

## **Chapter Ten Post critical qualitative feminist research: implications for participatory and narrative approaches**

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In this chapter I introduce and argue for a critical use of new materialist or material feminist theories and concepts to inform qualitative health research. New materialisms or material feminism in more-than-human worlds are being utilised to help rethink global health and care concerns. With social and health inequities still disproportionately affecting women around the world, and women's bodies remaining key sites of material, violent and symbolic struggles, especially in neoliberal times (Phipps 2014), to think differently in order to act differently, using different research practices, are much needed.

To fully consider the philosophies, politics and practices of feminist research in a post materialist, qualitative era, we need to briefly revisit the histories of feminist research and the theories or philosophies and politics informing such practices. This reacquaintance with previous histories is also important for understanding the ongoing critical interrogations of feminist theory, politics and research requires, including use of new materialisms and material feminism. Any feminist research is best understood as informed by diverse understandings of feminisms, with their range of inspiration from philosophies, theories, activism and research practices, as global networks of emerging, entangled, relational knowledges and politics, concerned with and connected to ethical practices that are historically contingent or situated. Given this complexity and diversity of thought, any discussion of feminist research moves beyond naive stereotypes or readings, refuses asserting self-evident truths and instead offers a critical engagement as well as interrogation with feminist theory, politics and research. This suggests a more modest set of claims in order to explore, confront, expand, extend and revise understandings of our contemporary shared worlds.

### **Feminist Philosophies, Theories and Politics**

Feminist theories, philosophies, politics and practices continue to ask why women, as well as others who are marginal, misrecognized or invisible, continue to experience disproportionate levels of inequalities and precarity (Butler 2004a). There is therefore an explicit commitment to social justice and social change. This is not theorising or research generating abstract knowledge, but rather an explicit intent for research to be applied to further progressive transformative social change. In this sense, all feminist research is explicitly critical and political (Harding, 2004; Letherby 2003; Hesse-Biber 2014). One of feminisms' greatest contribution has been a commitment to interrogation,

challenging the norms of objectivity of western scientific research to reveal the partiality of all knowledge making. The gendered or masculine values and patriarchal interests represented in such claims exposed the myopic, androcentric nature of much western theorising. This generated an invisibility and marginalisation of women and their concerns and issues as trivial, not worthy of consideration or of little practical importance or theoretical interest (Tong 2013). To insist on recognition of the political, gendered historical processes in all knowledge production was to argue that what passed as neutral and unbiased was in fact androcentric, phallogocentric and ethnocentric (Harding 2004). The claims for view from nowhere was instead a view from somewhere (Tong 2013).

From the canon of feminist theories, be that Liberal, Radical, Marxist, Socialist, Black, or Standpoint, Psychoanalytical to Queer, Postcolonial and Poststructural feminism, a significant body of research documents women's health and illness and their lived experiences, giving voice, making visible, and/or celebrating particular and specific knowledges and viewpoints (Letherby 2003; Harding 2004). Many examples exist, from research revealing the medicalisation of birth, of women's health and illness but especially their bodies (Tong 2013; Annandale 2009; Annandale and Hunt 2000), to documenting women's invisibility in accounts of heart disease, or in discriminatory experiences of mental health and primary care (Roberts 1992; Doyal 1995). Feminist research exposed the systemic nature of gender relations governing healthcare systems, producing, maintain and reproducing gender relations through organizational practices, producing workplace disadvantage and discrimination (Kuhlmann and Annandale 2012). Further analyses revealed how deeply embedded androcentrism was together with systemic racism, ageism, ableism and heterosexism in healthcare. This research challenged what mattered or counted in terms of health research, expanding these concerns to include domestic life, housework, sexuality and reproduction (Kuhlmann and Annandale 2012).

In poststructural or postcolonial feminism ontological and epistemological assumptions start with notions of reality or realities as continuously emergent effects of dominant discursive practices that are normatively gendered, classed and racialised. The aim therefore is to identify meanings, metaphors, images, stories or statements that produce these specific versions of events, while excluding others. This is a position that rejects modernity's stories of progress of grand narratives of progress or civilization through science and the sovereignty of the subject as the source of authoritative knowledge. Instead historically and culturally variable ways of knowledge coming together with power circulate to produce truths that are never fixed, but contingent, situated, and relational but that have damaging material effects. Using Foucauldian notions of power as dispersed

/resistance/ productive not merely repressive, discourses operate with notions of language as performative, actively constructing or inscribing, governing and disciplining identities or subject position of healthcare (Cheek 2000; Aranda 2006).

