Introduction

Kay Aranda

Current global austerity measures have led to further intensification of neoliberal imperatives in healthcare but there is now further evidence of a corresponding, unprecedented rise in inequality, precarity and suffering (Dorling 2015; Piketty 2014). These contexts and concerns are well known to those working and researching in healthcare in the global north. This manifests in healthcare for example, as lives lost to poverty, disadvantage, exclusion, marginalisation, or is evident in daily experiences of suffering or harm from undignified, disrespectful and damaging treatment or care. Moreover, efforts to stay well or healthy or enhance mental and physical wellbeing are increasingly difficult to achieve in contexts and environments that are non-conducive and damaging people's health. With the rise of populist politics challenging democratic values of inclusion, equality and community solidarity, fears over widening social divisions and growing intolerance increase, issues which have in turn led to serious questions over the direction, purpose and value of public research (Buroway 2015; Lather and St Pierre 2013). One outcome has been to demand qualitative researchers take up more explicitly political positions, both in order to give attention to diverse experiences of vulnerability, precarity and disadvantage or health and wellbeing, but also to develop and defend a particular future vision of society that values and prioritises civic society over market or state (Buroway 2015). This call demands increased activism that makes a tangible difference in people's lives, addressing suffering and social injustices in more relevant, detailed and convincing ways (Denzin 2017; Flick, 2017; Lather 2016). These contexts and uncertain times also mean that what is considered to be true or trustworthy, or what counts as credible knowledge, used to justify action or demands for change, remains deeply contested. Therefore, to seek to argue for deepening and developing our understandings of qualitative research in such contexts is both timely and political.

This edited collection aims to provide readers with a critical counterpoint to current times. Rather than endorsing naive or an uncritical engagement with qualitative research in healthcare settings, this collection shows instead the myriad ways in which researchers constantly search, adapt, improvise, extend, question, challenge, undo and revise normative thinking and practices governing qualitative research. This accessible, lively and controversial introduction to many of the diverse philosophies, politics and practices informing qualitative research reveals the continuing contested nature of knowledge, the constantly evolving politics and new forms of power relations involved in these endeavours. To question who research is for, and why, and how it takes place, or whose voices

are made visible, ignored or heard, are part of the everyday practices of qualitative researchers and this book opens up these concerns for scrutiny and interrogation to stimulate further inquiry and debate.

Critique enables an opening up of phenomena in order to question the taken for granted, reveal hidden assumptions, and the operation of taken for granted or normative ideologies or discourses at work in everyday interactions, practice and/or relationships; it allows us to not only question, but ask further often difficult questions, or helps us rethink or reimagine what qualitative health research is, can, or should become. The following chapters and contributions showcase a range of qualitative researchers confronting these issues, from early career to developing and well-established experienced researchers and authors. All are healthcare academics / practitioners who are more than familiar with the worlds of healthcare that many postgraduate and researching practitioners face day-to-day.

This is a text specifically written for those postgraduate students and researchers in these challenging settings. It aims to address a distinct set of needs, voiced by increasing numbers of students, who express a desire to expand their understandings and knowledge beyond western notions of positivistic approaches or mixed methodologies currently endorsed in national governments research programmes guiding the direction and settings priorities for funding and subsequent healthcare related research. From our experiences and our work with many postgraduate health research students, there is a wish instead to explore qualitative research both at introductory levels, as well as engage with the philosophical or theoretical complexities and politics informing methodologies, methods or practices of such. Though often intertwined and embedded in many discussions of methodologies and methods, these aspects of qualitative health research can be overlooked in a necessary desire to first learn more about the basic processes or techniques. Though primarily for postgraduate researchers and students, we hope this book is also of interest to undergraduate students or those with first degrees who wish to and are prepared to read 'beyond' introductory texts.

Themes

This introductory chapter explains why an approach to critical qualitative research in healthcare, exploring philosophies, politics and practices, is necessary. We start from a shared premise that, though passionate about these approaches, in all variations, qualitative research is not a given good.

Qualitative research retains troubling past histories and legacies that still shape debates over its role and value and our choices over underlying philosophies, politics and practices today. In this introduction I aim to provide a brief overview of these complex critical histories of qualitative research in order to highlight a number of themes found throughout the contributions. I first discuss the nature and rationales for qualitative research in researching health related concerns and then review critical histories of qualitative research before moving on to consider more specifically the nature of philosophies, politics and practices in such work. In debating critical qualitative research, Flick (2017:4), helpfully outlines a number of key ways in which criticality enters qualitative research and these are evident in the contributions to this book, with the third means often being the most challenging to achieve:

1. Inquiry can be critical about the issues that are studied – starting from a social, political or other problem, which should be addressed and research should provide a critical perspective about.
2. We can be critical about the methods and approaches we use in our research—critical about other forms (like quantitative research) or about the established mainstream of qualitative research (or some parts of it).
3. A major challenge, however, is how to remain able in the light of the first two challenges to really do empirical qualitative research contributing to addressing social problems and to remain reflexive about what we do.

Qualitative Research in Healthcare or Qualitative Health Research

In exploring qualitative research and healthcare, it is worth noting the debates over whether researchers merely use qualitative research as derived from social sciences, and transfer or apply to different settings, or whether qualitative research in these settings is different or distinctive. Qualitative health research is argued by some to be a distinctive subdiscipline of qualitative research (Morse 2012), because of its specific aims to explore health and illness from the perspective of people, rather than from the clinicians' or researchers' viewpoints. Indeed Morse (2012), further suggests qualitative health research is uniquely defined by this focus on a health-illness continuum, using methods that are mainly inductive. Other scholars think of qualitative research as specific but suitably applied in healthcare settings (Holloway and Galvin 2017) or argue for the range of specific qualitative methods used in health research (Green and Thorgood 2018). This collection spans the range of these definitions.

Qualitative research in healthcare settings is arguably applied in one of two main ways. First, are the more familiar studies informing health and illness understandings, beliefs and the labour or work involved, providing the knowledge or evidence base upon which much health and illness knowledge, practice or treatment is based. Second, are the critical studies of health and illness, often more sociologically informed, that question the very concepts or explanations that constitute understandings of health or illness at any given time and place (Green and Thorogood 2018). In sum, qualitative research related to healthcare or qualitative health research is broadly defined as forms of inquiry concerning the organisations, patterns, processes, including experiences and meanings of care and treatment, and the relations involved in understanding health and illness in a society. Qualitative health research draws on the specific strengths and distinctive nature of qualitative research to more specifically explore and account for understandings, beliefs, practices and experiences of health and/or illness, as well as the experiences and organisations of health services or care. It is also argued to include the histories, policies, workforce structure and design, as well as the type of knowledge generated and utilised by medicine, nursing, midwifery and allied health professions (Green and Thorogood 2018). For the purposes of this collection the terms qualitative and qualitative health research will be used interchangeably.

Rationales for qualitative health research include attention to others' experiences, their involvement and engagement in the process to gather and generate a shared account of histories or needs. With its ability to capture the specific and particular rather than the general or universal, qualitative research is arguably especially suited to healthcare research because of its ability to explore the unique, rich, in-depth meanings and details of people's lives (Taylor and Francis 2013). Thus one of the strengths is to offer in-depth, detailed explorations of people's complex subjective experiences of health, illness or disabling or chronic conditions, offering detailed insights and knowledge with which to design or deliver more affirming, appropriate and responsive care (Hollway and Galvin 2017; Galvin and Todres 2011). Indeed many argue that qualitative health research offers specific methods necessary to the contexts of health, care and illness, and emphasise the range of methodologies that are particularly well suited to practitioner researchers' worlds of healthcare research, where communication, interaction and caring may be prioritised. Qualitative research can therefore be said to offer new ways to explore and understand the complex worlds of health and illness (Bourgeault, Dingwell, Robert and De Vires 2010; Pope and Mays 2006).

