class as Mick Hanrahan embodies it concerns an excellence of execution, a “class act”, that transcends socioeconomic status. Mick Harahan’s class act concerns a presentation of self as an aesthetic, manly, universal whole.

Nor is it only Mick Hanrahan, finally, who transcends the narrow discursive bounds of Constance Hospital. Fieldwork at the Hospital also conjures up the wider world as an anthropological field. For in Mick is to be espied “Everyman” or “Anyone”, a human actor who finds himself in common discourses of status differentiations and boundedness but who animates those discourses with his own original and possibly uncommon sense (Rapport 2012). The anthropologist’s “field” is of necessity narrow and particular – he or she can only witness so much – and yet what is witnessed can be deemed to give onto a universal perspective.

## References

- Rapport N.  
2009 *Of Orderlies and Men: Hospital Porters Achieving Wellness at Work*, Durham NC, Carolina Academic Press.
- 2010 «At home at work in the hospital: How the porter distances himself from the contagion of the patient», in S. Williksen, N. Rapport (eds), *Reveries of Home: Nostalgia, Authenticity and the Performance of Place*, Newcastle, Cambridge Scholars Publishing: 209-30.
- 2012 *Anyone, the Cosmopolitan Subject of Anthropology*, Oxford, Berghahn.
- Sinclair S.  
1997 *Making Doctors*, Oxford, Berg.
- Thompson E. P.  
1972 *The Making of the English Working Class*, Harmondsworth, Penguin.