Despite these informative studies, feminist theory informed research remains either invisible or a minority interest in much health related research (Lupton 2019; Broom 2013). Reasons for this are difficult to ascertain but the difficult contexts feminism now operates in with intensified neoliberalism resulting in governments giving priority to economic growth, low taxes, freedom and individual personal choice or restating traditional values, means feminism with logics of seeking collective mobilization or solidarity for social justice stand in opposition to and conflict with neoconservative and neoliberal rationalities (Fraser 2009; 2013; Walby 2011; Phipps 2014). Moreover, the very term feminism continues to have negative connotations of separatism or extremism for some, or more recently, of being considered irrelevant and redundant give neoliberal notions of individual choice and personal lived experience so highly central and valued in western healthcare (Broom 2013). Moreover, feminism has been thought to have lost its purpose, even colluding with neoliberal ideologies and imperatives in celebrating individual agency or power ( Gill and Orgad 2015). Additionally, having seemed more interested in abstract theorising than conducting research into material issues still impacting upon women's lives (Einstein and Shildrick 2009), feminists are accused of deserting politics, ignoring struggles for the radical redistribution of resources in the pursuit of social justice and progressive change (Fraser 2013). Finally, as a modern social movement driven by gender inequality and exclusion within modern liberal democratic states, most feminisms, even poststructural feminism, retain an enlightenment legacy of humanism that is now under sustained critique (Andrews and Duff 2019). This inheritance is to be found in various ways in current feminist research; from notions of valuing the human subject, how they create, understand and experience or give meanings to health and illness, or in the essentialist belief of a shared nature or biology, or sharing common experiences of oppression, to including the possibility of identifying universal causes of women's subordination. Although these assumptions were seriously challenged with the rise of identity politics and a politics of difference and then intersectional feminisms, with respective significant critiques from postcolonial, Black critical, transnational and indigenous feminist theorising, the initial inadequate response of feminism to difference furthered the ontological and epistemological as well as political crisis (Mohanty 1988; Hill Collins 1990; hooks 1982; Falcón, 2016). With the arrival of poststructural theorising within feminism, critical scrutiny and suspicion of all theorising and research practices evolved. In recognising these limits and critiques, feminist theory, politics and research has sought to readdress

these harms and exclusions. The notable "silent privileging of the Northern white, middle class, heterosexual and able-bodied subject of some feminist theorising" (Ryan-Flood and Gill 2010:4) led to extensive scrutiny over voice and representation being complicit with, and actively constituting 'the Other' in research. Further critical revisions and reflexivity were needed. This is evident in responses to postcolonial feminist arguments for decolonizing research methodologies (Smith 2012) and in developing more inclusive, non-additive accounts of difference, working with concepts of intersectionality through empirical research (Crenshaw 1991; Hankivsky 2011; 2012). Contemporary feminist research therefore seeks to question naive, romantic notions of voice or experience, revealing instead the inherent power relations or social constructionist nature of such, as well as the assumption of a transcendental viewpoint or view from nowhere with a view of all knowledge, including feminisms' own, as contingent, perspectival and partial (Jackson and Mazzei 2009; Haraway 1988).

#### Feminist Research Practices

Given the aforementioned multiplicity of theories and critiques it remains useful to note what makes feminist research distinctive. Research can be said to be feminist when it is grounded in aforementioned theoretical traditions privileging gendered processes, relations and structures as well as issues, voices and experiences of what initially became synonymous with women's issues or lived experiences. This was and often remains research on, for and about women (Hesse-Biber, 2014). Though it is research which places gender as the key category at the centre of inquiry (Hesse-Biber 2012; 2014; Letherby 2003). As such, more recent focus is on the concept of gender as a lived relation operating in both visible and invisible ways across spheres considered public and private, that is both felt to be individual and personal but also socially derived and systemic, even operating as a pervasive, organizing mechanism in society, arranging and influencing lives, opportunities and experiences (Springer, Hankivsky and Bates 2012).

To undertake feminist research then is to gain insights into the gendered nature of social life and existence. Placing gender as a principle at the centre of inquiry is to assume that gender profoundly shapes and mediates the very condition of our lives. More recently, what constitutes the category of gender and /or woman has the source of further controversy and very much part of public debate and discussion (Cooper 2019). These discussions, over who gets to be counted as a woman, or how expansive or redundant a binary concept of gender is, further shows the politics or power of language and its material effects. This conceptual binary struggle will no doubt impact on future feminist research in challenging and troubling key assumptions and ideas underpinning our notions

of woman and gender (Cooper 2019).