Most definitions of qualitative research emphasise how inquiry seeks to generate knowledge about

meanings, feelings, behaviours, perceptions people ascribe to their lives and experiences (Leavy 2017). Drawing on these subjective accounts, qualitative researchers develop in-depth understandings, immersing themselves in the natural settings of people's worlds and lives; they aim to focus on emic perspectives or the insider view of people, their perceptions, meanings, interpretations and understandings by generating rich, detailed complex data. Working inductively, to generate such meaning and detail means qualitative designs are malleable and revisable as learning develops and the research unfolds(Hesse-Biber and Leavy 2008; Leavy 2017). As such, these detailed descriptions of phenomena claim to be grounded in participants perspectives (Ritchie, Lewis and McNaughton Nicholls 2014). Analysis of these accounts seek to retain complexity and nuance, often working with iterative interpretation that aims to remain open to emergent categories and themes, aiding the development of theories, strategies and actions. The focus is on holistic approaches with methodological and theoretically diverse and where choices of methods or methodology are informed by philosophies that provide a framing, or paradigm and worldview that guides the research project (Leavy 2017). Systematically and rigorously conducted, yet flexible and contextual, qualitative research is therefore argued to be capable of producing explanations and arguments. Finally, practices of reflexivity, transparency and criticality, aim to ensure qualitative research is accountable in being able to resonate, be credible and recognisable to those whose lives are involved and through self-scrutiny and questioning of the whole research endeavour, its quality and aims, and thus remains a moral and political practice.

Why use qualitative research in healthcare research?

Qualitative research is considered particularly pertinent to health research at present for several reasons. First, qualitative ways of researching have a unique but critical contribution to make to questions of experience, challenging whose knowledge matters. The growing agenda of service user involvement in health, though not without its own political and moral challenges (Wilson, Mathie, and Keenan et al. 2015), is nevertheless changing dominant paradigms of research previously driven by professionals' interests and concerns (Locock, Boylan and Snow, et al. 2017; Boote and Booth, 2015). This engagement and involvement of the public and patients attempts to alter the balance of power over what constitutes knowledge and expertise (Beresford 2013). This agenda is well suited to qualitative research and recent reviews have found this to be so (Boote and Booth 2015). Insisting on the value and importance of experience and participation from the perspective of those communities affected and/or the grassroots and social movements that have sought redress or provide alternative provision, has meant involvement, engagement and participation have become

central to policy and research practice in the UK in the NHS, and globally (Slutsky, Tumilty and Max 2016; National Standards for Public Involvement in Research 2018).

Secondly, there is recognition that healthcare practitioners' encounters with individuals, families or communities are founded upon generating life histories, stories and on-going narratives through assessments, planning and engagements or interactions involved in delivering and receiving ongoing care. The resultant rise in qualitative, narrative based research in health and social care research is therefore clearly evident in recent years (Andrew, Squires and Tambourkou 2008; Hurwitz, Greenhalgh and Skultans 2004; Holloway and Freshwater, 2007). Further impetus towards more narrative and participatory research practices comes from a growing political intent to give voice to those excluded or made invisible, be it through lack of access to care or services or treatment. The lived experiences of those 'othered' or made vulnerable in health and care systems, such as children, young people, people living with mental health or learning disabilities, autism, or dementia have consequently substantially increased in recent years.

Finally, many of issues practitioners come to research arise out of their encounters with people and care services, of something being absent, missing, problematic, as well as from their own personal politics, passions and desires to address social injustice. These profound troubling discomforts can drive demands for critical reflexive understandings of the self and others, but also for consideration of wider socio-political perspectives on the contexts in which healthcare unfolds and for which qualitative research is especially suited (Finlay and Ballinger 2006). Often focused on differing aspects of social worlds of healthcare, as Mason and Dale (2011) suggest, qualitative research can offer rich multiple perspectives for viewing and understanding the worlds of health and care, given that these worlds can be comprised of many differing ontological properties:

Stories or interpretations

Socio-architectural structures and systems

Individuals, feelings, emotions,

Behaviours, actions and events

Environmental, non-human or sensory world

Relationalities, connections and situations

Multiple and non-cohering realities

Multiple social worlds: multiple ontological properties
(Adapted from Mason and Dale 2011).

The more recent renewed demand for a new critical qualitative research, which I discuss next, has emerged from this landscape (Denzin 2017; Flick 2017). This call builds upon upon a further role of qualitative research to unsettle, undo, or trouble common sense understandings or knowledges, but also the practices and assumptions to doing research (Turner, Short and Grant et al. 2018; Denzin 2017; Lather 2016). This is critical qualitative research that not only describes what or where or how something is happening but is inquiry with an overt political intent and interest in change.

Critical Histories of Qualitative and Health related Research.

Critical theory informed qualitative research is often argued to originate from the critical theory developed by the Frankfurt School (Seidman, 2011; Seidman & Alexander, 2001). Initiated and developed by Horkeheimer and others, partly in response to frustrations with the failures of Marxism, and the political contexts giving rise of European fascism, then later, under the label of new critical theory across the social sciences. These are theories to be found in the work of Habermas and Honneth (Honneth 2007; Meehan 1995), and similar important inspired strands of this thinking are evident in the initial Marxist then socialist inspired feminist theories of second wave feminism (Butler and Scott 1992). Again later critical theory is evident in the poststructuralism of Foucault and together with work encompassing poststructural feminism, queer, disability and critical race theory and black, postcolonial researchers (Hall, Jagose and Bebell 2013; Jagose 2009; Lewis and Mills 2003; Hekman 1996; Foucault 1980).

From this rich legacy of scholarly work, the grounds or foundations of all inquiry, including qualitative research, were increasingly recognised as being far from neutral, benign or innocent; instead knowledge was argued to always arise from sets of interests and particular positions. All knowledge was argued to be partisan, partial and imbued with power relations, manifest as interests derived from specific perspectives on the world, which were and are themselves products of power and of time and place (Hekman 1996; Flax 1990). Claims of objectivity, distance or detachment, or measures to remove bias were therefore argued to be just that; claims or statements that served to disguise the extent to which sets of interests and partiality were and are embedded in all knowledge production.

The View from Somewhere

The partiality of knowledge is evident in the dominant canons of thought to which novice qualitative health researchers are introduced, which are more often than not derived from a classical white, western, Anglo American, Eurocentric tradition, with philosophies, politics and practices predominately produced by white, privileged men and their perspectives or voices, most usually based in relatively rich, developed or global north countries such as the USA or Europe, and frequently assumed to be unproblematic when applied in qualitative health research, even when the focus is international or global health concerns (Green and Thorogood 2018). An uncritical use of this canon reinforces sets of assumptions about what is valued and which notions of reality are prioritised and which practices are endorsed such as objectivity, neutrality, distance. Binaries that structure thought such as those between individual and the social, or collective, subject and object, male or female, public or private and personal, agency and structure and/or rationality or reason rather than emotion. These binaries serve to obscure or disguise both the partiality and normative superiority of one term other the other, and so the inherent privileging rational scientific knowledges through supposed claims of objectivity and neutrality. One result of these binaries and assumptions is that tacit, indigenous, experiential, affective, narrative and performative ways of knowing are devalued or dismissed as being too partial, too subjective or emotional and even irrelevant to the main business of bringing about change in healthcare.

