The Political Matters: Exploring material feminist theories for understanding the political in health, inequalities and nursing.

Abstract

The recent 'turn to matter' evident in material feminist theories of the more than human world offer distinct posthuman understandings of the world as continuously relationally entangled, emergent or materialising. In this paper, I consider how these premises both trouble conventional understandings of matter and/or materials, but likewise potentially revise and revitalise understandings of the political for health and inequalities, and for nursing. This is both timely and much needed given contemporary contexts of austerity driven neoliberalism in healthcare and the unprecedented growth in disparities of wealth and wellbeing. I wish to explore if material feminisms allow us to retheorise connections between abstract theory and material concerns like health and inequalities, differently. This is not theory in opposition to practice or activism, but theory conceptualised as sets of entangled emergent practices, but also what constitutes the political, as more fully relational to and in praxis with health-related activism. I will argue these theories further justify how practitioners can visibly care for and care more about social and health inequalities. Drawing mainly on the work of material feminist, Karen Barad, and her bringing together of queer and feminist theory, as well as feminist new materialisms and understandings of posthumanism, I discuss how this turn to matter together with meaning might transform understandings of health and inequalities.

1. Introduction

In this paper I explore the potential of the recent 'turn to matter', as argued for in material feminist theories of the more than human world, in order to consider the potential for revitalising understandings of the political in nursing. There are a number of reasons as to why this is both timely and much needed. Given the interdependent nature of global health and contexts of unprecedented inequalities in wealth, health and wellbeing in the West, driven by neoliberal austerity, healthcare systems are increasingly struggling, even failing to meet demands or needs, and especially for those most vulnerable (Dorling 2017; Pilketty, 2014;

Wilkinson & Pickett, 2018). Represented in terms such as new materialisms, relational ontology, or object orientated or ontological politics, as well as material feminisms, these revised theories of materialism and matter offer distinct posthuman understandings of the world as continuously relationally entangled, emergent or materialising (Coole & Frost, 2010). I will consider how these premises both trouble but potentially revise understandings of matter for understandings of health and inequalities, as well as their ongoing continuing critique of humanism and modern political philosophies and theories.

I am also in part responding to a demand from a decade ago, by Einstein and Shildrick (2009), arguing for retheorising gender inequalities by reconnecting abstract theory to the material concerns of the women's health movement and contemporary activism. I wish to explore if material feminisms allow us to retheorise these connections differently, not in opposition but with theory conceptualised as sets of entangled practices in the world, and hence the political more fully relational to and in praxis with a politics that manifests as health-related activism.

These theories might further justify how practitioners can visibly care for and care more about social and health inequalities. This means retaining the inherent critical political activism of troubling, undoing or disrupting key foundational binaries still dominant in biomedicine, including those of health and illness, the cartesian split between body and mind, or binaries still framing debates in inequalities between agency or structure, or subject and object (Abel & Frohlich, 2012). This work remains vital, showing how language performs or inscribes rather than merely reflects or represents reality, producing real material effects such as interventions or actions. However, on the insistence of material feminisms, a revised notion of matter is needed. Therefore to expand on poststructural meanings with posthuman notions of matter come different implications for understanding the political and political logics in and for nursing. Drawing mainly on the work of material feminist, Karen Barad (2007), and her bringing together of queer and feminist theory, as well as feminist new materialisms (Coole & Frost, 2010; Alaimo & Hekman, 2008) and

posthumanism (Bradiotti, 2013; Haraway, 2008), I discuss how this turn to matter with meaning might transform understandings of health and inequalities using key examples relating to the body.

2. Background

Materials and matter are ever more central to everyday life and contemporary healthcare (Coole & Frost 2010; Dolphijn & Van der Tuin, 2012). This centrality as well as the vitality or perversity of materiality is apparent in the environment or contexts in which healthcare unfolds. The global challenges posed by the Anthropocene are now recognised as serious challenges and risks to public health (Lang & Rayner, 2015). Moreover, rising concentrations of global capital have produced unparalleled wealth disparities, intensifying levels of material inequality and precarity for those most vulnerable and excluded (Dorling, 2015; 2017; Wilkinson & Pickett, 2018). The extent of this precarity, unbelonging or abandonment by the State in late liberalism, is now said to present serious threats to social cohesiveness and future wellbeing (Piketty, 2014; Povillnelli, 2011). Furthermore, these inequalities are far from external conditions; they become inscribed inside bodies, causing damaging physical, mental and emotional ill health through stress or misrecognition and devaluing of self in status, worth or esteem (Wilkinson & Pickett, 2009; 2018;). Resultant fear and insecurity have led to a rise in socio-political shifts to the right, with escalating nationalist populism giving voice or finding expression in a growing intolerance, xenophobia, racism, violence or abuse (Lang & Rayner, 2015).

Similarly, materiality and matter is clearly evident in western healthcare, from pathogens causing illness or disease to the importance of the environment in epigenetics, or more recent recognition of the relationship of microbiota to wellbeing (Donaldson & Rutter, 2017; Mukherjee, 2016; Valdes et al., 2017). More immediate to nursing practice is the materiality of the body. There is a growing need to respond to increasingly diverse genders, sexualities, cultures or ethnicities and classes and rising numbers of disabled, ageing, frail bodies at the centre of much

healthcare work (Buse & Twigg, 2018; Twigg, 2006; Kuhlmann & Annandale, 2012). Correspondingly, increasing demand and rising costs in healthcare systems have seen the extensive rise of digital, wireless or virtual technology in assessing, motivating, managing or improving health (Lupton, 2014; Mol, 2008; Mol, Moser & Pols., 2010).

Even with these troubling social contexts of global health, most western political or social policy continues to focus on choice or reassert individual behaviourial change models, even when widely recognised as failing to tackle the real 'causes of the causes' (Baum & Fisher, 2014; Marmot, 2010; Smith, Hill & Bambra, 2016). Revitalised thinking is needed in order for progressive transformative political change to be achieved. Moreover, given the global nature of increasingly poor staff morale and global struggles over healthcare recruitment and retention, a further urgent need is to sustain practitioner commitment, or care for and about a politics that actively responds to damaging divisions in health and wellbeing (Allen et al., 2013; Bambra, Smith & Garthwaite, 2011).

3. Resistance and Health Activism

With politics or the political deeply embedded in concepts of health, health activism has been defined as action on behalf of a cause (Laverack, 2013). This is action related to health that is beyond the conventional or routine. It is more politically overt in advocating, empowering or organising, often demanding responses to unrecognised needs, access or provision. Activists also challenge hegemonic definitions, working instead for example with collectivist or communitarian generated notions of wellbeing or recovery (Laverack, 2013). These models of wellbeing are not formal collective notions as embodied in state provision but tend to emerge from grassroot and community-based organisations, premised on values of solidarity, mutualism, localism and shared communal assets or strengths.