Feminist research additionally seeks to trouble or deconstruct traditional commitments to truth, objectivity and neutrality. As plural and diverse perspectives in research, feminists use a multiplicity of method but have in common a view of knowledge creation as partial or perspectival ( Hekman 1990). A further defining characteristic of feminist research is the concept of praxis. This understanding of the practices of research and its relationship to theory is conceived as a dialectical, reciprocal, often collaborative form of knowledge production (Lather 1991; 2015; 2016). This is a research practice which pays attention to the dynamics of power and authority between researcher and participant, usually addressed through practices of reflexivity (Hesse-Biber 2014). These practices of praxis and reflexivity are said to offer ways of being accountable for these dimensions of power and authority and their effects. Feminist research as such wishes to generate morally accountable understandings and relevant knowledge aiming to drive or ensure progressive or transformative socio-political change.

Definitions of methodology as a theoretical and conceptual framework with which research proceeds (Harding 2004), is a useful reminder of the ways theory always connects to methodology. So whilst feminist methodology, informed by feminist theories and concepts, frames the research, in the design of any given project, there are no one set of methods deemed to be feminist (Letherby 2003; Ramazanoglu and Holland 2002). Feminist make full use of quantitative, mixed methods as well as qualitative approaches, including creative and arts based methods (Hesse-Biber 2012; Hesse Biber and Leavy, 2008; Reinharz 1992).

The profound scrutiny and interrogation of feminisms politics and theories has led to diversification of approaches and experimenting with novel methods to break away from protocol or rule driven approaches of only one right linear way to conduct research, often a mimesis of the scientific approach to knowledge. There is now a complex ecology, inventing, innovating practices being demanded (Lather and St Pierre 2013). Yes what this means practically for qualitative health research is less than clear at present. Even when acknowledging the limits to essentialist concepts of woman, and attempting to be premised on diverse concepts of woman, experience or subjectivity, these new materialist approaches of the more than human world disrupt understandings of core taken for granted assumptions and concepts at the heart of qualitative health research such as agency, the authority of human experience or divides between subject and object or nature and the social world. For conventional qualitative health research methodologies or inquiries, such as narrative or

participatory research, the full implications of these new theories are less clear.

The narrative turn is part of a larger epistemic turn to language in history, anthropology, psychology, sociology, cultural studies and humanities. Blurring boundaries between humanities and science, narrative research combines art and science as it includes a scientific process but also a creative component that generates an effect (Freshwater and Holloway 2007). Like much interpretative and poststructural qualitative research assumes, no two stories will be similar. If a story is recreated or retold it will differ from the original. Narratives are culturally, contextually and time specific.

Participatory research starts from an explicit commitment to addressing power relations in knowledge production. Using an asset or strengths-based approach, this research aims to democratize research, forming partnerships with communities based on radically different values to traditional expert led research. This research is driven by values of inclusion, collaboration, sharing power, developing trust, often work from the ground up, tackling issues that matter most to local people or non-academic stakeholders (Leavy 2017; Brinton Lykes and Crosby 2014). These approaches emerge from the valuing of experiential knowledge and a transformative social justice paradigm, with desires for more action orientated research using inclusive, emancipatory methods such as photovoice (Wang 1999; Mertens 2007; Palmer et al. 2018).

Both narrative and participatory research are far from uniform methodologies, operating in diverse ways and informed by different interdisciplinary theories and political intents (Andrews et al. 2008; Hesse-Biber 2012). However, the starting point for most narrative and participatory research remains with the sovereignty of the individual autonomous person or centrality of human experience in understanding phenomena, and with concepts of power as possessive, or most often with unproblematic notions of experience, voice, or subjectivity as cognitive or emotional affective properties of human subjects alone. The world outside of the human subject is conceived as secondary in causes, influence, or factors; and as instrumental to any given subject's use. A closer alignment to new materialist feminist theories can be found in those narrative and participatory approaches drawing on poststructural theories.