Voice and Experience

A further challenge to qualitative research more recently is the question of the assumed

unproblematic notion of capturing and representing experiences, or of giving voice to those marginalized, invisible or oppressed. From a poststructural perspective, the notion of reflecting back an authentic experience assumes a subject who can express free will through intentions, as found in action, language, and in the public sphere (St.Pierre 2009). To refuse this assumption builds upon the critical use of voice already present in qualitative researchers' work. Here experience is always more than a reflection of the real, instead voice or experience in qualitative research is understood as comprised of complex patterns of power and desire that are involved in speaking of, for and about others (Jackson and Mazzei 2009). Moreover, as Joan Scott (1992) previously argued, as the basis for authoritative knowledge, an appeal to experience is extremely limited. With experience always already interpretation and not the origin of knowledge or the authoritative evidence for what is known, she argues it is the concept of experience that needs explaining. For what counts as experience is far from self-evident, she argues. Experience is always, already culturally constituted, contested and therefore political. Responses to similar challenges over questions of representation and voice can be found for example in queer, feminist and autoethnographic research, in later more social constructionist/constructivists accounts of phenomenology and grounded theory as well as critical ethnography, where there is a recognition of a plurality of voice and attention to power relations is given and involves questioning who can speak for whom (Aranda 2018; Turner et al. 2018, Browne and Nash 2010).

Decolonising research

Further critical qualitative research approaches are to be found from those scholars exposing the inherent racism in western epistemologies and research, and who argue for a decolonising of methodologies to develop spaces for indigenous methodologies (Mohanty 1988; Hill Collins 2000; Kovach 2009; Lorde 2007; hooks 1982). In this critical tradition western research, as the product of European imperialism, racism, and colonisation, contains the worst excesses of western scientific research, all conducted in the name of progress (Smith 2012). For example, anthropology then ethnography, was in its early forms complicit with seeking to classify, collect and represent knowledge about indigenous people's lives back to the West, and then back to indigenous peoples themselves; people's lives were constructed as somehow exotic, unknown, or in need of taming or civilising (Smith 2012). These offensive histories and legacies of pain, suffering and abuse show western research is far from being a given good in the world. Rather, it again substantiates just how far all inquiry is infused with privilege and power and partial, vested interests which are too often disguised as universal truths or claims of progress. Research is therefore a significant site between

western interests and the ways of resisting and knowing by the 'Other' (Smith 2012). Decolonising methodologies seeks to unmask and deconstruct western ideals of philosophy and political theory, such as emancipation or empowerment, revealing these intentions as specific products of western liberal democratic thinking and ideologies. Falcón (2016) for example, favours a transnational feminism which would aim to decolonise and create new structures, institutions and models and practices, whereby qualitative researchers from the global north recognise and draw more widely from the many epistemological tools derived from indigenous, Women of Color, as well as African descendants social movements from Latin America.

A New Critical Qualitative Health Research

Recent renewed interest in critique within the social sciences and demands for a renewed critical qualitative research converges with these aforementioned critiques. Many of the current demands for research to change are equally related to the epistemic turns or shifts away from formal grand theories or narratives across the social sciences. Here dominant knowledges are contested by those misrecognised, excluded or marginalised, or by those wanting to radically question who is positioned at the centre and as marginal, or whose experiences count as knowledge, together with those scholars and activists advocating with communities, arguing for meaningful transformative, egalitarian and emancipatory changes and ways of knowing (Denzin 2017; Lather 2016; Browne and Nash 2010; Mertens 2007; Ahmed 2006). As Denzin (2017) suggests, these histories and traditions of critical research encompass many of the following philosophies, politics and practices:

These individuals use participatory, constructivist, critical, feminist, queer, and critical race theory, and cultural studies models of interpretation. They locate themselves on the epistemological borders between postpositivism and poststructuralism. They work at the centers and the margins of intersecting disciplines, from communications, to race, ethnic, religious and women's studies, from sociology, history, anthropology, literary criticism, political science, and economics, to social work, health care, and education. They use multiple research strategies, from case study, to ethnography, phenomenology, grounded theory, biographical, historical, participatory, and clinical inquiry. As writers and interpreters, these individuals wrestle with positivist, postpositivist, poststructural, and postmodern criteria for evaluating their written work (2017:10).

As noted at the start of this introduction, both Flick (2017) and Denzin (2017) argue current neoliberal cultures, with rising levels of precarity, huge disparities in wealth, opportunities and

increasingly unlivable lives require forms of inquiry that explicitly address inequities through unsettling what counts as research or evidence. The critical approaches are similar to previous inceptions of critical theory in not only wanting to understand the world, but to challenge and change it. This renewed interest and impetus arises from our contemporary times. The neoliberal worlds of growing inequality and injustices means seeking transformative forms of research to achieve social justice (Mertens 2009; Denzin 2017).

Many of the more recent critical approaches draw upon poststructural, postcolonial, post foundational understandings of theory and research (Aranda 2018). The overall arguments for a new critical qualitative research (Flick 2017; Charmaz 2017; Lather and St Pierre 2013), is to revitalise and make visible the foundations of previous critical approaches working in similar traditions, from feminism, postcolonial, minority ethnic and peoples of colour, queer, LGBTQ and disability activists, so that politics and practices unite as action or activism, and qualitative research is driven not by researchers interests, but by those of the most vulnerable, exploited or oppressed. The philosophies, politics and practices of contemporary qualitative research in healthcare are therefore complex and need exploring further.

Philosophies, Politics and Practices

Most introductions to qualitative research do not necessarily highlight these three complex interrelated terms. In this book, these terms help reframe our discussions of qualitative research. While seemingly distinct areas, they are in fact difficult to view separately given the ways they intersect and interact throughout the whole endeavour of research which I explore in more detail next.

Philosophies

Philosophy, for example, is notoriously difficult term to sum up; given its many meanings, arguments and contested areas of specialism and with disciplines range from epistemology, logic, ethics, aesthetics, metaphysics and politics. However, qualitative researchers are familiar with the questions philosophers ask, as these epistemological and ontological questions about how we know what we know, or questions over what it is to be in the world, and the nature of that reality, are often the first introduction to the contested nature of epistemology and ontology and its relationship to theory and methodology. Furthermore, it is important to note that contemporary present-day philosophers continue to seek to address current concerns and social problems. This involves questions

concerning the values and practices of liberal democracy, or in understanding political resistance, or questions over abuses of power, or more inclusive notions of equality or freedom; and finally, how suffering, pain, loss of self, vulnerability and misrecognition can be more urgently and adequately addressed (Butler, Gambetti and Sabsay 2016; Ranciere 2010; Englemann 2009; Butler 2004; Rorty 1999; Agamben 1998).

In classical times, from Plato, Aristotle and Socrates, the knowledge generated through rational thought and argument was considered to provide certain knowledge, offering foundations and guides for how people should live or how society might be organised to pursue social goods such as justice or the good life. This is the metaphysical approach to philosophy, aiming to understand and explain everything (Benton and Craib 2001). An alternative, more modest view of philosophy accepts the premise that more secure knowledge comes from our rationality and senses, from practical experience, observation and given the use of reason, from scientific experimentation. Though comprised of many complex positions, positivism and notions of empiricism is helped by this analytical or rational school of philosophy by exposing and critiquing common sense thinking, unexamined assumptions, prejudices and biases. This approach to experiential knowledge builds upon and accepts the value of people's implicit everyday reflecting or philosophising, a philosophical orientation to the world we all use to navigate life or important emotional events or transitions and our relationships (Benton and Craib 2001).