One response to growing inequalities and exclusion, due to misrecognition of person and experience, is evident in the rise of social movements, like feminism, anti-racism

or LGBT movements, or in the origins of many civil society organisations (Gill & Scharff, 2011; Lim, Annandale, Ruzza, 2012; Richardson & Monro, 2012). Likewise, activism has long been evident in mental health in fighting stereotypes or stigma (Weinstein, 2010), and through gay, queer activism in struggles for HIV/AIDs resources, together with resistance to discriminatory attitudes and behaviours, stereotypes and healthcare practices (Stonewall, 2017). More recent health related activism can be found in arguments for recognition of gender variant, diverse or non-binary genders by Lesbian, Gay, Bisexual and Trans, Intersex and Queer or Questioning (LGBTIQ) activists, with many scholars making visible the extent to which entrenched homophobia or transphobia exists in healthcare globally (Cooper, 2019; Harrell & Sasser, 2018; Zeeman, Sheriff, Browne et al., 2018).

These movements have sought to give voice to lived experience, challenging dominant normative accounts to disrupt or trouble taken for granted assumptions embedded in hegemonic discourses or logics in healthcare, be they biomedical, professional or managerial (Aranda, 2018; Beedholm, & Frederiksen, 2018). Within nursing, many challenges to neoliberal practices of health and care can be found. There are arguments for proximal over normative distal practices, in resistance to market imperatives in retaining a public sector ethos, or in using feminist theories to challenge logics of choice to reinstate the value of a logic of care, or in the misrecognition of people in normative notions of dignity, and making visible and valuing non-normative experiences (Aranda 2010; McDonough, 2006; Malone, 2003; Mol, 2008; Zeeman et al., 2014).

A further impetus for a revised politics in healthcare comes from the acknowledgement of the complexity and intractable nature of many public health issues, known in policy terms as 'wicked problems' (Rittel & Webber, 1973). This growing acceptance of the entangled nature of health with context points towards ecologies or systems based or complexity theories, proposing more provisional and bespoke responses instead of universal fixes (Haynes, 2015). Further similar shifts can be found in theorising community health. Here there is a move away from paternalism, with its top down expertise or pathologising, towards recognition of

people's own strengths or assets, capabilities or capacities to promote health and wellbeing (Sen, 2010). This shift in thinking has meant increasing calls for participatory activism, with involvement of local communities or demands for community engagement as well as the coproduction of services and care (O'Mara Eves, et al., 2013; 2015; Palmer, Weavell, Callander et al., 2018). Central to the concept of coproduction is an aspiration of jointly designed and delivered care or service, premised on notions of people being active agents rather than passive recipients of care. Coproduction assumes the possibility of equal, reciprocal relationships between professionals and people using services, their families and/or neighbours, although established power relations remain an ongoing challenge to achieving these aims and ends (Boyle & Harris, 2013). This turn to community engagement has proved rich conditions for increasing civil society organisations involvement in public health (Hanlon, 2012; Lim, Annandale, & Ruzza, 2012; Public Health England, 2018).

Small scale radical activism are further good examples of community engagement, with attempts to challenge or subvert dominant political discourses. This grass community-based activism alters the frame of reference and terms of the debate to reimagine politics differently, beyond the modern liberal democratic tradition, and not just by making the polity more deliberative or participatory. Revisions of what constitutes Utopia and the view of community activism as working the 'cracks of capitalism' depict novel forms of resistance in challenging an assumed hegemony of neoliberalism and dominant understandings of power (Cooper, 2010; Holloway, 2010; Levitas, 2013; 2017). Neoliberalism, conceived as complex shifting sets of political and economic ideologies and rationalities that reinforce specific sets of values have operated across global healthcare for over thirty years or more (Zeeman, Aranda, Grant, 2014). During periods of financial crises, capitalism seeks to intensify its pursuit of profit through reinforcing practices, values and logics of individualism, freedom, competition, deregulation and markets as the more efficient and effective means to allocate goods and services (Hall, Massey & Rustin, 2013). In healthcare this manifests as increasing governance and disciplining of the healthcare subject and body, resulting in demands for practices of self-care, distal, fragmented

protocol driven relationships and outcomes led care, with cost effectiveness and efficiency logic the only legitimate ethos and measure of what matters or count.

4. The Limits of Modern Political Theory and Philosophy

Much health activism is premised on political theory or knowledge derived from modern political theories and philosophies. This includes liberal, radical, critical and/or emancipatory or communitarian theories, which in turn imply various individual, interpersonal or socio structural interventions (Aranda, 2005, 2018). However, as poststructural feminist critiques of modern political theories showed, there are inherent limits to these modern projects. Operating with core essentialist categories, these theories were shown to contain a normative political subject inherently premised on the exclusions of others. The gendered, heteronormative, classed, racialised, ageist and ableist nature of the political subject at the centre of modern political theory and philosophy ensures inclusion on particular terms (Pateman, 1989; Phillips, 1998, Young, 1990). Arguments for inclusion, on the grounds of sameness and/or difference work remain flawed in that they work within the normative bounds of the modern polity; never fully destabilising nor overturning these inherent norms or binaries at the heart of liberal or indeed all modern political theory (Butler, 1990, 2004).

Identity politics or politics of difference and arguments for intersectionality only serve to reveal the far reaching extent and intractable nature of this partiality (Crenshaw, 1991; Mouffe, 2013, Young, 2000). These critiques additionally expose western modern feminisms innate limits and inadequate response to questions of difference initially posed by black and postcolonial feminism (hooks, 1982; Lorde, 2007, Spivak,1988). Similar critiques were to be made by disability and LGBTIQ activists (Butler, 1990; 2004a). The theoretical 'turn to culture' initially appeared to resolve this impasse by giving visibility to difference in exploring identity, affect, desire or subjectivity (Butler 2004a). Nevertheless, as theories now criticised for failing to engage with real world issues of material inequality and disadvantage, demands for connections to global inequality over pay, reproductive rights,

harassment, domestic violence, sex trafficking and/or rape have emerged (Baynard, 2010; Phipps. 2014).

Further responses to the theoretical impasse and limits of modern political theory towards difference and inequality can be found in later retheorizations of concepts of power. Conceptualised as being more ambivalent and diffuse, or multifaceted, distributed, non-possessive and productive, power is then complex and far from being merely repressive. With power conceived in its effects as governing and disciplining, but present all relations and so resistive and productive, these more distributive, non-possessive accounts show how subjects of healthcare or desires and subjectivities or practices of self-care are generated (Foucault, 1980; Lukes, 2005). Further conceptualisations attempt to conceive of power as sets of practices; as forms of doing rather than having, whereby power is comprised of elements of competencies, materials and meanings, is emergent and entangled, but connecting to and scaling up to create networks of power (Watson, 2017).