Poststructural accounts of narratives understand language as a form of doing, which is unstable and complex and importantly, as meanings, not self-evidently driven by human intent or deliberation (Tamboukou 2008). Narratives instead reflect larger discourses of meaning, power and social norms, constructing particular versions of the world that shape human thought and experience. So that

telling and re-telling stories drawing on dominant discourses of femininity, motherhood, of home or work, health and wellbeing, serve to create a sense of self and plural identity positions (Woodiwiss, Smith and Lockwood 2017; Burr 2003). Yet how these dominant discourses and meanings emerge or are shaped or entangled with the material world is overlooked or ignored. Even when identity is considered socially constructed and constituted through the stories we tell or broader discourses, it remains social rather than natural worlds that are cited as sources of origin or influence.

Feminist participatory research seeks to pursue more democratic or egalitarian ways of creating or coproducing knowledge and conducting research. These approaches have the potential to democratize and decolonize research practices and knowledge. However, in exploring how power circulates in such methodologies and practices, Janes (2016) suggests these intents and potentials may be otherwise. Using postcolonial theories as a productive lens, she seeks to trouble the discursive claims, often unwarranted or critically examined, of giving voice, or of equality in the material practices, subject positions and spaces of collaborative knowledge work. Rather, she reveals the means by which academic epistemic power and position remains privileged and is sustained.

#### Post Materialist Feminist Philosophies, Theories and Research

Post structural feminism, together with other post feminist research drawing on queer or postcolonial theories, contribute much that is valuable in deconstructing core binaries, concepts or norms. However, in these analyses, language, rather than matter or material, still remained privileged, words were felt to have too much say (Barad 2007). The more recent turn to matter evident in material feminism or new materialisms is a collective term for the turn to matter in contemporary thought that seeks to revise this privileging of words over materials. It includes material feminisms and other similar work, building on a posthuman thought to explore the social world and the active role of matter and materials.

Most new materialist writing acknowledges or actively draws on feminist scholars such as Barad (2007), Haraway (2008), Bennett (2010) and Braidotti (2013), though not all materialist theories arise from feminist concerns. This move to towards understandings of the agency or liveliness of matter and its disruption of the subject /object binary can be seen previously in Bruno Latour's work (2007), and his account of reassembling the social world where materials are conceived as actants: this means objects, technology, or things have agency; or in the philosophies of Deleuze and Guattari (2004), proposing nomadic or rhizomic knowledges and assemblages. A theoretical move towards notions of materials as performative, as doing something beyond human intention or will, is similarly

present in recent epistemic turns to practice in posthuman practice-based theorising. In practice theory, health is reconceived not as individual behaviours but as sets of practices, generating revised notions of cause, effect, behaviour or change (Hui et al. 2017, Aranda and Hart 2014; 2015; Cohn 2014)

Cutting across the dualisms of research e.g. realism or constructionism, positivism or interpretivism, qualitative or quantitative, objective or subjective, these posthuman theories present a radical shift in understandings of the subject / object nature/culture dualism. A number of key feminist authors are influential in this tradition including Karen Barad, Rosi Jane Bennett, Bradiotti and Donna Haraway. These theories inform and reshape qualitative research methodologies by de-privileging human agency to focus instead on how the world is configured or made up of assemblages of animate and inanimate subjects/objects, the more than human world, that together, in intra-action, produce the messy realities we recognise as our world. As Donna Haraway (2008) argues, as companion species, humans are continually 'becoming with' microbes, other animals, technologies, and spaces.

This challenges the divide or binary common in public health or the social sciences and qualitative research, between either nature or culture or the physical or social environment. For healthcare or public health, these new materialist theories point to the pertinence of our entanglement with the more than human world, a natureculture, and knowledge practices like research premised upon an ontoepistemology (Barad 2007). What has been less clear are the implications both for research methodologies and methods from this type of thinking.

The full implications of these theories for qualitative health research are still relatively new. However, such theories suggest reimagining the whole endeavour; seeing practices, philosophies and politics of research as research assemblages, configured, aligning and reconfiguring; practices that unfold or fold back (Fox and Allred 2017). In questioning the assumed human capacity to produce research knowledge as always from the point of view of the researcher, new materialism theories challenge the anthropocentric privileging of human cognitive processes. Instead, objects, bodies and space and gender and embodied practices of mattering become the focus for qualitative health research (Andrews and Duff 2019; Lupton 2019; Taylor and Hughes 2016).