In contrast, though again, not without encompassing many overlapping, complex positions, broadly speaking there is a view of philosophy that emphasises the social, cultural and historical conditions of thought and existence. This is evident in what is termed continental as opposed to the above more analytical view of philosophy (West 2010). Continental philosophy is borne out of a series of critiques of Western and European Enlightenment thinking, with its championing of science and scientific rationality and instead seeks to question the search for and possibility of certain, secure foundations to knowledge. It is this latter set of philosophical approaches that inform the development of critical theories and critical qualitative research. As we have seen, based on critical theory from Marxism, the Frankfurt school, Habermas, feminism, phenomenology and poststructuralism for example, what emerges in qualitative inquiry are critical participatory, narrative and critical ethnographies/autoethnographies, critical feminist and critical phenomenological or queer research as well as critical decolonising methodologies or postcolonial research and critical discourse analysis and more (West 2010). This search for certainty and grand explanations or narratives is driven by Enlightenment thinking, whereby reason would ensure the modern world

would move ever closer to progress and emancipation from past superstitions and irrational beliefs. Qualitative research though part of this belief in modernity and the modern progressive turn, seeking to document or explore and interpret, or give voice to those most invisible or disadvantaged, has not done so uncritically as we have discussed previously.

With modernity and its assumptions severely challenged from the early 20th century onwards by postmodern thought or postmodernism, these challenges were premised upon claims of the subsequent decline of traditional values, institutions, the questioning of scientific progress and failings of science, the superiority of scientific knowledge was severely disputed. The challenges, from scholars, like philosophers such as Foucault or Butler, viewed the modern world as increasingly conflictual, subjugating, marginalising and exploitative, but also diverse and plural, full of resistance and challenge and potential change, being continually created or constructed or made through embodied practices, language, power and knowledge; this meant social life was best understood through these processes and relations (Nicholson 1990). Given these epistemological and ontological assumptions, relativist or multiple notions of realities, beings, identities and understandings of the world came to the fore (Flax 1990). As we will see later in the contributions for this book, these many positions and philosophies inform and underpin qualitative research in differing ways, with many theories used in qualitative research as more formal expressions of these ideas, that are both implicit and explicitly present and cited in research (Crotty 2003).

Exploring humanism and posthumanism

One overall theme arising from the aforementioned review of critical histories of qualitative health research are the mainly western philosophical notions of humanism and engagements with differently informed knowledges such as indigenous, non-secular, spiritual, or eco and transglobal notions of living well, as the more recent notions of the more-than-human world emphasised in notions of posthumanism (Braidotti 2013). Notions of humanism and posthumanism depict an evolving set of ideas, assumptions, discourses or meanings that can be found in both more familiar interpretative / constructionist qualitative health research approaches, but equally in recent critical and post critical qualitative research. This major overarching theme of humanism and posthumanism, or a more-than-human stance provides a framing logic for the sequence of the chapters in this book.

European Enlightenment and Western Humanism

The historical period of European thought, known as the Enlightenment from the 1500s onwards, formed a highly influential foundational account of the western modern world. Though never a uniform movement, its development was marked by attempts to discover or reveal universal principles that could uncover the truths about the world. This search for knowledge was to replicate the transcendental but detached God's eye view and was thus opposed to knowledge or perspectives informed by particular groups or persons. These allegiances to objectivity and knowledge as free of the influences of politics and values was translated into the scientific method.

Humanism is a further defining characteristic of this period in modern Western thought. Humanism is a philosophy and ethics that places the human subject at the centre of concern and value in understanding social life and change; it emphasises the value and agency of humans and is centred on their needs, interests and abilities or concerns. Only humans, originally just men, were capable of creating and controlling the universe through their capacities of reason; this universal power of self-reflexive reason was to provide certain foundations to knowledge and shaped European culture and knowledge as hegemonic, with humans becoming the unique source of meaning, value, truth and being (Bradotti 2013). In this tradition, the human subject becomes an agent of their own subjectivity or sense of self, with such agency or free will, they can act independently on the world. These assumptions of reason or agency presuppose a common, universal nature or essence to humanity. Moreover, using reason, this autonomous human being has the potential to emancipate them self and others (Flax 1992). Through the use of reason, as manifest in the scientific method, certain and reliable knowledge could be produced to enable this emancipation or freedom from past dogmas and mystical beliefs and ensure progressive change. The possibility of reason's purity was ensured by the assumed separation of the body or bodily concerns from the mind; undisturbed by experiences or bodily concerns, allowed the mind of reason or rational thought to act as the reliable source of universal truth. In summary, the key Enlightenment modernist humanist assumptions is of the authorial subject who is:

- The source of all knowledge, meaning, value and truth
- Autonomous, has agency or free will, is independent
- Can create, emancipate and control through the use of knowledge based on the use of reason
- Reason or Mind are separate from the Body so thought is uncontaminated by emotions
- Subject is an agent of their own subjectivity and self
- Shared nature/essence/fixed and stable, is universal.

- Dualisms or binary thinking – mind/body, nature/culture,
- subject/object
- Progress and improvement is only possible from the use of reason
- Shapes European culture and knowledge to become hegemonic

(adapted from Braidotti, 2013)

Posthumanism

In contrast, posthumanism and posthuman thought includes work that has for the last twenty years or more questioned the boundaries that define the human world. For some it is the apparent antihumanism of earlier poststructural theories, some refer to it as transhuman or the more-than-human world. Critics of humanism, such as Foucault (1974), for example, saw humanism as an abstract, universal grand narrative, depicting western forms of reason and human nature as superior and universal that was then used to dominate others as uncivilised. Philosophically, some refer to posthumanism as expanding areas of moral concern and extending subjectivities to include more than just human concerns or needs; it expands the focus of inquiry to be more inclusive of the non-human but sentient beings and of the material world. Here the historical concepts of human nature or what is assumed to be fixed or belonging to humans are interrogated; this challenge conventional understandings of subjectivity, identity or concepts of experience, care or ethics as unproblematic or evidently transparent. For example, situated ethical practices, when conceived in the more-than-human world, involving human and non-human concerns requires different attunements, commitments and obligations; ethics and care become expansive and inclusive. In these understandings, concepts of care and ethics become relational forces, distributed across a multiplicity of agencies, relations (human and non-human) and materials, enmeshed in networks to support 'non-exploitative forms of togetherness, but which cannot be imagined once and for all' (Puig de la Bellacasa 2017: 14).

Posthumanism therefore rejects the anthropocentrism of modern thought, questions the assumptions of human sovereignty or exceptionalism as seen in the uniqueness of human beings, with their assumed right to use materials, nature, objects as instruments or tools to control the world. Instead, much posthuman thought seeks to place humans back into a world as but one other

species. With technological developments questioning what it means to be human and notions of humans as hybrids, with embodied experiences extended by attachments to digital technologies, such as mobile phones for example, this blurring and entanglement of boundaries between humans and matter or the material world, further implies a need to interrogate taken for granted concepts in health and illness research and how we generate knowledge. As this collection shows, for research, and qualitative research in particular, this has meant questioning again and revising concepts such as agency, experience or subjectivity, as well as those dominant binaries or catgorisations of health or illness, subject or object and nature or culture as separate, bounded, or distinct, rather than seeing them as relationally generated and entangled (Lather 2016; Barad 2007). This aim is to develop new understandings of the subject and other, agency, reason and consciousness, or identity, subjectivity and the body and for our purposes, of health, illness and care (Gherardi 2017; Braidotti 2013; Schaticki 2001). Feminist Donna Haraway (2008), reminds us though of the incomplete business of modernity, with so much suffering, disadvantage and inequality for so many, human and non-human beings alike, she fears talk of a post era - often implying as it does some more superior notion of progress or understanding of the world, will mean we neglect what still needs to be attended to. She wants to reject the term posthumanism and prefers the term 'companion species' as she argues we are and always will be born, grow and live with and die connected to other non-human beings or species.