However, the task of achieving meaningful, systemic transformations of inequality remains. Though how this is envisioned requires fuller consideration given the limits of modernity's grand narratives of progress and change. Chantal Mouffe (1994; 2013) long argued for a notion of democracy as plural and radical, with equality not as a fixed end goal, but as processual, continuously becoming and emerging. I argue material feminist theories utilise these later forms of the political to suggest the beginnings of revised visions of the political by providing novel ways to attend to both matter and meaning. These theories offer productive and progressive responses to many of the limits and challenges inherent to the foundations or grounds of modern political theories and philosophies.

5. Material Feminisms and The Turn to Matter: Key Arguments

A theoretical or epistemic 'turn' is an academic term to describe an emerging but increasingly popular direction gaining momentum in the literature. Previous moments have included the linguistic or cultural turn, and the practice turn

(Schatzki, 2001); whereby discourses or practices respectively become the foci for understanding social life or phenomena as opposed to more conventional cognitive, experiential or intersubjective accounts (Reckwitz, 2002). Material feminists and new materialisms indicate a theoretical turn towards, or return to questions of materiality or matter, drawing on revised understandings. As Alaimo & Hekman (2008) argue the 'new' in new materialisms suggests something radically different. Previous accounts imply a fixed or deterministic materiality seen in socioeconomic conditions or witnessed in the historical materialism of Marxist theories. This is also the notion of materiality second wave feminism rejected in order to avoid essentialist or biologically reductionist readings of the female body. New materialism operates with a different notion of matter and the material, not as determining or as an inert structures, but as lively, active, relational and in process with the non-human world. Starting from a premise of relational ontology and radical interrogation of the processes bringing materiality or nature together with language or words (Alaimo & Hekman, 2008), this revised understanding creates a focus on meaning *and* matter as always intimately connected (Barad, 2007).

These theories draw on posthuman understandings of materiality, with deep connections between humans and the non-human world (Braidotti, 2013). Posthuman understandings of the world challenge the assumptions inherent to the anthropocentrism of western thought; that is the centrality, sovereignty and authority of the human subject as the point of reference for knowing to further progressive change or emancipation (Bradiotti, 2013). Posthumanism confronts these presumptions by questioning this centrality of the human subject in knowledge making processes. Rather than ignoring or removing the human subject , posthumanism decentres the subject, challenging the exclusive focus on human experience. There is instead an important expansion of concerns and matters through the recognition of the interrelated nature of the physical, sentient and non-sentient beings, with humans. This creates more inclusive accounts of a more-than-human world.

The theoretical turn to matter has gained further impetus from discoveries in life and biological sciences. Matter once viewed as static or fixed is now considered dynamic, lively and emergent (Birke, 2003; Fausto-Sterling, 2003; Fausto-Sterling, 2012). As Bennett (2013) suggests, this vitality of matter, whilst admired, also refers to the capacity of things or materials to impede or subvert the will of humans; it refers to things having propensities, trajectories or tendencies of their own. These conceptions of matter challenge assumptions of binary thinking which reinforce understandings of a separation of nature from culture or of objects from subjects, or matter, genes, organisms and the environment as divided off from, or mere backdrop to, changing historical, cultural or social worlds and contexts. These ideas suggest therefore a revised account of ontology and the subject/object binary. Reality and being become more laterally connected, networked or distributed; this is a flatter ontology that includes but does not solely focus on the human subject to understand phenomena, cause, action, behaviour or change.

Studies that draw on these posthuman or more-than-human understandings emphasise attachments and connections to multiple ecologies of belonging (Bradotti, 2013; Haraway, 2008). This in turn places a different burden of responsibility on the human species towards the world and raises the need for revised notions of politics and ethics (Bradotti, 2013; Haraway, 2008). This level of relationality moves beyond dominant concerns over relations between humans to include connections between sentient and non-sentient beings, objects, technologies, even attachments to memories or desires; as in a more-than-human world (Braidotti, 2013). The aim is to acknowledge both matter and meaning, as well as the vitality of matter or materials alongside more conventional or discursive understandings represented in words or meanings. Next, I review further the key features of one feminist philosopher emblematic of this turn to matter, Karen Barad (2003; 2007; 2013).

6. Ontoepistemology, intra-action and agential realism

For Barad the previous poststructural, discursive or cultural turn produced valuable, critical analyses of how power and knowledge came together to discipline or govern subjects, subjectivities and societies. However, she contends such thinking grants words or language too much power in treating materials as passive and inert (Barad, 2003; 2007). Barad wants to retain the criticality of the valuable knowledge from discursive analyses but argues for an equivalent attention to matter, because matter, like meaning, is deemed dynamic and agenetic. She asserts humans are not the source of all change as this assumes a natural world with no agency, or that a divide between nature and culture actually exists, as opposed to being an effect of language and thought.

Materiality is not assumed to be a fixed inherent property of independently existing objects, things or bodies, separate from humans, but always coming into being with meaning, through language or discourse. She therefore views the materiality of the world as performative, "not a thing but a doing" (Barad, 2003:828). With matter conceived as vital energies at work in the world, the possibilities for intervening or change become more extensive than just a focus on human intention and practices alone. Bringing these ideas together, she proposes an epistemological ontological and ethical framework for understanding the role of the human and non-human, material and discursive, and natural and cultural in all social practices (Barad 2007; 2013).

6.1 Ontoepistemology

Barad's notion of ontoepistemology, therefore argues for an inseparability and mutual entanglement of ontology and epistemology rather than the separation or opposition of subject and object or being and knowing or humans from the nonhuman world. For Barad, the absence of the hyphen is deliberate and emphasises this important theoretical point. This means the material and discursive have no ontological or epistemological prior existence for Barad; they cannot be explained in terms of the other, neither are they reducible to the other. As she suggests,

> "Neither has privileged status in determining the other. Neither is articulated or articulable in the absence of the other; matter and meaning are mutually articulated" (Barad, 2007:152).

This suggests a relational ontology in which the material and the linguistic or discursive are entangled and constantly reconfigured. This disrupts common sense understandings of reality, being or knowledge as somehow external or internal or distinct phenomena; likewise, it suggests a very different relationship between subjects and objects. For the phenomena power, care or inequalities this suggests complete understanding is only possible when entanglements with matter are taken seriously.

6.2 Agential realism

With the concept of agential realism, Barad (2007: 132) again emphasises the importance of material *and* discursive practices. She reminds us of the ways in which representationalism, individualism and humanism work hand in hand to uphold a particular worldview in which the power of language or words is assumed to unproblematically represent pre-existing things which in turn positions us as above or outside the world. In contrast, a performative view:

> "Insists on understanding thinking, observing, theorising as practices of engagement with and as part for the world in which we have our being" (Barad, 2007:135).