Key Assumptions include:

- Objects, bodies and space as vital materialities possess dynamic agency
- Agency is distributed not possessed
- Material cultures are active and constitutive in processes that recreate gender inequalities

- Space is not simply a physical container for human action, space, place, environment and context entangled with human and non-human in the more than human world
- Objects and things are not inert, fixed or passive matter awaiting 'use' by human intervention
- Body is not a mere corporeal vehicle to be moved by the mind
- Health is a continuously emergent assemblage of bodies, subjectivities, agencies, objects, technologies, affect, attachments and desires.
- A diffractive methodology encourages new ways of thinking about and relating to data and meaning-making
- Offers a critical disruptive practice which pays attention to what we don't normally see, to what is excluded, brings context to the fore.
- Urges commitment to understanding the more than human world and which differences matter, how they matter, and for whom.

New materialist ontology is not necessarily anti-binaries, Lather (2016) suggests, but rather there is an interest in how binaries come undone or falter and dissolve in breaking through the mind/matter/culture nature divides and other dominant dualisms of structure/agency or reason/emotion and human and nonhuman. A theory of post-human agency means action, free will or behaviour or intent is not located in humans and their bodies, but is to be found instead in relational networks of materials, meanings, competencies and affects. Matter is no longer now simply the background for human activity, the material world is instead conceptualised as multiple nonhuman, as well as human, sources of agency with capacities to affect.

The question over what is new exactly is a reminder of previous research accounts of materialism to be found in studies of living conditions i.e. reproduction, roles and labour in family, workplace, inequalities or divisions. This materialism often of Marxism is evident in differentiated from the new materialism of recent feminist theorising (Jaggar 2015). Moreover, statements of newness might be Eurocentric in depicting concerns of white Western ontology in research, troubled by these new theories, when indigenous knowledges have always considered the more than human world in their accounts of the life (Smith 2012). What is different from previous western notions of material or matter is that matter, biology, bodies, technology, objects are no longer static but considered vital, agentic, even perverse, and beyond human control or use. Such thinking decentres humans as the source of knowledge or as the drivers of change. Instead there is a focus on the more than human world and a notion of matter as materialising through relationality, processes and becoming. This is a non essentialist account, with states of being as fluid, unfolding, not fixed, enduring or static. In decentring

the human subject, technologies and objects, for example, come to the fore and have been shown to actively shape understandings, actions, identities and subjectivities. This is a flatter ontology of assemblages or practices producing, material capacities from this nexus of human and nonhuman relations.

Research interest and focus is over engagements/entanglements with matter, and how discourse and matter intra-act and are mutually constituted in knowing (Jackson and Mazzei 2012). These theories acknowledge the closeness of non-human worlds to human concerns in health and illness. Producing new accounts of theory-practice relations, these accounts decenter human activity, not just by adding in materiality they pull context to the fore as more than just a backdrop to the drama of human life or human agency or cognition. This makes visible the often invisible and reworks binaries of subject/object and nature /culture. However, what this means for research in terms of methodology or method is not yet fully worked out but many are using such insights to develop different understandings of health, illness and care which I discuss next.

#### Material feminism and more than human world research

Drawing on these understandings means the concern in research is not just with human bodies or objects or things, or social institutions, but with the practices or capacities for action, interaction, and the feeling and desire produced in and through networks of practices or assemblages. It is this landscape of dynamic configurations, and reconfigurations, entanglements, relationalities and rearticulations that become the units of analysis. The discursive material practices that enact flows of agency are what constitutes the ongoing reconfiguration of the world (Barad 2007). Neither discourse or matter has privilege in these theories so knowledge or being is not to be prioritized. This is a flatter ontology or an entangled notion of ontology and epistemology, indicated in the Baradian term ontoepistemology. Post conventional understandings of human agency the division between agency and structure disappears as relations in the assemblage cut across the material, culture dualism and across micro, meso and macro levels of analysis as materiality is dynamic and is a becoming rather than being.

The full implications of these ideas for health sciences theories and research suggest a radical, thorough, ongoing interrogation of all core assumptions and key concepts in order to reimagine the practices of research (Fox and Alldred, 2017). The shift towards a materialist form of social inquiry dissolves the dualism between realist and constructionist accounts of the world and focuses instead

on a revised, flatter ontology, or the kind of things that exist in the world, including humans. This ontological shift is away from essences and being, to processes and becoming, or a concern with what matter does.