For Schaticki (2001), two types of posthumanism are discernible; one is an approach that seeks to become more inclusive of the non-human world, together with the human world, as both worlds codeterimine, direct and shape each other. This in turn challenges conventional understandings of the social - as in no longer being just about relations between humans. The other form of posthumanism is to understand the world in which humans are no longer the central focus, or decentred, but do not remove the significance of humans for understandings or analyses. For example, in posthuman practice theory, the focus of study becomes not humans per se, but the practices to which they are recruited, sustain and are located within; it is these practices that constitute the central phenomena to be studied in order to understand fuller more complete notions of experience, meaning, agency, or change and of course the more than human world. For Gherardi (2017), posthumanist thought is evident in the theoretical developments in sociology, with actor network theory of Latour (2007), or Science and Technology Studies (STS), disrupting the assumed binaries of subject/object, with the conventional understandings of an instrumental use of objects or technologies. Instead, the challenge is to view of materials as complicated in shaping human identities and wider social worlds. Theoretically and ontologically, this assumes or emphasises a

symmetry between human and non-human worlds, together with a relational epistemology that emphasises attachments or relations between more than just other subjects. These entanglements of subject and objects, or the more-than-human-world is viewed as constantly emerging or becoming, so here notions of performativity become key. This is the world understood through actions or sets of practices, as constellations or nexuses of practices, and with this comes an understanding of subjects, identities or gender, epistemology, power and ontology as distributed and performative, ideas often most closely associated with Judith Butler (2004) and Foucault (1980).

Politics

The politics of research is clearly inherent to all the aforementioned debates and developments given that politics is a term best understood as being concerned with power, and in modern world terms, power and people. Theories of power suggest two main schools; possessive and non possessive - one group has or possesses power (in terms of resources or social or cultural capital) over another or a group. Alternatively, power is viewed as discursive fields or forces, sets of knowledges and power or practices that circulate everywhere, belonging within all relations, institutions, structures and processes and is therefore more distributed or networked (Watson 2017; Lukes 2005). These notions of politics and power are both in relation to notions of more formal, organised, public arenas and contexts, present and historical, where, for example, research relations, processes and institutions or structures are conceived, devised, conducted, prioritised or valued; as well as the power or politics of private, intimate personal lives involved with others and selves, where emotions, decisions or actions, questions of our identity, sense of self or subjectivity, relations with others, and the moral actions or dilemmas occur. In research, these political issues and concerns are always present, in questions of why do research, to whose knowledge counts or matters, who gets to speak for whom (Denzin and Giardina 2015). There are also myriad ways in which questions of power enter into research assumptions, questions, designs, methods of data collection or analysis and in the secrets and silences of research, questions of morality and authority, over presenting, exchanging and translating knowledge into benefits for communities and people, or academies and researchers (Ryan-Flood and Gill 2010). Additionally, the politics of research is evident in the rise of participatory, involvement and engagement approaches of civic society, communities, the public and patients. These movements and developments to varying degrees challenge the aims, benefits and direction and control over the research process (Palmer, Weavell and Callander 2018). Moreover, as we will see later in this introduction, with critical research, the whole enterprise of western research, its power base, its institutions and structures, and dominance and ability to distort accounts of people's lives and experiences, are excesses and abuses of power

yet to be redressed (Smith 2012).

In relation to qualitative research, politics is further seen, as we have discussed previously, in the current climates and contexts of research and the demand for certain types of knowledge and the endorsement of this in the development of evidence based practice in western neoliberal healthcare settings (Zeeman, Aranda and Grant 2014). Moreover, the current politics of healthcare research suggest serious on-going challenges over the value and legitimacy of qualitative health research (Greenhalgh 2016). Regardless of arguing qualitative research should be taken or is taken more seriously, having been incorporated into national health programmes of funding in healthcare research via the endorsement of mixed methods (Morse 2012), others contest this. Arguing this version of qualitative research is merely reducing what are complex rich traditions to mere method. However there is an evident reluctance and retreat from funding more fully developed qualitative research studies, and hardly any interest in more theoretical, innovative, experimental or creative ways of thinking and knowing in health research; this is widely recognised globally, especially within neoliberal healthcare systems in rich income countries such as the UK, USA, Canada and Australia (Denzin 2017; Lather 2016; Fielding 2017, Greenhalgh 2016; Cheek 2011). In this overtly positivistic world of funded healthcare research, qualitative research is reduced or narrows to approved methodologies or positivistic, scientific outcome based, realist qualitative and quantitative research, or of systematic reviews over more creative, narrative, meta ethnographic or critical reviews and syntheses (Dixon-Woods, Cavers, & Agarwal, et al. 2006; Greenhalgh, Thorne and Malterud, 2018; Savin Baden and Howell Major 2010).

Practices

Practices of qualitative research are in one sense the more explicit processes or tool of inquiry. The need to know how others have debated or argued and agreed how to design, conduct, implement and manage qualitative research; these are stages and practices essential for novice researchers. To fully appreciate these processes or practices means engaging with histories, controversies, unresolved dilemmas and the practices of improvisation, creativity and collaboration as well as engaging critically with a collective body of existing knowledge. Here various stages and tools regarding design, samples, practices over recruitment and access, or processes concerning how, for example, grounded theory or case study proceeds, stages of analysis, or issues of procedural ethics that blur into moral dilemmas over owning knowledge, and what confidentiality and anonymity mean arise. However, if practices are not merely tools or discrete events in an often assumed linear approach to research, this collection shows how complex these processes and practices entail

constant deliberation and thought. Moreover, if conceived as active forms of doing, as sets of practices comprised of decisions, competences, materials and meanings, then wider questions of the politics and philosophy of such come into view. Moreover, the policies, guides and protocols governing understandings of research processes and designs and or best practice appraisal tools, or evaluation and notions of quality in research, all become equally politicised practices; constituting forms of doing, measuring and categorising and embodying what is valued and what matters or counts (Gherardi 2012).

Organization of the book

Debates over philosophies of humanism and posthumanism and of theories, politics and practices informing qualitative research are evident in all the contributing chapters, in varying mixes and degrees. The chapters are loosely positioned to reflect the vital and ongoing explicit and implicit dialogues with the continuum of philosophies of humanism and posthumanism. This allows for an appreciation of the deeply embedded humanist ways of knowing in qualitative research in healthcare that seek to uncover rich detailed theorised understandings and, for example, how posthuman is positioned, remains in dialogue with, and is always speaking to such central ideas, even when offering potential of different understandings or challenging the nature of such endeavours. All chapters share intentions to celebrate the richness of the full range of qualitative research used in healthcare and aim to always assess the value or usefulness of humanist and posthumanist philosophies, theories and the political consequences and practices from such thinking. The contributions are in part also ordered to best reflect the many ways criticality enters into qualitative research as previously suggested by Flick (2017), outlined again below as a reminder. Though not exclusive for any one chapter, these levels of criticality are evident throughout the collection.