For Barad, these practices include realities, things, technology, materials, bodies, identities, culture and the social world; all are constituted through these "matters of practices, doings and actions" (Barad 2007:135). An agential realism assumes therefore that:

"Discursive practices are specific material (re)configurations of the world through which the determination of boundaries, properties, and meanings is differentially enacted" (Barad, 2007:148).

Many of these boundaries and properties and meanings are central to binaries at work in health, care and inequalities work. For example, common binaries of the subject and object, female and male, old or young, gay or straight, cis or transgender, nature or culture, body and mind. Arising from this is her concept of intra-action.

6.3 Intra-action

The concept of intra-action reinforces the permeability of boundaries and contests humanist concerns with the interaction between two separate bodies or entities. For Barad, intra-action pays attention to the constant active dynamism of the world in its making. For Barad, a concept of intra-action, as opposed to interaction, better captures the entanglement of relations involved and the dynamic nature of material. She reminds us that the specificity of any intra-actions will always be shaped by specific configurations of power enacting this agency (Barad 2012). For example, the body is then an intra-action of both material and discursive relations, with agency resulting not from intention but as an effect of these entanglements, though Barad also acknowledges the uneven distribution of agency across objects and subjects due to power.

To summarise thus far, material feminists suggest matter has the potential to evade, hinder, even defy human will or intention in some circumstances, such as with technology, microbiota or climate change. This suggests an indeterminacy and complex 'choreography' to matter which material feminists argue has consequences for how modern, humanist notions of ontology, of cause and effect and change or agency are conceived and understood (Coole & Frost, 2010:9). The focus on matter and its performative processes and effects as outlined in these theories overlap somewhat with many recent modern theories of change, evident in complexity or

systems-based thinking and recent socio-materials theories of practice and science technology studies (Aranda, 2018). These common concerns centre therefore on emergent systems, constantly redefining and resembling, comprised of: "forces, energies, and intensities (rather than substances) and complex, even random processes" that are unstable, dynamic, unpredictable and can evolve into unexpected forms (Coole & Frost, 2010; Barad, 2007: Aliamo & Hekman, 2008).

7. Exploring Examples

Together these theories suggest a revised framework for a politics of health-related theorising, and activism. This entangled biosociomaterialcultural dynamic or framework offers new ways of thinking together bodies, biology, health and care or sex, gender, age, or affect or emotions, desires, as well as ethics, with materials such as technologies, objects, environments or social contexts. The full implications of these theories for health politics have yet to be realised but it would mean working with radically different accounts of cause, agency, experience and change as well as promising more comprehensive and inclusive accounts of both human and non-human worlds. For example, understandings of agency, as performative, rather than intentional or aligned with subjectivity, emerging from entanglements with other subjects/objects means important overlooked or neglected objects or contexts come to the fore. The productive forces of technologies in healthcare are then noted, the tinkering with equipment and the necessary resources needed to deliver care are made visible and are discernible, the importance of office space to vital equipment, and the often invisible nature of environment or conditions entangled with delivering or managing care become explicit, but importantly, central to fuller understandings of healthcare or inequalities (Mol, 2008; Mol et al, 2010). With these posthuman theories, agency is no longer theorised as a possession or attribute expressed as will or intent and belonging to an individual or even a collective; instead, agency becomes understood as performative, a form of doing; as socio-material practices or assemblages distributed across a landscape of contexts or concerns (Barad, 2013; 2003).

These performative, processual and distributed understandings of agency are increasingly explored in the sociology of health and illness as assemblages, or constellations of practices involving relational subjects-identities-objects or matter and materials -affect-histories and socio cultural forces, so relational to more than just other humans (Fox & Alldred, 2014). In research with older nurses' experiences of work, concepts of age and gender materialise as politicised, emergent, performative phenomena. Previously theorised or studied as distinct even intersecting, these concepts are now understood as connected to intersecting assemblages of bodies, objects, technologies, organizational practices, policies with subjectivities and identities (Halford, Lotherington & Obstfelder et al., 2018).

More specific to the health sciences is the work of critical physiotherapists breaking new ground drawing upon new materialist ideas. Using these theories allows technology to be conceived as part of more or less stable assemblages of bodies, things and spaces that have capacities to enable or constrain (Gibson et al., 2016). As Gibson et al., (2016) suggest in exploring the experiences of young people with disabilities, these theories decentre the autonomous subject of western neoliberal healthcare to instead analyse 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).

Other public health scholars are exploring the active materiality of environments or technologies involved in constructing, enabling or shaping the so called healthy subject or subjectivities (Maller, 2015; Maller & Strengers, 2019), as well as the role of materials in reconceptualised notions of resilience as socio-material practices, and how these relate to tackling inequalities (Aranda & Hart, 2014). Next, I examine more specifically the potential these theories may offer in terms of revised understandings of the body

7. 1 Revising Matters of the Body

The matter or materiality at the centre of much health and care work is the body. Given the gendered or intersectional nature of this (Kuhlmann & Annandale, 2012; Aranda, 2018), future research agendas will inevitably concern configurations of intersecting embodied differences and diversities of age, gender, disability and/or sexuality (Aranda 2014; 2018; Draper, 2014). New materialist feminisms bring this intersectional body to the fore; bodies become a central concept for analysis and action. As Coole and Frost (2010: 24) argue:

> "The sheer materiality and mass of bodies - their numbers, their needs, their fecundity, their productivity, their sustainability and so on - is becoming a key dimension of political analysis and intervention" (Coole & Frost, 2010:24).

7.1.1 The Body and Healthcare

In the West, feminists and sociologists challenged essentialist notions of the body as merely biological, showing instead how historical and socio-cultural forces were at work. For example, using socio-cultural concepts of gender, feminists challenged any equivalence of biology with natural or inevitable prescribed normative roles aligning reproduction with mothering instincts or innate caring abilities. They argued instead these were socially constructed notions, relative to time and place. This allowed feminists to argue they were open to challenge and change (Oakley, 1985). While these analyses produced invaluable evidence and arguments for political change, many feminists continued to be frustrated with socially constructed or culturally discursive understandings of the body, arguing much theorising of the body continued to treat it as a cultural phenomena (Davis, 2007). This tended to ignore the messy outer and inner workings of the body (Birke, 2003).

More recent theorising moved beyond these social accounts to rethink bodily concerns or corporeality through the poststructural and phenomenological, and associated concepts of performativity and embodiment (Twigg, 2006; Aranda, 2014; Draper 2014). This produced understandings of bodies, identities and experiences as relational, embodied and constantly becoming, as both enhanced or constrained by the cultural, discursive and material world (Butler, 1990; 1993; Shildrick & Steinberg, 2015). This research and theorising revealed how notions of acceptable and unacceptable bodies, with related identities and lives, emerged or were constructed through healthcare discourses or theories. These discourses inform everyday knowledge or practices and have real material effects in terms of interventions or treatments. Further feminist poststructural or queer activist analyses additionally showed how, in transgressing contemporary corporeal norms, these discursively constituted bodies produced those most subject to the material consequences of abjection, stigma, violence, discrimination or oppression (Harrell & Sasser 2018).