Revised methodologies and tools of inquiry aim to map this dynamic world of differential flows, energies, affect and desires as the assemblages that emerge become the phenomena to be understood. What this might look like for critical health-related empirical research is beginning to emerge (Fox and Alldred 2017; Lather and St Pierre 2013; Lather 2016). In de-privileging human agency the focus becomes instead on how the world is configured or made up of assemblages of animate and inanimate subjects/objects, that together in intra-action produce the messy realities we recognise as our world. In questioning the anthropocentric privileging of human cognitive processes, new materialist ontology take agency, action, free will or behaviour or intent not to be only located in humans or their bodies. Instead, agency is to be found in relational networks of materials, meanings, competencies and affects. This approach profoundly challenges the implicit inherent representational claims of change, agency or structure and seeks instead to pay attention to the way entities like health, illness, care or inequality, as practices, are co-constitutive of the realities they enact or bring into being. This approach to knowledge for example critiques biomedical individualised accounts of illness, with research on depression or recovery, seeking instead to identify the enabling and impeding dimensions of place or emplacement that at the same time are affective, gendered, social and material (Fullagar and O'Brien 2018; Fullagar 2017).

These post conventional understandings of human agency are suggesting radically different accounts of action or change, or of the ways in which life, history, or societies unfold. Research units of analysis shift from the subject or agent to assemblages or practices, and a concern not necessarily with human bodies, or objects, or things, or social institutions, but with the practices or capacities for action, interaction, and the feeling and desire produced in and through these networks, practices or assemblages (Fox and Alldred 2017). Thus, divisions between agency and structure disappear as relations in the assemblage cut across the material or nature/culture dualism and across micro, mess and macro levels of analysis. These assemblages of relations develop in unpredictable ways, creating networks of habitual and non-habitual connections that any empirical research would seek to analyse and understand (Fox and Alldred 2017).

## Material Feminisms and Critical Qualitative Health Research Examples

Increasing use of new materialist and material feminisms theories now exist to explore health, illness and care research. Many studies speculate and propose the potential and new insights to be gained in for example studying understanding eating disorders, masculinity or sexuality, or in considering the visceral nature of birth, as assemblages of sociomaterial embodied relations (Fox and Alldred 2017; Lupton & Schmied 2012). Public health concerns inevitably involve bodies and nowhere is this notion of the body more deeply implicated than in the global debates over obesity. Drawing on the turn to matter, philosopher Jane Bennett (2010) questions what happens to public health when we view food and eating practices through these new materialist lenses. Eating would become an assemblage made up of forces, desires, of human and nonhuman entities that are beyond individual control. She considers what happens when we understand eating and food relations where matter, like food, has a vitality that defies human intent. For Bennett (2010) vitality refers to the capacity of things to hinder or undermine the will of humans and that matter or things have propensities or tendencies of their own. Similarly, she argues understandings would change if food or eating practices are not simply assume or consider food as a mere resource, commodity or instrument, but as an actant. She draws on Actor Network Theory and Latour's (2007) understanding of things as a source of action; meaning food does things; it produces effects. This suggests a more distributed agency with human and nonhuman entities being on a less vertical plane; a flatter ontology (Bennett 2010) than in the ontology of realist and constructionist humanism.

She asks what happens to an understanding of public health when we view eating as an assemblage of forces, desires, of human and nonhuman entities rather than entirely under individual control. She argues for conceptions of food as an actant, within a particular agentic assemblage - often nonlinear, producing transforming effects inside the body and mind seen in changes in emotions or affect, in biochemistry, metabolism, and of course outside size, shape, and self and other response. She states:

*'The idea of bodies as changing over time, shedding, ageing, ingesting and excreting food water gases microorganisms- and not fixed or static, with permeable boundaries ingesting excreting, reshaping, relating to technologies not ending or beginning – this views of the human body as profoundly connected nature in everyday life revealed in assemblages troubles dominant notions of the independent subject that continue to pervade health and care practices.'* (Bennett 2010: p.x)

This type of theorisation seriously challenges dominant individualised shame and blame discourses

of biomedical accounts of obesity. The theoretical and analytical demand is for a full account of resources and materials involved in such phenomena; features long argued to be conveniently overlooked in much inequalities research ( Bambra, Smith, Garthwaite, et al. 2011). Materialist feminist accounts offer deeper understandings of how socially, culturally and materially the phenomena of inequalities, of obesity and health, emerge or materialise as a product of human and nonhuman relations (Warin 2014).