1. Inquiry can be critical about the issues that are studied – starting from a social, political or other problem, which should be addressed and research should provide a critical perspective about.
2. We can be critical about the methods and approaches we use in our research—critical about other forms (like quantitative research) or about the established mainstream of qualitative research (or some parts of it).
3. A major challenge, however, is how to remain able in the light of the first two challenges to really do empirical qualitative research contributing to addressing social problems and to remain reflexive about what we do.

This will hopefully help you as readers to further consider the grounds from which qualitative research proceeds but also the intersecting or entangled nature of philosophies, practices and politics for your own research.

In the first chapter, discussing research on crowds and crowd events, Chris Cocking starts off with an exploration of philosophies, politics and practices by posing a provocative question of whether we do need to make explicit any philosophical grounds for our research. He explores in detail why and what happens to qualitative research when we do not. In his research he challenges taken for granted assumptions of crowds, as uncontrollable or chaotic, and given his topic, he argues the need to adopt a more practical or pragmatic approach to what might be contentious phenomena and where there may disagreement in how crowds are perceived or portrayed. In doing so, he reveals how social pragmatism and interpetavist epistemology still imbue or underpin his work philosophically, but are far less relevant in making explicit as he goes on to show clearly just how key politics is, and how politically driven many of his decisions are, moving onto to offer an engaging, detailed reflexive account of his deliberations, rationales for certain practices or methods and the consequences of these positions and choices.

In discussing case study methodology, in Chapter Two, Kay de Vries shows how the complex intersections of philosophies, practices and politics underpin this evolving methodology. Now recognised as a flexible and pragmatic approach, she shows how case study has the potential to deconstruct and construct phenomena anew, and as viewed from multiple theoretical lenses. She offers details of the practices and politics of case study methodology, in its history, its approach, its strengths, as well as in the critiques of such. Case Study methodology remains political in its aim to account for sociocultural political contexts, but there are always politics involved in deliberating over boundaries. In this methodology, it is what constitutes a case; often for practical reasons over feasibility and analytical potential, but of course this decides what becomes visible, what does not is, what is included or excluded, showing how this specific approach is used when working with people living with dementia. Philosophically, she shows how case study methodology, in its intention to be practical and flexible, does lean toward a realist or positivist perspective as it does have strong coherency with the ontology of social pragmatism and interpretive epistemology, but reminds us of

the with different scholars positioned along a continuum from realist to relativist and positivist to constructivist.

In Chapter Three, debating qualitative methods, the many choices, from familiar to novel and reimagined online and digital options, might seem relatively free of any philosophical or political considerations. However, in exploring these core elements of qualitative fieldwork, Julie Scholes critically explores these assumptions as she aims to discuss qualitative methods and revitalise debates by offering some 'strategic, creative and politically savvy suggestions'. She shows how dominant philosophies operate in current political contexts to devalue or diminish qualitative work to a detached method, devoid of methodological or theoretical considerations. However, she also wants to advocate for political acumen to convince funders, policy makers of the important contributions such insights can offer. Her chapter details best practices for interviews, focus groups, observation and documents, noting how shifting philosophies alter the nature of knowledge produced, as in a postmodern approaches to observation. She illustrates her arguments with many rich examples from a range multi-disciplinary work. In passionately advocating new approaches , offering practical advice, she argues for new alliances, evolving and resistant practices in the face of such politics, in order to develop convincing arguments, creative responses, fresh collaborations and plural perspectives.

In Chapter Four, exploring the many complex strategies and reflexivity that distinguish grounded theory from other qualitative methodologies and the experience of undertaking a grounded theory study, Julie Scholes shows how in doing so, there is always a need to explore history and the often fiercely contested debates and philosophical controversies over what is grounded theory and how it should proceed. This shows how historically contingent these different schools are, but also how political knowledge generation always is, and how necessary it is to be aware of histories, legacies and the resultant differing allegiances and how these impact on practices. As she argues, the omission, substitution and deletion of certain aspects of the grounded theory method, espoused by the different schools, are highly political acts, and it is where the politics of grounded theory is most controversial, contested and critiqued.

In her chapter on her journey as a doctoral student using grounded theory, Heather Baid (Chapter Five), engages fully with and details the many complex practices, politics and entanglements with theory and philosophy involved in developing a grounded theory. She shows how developing her philosophical position was a key transition point to her developing her project and the practices of

grounded theory. Her contribution documents this journey detailing the many moments that require deep thought and critical reflexivity over questions of consistency, complementarity, and compatibility or justifying choices and positions with an example concerning dimensional analysis; here she shows how her politics, philosophical position shaped and justified her methodological choices. Using detailed illustrations as a means to share this learning, she shows how these choices and thinking were put into effect. In sharing these experiences and learning points gained from her PhD, she is also political in her intent to open up and expose and make explicit often hidden or tacit knowledge and experiences to collegiately support and help other postgraduate researchers.

In Chapter Six, in exploring phenomenology to practice and the related theoretical foundations and associated phenomenological methods, authors Kate Galvin, Oliver Turlow and Rebecca Player discuss descriptive phenomenology especially, but also what sets phenomenology apart from other qualitative methods. In advocating a lifeworld approach as the grounds for inquiry, they further define a specific phenomenological approach and what this means in the pursuit of enquiry. They illustrate how specific phenomenological philosophies inform a phenomenological approach that translates into specific intents, practices or methods for carrying out empirical or applied research which aims to more deeply understand the phenomenon and its essential features. The importance of individual meaning-in-context is emphasised, but so too are the properties of significant phenomenon like dignity, loneliness, or wellbeing, that are recognisable to others in a shared lifeworld. They detail the many complex considerations, continuities and discontinuities between approaches and argue for an appreciation of the long and deep philosophical heritage of phenomenology in world of healthcare research that tends towards superficial uses of qualitative research; this is a political act.

Graham Stew (Chapter Seven), offers a further deep exploration of phenomenology and specifically debates questions of consciousness and experience that spans or can be positioned within the spectrum of humanism and post-humanism, with perhaps more leaning towards and in dialogue with post-humanism. However, not quite fitting, questioning boundaries, interestingly reveals the artifact of all our categorisations and conceptual dimensions as much of the material transcends this conceptual divide or relational qualities of humanism/posthumanism in it relationships to transpersonal psychology. He explores core categories and assumptions of consciousness, experience intentionality as both directed internally to thoughts and feeling and external to objects in phenomenology and reveals the philosophical complexity involved and the practical implications for qualitative research.

In exploring patient and public engagement and involvement for clinical commissioning in the NHS, in Chapter Eight, Debbie Hatfield shows how using different philosophically informed theories, spanning both humanist and posthuman principles, helped rethink the practices of ethnography and deepened political understandings of the role of materials in this sphere of work. She details the shifts in philosophical thinking or epistemic turns informing social theory to show the effects on questions of methodology or method. Offering an account of ethnography, she moves onto explore why ethnography is popular in healthcare research and as importantly, why a focused ethnography has emerged. She shows the invisible processes involved in of patient and public involvement and engagement work, and the many elements that comprise these practices and forms of learning. Viewed differently using different theoretical lenses based upon posthuman emphasis on the centrality of materials together with social contructionist approach of social learning theory, key properties of the sociomateriality of these practices emerge as entangled and constantly evolving.