However, materialist theories go further. The turn to matter demands a revised corporeal realism to rethink the complexity of the material body (Einstein & Shildrick, 2009; Grosz, 1994; Grosz, 2011). Material feminisms view bodies as part of an on-going generation of matter and meaning through socio-material practices. In this conceptualisation the body is seen as a practical and emergent accomplishment (Frost, 2014). Feminist new materialist understandings would therefore seek to understand how vulnerable bodies in health, experiencing inequality, illness, care, or those living with dementia, or long-term conditions materialise. These would be emergent understandings of embodied vulnerabilities that are socially, culturally and materially produced. These phenomena are emergent in the sense of never being finalised or fixed, always becoming, being produced, being resisted, being shaped by, and in relation to the entangled nature of the biopsychosocialmaterial contexts of healthcare. So rather than vulnerability being an essentialist attribute or subjective disposition of a self or individual, vulnerability becomes an emergent relationally generated phenomena; the result of sets of socio-material relations in contexts that are culturally and historically specific; it is these assemblages or relations to

materials, for example, in clothing or dressing for staff caring for those living with dementia, that need to be analysed (Buse & Twigg, 2018).

To re-acknowledge the materiality of bodies would reinforce recognition of a shared vulnerability and the complex realities of bodies experiencing health, illness, disablity or pain, suffering, abused, raped or exposed to power. Although as Butler et al argue (2016), vulnerability is a complex term as it can lead to essentialised notions of a fixed notion of passivity or powerlessness, and can further stigmatise, implying assumptions of victimhood or that vulnerable people have little or no agency.

With assumptions of health or sickness as fixed states being destabilised by bioscience and medicine itself (Birke, 2003), using material feminist theories would shift the focus of health or bodies from experience or agency, with questions of choice or action, to understandings of the detailed composition of networks, practices, assemblages or arrangement, and the emergence of such, within specific historical and cultural contexts. Drawing on relational understandings of health and bodies, the focus for research would be on dynamic, fluid notions of embodiment and the ways bodies interact with space, place, with others, or with discourses, practices and matter or material objects.

In terms of inequalities, the particular assemblages of bodies, spaces, technologies and affect that produce contemporary neoliberal social and health inequalities would be studied for the differentiated or diverse connections, knots or nexuses of socio-material practices, that together with spaces and technologies or objects, materialise as disadvantage. Analyses of sociomaterial practices of inequalities, of poor physical and mental health, or of being judged, misrecognised and othered, would aim to identify how these attachments or connections form and where potential capacities or capabilities for transformations, change or action could occur (Walker 2017). Such perspectives therefore focus on untangling the multiple relations of practices, networks, assemblages held together sometimes precariously, but in turn often holding together larger categories of inequalities, gender, age or sexuality.

In public health nowhere is the central concern over bodies more deeply implicated that in 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 has the potential to defy human intent. For Bennett (2010) vitality refers to the capacity of things to hinder or undermine the will of humans; in other words, matter or things have propensities or tendencies of their own. Food and eating practices are therefore not merely the outcome of social custom or ritual, nor is food a commodity or object but food and eating practices are instead actants. 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 assumed fixed ontology of realist and constructionist humanism, even though these positions are far from being a simple fixed and oppositional binary, given the many variations across and within in these terms (Denzin & Lincoln, 2018).

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. This type of theorisation seriously challenges dominant individualised shame and blame discourses of biomedical accounts of obesity (Scambler, 2012).

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 (Smith et al., 2012). 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). With digital health technologies now such an everyday part of motivating, managing or improving body size and health, technologies and the body become central to understanding new emerging forms of embodiment and subjectivity, especially those of gender and age (Lupton, 2014; Halford et al., 2015).

8. Discussion

The increasing presence and concerns over materials or matter in healthcare will continue to require deeper, ever-more detailed, effective explanations and understandings. It will change the nature of interventions and implies health activism requires theories that are more inclusive of the more than human world than to date (Laverack, 2013). To decentre but not do away with the human subject in theories makes visible that which is often overlooked; it reveals a context that is more than mere backdrop to human action; it shows how subjects of healthcare, in any setting, are not only always relational, in the sense of being connected or attached to other bodies, but are attached to differing technologies, things, or affect, desires, or places and spaces that enable or constrain (Mol, 2008).

With the example of the body, these theories show unequal bodies can be conceived as both produced by and entangled in sociomaterial relations that make it not just social, or material, and not just human, but emergent from and entangled in spatiotemporal, material, discursive relations. It is this landscape of dynamic configurations, reconfigurations, entanglements and relationalities or rearticulations becomes the foci for study, analysis and sites for political action. These more complex, relational, biopsychosocial intersectional approaches to health and gender and political action now argued for, and is work urgently needed in neoliberal capitalism and neoconservative times (Phipps, 2014; Springer, Hankivsky & Bates, 2012). Although never monolithic nor totally determining, neoliberalism

nevertheless endorses particular values, truths and identities, which align, though sometimes work in tension with, neoconservativism. These latter moral and political discourses advocate a return to traditional values and ways of life, in gender roles, family structures, and the centrality of church to social life as well as a defence of national and cultural borders. Together, these ideologies create important political sites of complex, often conflictual and contested debates especially over the body (Phipps, 2014).

Moreover, material feminist theorising reveals the far-reaching extent of our interdependent, shared vulnerabilities. This level of connection and our multiple capacities for diverse relations further revises the nature of politics as well as healthcare ethics. A posthuman ethics implies a new way of combining ethical values with an enlarged sense of community. This suggests different ethical bonds to that of an individual subject, seen in classical humanism, or in Kantian moral universal accounts with its reliance on rational decision-making. A posthuman ethics is not just premised on reactive grounds of a shared vulnerability, but on more positive grounds of joint projects and activities. A speculative ethics in more than human worlds, for example, revises matters of care as a form of doing rather than moral intention (Bradotti 2013; Puig del la Bellacasa, 2017). This expresses a grounded, partial form of accountability based on a strong sense of collectivity and relationally that results in new kind of belonging. Haraway (2008) suggests an ethical concept of the 'modest witness' as this constitutes an accountability and ethics that is situated. This understanding of ethics draws on partial knowledge that encourages open-ended dialogue and critical thinking that aims to witness not judge but aims instead to give fuller accounts of inequalities or disparities in access and means (Haraway, 2008).