In sports and health sciences, the importance of fully understanding gendered mental health and recovery requires studies of both human and nonhuman relations (Fullagar 2017; Fullagar and O'Brien 2010); and in policy studies, scholars have shown how ethical imperatives of care come to matter in and through policy (Gill Singleton and Waterton 2017), or how these theories expose relations of humans to nonhumans, objects, materials, environments, technologies in matters of care in more than human worlds (Puig de la Bellacasa 2017). Other public health scholars have similarly explored the active materiality of environments or technologies involved in constructing, enabling or shaping the so called healthy subject or subjectivities (Maller 2015; Maller and Strengers 2019), as well as the role of materials in reconceptualised notions of resilience as critical, resistive, politicised socio-material practices, and how these relate to tackling inequalities (Aranda and Hart 2014).

#### Research Questions, Methodologies and Methods and Analysis

Materialist methodologies suggested by Fox and Allred (2017) propose an ontological orientation towards matter as opposed to texts or structures; a concern with what matter does, not what it is; a post-anthropocentric focus on capacity of all matter to affect; recognition that thoughts, memories, desires and emotions have material effects; power and resistance operates at the local level of action and events – rather than top down; changes how we think or claim change occurs ( Aranda 2018). Given this, research becomes conceived as an assemblage. As sets of performative practices or assemblages of actors, tools, technologies, emotions, desires, motivations, meanings, skills, knowledge, bodies, memories, place or history, research works with understandings of agency as distributed. Action, free will or experience, behaviour or intent is not located in humans and their bodies but is to be found instead in relational networks of materials, meanings, competencies and affects ( Fox and Allred 2014).

More recently, Lupton (2019) has argued more specifically for inspiration from these new materialist, material feminist theories of the more than human world offer for health related research. Using her own empirical research in digital health technologies designed to monitor and promote health, she

explores this potential. She aims to address the 'vagueness or even mystique' around how to do applied feminist material research. Arguing for these novel ways for analysing human subjectivities, embodiment, agency and power relations in a more than human world, (Lupton 2019:1), she documents her approach to show how these theories impact on research questions, bring into view different research materials and produce fresh insights.

Lupton (2019) shows how different questions become possible as these are inquiries over the key human and nonhuman practices, imaginaries, assumptions and discourses operating across different sites and spaces relating to health. She asks how health, care and illness are configured and enacted; or what can human bodies do when coming together with things and places? As importantly, these theories enable questions about the potentials for thinking or doing otherwise. In her research with health technologies, these theories help identify the micropolitical dimensions of peoples engagements with things, spaces, and places. This allows for attending to the complexities and details of how people come together with healthcare, with other practitioners and the roles of politics, technologies or objects in places so deepening understandings of these enactments ( Lupton 2019:5). In asking what bodies can do when they assemble with nonhumans, fresh insights concerning agential capacities, affective forces and relational connections. Her research insights include confirming the significance of biographical experiences, or relational connections to desires for health, fitness, enjoyment of nature and movement through exercise. She concludes instead of research method, qualitative health researchers using these theories should consider an approach of 'lively assemblages of thinking and doing' for how to go about research (2019:10).

Critical physiotherapists draw upon new materialist ideas to further these detailed micro political accounts. Conceiving of technology as part of more or less stable assemblages of bodies, things and spaces that have the capacities to enable or constrain, Gibson, King, Teachman et al.(2016) explore the experiences of young people with disabilities. Using these theories decentres the autonomous subject of western neoliberal healthcare to allow analysis of the interactions between humans and nonhuman entities, but without privileging one over the other. This they suggest creates a space to interrogate how people's abilities/inabilities are produced – and how different subjects are enacted through various configurations of elements (Gibson et al. 2016). In challenging biomedical accounts these theories offer opportunities for changes in rehabilitation practices, through fine-grained analysis of socio-technical interactions (Gibson et al. 2016:4).

A further health related example of the importance of full context and materials can be found in

Mol's (2008) work on competing logics of choice and care in healthcare systems. Using these theoretical frames, the whole context comes to the fore in order to follow the sociomaterial orderings or configurations of meanings and matter that comprise practices of logics of choice and care. Interviews were not about asking people about their opinions but about the events and activities they were involved in. In this way, patients and staff offered knowledge about the treatment involved in living a life with diabetes. Mol separates out good care from messy practices. She argues that gathering knowledge is not matter of providing better maps of reality but of crafting more bearable ways of living with or in reality (Mol 2008:53).