In Chapter Nine, Alec Grant offers an engaging discussion of autoetnography, speaking to autoethnography in an autoethnographic way, and asking readers to consider this approach and its implications for qualitative research, in their own lives and in their own healthcare research. Philosophically explicitly informed by poststructuralism and later by posthuman insights, this contribution is a political call to engage with autoethnography knowledges in a complex spectrum of ways. He reminds us that autoethnographic writers testify to harrowing and cruel forms of social injustice of great cultural significance. In discussing the strengths or benefits and distinctive contributions he equally reminds us of the emotional costs and politics of such work, challenging conventional ways of doing research in choosing to be positioned outside normative practices and conventions.

In Chapter Ten Kay Aranda introduces feminist research and theory for qualitative researchers, but also argues for and explores further posthuman thinking as embodied in new materialist or material feminist theories and concepts, arguing for the potential of these for healthcare research. This is even so when such thinking challenges conventional understandings of the centrality of the human subject to our research endeavours, or notions of lived experience, agency or change, and importantly, where understandings of the world are situated and where qualitative researchers should focus their research. Hence she especially reviews the implications of these ideas and thinking for popular qualitative health research approaches of narrative and participatory

methodologies. With new materialisms or material feminism in more-than-human worlds being used to rethink health and wellbeing, mental health and recovery, stigma and disability, she discusses empirical examples and more fully the implications for qualitative methodologies and methods, as well as the limits involved in any uncritical turn to matter and materials.

Finally in Chapter Eleven, discussing what it means to be a reflexive autoethnographer, Alec Grant further challenges qualitative researchers to unpack or undo the concept of reflexivity to expose or reveal the politics, philosophies and practices that produce critical, ethico, strong and intersectional forms of reflexivity, moving on to suggest the posthuman concept of diffraction The discomfort self-dialogue and of choices made and to come. In his own examples he shows how challenging norms are not without sanction, writing about the dead violates the cultural ethical taboos. He argues for reflexive-diffractive autoethnographies in his quest to improve our worlds, and to offer multiple witness accounts of these worlds at particular points in time-space. This he argues is politically, morally better than attempts to write *the truth*, irrespective of our qualified epistemological claims for knowing.

References

Agamben, G. (1998) *Homosacer: Sovereign Power and Bare Life.* Stanford: Standford University Press.

Ahmed, S. (2006) *Queer Phenomenology: orientations, objects, others.* London: Duke University Press.

Andrews, M., Squires, C. and Tamboukou, M. (2013) *Doing Narrative Research. 2nd Ed.* London. Sage.

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

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

Benton, T. and Craib, I. (2001) *Philosophy of Social Science.* Basingstoke: Palgrave.

Boote, J. and Booth,A. (2015) ''Talking the talk or walking the walk?' A bibliometric review of the

literature on public involvement in health research published between 1995 and 200', *Health Expectations, 18, pp.44–57*.

Bourgeault, I., Dingwell, R. and De Vires, R. (eds.) (2010) *The Sage Handbook of Qualitative Methods in Health Research*. London: Sage.

Braidotti, R. (2013) *The Posthuman.* Cambridge: Polity.

Browne, K. and Nash, J. C. (eds.) (2010) *Queer methods and methodologies:Intersecting queer theories and social science research*. Farnham: Ahsgate.

Burawoy, M. (2015) 'Facing an unequal world ', *Current Sociology, Vol. 63(1) 5–34*.

Butler, J. (2004a) *Undoing Gender.* London: Routledge.

Butler, J. (2004b) *Precarious Life: The Powers of Mourning and Violence.* London: Verso.

Butler, J., Gambetti, Z. and Sabsay, L. (eds.) (2016) *Vulnerability in Resistance* London: Duke University Press.

Butler, J. and Scott, J. (eds.) (1992) *Feminists Theorise the Political.* London. Routledge.

Charmaz, K. (2017) 'The Power of Constructivist Grounded Theory for Critical Inquiry', *Qualitative Inquiry,* 23(1), pp. 34-45.

Cheek, J. (2011) 'Moving On: Researching, Surviving, and Thriving in the Evidence-Saturated World of Health Care', *Qualitative Health Research,* 21(5), pp. 696-703.

Crotty, M. (2003) *The Foundations of Social Research: Meaning and Perspective in the Research Process.* London: Sage.

Denzin, N. K. (2017) Critical Qualitative Inquiry. *Qualitative Inquiry. Vol. 23(1) 8–16, DOI: 10.1177/1077800416681864*.

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

Denzin, N. and Giardina, M. (2015) *Qualitative inquiry and the politics of research.* London: Routledge.

Dixon-Woods, M., Cavers D, Agarwal, S. Annandale, E. Arthur, A. & Harvey, J. (2006) Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. *BMC Medical Research Methodolog*y 6(35): 1–13.

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

Engelmann, P. (2009) *Badiou & Zizek : Philosophy in the Present.* Cambridge: Polity Press.

Falcón, S. M. (2016) 'Transnational Feminism as a Paradigm for Decolonizing the Practice of Research: Identifying Feminist Principles and Methodology Criteria for US-Based Scholars', *Frontiers: A Journal of Women Studies,* 37(1), pp. 174-194.

Fielding, N. (2017) 'Challenging Others' Challenges: Critical Qualitative Inquiry and the Production of Knowledge', *Qualitative Inquiry,* Vol. 23(1) 17–26, DOI: 10.1177/1077800416657104.

Finlay, L. and Ballinger, C. (2006) *Qualitative research for allied health professionals: challenging choices.* Chichester: John Wiley.

Flax, J. (1992) 'The End of Innocence', in Butler, J. & Scott, W.J. (eds.) *Feminists Theorise the Political*. London: Routledge, pp. 445-463.

Flax, J. (1990) 'Postmodernism and Gender Relations in Feminist Theory in Nicholson, L. ed. Feminism/Postmodernism. London: Routledge.

Flick, U. (2017) 'Challenges for a New Critical Qualitative Inquiry: Introduction to the Special Issue', *Qualitative Inquiry. Vol. 23(1) 3– 7. DOI 10.1177/1077800416655829*.

Foucault, M. (1980) *Power/Knowledge. Selected interviews and other writings 1972-1977 by Michel*

Foucault, Gordon, C ed. Brighton: Harvester Press.

Foucault, M. (1974) *The Archaeology of Knowledge.* London.Tavistock.

Galvin, K. and Todres, L. (2011) 'Research based empathetic knowledge for nursing: A translational strategy for disseminating phenomenological research findings to provide evidence for caring practice.', *International Journal of Nursing Studies* 48, pp. 522-530.

Gherardi, S. (2017) Sociomateriality in posthuman practice theory in Hui, A., Schatzki, T. R. and Shove, E. (eds.) (2017) *The Nexus of Practices: Connections, constellations, practitioners.* London: Routledge. Chapter 3, pp 38-51

Gherardi, S. (2012) *How to conduct a practice-based study.* Cheltenham: Edward Elgar.

Green, J. and Thorogood, N. (2018) *Qualitative methods for health research. 4th ed.* London: Sage.

Greenhalgh, T. (2016) 'An open letter to The BMJ editors on qualitative research', *British Medical Journal,* 352:i563, pp. 1-4.

Greenhalgh, T., Thorne, S. and Malterud, K. (2018) 'Time to challenge the spurious hierarchy of systematic over narrative reviews?', *European Journal of Clinical Investigation,* 48:12931, pp. 1-6.