There are caveats to consider in any endorsement of the turn to matter. For example, Gunnarsson (2013) argues there is a tendency to overstate the 'glorification' of the dynamic and unruly, indeterminate, unpredictable and unbounded concept of matter or nature. She argues instead such qualities are not in themselves liberators and can be just as much features of determinism or long

standing structures of oppression or marginalization, as argued in Marxist, realist feminist theorising (Gunnarsson, 2013).

Likewise, Haraway (2008; 1991) offers a similar caution against a naive celebration of the turn to matter or suggestions of a posthuman moment. She argues there is still so much work to do in understanding how materials and humans, let alone the more than human world, interrelate and are intersected by difference. She favours closer examination of these patterns of relationality and our need to rethink these as who we are is only ever with and alongside companion species. For Haraway, humans are always in knots of meaning and matter with other species, co-shaping one another, in layers of reciprocating complexity, all the way down (Haraway, 2008).

Furthermore, exactly what is new in these theories remains contested. Claims of originality are argued to be indicative of a western myopia or Eurocentric way of knowing (Taylor & Inverson, 2013; Taylor & Hughes, 2016). A view of the natural world as active, deeply connected to and inseparable from the cultural or human world has long been present for example in environmental and in aboriginal and indigenous ways of knowing (Smith, 2012; Kovach, 2009).

Finally, discussions of potential or relevance for this type of theorising and its use in nursing or health-related activism may ultimately depend on strong or weaker readings of posthumanism. The radical tenets of such thinking appear deeply incongruent with or in opposition to what remain dominant humanistic concerns in health and care. Conceivably, as with previous debates concerning the threat or value of postmodern or poststructural thinking to feminist or modern social theory goals and aspirations (Butler, 1992), posthumanism and material feminisms may be similarly envisioned not as a post era, beyond modern theory, but as an ongoing critical dialogue with humanism. This in turn may radically revise but retain humanism's key concepts or priorities such as emancipation, agency or progressive change.

9. Conclusion

At a minimum the turn to matter evident in material feminisms is a serious call for an attentiveness and respect towards matter together with meaning. However, I contend such understandings offer potential to further revise the limits of modern political theories and activism through interrogating taken for granted core assumptions and concepts governing the normative concerns and matters of health, care or inequalities. These theories theoretically and methodoligcally revitalise investigations of these concerns, revealing more complete accounts of how assemblages of bodies, technologies, things and spaces relate, attach, or come together to produce the phenomena we label or categorise as health, care or inequalities. Exploring matter and meaning as co-implicated serves to politically challenge dominant biomedical, authorial, normative understandings of experience and positivistic, outcome-based evidence. These theories reinforce the value of fine-grained, complex, detailed narratives and empirical accounts and the importance of more comprehensive, effective and inclusive explanations and understandings as the grounds for activism. To undertake such work is political in reimagining possibilities for more ethical, affirming and sustainable responses to the enduring global challenges of our shared world.

REFERENCES

Abel, T. & Frohlich, K. 2012. Capitals and capabilities: Linking structure and agency to reduce health inequalities. *Social Science & Medicine,* 74**,** 236-244.

Alaimo, S. & Hekman, S. (eds.) 2008. *Material Feminisms,* Bloomington: Indiana University Press.

Allen, M., Allen, J., Hogarth, S. & Marmot, M. 2013. Working For Health Equity: The Role of Health Professionals. Executive Summary. London: UCL Institute Of Equity In Health.

Aranda, K. (2005) 'Community nurses' talk of equality and the discursive constitution of selves. ', *Journal of Advanced Nursing* 51(2), pp. 131-139.

Aranda, K. (2014) 'The Body Queered in Health and Healthcare', in Zeeman, L.,

Aranda, K. & Grant, A. (eds.) *Queering Health: Critical challenges to normative health and healthcare*. Ross-on-Wye: PCCS, pp. 152-175.

Aranda, K. and Hart, A. (2014) 'Resilient moves: Tinkering with practice theory to generate new ways of thinking about using resilience', *Health: An interdisciplinary journal for the social study of health, illness and medicine.,* (London) published online 19 October 2014, DOI10.1177/1363459314554318

Aranda, K. (2018) *Feminist Theories and Concepts in Healthcare: An introduction for Qualtitative Research.* London: Palgrave Macmillan.

Bambra, C., Smith, K. E., Garthwaite, K., Joyce, K. E. & Hunter, D. 2011. A Labour of Sisyphus? Public Policy and Health Inequalities Research from The Black and Acheson Reports to the Marmot Review. *Journal of Epidemiology and Community Health,* 65**,** 399-406.

Banyard, K. 2010. *The Equality Illusion: The truth about women and men today,* London, Faber & Faber.

Barad, K. 2003. Posthumanist Performativity: Toward an Understanding of How Matter Comes to Matter. *Signs: Journal of Women in Culture and Society* vol. 28.

Barad, K. 2007. *Meeting the Universe Halfway: Quantum physics and the entanglement of matter and meaning,* Durham and London, Duke University Press.

Barad, K. 2012. "Matter Feels, Converses, Suffers, Desires, Yearns and Remembers". *New Materialisms :Interviews And Cartographies. Open Humanities Press.*

Baum, F. & Fisher, M. 2014. Why Behavioural Health Promotion Endures Despite Its Failure To Reduce Health Inequities. *Sociology of Health And Illness* 36**,** 213-225.

Beedholm, Kirsten. & Frederiksen, K. 2018. Patient involvement and institutional logics: A discussion paper. *Nursing Philosophy*. DOI: 10.1111/nup.12234

Bennett, J. 2010. *Vibrant matter: A political ecology of things,* London, Duke University Press.

Birke, L. 2003. Shaping Biology: Feminism and the idea of 'the biological'. *In:* Williams, S., Birke, L. & Bendelow, G. (eds.) *Debating Biology: Sociological Reflections on Health, Medicine and Society.* Pages 39-52. London, Routledge.

Boyle, D. and Harris, M. (2013) *The challenge of co-production: How equal partnerships between professionals and the public are crucial to improving public services*, London: NESTA.

Braidotti, R. 2013. *The Posthuman,* Cambridge, Polity.

Buse, C. & Twigg, J. 2018. Dressing disrupted: Negotiating care through the materiality of dress in the context of dementia. *Sociology of Health and Illness,* 40**,** 340-352.

Butler, J. 1990. *Gender Trouble; Feminism and the Subversion of Identity.* London, Routledge.

Butler, J. 1992. Contingent Foundations: Feminism and the Question of "Postmodernism" *In:* Butler, J. & Scott, J. (eds.) *Feminists Theorise the Political.* London Routledge.

Butler, J. 1993. *Bodies that matter: On the discursive limits of sex,* London,Routledge.

Butler, J. 2004a. *Undoing Gender,* London, Routledge.