Although not health related research, in thinking with theory in qualitative research, Jackson and Mazzei (2012) draw upon Barad to analysing data using 'diffraction' from these new materialist perspectives. They argue diffraction removes us from habitual or normative readings of data or texts, in similar ways to a discursive approach, but here discourse is more than language. Meaning is always already material, but so too is the material world always already discursively constituted. This mutuality of constitution is similarly evident Barad's concept of intra-action. The term inter-action concerns two separate bodies or entities, whereas for Barad the term intra-action captures the entanglement of relations with both the dynamic nature of material and meaning. For example, the body in health care is frequently conceived as produced by and entangled in sociomaterial or affective relations that constitute embodiment (Draper 2014; Aranda 2018).

In new materialist theories bodies are understood as temporal and emplaced, emerging from and entangled in both material and discursive relations. A further Baradian term they draw on is agential realism. This concept aims to more adequately capture the dynamic distributed properties of agency. Agency becomes ascribed not only to humans, but to the nonhuman, the material and discursive, natural and cultural worlds and other sociomaterial practices (Barad 2007). Agency is then not an attribute or property of anything or subject. This is the landscape for research; of dynamic configurations, and reconfigurations, entanglements and relationalities and rearticulations that become the units of analysis, not through words, but in the discursive material practices that enact this flow of agency. There are no individual effects of either discourse or matter, they are intertwined and together constitute the intra-action that is agency in the world.

These theories mean more than inserting the material into the data or meaning making in a qualitative study (Jackson and Mazzei 2012). This theoretical frame shifts the focus from the way individuals make choices or acting, to how forces of material conditions, such as location or size of

home or an office and the materiality of bodies work together. This is a movement from 'what is told' to 'what is produced'. This is inclusive of non human and human bodies, identities or subjectivities and things seen in artefacts such as furniture, rooms, books, space and clothes (Jackson and Mazzei 2012).

#### Limits to material feminisms and feminist research

While the potentials of these ways of thinking suggest new insights of our complex, entangled lives with the more than human world, there are recognised struggles to envisage this more pragmatically, and both point to the dangers or effort it takes to move beyond liberal humanist qualitative methodologies (St Pierre 2015; Lather 2015). For St Pierre, qualitative researchers have already failed to fully realise the radical posthuman moment or turn of poststructuralism, merely instead inserting traditional methods into a study using theoretical ideas that in the end retained a lurking humanism. She advocates new practices for research and much of these include reading, in depth, for a considerable period to immerse researchers into the often abstract, complex, difficult reads of the seminal authors they wish their work to be informed by. For Lather, the ethico-ontoepistemological entanglements similarly imply radical departure or new practices of research should not merely insert theory into what are humanist methods of interviews for example. She argues for reading to be one the practices that should be embedded in this ontological turn, or this post posthuman way of conceiving the world; what then emerges is yet to be seen.

There also remains a question over what is exactly new about these theories. Previous accounts of materialism are to be found in studies of living conditions i.e. reproduction, roles and labour in family, workplace, inequalities or divisions in political economy approached to health and illness or Marxist materialism. Although importantly what differentiates new materialism of recent feminist theorising from these previous accounts is the agentic, relational and affective understandings of matter together with meaning. Previous western notions of material or matter is here that matter, biology, bodies, technology, objects are no longer static but considered vital, agentic, even perverse, and beyond human control or use, always entangled and emergent. Such thinking decentres humans as the source of knowledge or as the drivers of change (Jaggar 2015). Moreover, statements of newness suggest a deep eurocentrism in depicting concerns of white Western ontology in research whereas other indigenous knowledges have always considered the more than human world (Smith 2012).

## Conclusion

Material feminisms offer qualitative health researchers non essentialist accounts with potentials for detailed complex studies reasserting the importance of materials as resources and in exploring the relational, connected and agentic ways health, illness or care come to materialise, are configured and reconfigured as states of being as fluid, unfolding, not fixed, enduring or static. In decentring the human subject, other research materials and matters come to the fore, such as connections or entanglements with technologies and objects, which actively shape understandings, actions, identities and subjectivities. This flatter ontology of assemblages or practices producing, material capacities from this nexus of human and nonhuman relations allows researchers to focus on the more than human world materialising through relationality, processes and becoming. This allows different questions to be raised with different insights produced. Material feminist philosophies, politics generate sets of research practices revealing overlooked materials as resources, be they bodies, tools and/or technologies, which materialise together to deepen our understandings of complex worlds in which health and care unfold. Furthermore, these developments, far from being a threat to feminist research, provide a critical, urgent impetus to political arguments for resources and the valuing of often misrecognised or invisible practices of health and care.

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