Greenhalgh, T., Thorne, S. and Malterud, K. (2018) 'Time to challenge the spurious hierarchy of systematic over narrative reviews?', *European Journal of Clinical Investigation,* 48:12931, pp. 1-6.

Hall, D. E., Jagose, A., Bebell, A. and Potter, S. (eds.) (2013) *The Routledge Queer Studies Reader*. London: Routledge.

Haraway, J. D. (2008) *When Species Meet.* Minneapolis: University of Minnesota Press.

Health and Social Care Act 2012. Available at: http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted [Accessed 28.05. 2019]

Hekman, S. (ed.) (1996) *Feminist Interpretations of Michel Foucault*. Pennsylvania: Pennsylvania State

University Press.

Hesse-Biber, N., Sharleen. and Leavy, P. (2008) *Handbook of Emergent Methods.* London: Sage.

Hill Collins, P. (2000) *Black Feminist Thought: Knowledge, consciousness, and the politics of empowerment 2nd edition.* London: Routledge.

Holloway, I. and Freshwater, D. (2007) *Narrative Research in Nursing.* Oxford: Blackwell Publishing.

Honneth, A. (2007) *Disrespect: The Normative Foundations Of Critical Theory.* Cambridge. Polity Press.

hooks, b. (1982) *Ain't I A Woman: Black women and feminism.* London: Pluto Press.

Hurwitz, B., Greenhalgh, T. and Skultans, V. (eds.) (2004) *Narrative Research in Health and Illness.* . Oxford: Blackwell.

Jagose, A. (2009) 'Feminism's queer theory *Feminism and Psychology.,* 19(2), pp. 157-174.

Kovach, M. (2009) *Indigenous Methodologies: Characteristics, conversations and contexts.* Toronto: University of Toronto Press.

Lather, P. (2016) 'Top Ten+ List: (Re)Thinking Ontology in (Post)Qualitative Research', *Cultural Studies ↔ Critical Methodologies,* 16(2). 125-131.

Lather, P. and St Pierre, E., A. (2013) 'Post-Qualitative Research. *International Journal of Qualitative Studies in Education.* 26(6); p629-633.

Latour, B. (2007) *Reassembling the social: An introduction to Actor-Network-Theory.* Oxford: Oxford University Press.

Leavy, P. (2017) *Research Design: quantitative, qualitative, mixed methods, arts-based and community-based participatory research approaches.* London: The Guildford Press.

Lewis, R. and Mills, S. (eds.) (2003) *Feminist Postcolonial Theory: A Reader*. Edinburgh: Edinburgh University Press.

Locock, L., Boylan, A., Snow, R. and Staniszewska, S. (2017) 'The power of symbolic capital in patient and public involvement in health research', *Health Expectations. 2017;20:836–844.*

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, Springer

Mason, J. and Dale, A. (eds.) (2011) *Understanding social research: Thinking creatively about method*. London: Sage

Meeham, J. (1995) *Feminists Read Habermas: Gendering the Subject of Discourse* London: Routledge.

Mertens, D. M. (2007) 'Transformative paradigm: Mixed methods and social justice', *Journal of Mixed Methods,* 1(3), pp. 212-225.

Mohanty, T., Chandra. (1988) 'Under Western Eyes: Feminist Scholarship and Colonial Discourses', *Feminist Review,* 30, pp. 61-88.

Morse, J.M. (2012) Qualitative Health Research: Creating a New Discipline. Routledge, Abingdon.

Morse, J. (2010) 'How Different is Qualitative Health Research From Qualitative Research? Do We Have a Subdiscipline?', *Qualitative Health Research,* 20(11), pp. 1459–1468.

National Standards for Public Involvement in Research V1 March 2018 Available at: https://www.nihr.ac.uk/news/new-national-standards-launched-across-the-uk-to-improve-public-involvement-in-research/8141 [Accessed 28.05.19]

Nicholson, L. (ed.) (1990) *Feminism/Postmodernism*. London: Routledge.

Palmer, V. J., Weavell, W., Callander, R., Piper, D., Richard, L., Maher, L., Boyd, H., Herrman, H., Furler, J., Gunn, J., Iedema, R. and Robert, G. (2018) 'The Participatory Zeitgeist: an explanatory theoretical model of change in an era of coproduction and codesign in healthcare improvement', *Medical Humanities*, pp. medhum-2017-011398.

Piketty, T. (2014) *Capital in the Twenty First Century.* Harvard: President and Fellows of Harvard College.

Pope, C and N Mays. 2006. *Qualitative research in health care*. 3rd ed. Oxford: Blackwell Publishing

Puig de la Bellacasa, M. (2017) *Matters of Care: Speculative Ethics in More Than Human Worlds.* London: University of Minnesota Press.

Ranciere, J. (2010) *Dissensus: On Politics and Aesthetics.* London: Continuum International Publishing Group.

Ritchie, J., Lewis, J., McNaughton Nicholls, C. and Ormston, R. (2014) *Qualitative Research Practice: A guide for social science students and researchers. 2nd edition.* 2nd edn. London: Sage.

Rorty, R. (1999) *Philosophy and Social Hope.* London: Penguin.

Ryan-Flood, R. and Gill, R. (eds.) (2010) *secrecy and silence in the research process; feminist reflections*. Routledge.

Scott, J. W. (1992) 'Experience' in Butler, J. & Scott, J. *Feminists Theorise the Political.* London: Routledge.

Savin-Baden, M. and Howell Major, C. (2010) *New Approaches to Qualitative Research: wisdom and uncertainty.* London: Routledge.

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, pp. 1-14.

Seidman, S. (2011) *Contested Knowledge: Social Theory Today.* 4th. ed. Oxford: Blackwell.

Seidman, S. and Alexander, J. C. (eds.) (2001) *The New Social Theory Reader.* London: Routledge.

Slutsky J, Tumilty E, Max C, Lu L, Tantivess S, Curi R, Whitty J, Weale A, Pearson S, Tugenhardt A, Wang H, Staniszewska S, Weerasuriya K, Ahn J, Cubillos L (2016). Patterns of Public Participation: Opportunity Structures and Mobilization from a Cross-National Perspective. J*ournal of Health Organization and Management.* DOI: http://dx.doi.org/10.1108/JHOM-03-2016-0037.

Smith T. L. (2012) *Decolonising methodologies: research and indigenous people.* London: Zed books.

St Pierre, A., Elizabeth. (2009) 'Afterward: Decentring voice in qualitative inquiry', in Jackson, A.Y. & Mazzei, L.A. (eds.) *Voice in Qualitative Inquiry: Challenging conventional, interpretative and critical conceptions in qualitative research*. London: Routledge, pp. 221-236.

Taylor, B. and Francis, K. (2013) *Qualitative Research in the Health Sciences: Methodologies, methods and processes.* London: Routledge.

Turner, L., Short, N., Grant, A. and Adams, T. (eds.) (2018) *International Perspectives on Autoethnographic Research and Practice*. London: Routledge.

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

West, D. (2010) *Continental Philosophy: An introduction. 2ed.* Cambridge: Polity.

Wilson, P., Mathie, E., Keenan, J., Elaine McNeilly, Claire Goodman, Amanda Howe, iona Poland, Sophie Staniszewska, Sally Kendall, Diane Munday, Cowe, M. and Peckham, S. (2015) 'ReseArch with Patient and Public invOlvement: a RealisT evaluation – the RAPPORT study. Available at: https://www.ncbi.nlm.nih.gov/pubmed/26378332 [Accessed 26.05.19]

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