Butler, J. 2004b. *Precarious Life: The Powers Of Mourning And Violence,* London, Verso.

Butler, J., Gambetti, Z. & Sabsay, L. (eds.) 2016. *Vulnerability in resistance* London, Duke University Press.

Coole, D. & Frost, S. (Eds.) 2010. *New Materialisms: Ontology, Agency, And Politics,* Durham And London: Duke University Press.

Cooper, D. 2019. A Very Binary Drama: The Conceptual Struggle for Gender's Future. *feminists@law,* 9**,** 1-36.

Crenshaw, K. 1991. Mapping the margins:Intersectionality, identity politics, and violence against women of color. *Stanford Review,* 43**,** 1241-1299.

Davis, K. 2007. Reclaiming women's bodies: Colonialist trope or critical epistemology? *Sociological Review* 55**,** 50-64

Denzin, N.K. and Lincoln, Y. S. (2018) *The Sage Handbook of Qualitative Research. 5th edn.* London. Sage.

Dolphijn, R. & Van Der Tuin, I. 2012. *New Materialism: Interviews & Cartographies*, Open Humanities Press. Freely Available Online At Http://Hdl.Handle.Net/2027/Spo.11515701.0001.001. Accessed June 2016

Dorling, D. 2015. *Injustice:Why social inequality still persists,* Bristol, Policy Press.

Dorling, D. 2017. *The Equality Effect: Improving Life For Everyone,* Oxford, New International Publications.

Donaldson, L. & Rutter, P. 2017. *Healthier, Fairer, Safer: The Global Health Journey 2007-2017*. Geneva: World Health Organisation.

Draper, J. 2014. Embodied Practice: Rediscovering The 'Heart' Of Nursing. *Journal Of Advanced Nursing,* 70(10), 2235–2244.

Einstein, G. & Shildrick, M. 2009. The postconventional body:retheorising women's health. *Social Science & Medicine,* 69**,** 293-300.

Fausto-Sterling, A. 2003. The Problem With Sex/Gender And Nature/Nuture. *Debating Biology: Sociological Reflections On Health, Medicine And Society.* London: Routledge.

Fausto-Sterling, A. 2012. *Sex/Gender:Biology In A Social World,* London, Routledge.

Foucault, M. 1980. *Power/Knowledge. Selected interviews and other writings 1972-1977 by Michel Foucault, Gordon, C ed.* Brighton: , Harvester Press.

Fox, N. & Alldred, P. 2017. *Sociology And The New Materialism: Theory, Research, Action,* London, Sage.

Frost, S. 2014. Re-Considering The Turn To Biology In Feminist Theory. *Feminist Theory,* 15**,** 307–326.

Gibson, B., King, G., Teachman, G., Mistry, B. & Hamdani, Y. 2016. Assembling activity/setting participation with disabled young people. *Sociology of Health & Illness* 1-16.

Gill, R. & Scharff, C. (eds.) 2011. *New Femininities:Postfeminism, neoliberalism and subjectivity,* Basingstoke: Palgrave Macmillan.

Grosz, E. 1994. *Volatile Bodies: Towards A Corporeal Feminism,* Bloomington & Indianapolis Psychosocial Subject Group Indian University Press.

Grosz, E. 2011. *Becoming Undone: Darwinian Reflections On Life, Politics And Art.,* London, Duke University Press.

Gunnarsson, L. 2013. The Naturalistic Turn In Feminist Theory: A Marxist-Realist Contribution. *Feminist Theory,* 14**,** 3-19.

Halford, S., Lotherington, A. T., Obstfelder, A. & Kukarenko, N. 2015. Technical Change and the Un/Troubling of Gendered Ageing in Healthcare Work. *Gender, Work and Organisation,* 22**,** 495-509.

Hall, S., Massey, D. and Rustin, M. (eds.) (2013) After neoliberalism? The Kilburn Manifesto, London. Lawrence & Wishart.

Hanlon, P., et al. (2012). *The Future Public Health*. Maidenhead, Open University Press.

Haraway, D. 2008. *When Species Meet,* Minneapolis, University of Minnesota Press.

Harrell, B. R. & Sasser, J. T. 2018. Sexual and gender minority health: Nursing's' overdue coming out. Guest Editorial. *International Journal of Nursing Studies.* 79**,** A1-A4.

Haynes, P. 2015. *Managing complexity in the public services,* Maidenhead, Open University Press.

Holloway, J. 2010. *Crack Capitalism,* London, Pluto Press.

Hooks, B. 1982. *Ain't I A Woman: Black women and feminism,* London, Pluto Press.

Kovach, M. 2009. *Indigenous Methodologies: Characteristics, Conversations And Contexts,* Toronto, University Of Toronto Press.

Kuhlmann, E. & Annandale, E. 2012. *The Palgrave Handbook Of Gender And Healthcare; 2nd Edition, B*asingstoke, Palgrave Macmillan.

Labonte, R. Laverack, G. 2001 Capacity building in health promotion, part 1: for whom? And for what purpose? *Critical Public Health*. Vol 11, No 2, 111-127.

Lang, T. & Rayner, G. 2015. Beyond The Golden Era Of Public Health: Charting A Path From Sanitarianism To Ecological Public Health. *Public Health,* 129**,** 1369-82.

Laverack, G. 2013. *Health Activism: Foundations and Strategies,* London, Sage.

Levitas, R. 2013. *Utopia as Method: The Imaginary Reconstitution of Society,* Basingstoke, Palgrave Macmillan.

Levitas, R. 2017. Where there is no vision, the people perish: a utopian ethic for a transformed future, http://cusp.ac.uk/accessed April 2019

Lim, M., Annandale, E., & Ruzza, C. (2012). New Connectivities: Civil Society, the 'Third Sector' and Dilemmas for Socially and Economically Sustainable Healthcare Delivery.

Lorde, A. 2007. *Sister Outsider: Essays & speeches by Audre Lorde. New Forward by Cheryl Clarke,* Berkeley, Crossing Press.

Lukes, S. 2005. *Power: A Radical View. Second Edition.,* London, Red Globe Press.

Lupton, D. 2014. Critical Perspectives on Digital Health Technologies. *Sociology*

Compass 8/12 1344–1359,.

Maller, J. C. 2015. Understanding health through social practices: performance and materiality in everyday life. *Sociology of Health & Illness,* 37**,** 52-66.

Maller, C. & Stengers, Y. (eds.) 2019. *Social practices and dynamic non-humans: Nature, Materials and Technologies,* Maidenhead: Palgrave Macmillan.

Malone, R. 2003. Distal Nursing. *Social Science & Medicine,* 56**,** 2317-2326.

Marmot, M. 2010. *Fair societies, healthy lives. Marmot review. Final report*. Available from : www.marmotreview.org.uk Accessed 10.02.12.

McDonough, P. 2006. Habitus and the practice of public service. *Work, employment and society,* 20**,** 629-647.

Mol, A. 2008. *The logic of care: health and the problem of choice,* London, Routledge.

Mol, A., Moser, I. & Pols, J. (eds.) 2010. *Care in Practice: On tinkering in Clinics, homes and farms,* London: Transactions publishes.

Mouffe, C. 1994. Feminisms, Citizenship and Radical Democractic Politics. *In:* Nicholson, L. & Seidman, S. (eds.) *Social Postmodernism: Beyond identity politics.* Cambridge: Cambridge University Press.

Mouffe, C. 2013. *Agnostics: thinking the world politically,* London, Verso.

Mukherjee, S. 2016. *The Gene: An Intimate History,* London, Vintage.

Oakley, A. 1985. *Sex, Gender And Society,* Aldershot, Gower.

O'Mara-Eves, A. Brunton,G. McDaid, D. Oliver,S. Kavanagh,J. Jamal, F. Matosevic, T. Harden, A and Thomas, J. (2013) Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis, *Public Health Research* (1)4. Nov. 2013.

O'Mara-Eves A, Brunton, G., Oliver, S., Kavanagh, J., Farah, J. & Thomas, J. 2015. The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. *BMC Public Health.* 15:129. DOI 10.1186/s12889-015-1352-y

Palmer VJ, Weavell W, Callander R, et al. 2018. The Participatory Zeitgeist: an explanatory theoretical model of change in an era of coproduction and codesign in healthcare improvement *Medical Humanities*. doi: 10.1136/medhum-2017-011398.

Pateman, C. 1989. *The Disorder of Women:Democracy, Feminism and Political*

Theory., Cambridge, Polity Press.

Piketty, T. 2014. *Capital in The Twenty First Century,* Harvard, President and Fellows Of Harvard College.

Phillips, A. (ed.) 1998. *Feminism and Politics,* Oxford: Oxford University Press.

Phipps, A. 2014. *The Politics of the Body: Gender in a Neoliberal and Neoconservative Age.,* Cambridge, Polity.

Povinelli, E. 2011. *Economies of Abandonment: Social belonging and endurance in late liberalism,* London, Duke University Press.

Public Health England, 2018. Prevention is better that cure: our vision to help you live longer.

https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer Accessed November 2018.

Puig De La Bellacasa, M. 2017. *Matters of Care: Speculative Ethics in More Than Human Worlds,* London, University of Minnesota Press.

Twigg J, 2006. *The body in health and social care,* Basingstoke, Palgrave Macmillan.

Reckwitz, A. 2002. Towards a theory of social practices. *European Journal of Social Theory,* 5, 243-263.

Richardson, D. & Monro, S. 2012. *Sexuality, Equality and Diversity,* Basingstoke, Palgrave Macmillan.

Rittel, H. & Webber, M. 1973. Dilemmas in a General Theory of Planning, *Policy Sciences* 4, 155-159.

Scambler, G. 2012. Health Inequalities. *Sociology of Health & Illness Vol. 34 No. 1 130–146. Doi: 10.1111/J.1467-9566.2011.01387.X*.

Schatzki, T. R. 2001. Introduction: Practice Theory. *In:* Schatzki, T. R., Knorr Cetina, K. & Von Savigny, E. (Eds.) *The Practice Turn In Contemporary Theory.* London: Routledge.

Sen, A. 2010. *The Idea of Social Justice*. London, Penguin books.

Shildrick, M. & Steinberg, D. L. 2015. Estranged Bodies: Shifting Paradigms and the Biomedical Imaginary. *Body & Society,* 21**,** 3-19.

Smith, K. E., Hill, S. & Bambra, C. 2016. *Health Inequalities: Critical Perspectives,* Oxford, Oxford University Press.

Smith Tuhiwai, L. 2012. *Decolonising methodologies: research and indigenous*

people, London, Zed books.

Spivak, G., Charkavorty. 1988. Can the Subaltern Speak? . *In:* Nelson, C. & Grossberg, L. (eds.) *Marxism and the interpretation of culture.* Available from http://www.mcgill.ca/files/crclaw-discourse/Can_the_subaltern_speak.pdf Accessed July 2018

Springer, K. W., Hankivsky, O. & Bates, L. M. 2012. Gender, Health: Relational, Intersectional And Biosocial Approaches:Introduction. *Social Science & Medicine,* 74**,** 1662-66.

Stonewall, 2017. *Unhealthy Attitudes:The treatment of LGBT people within health and social care services.* London. Available from https://www.stonewall.org.uk/our-work/campaigns/unhealthy-attitudes Accessed November 2018.

Taylor, C. and Hughes, C. (2016) *Posthuman research practices in education.* London: Palgrave Macmillan.

Taylor, C. and Invinson, G. (2013) 'Material Feminisms: new directions for education', *Gender and Education,* 25(6), pp. 665-670.

Twigg, J. 2006. *The Body in Health And Social Care,* Basingstoke, Palgrave Macmillan.

Valdes, A. Walter, J. Segal, E. Spector, T. 2018 Role of gut microbiota in nutrition and health. *BMJ* 2018;361:j2179 http://dx.doi.org/10.1136/bmj.j2179 Accessed September 2018.

Walker, G. 2017. Inequality, sustainability: locating justice in social practice. *In:* Shove, E. & Spurling, N. (eds.) *Sustainable practices: social theory and climate change.* London: Routledge.

Warin, M. 2014. Material Feminism, Obesity Science and the Limits of Discursive Critique. *Body & Society,* 21, 48-76.

Watson, M. 2017 Placing Power in Practice Theory, in Hui, A., Schatzki, T. R. & Shove, E. (eds.) 2017. *The Nexus of Practices: Connections, constellations, practitioners.,* London: Routledge. Chapter 12. pp169-182

Weinstein, J. (ed.) 2010. *Mental Health, Service User Involvement and Recovery,* London: Jessica Kingsley.

Wilkinson, R. & Pickett, K. 2018. *Inner Level: How More Equal Societies Reduce Stress, Restore Sanity and Improve Everyone's Wellbeing.* London, Allen Lane.

Wilkinson, R. & Pickett, K. E. 2009. *The Spirit Level: Why Equality Is Better For Everyone,* London, Penguin.

Young, I. M. 1990. *Justice and the Politics of Difference. New Jersey: Princeton University Press.*

Young, I., M. 2000. *Inclusion and Democracy,* Oxford, Oxford University Press.

Zeeman, L., Aranda, K. & Grant, A. 2014. *Queering Health: Critical challenges to health and healthcare,* Ross-on-Wye, PCCS.

Zeeman, L., Sherriff, N., Browne, K., McGlynn, N., Mirandola, M., Gios, L. & The LGBTI Health Network 2018. A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *European Journal of Public Health.* 1-7.